



Opinions and experiences of operating room nurse on ethical sensitivity: a phenomenological study

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Abstract

The aim of this study is to examine the opinions and experiences of operating room nurses about ethical sensitivity phenomenologically. This phenomenological study, which is in the qualitative research design, was conducted with 14 operating room nurses. Prior to the study, a pilot study was conducted with three nurse families. The interviews were conducted using a face-to-face in-depth semi-structured interview form and the data were analyzed with Colaizzi's phenomenological method. Interview data were collected between 15 June 2022 and 15 October 2022 in the country. Three categories, seven main themes, and twenty-three sub-themes emerged as a result of the interviews. In the theme of ethical dilemmas experienced by operating room nurses, there are sub-themes of professional ethics, teamwork, and patient dignity and benefit. There are physical and psychological sub-themes in the theme of ethical sensitivity perception and practices of operating room nurses, and among the subthemes, ensuring patient privacy, providing professional competence, providing psychological support to the patient, being friendly and communicating effectively, and respecting the patient's autonomy come to the fore. Views of operating room nurses on the importance of ethical principles were discussed under the headings of profession and patient. Our results are valuable in that they shed light on the perspectives and experiences of the operating room nurses while maintaining ethical sensitivity. The high ethical sensitivity perceptions of operating room nurses are associated with an increase in the quality of care. It is thought that the high perception of ethical sensitivity of operating room nurses is an important factor that increases the satisfaction of individuals receiving care and the job satisfaction and quality of care of nurses.

Keywords Operating room nurses · Ethical sensitivity · Phenomenological study · Sensitivity · Operating room

Introduction

Surgical intervention is a physiological and psychological stress factor for the patient, and patients feel lonely and vulnerable in operating rooms. Perceived as an unfamiliar

setting far from families, operating rooms are application areas where patients are subjected to painful procedures and need nursing care (Güvenir Özpekin & Erdim, 2016). At this stage, nurses working in operating rooms are involved, using moral concepts to protect patients' rights, health, and safety. The fundamental ethical concept of regard for human dignity should guide nurses' actions while providing care during surgical procedures that hurt patients in every way. Operating room nurses must prioritize patient safety and moral judgment as they represent the interests of their patients. It is especially critical to make ethical decisions on behalf of patients who are unconscious under anesthesia, dependent on others for all life activities, and unable to make their own decisions (Morley et al., 2020; Muldrew et al., 2018; Yumusak, 2020).

Ethical sensitivity is defined as the ability to recognize ethical problems (Yorulmaz, 2021). In their everyday practices, nurses should offer care within the bounds of universal

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ethical standards and exhibit moral conduct in their interpersonal interactions. Thus, moral attitude and behavior should be integrated with professional knowledge and skills (Sperling, 2021; Tosun, 2021; Yorulmaz, 2021). Although ethical sensitivity is an important issue for relic; It is directly related to ethical decision making, nursing care, patient approach. Considering that the nurse is the person who spends the most time with the patient during the treatment and care process, receives the patient's personal information during the admission and hospitalization process, provides personal and private treatment to the patient during the hospitalization and treatment process, and is the first to deal with the patient about the variety of treatment and treatment rejection; Ethical sensitivity gains importance in nurses (Kılıç, 2019; Yorulmaz, 2021). As nursing has evolved historically and scientific knowledge has increased daily, it has faced challenges unique to the profession in terms of ethics and professionalism (Karaçar et al., 2020). The development of technology, resource sharing, individual rights, and changes in nursing responsibilities pave the way for potential ethical issues that nurses may face in the workplace. One of these contexts is the operating room nurse's ethical decision-making process. Studies on ethics in operating room nurses have shown that they experience ethical problems in issues such as being an observer in surgery without patient consent, advising the patient about surgeons, ignoring standards in sterilizing operating room instruments, intervening in the wrong patient or the wrong area in the patient, and reporting suspicious drug use (Jansen et al., 2020; Yumusak, 2020).

To the best of our knowledge, most studies in the literature have focused on the professional values and ethical sensitivities of general or intensive care nurses (Çelik Bekleviç, 2019; Çelik et al., 2012; Gao et al., 2020; Hanssen et al., 2020; Kaya, 2013; Küçük, 2016). However, even though operating room nursing is a unique nursing specialty where patient safety is of utmost importance, where many ethical issues and medical errors arise as a result of the rapid patient circulation, stress, complexity, and isolation, and which uses ethical principles most frequently in decision-making and problem-solving, there have been very few studies on operating room nurse ethics (Gao et al., 2020; Hanssen et al., 2020).

Looking at the literature however, nurses, who are health professionals in the face of these dilemmas, have to maintain practices related to care and treatment, and therefore they have to make decisions. However, ethical decision making is associated with the development of ethical sensitivity. Sensitivity, which is an integral part of the moral response,

is perceived as the interpretation/feeling of the actual state of the sick or healthy individual. It is closely related to giving importance. Ethical sensitivity, which is also defined as the ability to identify an ethical problem, is to provide an ethically defensible judgment. Ethical sensitivity is to solve ethical problems, clarify or justify action or prevent an ethical dilemma or conflict in operating room nurses, as in all units (Tazegün & Çelebioğlu, 2016; Tosun, 2021).

While operating room technology offers healthcare team members many more choices than in the past, there are also conflicts between the choices made and certain moral principles; each new development brings with it difficult choices. Often “What can medicine do?” or “What should be done?”, “Which developments are personally and socially good, and which are contrary to and against the traditional moral system?”. These and similar questions are currently being discussed in International and National health policy platforms and Ethics Committees all over the world and in our country (Milliken, 2018; Atiyeh et al., 2020; Tosun, 2021).

Operating rooms are among the environments where nurses participate in the ethical decision-making process. Ethical decisions are especially critical for patients under anesthesia who are unconscious, dependent in all life activities and unable to make their own decisions. As a patient advocate, the operating room nurse must ensure the safety of the patient (Özen, 2014). Operating room nurses need to use ethical principles to ensure the rights, health and safety of patients. It is very important that nurses, who have the responsibility to provide care during the surgical process that exposes individuals to injury in every aspect, work within the framework of respect for human beings, which is the basic ethical principle (Yumusak, 2020).

In operating rooms, which have an important place in patient safety, many ethical problems and medical errors develop due to rapid patient circulation, stressful, complex and isolated working areas. Although operating room nurses are the special nursing field that uses professional values and ethical principles the most in ethical decision making and problem solving, it has been determined that there is a very limited number of studies. In this context, the aim of this study is to examine the ethical sensitivity perceptions and experiences of operating room nurses.

The research questions are as follows.

1. To what extent do nurses care about basic ethical values?
2. What experiences have nurses had regarding ethical dilemmas?

Material and method

Type of research and study group

Phenomenological research design, a qualitative research design, was used to reveal the ethical sensitivities and experiences of operating room nurses. This design was chosen because it gives participants a lot of leeway to describe a novel phenomenon, provide extensive data, and describe their experiences (Yıldırım & Şimşek, 2016). The goal of the phenomenological method is to identify the essence of the event being studied and to convey the experience “just as it presents itself, neither adding to nor deleting from it” (Morrow et al., 2015; Willig, 2013).

The participants in this study were selected with purposive sampling. Measuring instruments individuals to whom it will be applied, through purposive sampling determined. In purposeful sampling, the researcher previous theoretical knowledge about the universe and their own knowledge and the specific purpose of the research determines a sample based on (Fraenkel et al., 1993). In this research, research purposive sampling in determining the group Maximum Diversity Method has been adopted (Başaran, 2019).

The population consisted of operating room nurses of a state hospital. The inclusion criteria were working in the operating room and voluntarily agreeing to participate in the study. Exclusion criteria from the sample were determined as working in any service other than the operating room, having language, speech or hearing impairment that would prevent communication, and not accepting to participate in the study.

In addition, the maximum diversity sampling method was used by choosing volunteer participants who differed from each other, such as being married/single, gender, age, total work experience, and receiving training on ethics (Cresswell & Clark, 2016; Ersoy, 2016). All 25 nurses working in the operating room were invited to the study. The interviews were continued until the data were repeated and ended when data saturation was reached by interviewing 14 nurses.

Throughout the course of this study, the authors adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines, ensuring the comprehensive reporting of their research process (Tong et al., 2007). (Table 1).

The demographic characteristics of the nurses who participated in the study are presented in Table 2.

Research team and reflexivity

Both members of the research team work as active faculty members (doctor faculty members) in nursing schools, and the third researcher works as an operating room nurse in a

public hospital. One of the researchers has a doctorate in psychiatric nursing and the second one has a doctorate in surgical nursing. The third researcher is a graduate student in nursing. All three of the researchers had experience working as clinical nurses in hospitals, and both were trained in qualitative research methods.

Data collection tools

The data collection tools consisted of questions including sociodemographic data of the participant (age, gender, etc.) and a semi-structured interview form. Semi-structured interviews allow us to obtain in-depth information in the relevant field (Büyüköztürk et al., 2018). The study was conducted by asking 6 open-ended questions developed by the researchers, which were prepared by taking expert opinions from 5 lecturers who were experienced in the field of public health, surgery and psychiatry and in phenomenological analysis. Questions in the semi-structured interview form are as follows.

1. How important are professional ethics for you?
2. Which professional code of ethics is more important to you and why?
3. What are the situations in which you experience ethical dilemmas? What are your experiences on this subject?
4. How do you perceive your ethical sensitivity and why? What are your opinions on ethical sensitivity?
5. What is the effect of working as an operating room nurse on ethical situations? Please explain.
6. What are the ethical values you pay the most attention to for patients (protection of privacy, integrity, honesty, confidentiality, respect for autonomy, aesthetics)? What are their benefits for the patient?

Pilot study

In order to test the interview questions, three operating room nurses were selected to participate in the pilot study before the main study.

Data collection

The data were collected by one of the researchers between 01.06.2022–15.10.2022. Nurses who met the research criteria were evaluated by the researcher in the hospital environment, and interviews were conducted with those who agreed to participate in the study. The researcher informed the nurses about the purpose and implementation steps of the study in the hospital environment and conducted face-to-face individual interviews in an empty and quiet room

Table 1 Combined criteria for reporting qualitative research (COREQ)

Number	Characteristics	Guiding questions	Explanations
Domain 1: Research team and reflexivity			
Personal Characteristics			
1	Interviewer/facilitator	Which author(s) conducted the interview or focus group?	The third author conducted the interview.
2	Credentials	What were the credentials of the researchers? e.g., Ph.D., MD	First author: Ph.D. Second author: Ph.D. Third author: Master student/nurse
3	Occupation	What was their occupation during the study?	First author: Ph.D. Faculty Member, Psychiatric Nursing Second author: Ph.D. Faculty Member, Surgery Nursing Third author: Nurse
4	Gender	What was the sex of the researcher?	Two researchers: Female One researcher: Male
5	Experience and education	What are the experiences and education levels of the researchers?	The first author has taken qualitative courses, has experience in qualitative research, and has published qualitative studies in international journals. The second author has taken qualitative courses. The third author has taken qualitative courses
Relationship with participants			
6	Relationship status	Was there a relationship between the researcher and the participants before the training?	No, there was not.
7	Interviewee's information about the interviewer	What did the participants know about the researcher, e.g., personal goals and reasons for doing the research?	Individuals knew that the researcher had a master's degree
8	Interviewee characteristics	What characteristics of the interviewer/facilitator were reported? e.g., bias, assumptions, reasons, and interests in research	At the beginning of each interview, the nurses were informed about the aim and objectives of the study.
Domain 2: Study Design			
Theoretical framework			
9	Methodological orientation and theory	What methodological orientation was identified to support the study, e.g., discourse analysis, ethnography, phenomenology, and content analysis?	It was a qualitative study.
Sampling			
10	Sampling	How were the participants selected? e.g., purposeful, convenience, consecutive, snowball.	The criterion sampling method, one of the purposive sampling methods, was used.
11	Approach method	How were the participants reached? e.g., face-to-face, telephone, mail.	The timing of the interviews was determined by the individuals who voluntarily agreed to participate in the study.
12	Sample size	How many participants were there in the study?	A total of 14 individuals were included in the study.
13	Exclusion	How many people refused to participate or dropped out? Reasons?	No participant refused to participate in the study.
Setting			
14	The setting of data collection	Where were the data collected? e.g., home, clinic, or workplace	Detailed information is given in the data collection section of the study.
15	Presence of non-participants	Was there anyone else other than the participants and the researchers?	No, there was not.
16	Description of the sample	What are the important characteristics of the sample? e.g., demographic data, date	Individuals who agreed to participate in the study were included in the study.
Data collection			
17	Interview guide	Were questions, prompts, and guidelines provided by the authors? Were they tested in a pilot study?	Detailed information was given in the Methods section.
18	Repeat interviews	Were repeated interviews conducted? If yes, how many?	No, they were not.
19	Audio/visual recording	Was audio recording or visual recording used to collect data in the research?	Interviews were recorded with a voice recorder.
20	Field notes	Were field notes taken during and/or after the interview or focus group?	All responses and researcher observations were recorded.

Table 1 (continued)

Number	Characteristics	Guiding questions	Explanations
21	Duration	How long were the interviews or focus groups?	Each interview lasted between 35 and 45 minutes.
22	Data saturation	Was data saturation discussed?	Yes, it was.
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No, they were not.
Domain 3: Analysis and results			
24	Number of data coders	How many data coders coded the data?	Two researchers and a third individual coded the data.
25	Description of the coding tree	Did the authors describe the coding tree?	The titles and subtitles in the results section represent the final coding tree.
26	Derivation of themes	Were the themes predetermined or derived from the data?	Themes were derived from the data.
27	Software	If any, what software was used to manage the data?	The data were analyzed manually.
28	Participant control	Did participants provide feedback on the findings?	No, they did not.
Reporting			
29	Quotations provided	Are participant quotes cited to illustrate themes/findings? Is each quote identified, e.g., by participant number?	Yes, they are. Participant quotes are provided to illustrate themes/findings. e.g., participant number
30	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes, there was.
31	Clarity of main themes	Are the main themes clearly presented in the findings?	Yes, they are.
32	Clarity of subthemes	Is there a description of the different cases or a discussion of minor issues?	Yes, there is.

Table 2 Descriptive characteristics of the participants

Participants	Age	Gender	Marital status	Work experience as a nurse	Education status	Taking ethics courses during vocational education	Receiving in-service training on ethics in the institution	Type of training
P1	39	Female	Married	1–5 years	Undergraduate	Yes	No	–
P2	46	Female	Married	16–20 years	Postgraduate	Yes	Yes	Inservice training
P3	40	Female	Married	11–15 years	Associate degree	Yes	Yes	Inservice training
P4	46	Female	Married	16–20 years	Undergraduate	Yes	Yes	Orientation training
P5	44	Female	Married	16–20 years	Postgraduate	Yes	Yes	Inservice training
P6	46	Female	Married	16–20 years	Undergraduate	No	Yes	Inservice training
P7	36	Female	Single	1–5 years	Undergraduate	No	No	–
P8	49	Male	Married	11–15 years	Undergraduate	Yes	No	–
P9	42	Male	Married	16–20 years	Undergraduate	Yes	Yes	Inservice training
P10	28	Male	Married	1–5 years	Undergraduate	Yes	Yes	Orientation training
P11	45	Male	Married	16–20 years	Undergraduate	Yes	No	–
P12	46	Female	Married	16–20 years	Undergraduate	Yes	Yes	Inservice training
P13	25	Male	Single	1–5 years	Undergraduate	Yes	Yes	Inservice training
P14	38	Male	Married	11–15 years	Undergraduate	Yes	No	–

in the hospital. All interviews were conducted in a private location, chosen by the nurse-participant, ensuring their participation was not known to members of their clinical unit. The researcher explained the purpose of the study to the participants before each interview and informed them that she would direct questions to them during the interview and that they could talk as much as they wished. At the beginning of the interviews, to create a pleasant environment for

the nurses, the patient-identifying characteristics form was filled out first, and then the ethical sensitivities of the nurses were questioned with a semi-structured interview form by audio recording. No observer was present in the interview room during the interview. Each interview lasted between 35 and 45 minutes. There were no repeated interviews with the operating room nurses.

Data analysis

The study employed Colaizzi’s method to focus on human experiences (Wirihana et al., 2018). The qualitative data obtained from the interviews were analyzed using the 7-step analysis method developed by Colaizzi (1978) for phenomenological studies (Colaizzi, 1978; Morrow et al., 2015). Accordingly, to determine what the data explained, the interview materials were first separately and repeatedly examined by three researchers. As a result, the remarkable statements from the interview texts were chosen, rearranged, and generally summarized. Next, the facts that the quotes were meant to clarify were found and examined. By debating the definitions until they came to an agreement, the researchers developed and validated them. The topics were then categorized by the researchers into main and subthemes. The development of the study’s topics and sub-themes involved precise articulation. In addition, participants’ statements were included so that the reader could verify the interpretation and analysis of the data.

Ethical aspects of the research

This research was approved by the X University Scientific Research and Publication Ethics Committee (2021/09). Informed consent was obtained from the participants before the interviews. The recordings and transcripts were stored on a password-protected device.

Results

A total of 14 of the individuals who participated in the study their mean age was 40.71 ± 7.08 (Min: 25, Max: 49). Eight of the participants were female, six were male, and twelve were married. Most of the nurses took a course on ethics

during their education, and many of them received training on ethics in the institution where they worked. This training was mainly in-service training. The characteristics of the participants are shown in Table 2.

Three categories, seven main themes, and twenty-three sub-themes emerged from the interviews. The category of ethical dilemmas experienced by operating room nurses is given in the table below (Table 3).

Theme 1. Professional ethics

Benefit-no harm Some participants stated that they experienced ethical dilemmas in terms of benefiting and not harming, which made them very uncomfortable.

“In a cardiac operation, in the middle of the procedure, I noticed that the patient’s heart had suffered significant damage and I had a gut feeling that it wouldn’t go well. That was when I faced a dilemma.” (P13).

“For example, in a plastic surgery case, the patient was someone I knew, and I was undecided whether to enter the case or not, because I had an ethical dilemma about what I would do or what I should do if I had to tell the family some situations correctly.” (P3).

Informing Some participants said that they occasionally found themselves in circumstances when they were unable to provide the patients with the information they needed, and they faced dilemmas. Some nurses stated that they questioned whether they were professionally competent.

“When patients ask questions, I occasionally find myself in a difficult position to respond...” (P2).

“Especially in oncologic surgeries, the patient sometimes asks if they are going to come out of the surgery and you don’t really know what to say because the surgery is risky and this situation is really difficult.” (P7).

Being professionally competent Concerning professional competence, nurses reported facing ethical dilemmas.

“I had a dilemma about whether the material mentioned by the physician was correct or not.” (P12).

“When I first started in the operating room, an emergency patient was to be operated on, and I was worried about whether or not to operate on that patient.” (P14).

Adhering to correct sterilization and aseptic techniques Some nurses emphasized that they experienced

Table 3 “Category 1” Ethical dilemmas experienced by operating room nurses

Themes	Sub-themes	n
Professional ethics	Benefit-no harm	10
	Informing	8
	Being professionally competent	5
	Adhering to correct sterilization and aseptic techniques	5
Teamwork	Having a team spirit	12
	Effective communication with the surgical team	4
Patient dignity and benefit	Respect for patient confidentiality	11
	Protection of privacy	4
	Respect patient autonomy	4

dilemmas about proper sterilization and compliance with aseptic techniques and that these disturb them.

“I have a dilemma about whether to open a new medical item and break sterility when it is unclear whether the doctor will use it or not. It happened to me once, and the material was wasted.” (P11).

“I have a dilemma about the tools mostly during the case. We have more than one hall and since the tools are limited, I have a dilemma in the order of which tool to use for which patient. but no patient was affected by this, it should not be affected, so when we experience these problems, we try to reach the result in the most accurate and fastest way.” (P6).

Theme 2. Teamwork Having a team spirit Participants acknowledged that they occasionally struggled to cooperate with doctors or other team members.

“There are situations where I have ethical dilemmas about team spirit... Sometimes with physicians and sometimes with my colleagues... For instance, there are situations when a doctor feels that CPR is not essential or that the patient will not recover. At those moments, I feel incredibly uncomfortable...” (P3).

“Because I work in the operating room, I believe that teamwork is crucial to the effectiveness of the intervention and any following rehabilitation.” (P9).

Effective communication with the surgical team Operating room nurses reported that due to poor communication at work, they occasionally face ethical dilemmas.

“Because the team and I don’t communicate well enough, I occasionally find myself in a challenging situation. Sometimes I don’t comprehend the medical supplies the doctor needs, I’m inadequate, and I might supply the wrong thing, and this affects me...” (P6).

“I had a dilemma about communication during the operation. I had a dilemma about whether the material the physician said was correct or not.” (P12).

Theme 3. Patient dignity and benefit Respect for patient confidentiality Most participants stated that they care about and respect confidentiality.

“Confidentiality, for example, what happened during the surgery should not be reflected outside, sometimes, unfortunately, such things happen... It’s unpleasant when our coworkers share patient-related situations with others outside.” (P7).

Protection of privacy Some participants said that because of ethical privacy concerns, they were hesitant to perform surgery on female patients.

“There are situations where I have ethical dilemmas about privacy. Sometimes patients are not covered, and I cover them right away...” (P12).

Respect patient autonomy Some of the participants reported an ethical dilemma regarding patient autonomy.

“Some patients do not want the surgery very much and after their relatives or the doctor convinces them, they decide to have the surgery even if it is difficult. In this case, sometimes there are patients who tell the nurse what do you think, I don’t want this surgery, but I am having it because my family wants it, I hesitate about this issue, I wish you don’t have it if you don’t want it, but unfortunately, in this regard, again, people think about benefit and harm...” (P8).

The category of perception of ethical sensitivity of operating room nurses and their practices is given in the table below (Table 4).

Theme 1. Physically

Ensuring patient privacy The operating room nurses expressed that they did their best to ensure the privacy of the patients.

“Our priority is privacy, if the door is open when the patient enters, I take care to keep it closed. This makes me happy and relieves the patient as well.” (P10).

Table 4 “Category 2” Perception of ethical sensitivity of operating room nurses and their practices

Themes	Sub-themes	n
Physically	Ensuring patient privacy	13
	Strive to achieve professional competence	12
	Considering the patient’s benefit and acting accordingly	12
	Doing your job in the right way	12
	Warn team members about ethical principles	8
Psychologically	Providing psychological support to the patient	12
	Welcoming the patient with a smiling face and communicating effectively	11
	Respecting the patient’s autonomy	10
	Providing a therapeutic environment	9
	Making the patient feel that they are not alone and being there for them	6
	Using silence (being there when crying and providing support)	5

“In the operating room, maintaining privacy is our priority...” (P8).

“I’ve faced a privacy dilemma. In my opinion, there isn’t enough privacy, particularly in the waiting areas. I was unsure if the patient was sufficiently covered when being taken to the operation, so I covered her.” (P4).

Strive to achieve professional competence Some nurses stated that they strive to provide professional competence.

“I strive to be competent in the professional field, and I try to learn medical supplies...” (P4).

“I mostly have dilemmas about the tools during the case. Since we have more than one hall and the tools are limited, I have a dilemma in the order of which tool to use for which patient. But no patient was affected by this, it should not be affected, so when we have these problems, we try to reach the result in the most accurate and fastest way. I try to learn the materials in my free time.” (P6).

Considering the patient’s benefit and acting accordingly Almost all the nurses stated that they consider the patient benefit and try to act accordingly.

“I try to do the best for patients’ benefit...Our priority is benefit for patients...” (P5).

“I take care to be honest with patients. I try to respect the principles of confidentiality and privacy are the values I pay attention to. I try to do my best for the benefit of the patient.” (P3).

Doing your job in the right way Almost all of the nurses stated that they tried to do their job in the most accurate way.

“Privacy, honesty and doing your job properly are very important to me. I think doing your job properly is important for the patient and for morality. (P1).

Warn team members about ethical principles Some participants stated that they warn team members, especially colleagues, who do not comply with ethical principles.

“I consider myself to be ethically sensitive, and I try to warn my team members as much as possible.” (P10).

“I am sensitive about ethics, especially about privacy. Patients come to the operating room in fear and I try to comfort them. I also warn my teammates in this direction..” (P12).

Theme 2. Psychologically Providing psychological support to the patient Most nurses noted that they provide psychological support to the patient.

“Ethical circumstances have a big impact on us in the operation room. Patients are nervous when they enter the operating room, so we talk to them to help them feel comfortable and explain what will happen.” (P9).

“If you are an operating room nurse, I think it has a great impact on ethical situations. I think that an operating room nurse should adopt ethical principles and in this direction, especially the patient who comes to the operating room with fear should be psychologically supported and the patient should be comforted...” (P12).

Welcoming the patient with a smiling face and communicating effectively Some nurses believed that effective communication with the patient and a smiling face provided a relationship of trust with the patient.

“I think that I am a sensitive person. First, I think that I relieve the patient’s excitement by welcoming every patient. That’s why I think we should be sensitive.” (P7).

“The operating room environment is an unknown and frightening environment for patients, in this case, of course, patients may be afraid when they first arrive, but if there is a team that welcomes them with a smiling face, especially a nurse, believe me, the patient’s anxiety will decrease and they will be less afraid. In this context, the operating room environment is very important and we nurses can do a lot.(P11).

Respecting the patient’s autonomy Most nurses reported that they respect the autonomy of their patients and see patients as unique.

“Patients’ autonomy is very important, and I am very sensitive about it....” (P13).

“I have been working in the operating room for 12 years, during this time we have encountered many unethical situations and I tried to warn my teammates as much as I could. But in some cases you are also helpless, for example, the patient does not want the operation very much and asks you there, and unfortunately I do not know exactly what to say.” (P2).

Providing a therapeutic environment Nurses stated that patients come to the operating room fearful and anxious, so they try to create a therapeutic environment for them.

“Privacy and communication. While working, I took care to explain the procedure to the patients and tried to provide a suitable environment.” (P10).

“The operating room environment is an unknown and frightening environment for patients, in this case, of course, patients may be afraid when they first arrive, but if there is a team that welcomes them with a smiling face, especially a nurse, believe me, the patient’s anxiety will decrease and they will be less afraid. In this context, the operating room environment is very important and we nurses can do a lot. (P11).

Making the patient feel that they are not alone and being there for them Some of the nurses stated that they made the patients feel that they were not alone and thus the fearful operating room environment turned into a less fearful environment.

“Here, as I said, it is in our hands to communicate with the patient, to understand his feelings, to empathize with him, to make him feel that you are with him are very important situations.” (P5).

“I think I am a sensitive person. First of all, I make simple explanations to each patient to make them feel comfortable. Then, I let them know that I am with them with both therapeutic touch and verbal communication, which makes me very happy, and when the patient’s anxiety decreases, I am very happy... (P10).

Using silence (being there when crying and providing support) The nurses stated that especially in high-risk surgeries, they see that patients may cry and be hopeless, and in this case they use silence.

“Especially in oncologic surgeries or severe heart surgeries, patients may think that they will die and cry. In this case, we nurses are with them and wait silently for them to cry.”(P11).

“Due to the perception that the operating room environment is horrible, patients may find themselves in an emotional discharge and sometimes cry, in which case we provide psychological support. Obviously, we nurses have a lot of duties and responsibilities.”(P3).

The category of views on the importance of ethical principles in operating room nursing is given in the table below (Table 5).

Table 5 “Category 3” Views on the importance of ethical principles in operating room nursing

Themes	Sub-themes	n
For the patient	Respect for human dignity	12
	Ensuring confidentiality	10
	Protection of privacy	7
	Increased patient satisfaction	6
For the profession	Increased confidence in nursing	10
	Improved quality of care	7
	Improved professional satisfaction	7
	Ensuring effective team communication	5

Theme 1. For the patient

Respect for human dignity Most nurses stated that if ethical principles are followed, human dignity is respected, and the patient is happy.

“It is very important to respect human dignity...” (P7).

“Professional ethical values are valuable for every profession. they are more important for our profession. especially human dignity.” (P14).

Ensuring confidentiality Some nurses emphasized how crucial it is to maintain anonymity. Some nurses said that they did their best to protect the confidentiality of their patients.

“Privacy. For example, what happens during surgery should not be reflected outside, sometimes, unfortunately, such things happen...” (P7).

“I try to pay attention to ethical principles, I pay more attention to the privacy and confidentiality of the patient, so I see myself as a sensitive nurse.” (P10).

Protection of privacy Most nurses stated that ensuring privacy is very important. Privacy is very important for nurses.

“I think I am sensitive about this, especially about privacy.” (P13).

“I think working in the operating room has a lot to do with the concept of privacy. Privacy is our red line from the moment the patient is prepared for surgery until s/he leaves the operating room...” (P1).

Increased patient satisfaction Some nurses stated that patient satisfaction increases when ethical principles are followed.

“If we conduct in accordance with ethical ideals, I believe patient satisfaction will increase.” (P12).

“Ethical principles are our red line, and when we act in this direction, you can be sure that quality care will be provided to patients. Although we cannot see

the patients in the wards, we somehow hear from our nurse friends there and the patients send us greetings and thank us.” (P5).

Theme 2. For the profession.

Increased confidence in nursing Some nurses reported that when ethical standards are upheld, public confidence in their field will rise.

“Thanks to ethical principles, trust in the nursing profession increases...” (P2).

“I think that the operating room environment is more sterile, transparent, especially ethical situations have a very important place in terms of privacy, which encourages compliance with ethical rules. I think that when ethical principles are followed, trust in nurses will increase.”(P6).

Improved quality of care Some nurses stated that ethical principles would increase the quality of care in the profession and patients would be satisfied.

“Ethical principles are important as they increase the quality of care and patients become happy...” (P8).

“Ethical principles are our red line, and when we act in this direction, you can be sure that quality care will be provided to patients. Although we cannot see the patients in the wards, we somehow hear from our nurse friends there and the patients send us greetings and thank us.” (P5).

Improved professional satisfaction Some nurses stated that complying with ethical principles would increase professional satisfaction.

“I think professional satisfaction will increase because being conscientious is important, and ethical values are very important...” (P4).

“I realized that I paid more attention to my ethical sensitivity after working as an operating room nurse during the years I worked. Thus, professional satisfaction also increases, and frankly, one puts one’s head on the pillow comfortably.”(P11).

Ensuring effective team communication Some nurses thought that ethical principles would bring a standard to the team and provide effective communication.

“Teamwork. Making decisions as a team and working in harmony is crucial when we enter the operating room for a case...” (P3).

“During the years I worked in the operating room, I always paid attention to confidentiality, teamwork, honesty. I learned that we should follow ethical rules during the time I worked here... These situations are very important...” (P1).

The study also demonstrated that operating room nurses place a high priority on ethical values, with the principle of protection of privacy emerging as the most crucial ethical value, and it was followed by the principles of honesty, confidentiality, benefit-no harm, justice, and loyalty.

Discussion

The study aimed to examine the opinions and experiences of operating room nurses about ethical sensitivity phenomenologically. The main findings of the study show that operating room nurses care about ethical principles and sometimes experience ethical dilemmas.

Ethical dilemmas experienced by operating room nurses

According to the results, nurses frequently faced ethical dilemmas like patients’ benefit, cooperation, and professional ethics. In the operating room setting, nurses encountered dilemmas, particularly concerning sanitation, medical supplies, and the use of new items. In addition, some nurses thought that some surgeries did more harm than good to patients and experienced ethical dilemmas. Likewise, Aghamohammadi et al. (2021) found that operating room nurses experienced ethical dilemmas in terms of angelic ethics. The results suggest that because nursing is a human relations-based profession, nurses encounter ethical dilemmas wherever they practice. Given that nursing care is a humanistic, holistic concept founded on the values of non-harm-benefit, benevolence, equality, and justice, it is by definition an ethical process. Regardless of an individual’s age, gender, education level, ethnic origin, culture, spiritual values, or religious views, nurses should be aware of all verbal and non-verbal behaviors and be able to interpret them (Larti et al., 2018; Mardani Shorje et al., 2019; Yumusak, 2020). When health professionals support patients’ self-determination, give patients a sense of autonomy and try to understand their experiences and communicate openly and honestly, patients’ trust in health professionals increases (Liang et al., 2022). In operating rooms, which have an important place in patient safety, many ethical problems and medical errors develop due to rapid patient circulation, stressful, complex and isolated working areas. In this context, the fact that nurses have basic ethical values can

be considered a very positive indicator for the future of the nursing profession.

Perception of ethical sensitivity of operating room nurses and their practices

Every aspect of a nurse's professional work involves a human-to-human interaction, which also involves an ethical interaction. Nursing professionals should view patients as their most valuable resource and treat them with respect for their life, dignity, individuality, morals, and social roles (Schroeder et al., 2020; Wong et al., 2020). In this context, the high ethical sensitivity of nurses is very important in terms of quality of care. It can be concluded that the majority of the operating room nurses involved in the study have a good level of ethical sensitivity perception, which is a positive finding in terms of the results of our study. Nurses in our study reported performing physical actions like ensuring patient privacy, making efforts to ensure professional competence, considering patient benefit and acting accordingly, and warning team members about ethical principles within the scope of ethical sensitivity. In addition, they strive to provide psychological support to the patient, be friendly and communicate effectively, respect the patient's autonomy, and provide a therapeutic environment. Similar to our study, Hanssen et al. (2020) emphasized that respect and care for the patient, making the patient feel safe, and respect, cooperation, and communication within the perioperative team are among the most important ethical practices of operating room nurses (Hanssen et al., 2020). In addition, Erriksson et al. stated in a study conducted with operating room nurses that it is very important for patients to feel that nurses are with them and that this situation can be good for the mental state of the patients (Eriksson et al., 2020). The delivery of care is especially critical for patients under anesthesia who are unconscious, dependent in all life activities and unable to make their own decisions. As a patient advocate, the operating room nurse must ensure patient safety. Operating room nurses need to use ethical principles to ensure the rights, health and safety of patients. It is very important that nurses, who have the responsibility to provide care during the surgical process that exposes individuals to injury in every aspect, work within the framework of respect for human beings, which is the basic ethical principle (Yumusak, 2020). In this context, it is thought that the high perception of ethical sensitivity of nurses in the study will increase the quality of care in operating room environments and increase patient satisfaction.

Views on the importance of ethical principles in operating room nursing

The operating room nurses in the study attach great importance to the principles of respecting human dignity, ensuring confidentiality, protecting privacy, and increasing patient satisfaction, which is related to ethical sensitivity. In the study conducted by Torabi et al. (2018), it was determined that operating room nurses had a very positive perception in terms of professional values (Torabi et al., 2018). Studies show that the high ethical sensitivity of operating room nurses with high workloads has a positive effect on the image of the nursing profession.

Account is taken of national health policies and health organizations, of perceptions of the role of nurses in health provision, of gender and class relations, of institutional practices and standards of patient care. Attention is also given to the needs that nurses themselves say they have in relation to the moral problems that they encounter. Specific moral concepts, theories and forms of engagement may have particular resonance for groups of nurses and individual nurses at specific historical junctures and locations (Grace, 2022; McCarthy & Gastmans, 2015). Technological progress, resource sharing, individual rights and changes in the roles of nurses create an environment for ethical problems that nurses may encounter in the working environment. In these situations, operating room nurses participate in ethical decision-making processes. In this context, this study is very important in terms of showing that the ethical sensitivity of nurses is high but they need to improve it. It is thought that nurses' high perception of ethical sensitivity is an important factor that increases the satisfaction of individuals receiving care and nurses' job satisfaction and quality of care.

Conclusion

The findings of our study are crucial in that they shed light on operating room nurses' opinions and experiences with ethical sensitivity. In addition, operating room nurses attach great importance to ethical principles, and among the most important ethical values, the principle of protection of privacy ranked first, followed by the principles of honesty, confidentiality, benefit-no harm, justice, and loyalty. The perception of operating room nurses' high ethical sensitivity is crucial for improving the standard of care. To treat patients according to professional standards, operating room nurses need to be conscious of their professional values. Considering that the development of professional values and high

perceptions of ethical sensitivity of operating room nurses is an important factor that increases the satisfaction of individuals receiving care and the job satisfaction and quality of care of nurses, it can be said that the results of the study are very important. In this sense, the study is thought to have an important contribution to the literature. The results of this study can guide the development of a nursing ethics curriculum and provide a reference for nursing educators to develop intervention strategies to improve nursing ethical decision-making so that they can cope with and solve ethical issues and dilemmas.

Limitation of this study

Two limitations of this study are the qualitative approach and the small number of interviews (fourteen in total). However, data collection was conducted in the operating room unit of a public hospital respectively. Furthermore, the reliability of the results was ensured through a scientific systematic analysis using the well-documented methodology of annotated qualitative content analysis. Further interviews with nurses in different regions can inform us about initiatives that can increase ethical sensitivity both in different departments and in nursing education. The validity of the study should be discussed within its limitations and further studies are needed to investigate the experiences of nurses working in different units regarding their experiences of ethical sensitivity.

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Data availability The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethical aspects of the research This research was approved by the Gümüşhane University Scientific Research and Publication Ethics Committee (2021/09).

Informed consent Informed consent was obtained from the participants before the interviews. The recordings and transcripts were stored on a password-protected device. Each step of the research was written using the Consolidated Criteria for Reporting Qualitative Research (COREQ), which was developed for use in reporting qualitative research.

Conflict of interest The author(s) declared no conflict of interest.

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