

## Evaluation of Ethical Attitude Approaches in Midwives and their Relationship with their Demographic Features

### Abstract

**Background:** Ethical approach is one of the paramount aspects of life. The position of this approach in medical occupations has always been noticed. This study was carried out to analyze the types of ethical approaches in midwives and their relationship with their demographic features. **Materials and Methods:** The current descriptive-correlation and cross-sectional study was conducted from October to December 2014 using quota random sampling technique. The participants consisted of 189 midwives employed in Isfahan, Iran. The data collection tool was a researcher-made questionnaire. The midwives' attitudes were examined in the four fields of virtue ethics, deontologism, utilitarianism, and religious ethics. Data were analyzed using descriptive and inferential statistics in SPSS software ( $p < 0.050$ ). **Results:** The highest score belonged to religious ethics with the mean value of 64.36 out of 100. A positive significant relationship was found between deontologism and education level ( $F = 8.74$ ;  $p = 0.004$ ), and total ethical approach and workplace ( $F = 2.60$ ;  $p = 0.053$ ). There was a reverse significant relationship between age and work experience and virtue ethics ( $r = -0.15$ ;  $p = 0.035$  and  $r = -0.20$ ;  $p = 0.005$ , respectively). **Conclusions:** The existing high percentage of religious ethics shows the religious tendency of the participants. The determination of ethical approach among midwives as one of the important medical groups and creation and improvement of the most appropriate attitude among them based on the present regulations and requirements in society are principles that we should attempt to achieve.

**Keywords:** Deontologism, midwifery, religious, utilitarianism, virtue ethics

### Introduction

Ethical theories are stable philosophical bases and paradigms that are discussed and explored in the philosophy of ethics.<sup>[1]</sup> The decisions made in the field of medicine include ethical aspects in addition to their scientific perspective in terms of essence.<sup>[2]</sup> The philosophy in the field of ethics is rationality and reasoning about fundamental ethical issues and consists of two major branches – meta-ethics and normative ethics. The category of normative ethics involves the creation or evaluation of moral standards. It is, therefore, an attempt to understand what people should do or whether their current moral behavior is reasonable given the moral standards used in that context.<sup>[3]</sup> It is important that midwives, as one of the members of the medical team and the first ring of women's health care, learn and practice professional ethics until they can create good relationships with pregnant women. Under these circumstances, they

can teach religious guidelines to pregnant mothers so that they can build healthy families by acting upon these religious guidelines.<sup>[4]</sup> One of the most important issues which a midwife can teach pregnant women is religious orders related to the gestational period. An overview of Islamic religious sources shows that Islamic orders for pregnancy are completely consistent with the physical and psychological characteristics of pregnant women, and parents' knowledge of them has a significant role in strengthening families and building a prosperous society. It is proposed that, with the guidance of religious scholars and health planners, educational pamphlets about Islamic ethics and laws of gestational period be prepared and made available to midwives and pregnant women, and that midwives practice these principles and educate pregnant women. Thereby, a step can be taken toward improving awareness of Islamic issues in Iran.<sup>[5]</sup>

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In general, ethical theories are divided into several groups – deontologism, utilitarianism, and virtue ethics. The ethical theory of deontologism denotes that individuals should be committed to their duties when exposing a complex ethical problem because supporting this duty is something that seems to be morally proper. The choice that results in the maximum profit for individuals is assumed as ethical in the theory of utilitarianism. Virtue ethics generally consists of a type of good habit, mood, and temperament, a type tendency toward action and feeling in certain ways, a tendency that corresponds to the correct practical principle and sets it as pattern.<sup>[6]</sup> If we assume religion as a system of practical ideas and commands sent by God and ethics as a group of teachings that show the scientific duty of humans and illustrate the correct way of life, we will understand the interrelated connection between religion and ethics and consider ethics as an integrated part of religion.<sup>[7]</sup> According to the views of researchers, religion influences risky behaviors by establishing moral order.<sup>[8]</sup> Traditional moral analytical studies (Greene's dual process model) revealed that deontological and utilitarian inclinations are mutually exclusive, whereas recent studies utilizing the process dissociation approach to moral analytics have revealed that an inclination toward an ideology may occur due to the absence of inclination to another. These studies also associated deontological inclinations with empathy, religiosity, and perspective-taking, while associating moral concern and reduction in cognitive load with utilitarian inclinations.<sup>[9]</sup> Ethics is a crucial branch in medicine guiding good medical practice. It deals with the moral dilemmas arising due to conflicts in duties/obligations and the resulting consequences.<sup>[10]</sup> All members of the medical team including midwives encounter numerous ethical issues in their workplace and as a result may suffer from a sense of duality, absurdity, and discomfort.<sup>[11]</sup> Midwives need a tool to help them act in the best way possible and to make optimal decisions in emergencies without being influenced by working and ethical stresses.<sup>[12]</sup>

The ethical issues of the field medicine have been explored in many studies, but the field of midwifery has received less attention in this regard. In a study conducted by Azimi *et al.*, students' awareness of ethical criteria in the labor unit was analyzed.<sup>[13]</sup> They only evaluated the rate of midwives' and specialists' awareness regarding ethical principles in the labor unit and its relationship with some demographic features.<sup>[13]</sup> Likewise, in the study conducted by Klinberge, the attitude of midwifery students toward abortion, and sexual and fertility issues in women were explored.<sup>[14]</sup> However, none of these studies examined the type of ethical approach in midwives. The ethical approach in individuals influences professional behavior, the midwife-patient relationship, and observance of ethical principles. In the present study, the type of ethical approach in midwives in Isfahan, Iran, was analyzed and the relationship between

their ethical approach and some demographic features was examined.

## Materials and Methods

This cross-sectional study was conducted from October to December 2014 in Isfahan. The study population consisted of all midwives in health centers, midwifery offices, universities, and hospitals of Isfahan ( $n = 650$ ). With the consideration of 95% confidence interval, a standard deviation estimated according to previous studies, and accuracy rate of 0.1 S, the total number of participants was determined as 189. Quota random sampling method was utilized in this study. The inclusion criteria consisted of having a bachelor of science in midwifery and higher, and employment in midwifery units of public healthcare centers (private clinics, hospitals, and universities). A researcher-made questionnaire was used as the data collection tool and was completed by the participants. The questionnaire included 20 questions that were scored based on a 5-point Likert scale (I completely agree, I agree, no idea, I disagree, and I completely disagree). The scores were divided into 20-unit groups based on the total 100 scores as follows: 0–20 (very low), 21–40 (low), 41–60 (average), 61–80 (high), and 81–100 (very high). First, the questionnaire was designed based on the views of experts in the field of medical ethics. Then, it was distributed among 20 participants. The results of the survey were sent to the experts and some cases were reviewed.

The researcher prepared the questionnaire through studying books and articles published in the field of ethics, and then, the questionnaire was analyzed in terms of the quality of its content by some experts. The needed modifications were implemented after the collection of their comments and the final questionnaire was formulated. The reliability of the data collection tool was assessed through test-retest after conducting a primary study on 20 cohort participants and the internal consistency of the questionnaire was confirmed using Cronbach's alpha ( $\alpha = 0.75$ ). The questionnaires were filled out after obtaining permission from the ethics committee of Isfahan University of Medical Sciences, Iran, presenting the recommendation letter and explaining the research goals to participants, and obtaining consent forms from the participants. Descriptive and inferential statistics (mean, frequency, one-way analysis of variance, and Pearson's correlation) were utilized for data analysis in SPSS software (version 19, SPSS Inc., Chicago, IL, USA).

## Ethical considerations

The aim of the study was explained to participants and an informed consent was obtained from each of them. The participants were free to participate or not participate in the study and they were assured that their information will remain confidential. The study procedures were approved by the ethics committee of Isfahan University of Medical Sciences on 18 June 2014 (Code: 393310).

## Results

A total of 189 individuals participated in this research. The majority of participants were in the 30–34 years age group and their mean age and work experience were, respectively, 33.39 and 8.5 years. Distribution of absolute and relative frequency of ethical approach in midwives is presented in Table 1 where the maximum mean value belongs to religious ethics. According to Pearson correlation test, virtue ethics had a reverse and significant relationship with age ( $r = -0.15, p = 0.035$ ) and work experience ( $r = -0.20, p = 0.005$ ). Nevertheless, no statistically significant relationship was found between these two variables and total ethical approach and other elements of ethical attitude ( $p > 0.050$ ). According to the findings presented in Table 2, a statistically significant relationship was only observed between deontologism and education ( $F = 8.74; p = 0.004$ ). No statistically significant relationship was found in other cases. Based on other findings of the study, no significant relationship was found between workplace and total ethical approach and its elements.

## Discussion

The present study was carried out to analyze the type of ethical approach in midwives, as one of the important medical groups, and other relevant factors. The collected data showed that the highest scores in the variable of ethical approach belonged to the religious ethics, and utilitarian, deontological, and virtue ethics, respectively. However, these scores did not differ greatly from each other. Researchers have expressed that, in practice, particularly in risky decision-making, one cannot resort to a general rule and assume it as a pattern for practice

because it is possible that conditions may arise under which implementation of that rule results in irrecoverable loss. Therefore, consideration of the exception is necessary in some cases. Thus, for instance, regarding abortion, on which new ethical problems have been proposed, no one can take either deontological and or utilitarian approach exclusively.<sup>[15]</sup>

It has been mentioned in some studies that the two virtue ethics and right-centrism approaches will be fruitful together in the provision of services to patients and could enhance the correct ethical approach in providing medical services to patients. Therefore, one cannot act based on only one of these two ethical approaches to solve important problems.<sup>[16]</sup> It is assumed in divine religions that religion is the basis and cornerstone for all activities in the community. Moreover, all the mentioned ethical approaches are embedded in religious ethics in their adjusted and correct forms. Hence, strengthening of religious ethics is recommended to create appropriate ethical orientation regarding various issues in midwifery and other medical professions and suitable performance in the face of those issues. It is also suggested that the belief that religion with its comprehensiveness responds appropriately to many complex problems of the present world including relevant medical issues be internalized in the mind of medical personnel more than ever. According to data presented in Table 1, a lower percentage of participants had very high scores in the variable of religious ethics. Because religious ethics is the best and most comprehensive approach to modern day problems,<sup>[1]</sup> it seems that strengthening this approach may be effective on the improvement of midwives' practice. With respect to different types of ethical approach in participants, it was found that the studied units did not

**Table 1: Frequency distribution of ethical attitudes in participants**

Variables	Total ethical attitude	Duty oriented	Virtue oriented	Utilitarian	Religion oriented
Attitude level	N (%)	N (%)	N (%)	N (%)	N (%)
Very low	0	2 (1.10)	6 (3.20)	1 (0.50)	1 (0.50)
Low	1 (0.50)	23 (12.20)	23 (12.20)	19 (10.10)	12 (6.30)
Average	100 (52.50)	99 (52.40)	88 (46.60)	122 (64.60)	76 (40.20)
High	87 (46.00)	54 (28.60)	57 (30.20)	45 (23.80)	80 (42.30)
Very high	1 (0.50)	11 (5.80)	15 (7.90)	2 (1.10)	20 (10.60)
Total	189 (100)	189 (100)	189 (100)	189 (100)	189 (100)
Mean (SD)	58.97 (9.11)	57.93 (14.79)	58.25 (17.51)	55.34 (11.08)	64.36 (15.28)

**Table 2: Correlation between ethical attitudes and educational level**

Educational level attitude	Master of sciences		Bachelor of sciences		ANOVA		p
	20(10.6%)		169(89.4%)		F	df	
	Mean (SD)		Mean(SD)				
Total ethical attitude	61.68 (9.34)		58.65 (9.05)		1.99	1	0.160
Utilitarian	54.75 (12.08)		55.41 (10.99)		0.06	1	0.801
Virtue oriented	62.25 (16.17)		57.78 (17.65)		1.16	1	0.282
Duty oriented	67.00 (14.63)		56.86 (14.48)		8.74	1	0.004
Religion oriented	62.75 (16.50)		64.55 (15.17)		0.25	1	0.619

have a specific moral tendency. The reason for this issue can be found in Klinberge's statements that may explain the path of ethical tendency development from childhood to adolescence. Children's view of ethics forms primarily based on punishment and obedience. In the next phase, it is mainly based on reward, and then, approval by parents. In the last phase, which mainly includes adolescence and the beginning of puberty, the cultural relativism stage starts. In this phase, the criterion for good action is that which is approved by the community. The community consists, first, of the group of peers, and then, the whole society.

Sometimes skepticism and confusion may follow cultural relativism. In fact, an educational credit of philosophy of ethics may have such a consequence. After these stages, the individual moves toward routine utilitarianism, and to the sixth phase, i.e., adaption theory based on the golden rule. During these two phases, the individual tries to assess the customary and conventional norms through a rational method. Passing through all these phases may create different ethical tendencies in individuals and even several tendencies in a person and may sometimes lead to confusion. Therefore, with respect to this theory, it is natural for individuals to assume behavior based on an ethical approach as norm throughout their lifetime, but the important point is the creation of the correct ethical approach in individuals.<sup>[5]</sup> According to the findings of this study, a low percentage of participants in this study were ranked at low and very low levels in all fields of ethical approaches, which shows the relatively positive status of this issue among the studied population.

A statistically significant relationship was only observed between virtue ethics and age in this study; as age increased, virtue ethics decreased. It is evident that ethical approach is influenced by numerous factors; however, no relationship was found among age and other elements of ethical attitude in this study. This may be attributed to the involvement of other factors in the formation of the type of ethical approach in individuals. Virtue ethics is an attitude in which the patient is viewed with mercy and compassion, whereas transition from compassionate outlook to right-centered attitude is deemed as one of the turning points in the provision of services to patients. In virtue ethics, the provision of services is assumed as a ladder to achieving virtues and is deemed as a pure morality. Nevertheless, this attitude alone will not be an appropriate approach since in this case the patient's future will be tied to an unstable issue; namely, if ethics governs over a community or individual, the patient is in luck, otherwise, the patient will not receive suitable care.<sup>[16]</sup> In our study, increase in individuals' age caused them to achieve a thinking phase in which they assumed less importance for virtues; this may be considered as a negative point. In any case, it seems that the improvement of performance necessitates the enhancement of all aspects of ethical approach at the same time and the attainment

of moral growth by the individual to the extent that he/she can have the most appropriate practice based on the conditions.

No statistically significant relationship was found between work experience and utilitarian, deontological, and religious ethics approaches in this study. In fact, no change was observed with increase in work experience. Although it is expected that with increase in work experience the individual be led toward the best ethical approach, and thus, the provision of better services, such a relationship was not observed in this study. Therefore, the analysis of other factors effective on the formation of ethical approach seems necessary. On the other hand, a negative significant relationship was found between work experience and virtue ethics; this may be due to individuals' monotonous everyday life or the effect of their colleagues' type of thinking on them.

Other findings of the present research indicate that deontologism is more prevalent in individuals with a master's degree. In fact, it seems that the master's degree has caused the individual to feel a further sense of responsibility, and thus, deontologism has been improved in that individual. Therefore, this is a positive aspect of the educational system at an advanced education level. Evidently, it is not possible for all individuals to study a master's degree. Therefore, conducting investigations to determine factors that improve deontologism in individuals in this degree is necessary so that they can also be taken into consideration in other levels and during service, and thus, deontologism can be enhanced. On the other hand, no significant relationship was observed between education degree and total, utilitarian, virtue, and religious ethics. This may be because ethical approach is affected by other factors. Ethical sensitivity, which enables professionals to recognize and respond to the concerns of those receiving professional services, can be developed in the contexts of learning and promoting the best attitudes.<sup>[17]</sup> Master's degree could not improve ethical approach in our study except in the field of deontologism that is considered as a weak point and must be noticed by educational planners.

According to the study findings, there was no statistically significant difference in the mean scores of total ethical approach and its elements with respect to the place of work. In fact, the midwives employed in all centers were in the same ethical approach range, and therefore, any plan designed to change their ethical approach should be implemented identically for midwives in all centers. No study was found reporting the abovementioned issues. The constraints of this study included lack of cooperation of some participants and absence of adequate articles and studies in this field. It is suggested that future studies be conducted on other factors effective on the formation of ethical approach among individuals.

## Conclusion

In the present study, religious ethics obtained the highest mean score compared to deontologism, utilitarianism, and virtue ethics. It is suggested that efforts be made to enhance midwives' awareness regarding all moral attitudes.

It is recommended that more studies be carried out in this field and factors effective on the formation of ethical attitudes in individuals and on the changing or strengthening of that approach be explored. Furthermore, the improvement of religious ethics as the most perfect moral attitude and the consideration of this approach as the basis for practice.

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## Conflicts of interest

Nothing to declare.

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