

Factors Influencing the Ethical Sensitivity of Nurses Working in a University Hospital

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ABSTRACT

Ethical sensitivity is defined as sensitivity to ethical problems, which for nurses means being acquainted with ethical values within a situation or situations concerning human health. As a nurse, having high ethical sensitivity not only leads to occupational professionalization, but it also directly influences the quality of nursing care provided to patients. This study was conducted in 2016 by 178 nurses working in a university hospital in the center of Samsun. The data was collected using an introductory information form and the Moral Sensitivity Questionnaire (MSQ). In this study, the median nurse's result on the Moral Sensitivity Questionnaire (MSQ) was 88 (52–187), whereas the median result on its sub-dimensions, such as autonomy, benevolence, holistic approach, experiencing conflict, practice and orientation, were 20 (8–45), 12 (4–25), 12 (5–35), 13 (5–21), 12 (4–25) and 7 (4–28), respectively. Nonetheless, it has been observed that MSQ median results change according to the working year, the number of patients and the work satisfaction level at any given institution; it has also been observed that the ethical sensitivity level is higher for nurses who have worked for 20 to 28 years, who care for 11–21 patients daily and who have a moderate work satisfaction level. This study suggests that MSQ score varies depending on some sociodemographic and professional characteristics such as income level, work life quality, professional satisfaction, length of service of nurses, whether or not they are satisfied with the service they work at, number of patients cared per day and total number of nurses at the service they work at.

Key Words: Ethical sensitivity, Hospital, Nursing

Introduction

Ethical sensitivity can be defined as the manner and capacity adopted by health care professionals as they try to understand the individuals whose care they have undertaken, all while responding to them kindheartedly (1). It can also be defined as sensitivity to ethical problems, which for nurses means being acquainted with the ethical values within a situation or situations concerning human health (2). Ethical sensitivity can also refer to a talent for distinguishing between different ethical problems and determining their significance for individuals (3).

Ethical sensitivity primarily constitutes the professional aspect of moral sensitivity (4). Although intuitions and benevolence constitute the source of moral sensitivity, the source of ethical sensitivity consists of the consciousness of an individual regarding the role and responsibilities of his/her occupation, professional ethical knowledge and ethical standards; however, these two terms cannot be completely separated (5). While ethical sensitivity can

be considered a solution and clarification for ethical problems, or as a justification for actions, it also prevents an absolute ethical dilemma (6).

Nowadays, ethical sensitivity has become an important concern for health care professionals in particular (7). Age, gender, educational background, ethnic origin, culture, moral values and individuals' religious beliefs, as well as their consciousness and interpretation of their verbal and nonverbal behavior, play an important role, together with their ability to make decisions on their own (8, 9). In this conceptualization, identification of the ethical problem, as well as comprehension of the ethical results of decisions, plays an important role developing ethical sensitivity towards such problems (10). This study was conducted in order to assess the ethical sensitivity of nurses working in a university hospital and to determine whether sociodemographic and occupational properties influence nurses' ethical sensitivity.

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Material and Methods

This is a descriptive and cross-sectional study exploring the factors that influence the ethical sensitivity of nurses working in a university hospital. This study was conducted in 2016 (5th June to 25th June) by 178 nurses working in a university hospital. The data was collected using an introductory information form and the MSQ.

Developed by Kim Lutzen, the MSQ is a measure that assesses ethical sensitivity during an ethical decision-making period. It was first applied to psychiatry doctors and nurses and later to doctors and nurses in other units at the Karolinska Institutet in 1994 (5). In 2005, Tosun studied the validity and reliability of this measure in Turkey. The MSQ is a Likert scale composed of 30 articles and 6 sub-dimensions. The highest and lowest points possible in this survey are 30 and 210, respectively, where low points indicate high ethical sensitivity and high points indicate low ethical sensitivity. In his study, Tosun found MSQ's Cronbach alpha reliability coefficient to be 0.84. However, in this study, MSQ's Cronbach alpha reliability coefficient is 0.85. Tosun's consent was received for utilization of the MSQ (6).

The questionnaire was tested on a group of 15 people prior to its submission to nurses, nurses participating in this pilot study were not included in the sampling. The study was initiated after the Ondokuz Mayıs University Ethical Committee (14.04.2016/B.30.2.ODM.0.20.08/235-300) approval was obtained. In order to collect the data, written consent from the respective hospitals and informed consent from the participating nurses were obtained. This study's results were analyzed using the SPSS 22.0 program. Normality tests for the quantitative data were conducted using Shapiro Wilk. The Mann Whitney U and Kruskal Wallis tests were used to analyze data without normal distribution. To determine the reliability of the utilized scale, the Cronbach alpha analysis was used. The results were presented as a percentage, average, standard deviation, and median (min-max). The Significance level was taken as $p < 0.05$.

Results

A total of 178 nurses working in a university hospital participated in this study. 94.4% of the participants were female, 5.6% were male, 66.3% were married, 33.7% were single, 78.7% held a bachelor's degree, 91.6% had a nuclear family, 57.3% had a balance between income and expenses and the average age of the nurses was 31.6 ± 6.8 . Of the nurses, 95.5% worked as a ward nurse, 56.7% had worked between

0–9 years, 71.3% worked as a staff nurse, 47.8% held affection for his/her occupation, 41.6% were satisfied with their ward, 70.8% were on shift, 64% had 2–10 patients for whose care and treatment they were responsible for, 50.6% evaluated his/her quality of work life as good, 43.3% identified his/her work satisfaction level as moderate, 75.8% had received ethical training before graduation, 45.5% received ethical training after graduation, 64% had previously encountered an ethical problem and 6.7% regularly followed publications regarding ethics.

The MSQ total and sub-dimension median results are shown in Table 1. The MSQ median result is 88 (52–187). The MSQ median result of sub-dimensions such as autonomy, benevolence, holistic approach, experiencing conflict, practice and orientation were 20 (8–45), 12 (4–25), 12 (5–35), 13 (5–21), 12 (4–25) and 7 (4–28) respectively (Table 1).

In this study, the MSQ median results differed according to the nurses' work experience ($p = 0.024$), the number of patients whose daily care and treatment he/she undertakes ($p = 0.007$), and their work satisfaction level at their institution ($p = 0.012$); however, the MSQ median results did not vary according to age group ($p = 0.059$), genders ($p = 0.181$), marital status ($p = 0.542$), educational background ($p = 0.253$), family structure ($p = 0.454$), income status ($p = 0.359$), ward ($p = 0.598$), position ($p = 0.947$), working status ($p = 0.653$), whether he/she loves his/her occupation ($p = 0.135$), satisfaction with the ward where he/she works ($p = 0.155$), manner of work, assessment of work life quality ($p = 0.510$), ethical training before graduation ($p = 0.305$) and after graduation ($p = 0.841$), whether he/she has encountered an ethical problem in work life ($p = 0.499$) or whether he/she follows a publication regarding ethics ($p = 0.912$). The low result obtained from the MSQ indicates high ethical sensitivity and this study's results state that there were higher satisfaction levels with nurses working for 20 to 28 years, who undertake daily care for 11 to 21 patients and who assess their work satisfaction level as moderate (Table 2).

In this study, it was confirmed that the MSQ autonomy sub-dimensions differ according to nurses' working years and work satisfaction level. The MSQ benevolence sub-dimension varies in accordance with the ward where he/she works, the satisfaction level with the ward where he/she works, the number of patients whose daily care or treatment he/she undertakes and their work satisfaction. The MSQ holistic approach sub-dimension differs according to nurses' gender, his/her position in their ward, working years, years working in their ward and their work satisfaction level. The MSQ experiencing

Table 1. The MSQ total and sub-dimension median results

Scale Sub-dimensions	Med (Min - Max)
Autonomy	20 (8 – 45)
Benevolence	12 (4 – 25)
Holistic Approach	12 (5 – 35)
Experiencing Conflict	13 (5 – 21)
Application	12 (4 – 25)
Orientation	7 (4 – 28)
MSQ Total	88 (52 – 187)

MSQ: Moral Sensitivity Questionnaire, **Med:** Median, **Min:** Minimum, **Max:** Maximum

conflicts sub-dimension varies in accordance to income status, working years, his/her affection towards his/her occupation, the number of patients whose daily care and treatment he/she undertakes, whether he/she received ethical training and whether he/she encountered an ethical problem. The MSQ practice sub-dimension differs according to the ward where the nurses work, the number of nurses working in the same ward, the number of patients whose daily care or treatment he/she undertakes, their quality of work life and whether he/she has encountered an ethical problem. The MSQ orientation sub-dimension varies in accordance to the nurses' satisfaction with the ward where he/she works and the number of patients whose daily care and treatment he/she undertakes.

Discussion

Nowadays, technological and scientific developments, in addition to the health care system, influence the role and functions of nurses, thus, nurses may encounter certain ethical problems today that they would not have in the past. In this context, the development of ethical sensitivity, which involves the determination and solution of ethical problems, and the prevention of ethical dilemmas, is quite important for today's nurses.

In this study, it was determined that of the nurses participating, 75.8% had received ethical training before graduation, while 45.5% received ethical training after graduation; beyond that, 64% had encountered an ethical problem during their work life, and the number of nurses who regularly follow a publication regarding ethics is very low (6.7%). Other studies conducted on the same issue found that the percentage of nurses who had received ethical training before graduation ranged from 38.9% to 92.7%, and that the percentage ranged from 36% to 48.3% after graduation (2,10-17). The number of nurses receiving ethical training differed between the studies conducted, and giving due consideration to ethical training, which can develop the nurses' talent for

ethical decision-making, the nursing education program plays an important role. Hence, a study conducted by Dikmen (2013) showed that 74% of nurses have encountered ethical problems and of this percentage, 62% could not solve the problem. Another study conducted by Pekcan (2007) reported that of the 118 doctors and nurses that they found to have encountered an ethical problem during their work life, 48 of them could solve the problem on their own, 35 could solve it with help and 35 could not solve the problem at all. As stated in the literature Baykara (18), nurses' can develop their ethical sensitivity through training in the scope of vocational and post-graduate programs (10,11,18).

In this study, the nurses' MSQ median results were determined to be 88 (52–187) and the MSQ median results of the sub-dimensions of autonomy, benevolence, holistic approach, experiencing conflict, practice and orientation were 20 (8–45), 12 (4–25), 12 (5–35), 13 (5–21), 12 (4–25) and 7 (4–28), respectively. In Tazegün's (2013) study, while the MSQ average result was determined to be 93.80 ± 19.10 , the average result of the autonomy sub-dimension was 20.03 ± 6.76 , the benevolence sub-dimension was 14.29 ± 4.22 , the holistic approach sub-dimension was 13.27 ± 4.55 , the experiencing conflict sub-dimension was 13.21 ± 4.57 , the practice sub-dimension was 11.44 ± 3.92 and the orientation average was 9.85 ± 3.91 . Furthermore, Köktürk (2013) found that while the total average result of the MSQ was found to be 76.33 ± 22.84 , the average of the autonomy sub-dimension was 17.74 ± 4.61 , the benevolence sub-dimension was 11.90 ± 4.32 , the holistic approach sub-dimension was 12.61 ± 4.17 , the experiencing conflict sub-dimension was 6.74 ± 2.65 , the practice sub-dimension was 9.59 ± 2.99 and the orientation sub-dimension was 9.87 ± 3.90 . In another study on this issue (13), it was reported that the average result of the autonomy sub-dimension was 19.03 ± 5.61 , the benevolence sub-dimension was 11.96 ± 3.90 , the holistic approach sub-dimension was 12.08 ± 4.39 , the experiencing conflict sub-dimension was 12.66 ± 3.30 , the practice sub-dimension was

Table 2. The comparison of certain sociodemographic and occupational properties, and the nurses' MSQ results

Properties		MSQ Med (Min - Max)
Age groups	19-28 years	87 (52 - 187)
	29-38 years	90 (55 - 187)
	39-48 years	81 (59 - 168)
Test statistic, p-value		p= 0.059 $\chi^2 = 5.666$
Gender	Female	87.5 (52 - 187)
	Male	95.5 (57 - 174)
Test statistic, p-value		p= 0.181 U= 628.5
Marital status	Married	88 (55 - 187)
	Single	84 (52 - 187)
Test statistic, p-value		p= 0.542 U= 3342.0
Educational background	Medical vocational high school	83 (52 - 187)
	Associate's Degree	85 (59 - 168)
	License	88 (55 - 187)
	Master's Degree	96 (57 - 120)
Test statistic, p-value		p= 0.253 $\chi^2 = 4.080$
Family structure	Extended family	90 (69 - 111)
	Nuclear family	88 (52 - 187)
Test statistic, p-value		p= 0.454 U= 1079.5
Income status	Income is less than expenses	87 (57 - 187)
	Income is equal to expenses	90 (52 - 187)
	Income is more than expenses	85 (69 - 174)
Test statistic, p-value		p= 0.359 $\chi^2 = 2.050$
Ward where he/she works	Emergency service	85 (55 - 132)
	Intensive care	87.5 (73 - 113)
	Pediatric services	90 (57 - 187)
	Surgical services	91 (59 - 187)
	Internal services	86.5 (52 - 108)
Test statistic, p-value		p= 0.598 $\chi^2 = 2.766$
Position in ward	Ward nurse	88 (52 - 187)
	Head nurse	89.5 (70 - 108)
Test statistic, p-value		p= 0.947 U= 670.5

Working year as nurse	0-9 year ^B	88 (52 - 187)
	10-19 year ^B	91 (57 - 187)
	20-28 year ^A	80 (55 - 115)
Test statistic, p-value		p= 0.024 $\chi^2=7.424$
Status of working	Staff	87 (55 - 187)
	Contracted	90 (52 - 174)
Test statistic, p-value		p= 0.653 U= 3099
Affection towards occupation	I love my occupation	91 (52 - 174)
	I do not like my occupation	82 (57 - 187)
	I cannot decide	86 (65 - 187)
Test statistic, p-value		p= 0.135 $\chi^2 = 3.004$ 87.5 (52 - 174)
Satisfaction of working ward	I am satisfied	82 (57 - 187)
	I am not satisfied	90 (58 - 187)
	I am partially satisfied	87.5 (59 - 187)
Test statistic, p-value		p= 0.155 $\chi^2 = 3.728$
Working method	Permanently during the day	88 (52 - 187)
	Shift	88 (52 - 187)
Test statistic, p-value		p= 0.719 U= 3161.5
The number of patients whose care is undertaken by him/her	2-10 patient ^A	91 (55 - 187)
	11-21 patient ^B	83 (52 - 109)
	22-33 patient ^{AB}	75.5 (59 - 106)
	34-44patient ^{AB}	85 (69 - 98)
Test statistic, p-value		p= 0.007 $\chi^2 = 12.124$ 99.5 (70 - 174)
The assessment of quality of work life	Very good	90.5 (52 - 187)
	Good	86 (57 - 132)
	Bad	82 (55 - 187)
	Very bad	82 (55 - 187)
Test statistic, p-value		p= 0.510 $\chi^2 = 2.311$
The work satisfaction level in the institution where he/she works	Very good ^A	115 (100 - 174)
	Good ^B	85 (52 - 135)
	Moderate ^B	84 (57 - 128)
	Partially bad ^{AB}	90 (59 - 187)
	Bad ^B	85.5 (55 - 187)
Test statistic, p-value		p= 0.012

		$X^2 = 12.862$
Received ethical training during vocational training	Yes	87 (55 - 187)
	No	88 (52 - 187)
Test statistic, p-value		p= 0.305 U= 2601
Received ethical training after graduation	Yes	88 (55 - 187)
	No	87 (52 - 187)
Test statistic, p-value		p= 0.841 U= 3860
Encountering an ethical problem during work life	Yes	87 (52 - 187)
	No	89 (58 - 187)
Test statistic, p-value		p= 0.499 U= 3425
Regularly following a publication regarding ethics	Yes	89.5 (59 - 115)
	No	87.5 (52 - 187)
Test statistic, p-value		p= 0.912 U= 977

MSQ= Moral Sensitivity Questionnaire, U= Mann Whitney U Test Statistic, X^2 = Kruskal Wallis Test Statistic, A-B= There is no difference between groups, which are marked with the same letter

13.80±3.56, and the orientation sub-dimension was 9.24±3.51, while the total average result of the MSQ was determined to be 89.26±17.03. The results obtained from the MSQ and its sub-dimensions differ across studies, it is possible that this difference is due to sociodemographic and occupational properties, such as age, gender, marital status, working conditions, work load, working hours, manner of work and professional experience.

This study found that the MSQ median results changed in accordance to work experience, the number of patients whose daily care and treatment is undertaken by the nurse, and the work satisfaction level in the institution where he/she works; we also found that the ethical sensitivity level was higher among nurses working for 20 to 28 years, having 11 to 21 patients undertaking their daily care and treatment, and who have a moderate work satisfaction level. However, there are other studies where the MSQ results vary according to working experience (2, 19), which may be the result of nurses encountering more ethical problems as their working year increases and therefore developing more ethical sensitivity based on their increased experience. This is just one of the several factors that can influence ethical sensitivity level. Hence, despite the results of this study, there are other studies where the MSQ results of nurses differ according to age group (2,6,8,1,16), marital status (12), educational background (8,13,16), the ward where he/she works (8,11,12,19), whether they have willingly chosen their occupation (11) and

whether they have received ethical training (8,12,16), as well as studies where ethical sensitivity in the autonomy sub-dimension is higher for nurses working for less than one year (2), where nurses in the newborn intensive care ward have a lower ethical sensitivity (19), where sensitivity and benevolence increase and the holistic approach is more commonly observed by age (6) and where the holistic approach and autonomy are higher for nurses who have willingly chosen their occupation (11). However, this study found that the nurses' education levels do not influence their MSQ results; furthermore, it found that nurses' education can have a positive effect on their comments on the current situation of healthy individuals/patients, their ability to analyze, their ability to produce solutions and make ethical decisions, and effective communication.

In this study, it was determined that the MSQ results in the autonomy sub-dimension differ according to work experience and work satisfaction level. The MSQ results in the benevolence sub-dimension varied according to the ward where nurses work, as well as whether they were satisfied with the ward where they work, the number of patients whose care and treatment he/she has undertaken, and their work satisfaction level. The MSQ results in the holistic approach sub-dimension differed according to the nurses' gender, position in the ward, working years in general, working years in the ward and work satisfaction level. The MSQ results in the experiencing conflict sub-dimension varied according

to nurses' income status, working years, his/her affection for his/her occupation, the number of patients whose care and treatment he/she has undertaken, whether he/she received ethical training and whether he/she has encountered any ethical problems. The MSQ results in the practice sub-dimension differed according to the ward the nurses work in, the number of nurses working in the ward, the number of patients whose care and treatment he/she has undertaken, the quality of work life and whether he/she has encountered any ethical problems. The MSQ results in the orientation sub-dimension varied according to whether the nurses were satisfied with the ward they work in and the number of patients whose care and treatment they have undertaken.

Pekcan (2007) found that the holistic approach increases by age, that nurses working for 11 or more years, experience more conflicts compared to nurses working for one to five years, and that nurses who have willingly chosen their occupation are more successful in the holistic approach and have more developed autonomy. In another study conducted on this issue (13) found that the ethical sensitivity of female nurses is lower than that of male nurses in terms of the experiencing conflict sub-dimension. It was also found that the higher the nurse's education level, the more he/she has ethical sensitivity in terms of the practice and orientation sub-dimensions. It was further found that the ethical sensitivity of nurses who regularly follow a publication regarding ethics is higher in terms of the orientation sub-dimension. In another study conducted by Dikmen (2013), it was discovered that the ethical sensitivity of younger nurses is higher and that there is a significant difference in the average results of the MSQ holistic approach, autonomy, experiencing conflict, practice and orientation sub-dimensions depending on age groups. It was also found that the ethical sensitivity results of nurses aged 47 or over was lower in the autonomy, experiencing conflict, holistic approach and practice sub-dimensions, while the ethical sensitivity results of nurses aged between 25 and 35 was lower in the orientation sub-dimension. Nonetheless, in the same study, it was determined that there was a significant difference between the autonomy and experiencing conflict sub-dimensions in terms of working years, in addition to the fact that the ethical sensitivity results of nurses working for less than one year was higher in terms of the autonomy and experiencing conflict sub-dimensions. It was also found that the results of the autonomy and experiencing conflict for nurses working less than one year was significantly higher than that of nurses working for 11 to 15 years and that nurses are less

sensitive in terms of autonomy and experiencing conflict (10).

Başak et al. (2010) found that, in terms of the experiencing conflict sub-dimension, ethical sensitivity was higher in nurses between ages 20 to 29, compared to nurses between ages 30 to 39. In terms of the practice sub-dimension, ethical sensitivity was higher in nurses between ages 20 to 29, compared to nurses between ages 40 to 49. In terms of the orientation sub-dimension, ethical sensitivity was higher in nurses between ages 30 to 39, compared to all other age groups. In terms of the autonomy sub-dimension, nurses working for less than one year had a lower sensitivity compared to nurses working for 11 or more years. In the study analyzing the ethical sensitivity levels of health care professionals working in emergency services (20), it was concluded that the levels of autonomy, orientation and ethical sensitivity increased with age. It was also found that the levels of autonomy, orientation and ethical sensitivity were higher among female health care professionals. They further found that work experience influenced the ethical sensitivity level of health care professionals, as well as that the levels of autonomy, orientation and ethical sensitivity are higher in health care professionals that had willingly chosen their occupation, not to mention that they experience less conflicts.

While the factors influencing the MSQ sub-dimension results may differ across studies, it is believed that ethical sensitivity level is influenced by several factors, including nurses' race, gender, intangibles, sexual characteristics, culture, religion, upbringing, educational background and age.

As a consequence of all of this, the need for ethically sensitive health care professionals who provide morally approved care and treatment increases from day to day (10). Ethical consciousness and sensitivity play a major role in the identification and solution of ethical problems, in addition to the prevention of such problems. In this context, it is believed that if scientific and technological developments are consistent with the sociocultural structure, and if ethical concerns and sensitivity are adopted during work life, this could make it possible for health care services to provide a higher quality care to healthy patients and their families (21).

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