journal homepage: http://kont.zsf.jcu.cz
DOI: 10.32725/kont.2024.060

KONTAKT / Journal of nursing and social sciences related to health and illness

Original research article

The impact of nurses' ethical perceptions and sensitivities on care behaviors in internal medicine services

Özlem Bulantekin Düzalan [1] *, Arife Albayrak Coşar [2], Emre Şahin [3]

[1] *Çankırı Karatekin University, Faculty of Health Science, Nursing Department, Çankırı, Turkey*
[2] *Alanya Alaaddin Keykubat University, Faculty of Health Science, Nursing Department, Alanya, Turkey*
[3] *Eskişehir Osmangazi University Hospital, Internal Medicine ICU, Eskişehir, Turkey*

Abstract
Background: Ethical decision making is a complex process in health and nursing care. Whenever nurses make ethical decisions, they also have to consider what benefits the patient. Some studies have shown that nurses' ethical perceptions and sensitivities directly affect quality of health care.
Aim: This study aimed to assess the impact of internal medicine nurses' ethical perceptions and sensitivities on the quality of care.
Methods: The sample of this analytical cross-sectional study consisted of two hundred nurses (n = 200) from internal medicine clinics of a university hospital (in Turkey). Data collection tools used to collect the data were a Nurse Information Form, the Caring Behaviors Inventory-24 (CBI-24), the Moral Sensitivity Questionnaire (MSQ), and the Hospital Ethical Climate Survey (HECS). Data were analyzed with percentages, the Mann–Whitney U test, and correlation analysis.
Results: A significant negative correlation was found between the total score of the CBI-24 (r = –0.152, p < 0.005) and the total score of the MSQ. A significant positive correlation (p < 0.05) was found between all subscale and total scores of the BDI-24 and all subscale and total scores of the HECS. There was no statistically significant correlation between HECS and MSQ (p > 0.05).

Keywords: Caring; Ethical climate; Ethics; Nursing

Introduction

Ethics in nursing refers to the moral principles that guide nurses in their decision-making and caregiving processes. These principles help ensure that nurses prioritize the well-being of their patients and act with integrity, respect, and compassion (American Nurses Association – ANA, 2015). Making the right decisions on complex questions in the context of morals and logic (i.e., ethical decision making) is a very complex and difficult process for nurses and other healthcare professionals (Alpar et al., 2013; Martins et al., 2020, Stenmark and Redfearn, 2022). Whenever nurses endeavor to make the best decisions they can on ethical grounds, they must consider what benefits the patient. Nurses provide many services and have many duties: they look after patients in internal medicine and intensive care units, implement treatment ordered by doctors, communicate with patients and their relatives, inform patients, follow their course of illness, and help to rehabilitate them. The more dependent a patient is on his/her nurse, the more responsibilities nurses have, and the more decisions they make (Güney-Kızıl et al., 2015).

Common ethical issues for internal medicine and intensive care nurses in the decision-making process relate to making the correct decisions about unexpected life-threatening situations. In cases where ethical problems arise, a nurse's ethical perception and sensitivity are important in directing the process correctly (Aksu and Akyol, 2011; Önder-Erdem et al., 2024).

Ethical climate refers to the general observations and opinions of employees about how organizations or groups view and propose solutions when faced with ethical problems. Ethical climate can also be defined as the perception of expected, supported, and rewarded behaviors in organizations (Bayram and Dündar, 2011; Karagözoğlu et al., 2014). Ethical sensitivity is a skill used by healthcare professionals to protect themselves (Duran et al., 2018) and is the precursor of ethical decision making. Any ethically sensitive healthcare professional will evaluate the responses and feelings of an individual. High ethical sensitivity improves professionalism, enhances the quality of nursing care, and leads to problem solving strategies (Tosun, 2018).

Nursing care enhances the quality of healthcare services, especially for individuals suffering from chronic diseases.

* **Corresponding author:** Özlem Bulantekin Düzalan, Çankırı Karatekin University, Faculty of Health Science, Nursing Department, Çankırı, Turkey; e-mail: ozlembulantekin@gmail.com
http://doi.org/10.32725/kont.2024.060
Submitted: 2024-04-27 • Accepted: 2024-12-17 • Prepublished online: 2024-12-17
KONTAKT 27/1: 3–8 • EISSN 1804-7122 • ISSN 1212-4117

Here, a nurse's single-most important ethical responsibility is to ensure that their patient knows about the treatment and progress of their chronic disease. Related studies have revealed that nurses' ethical perceptions and sensitivities directly affect quality and delivery of healthcare (Abedi et al., 2015; Shahvali, 2018). A high level of ethical sensitivity is also an indicator of well-developed professionalism and nursing quality (Ulrich et al., 2010).

Therefore, the present study aims to determine how the ethical perceptions and sensitivities of internal medicine nurses affects the quality of care they deliver.

Materials and methods

Study design

This analytical and cross-sectional study was conducted to determine how the ethical perceptions and sensitivities of internal medicine and intensive care nurses affects the quality of care they deliver to patients.

Sample and setting

The study was conducted at a university hospital in Eskişehir, Turkey, between August and December 2021. The population consisted of 270 nurses from all of the hospital's internal medicine units, including intensive care. The intention was to access the whole population, but the study was conducted with 200 nurses due to various reasons, such as annual leave, shift arrangements, unwillingness to voluntarily participate in the study, and incomplete data collection forms. Inclusion criteria were determined as follows: have worked in the internal medicine ward or intensive care unit for at least six months and voluntarily agree to participate in the study. The researchers collected data from the nurses face-to-face in accordance with their work schedules and availability.

Data collection tools

Four tools were used to collect the data: (1) a Nurse Information Form, (2) the Hospital Ethical Climate Survey (HECS), (3) the Caring Behaviors Inventory-24 (CBI-24), and (4) the Moral Sensitivity Questionnaire (MSQ). Prior permission was obtained from the authors of each scale for its use in this study.

Nurse information form

This was prepared by the researchers by reviewing the literature. It includes the socio-demographic characteristics of the nurses, such as age, gender, which unit they worked in, educational background, tenure, whether they were satisfied with their units, whether they worked willingly, and whether they had received any training on ethics before.

Caring Behaviors Inventory-24 (CBI-24)

This was developed by Wu et al., (2006) to assess the nursing care process. It is a short version of the 42-item Caring Behaviors Inventory (CBI-42), which was developed by Wolf et al., (1994). The scale is used to compare nurses' assessments of themselves with patients' perceptions (Wu et al., 2006). It features 24 items and 4 subscales. The items are rated using a six-point Likert scale (1 = never, 2 = almost never, 3 = sometimes, 4 = usually, 5 = mostly, 6 = always). Patients and a researcher filled out the scale (in person or over the phone). The internal consistency is 0.96 for the overall scale for both patients and nurses alike, and ranges between 0.82 and 0.92 for the subscales. The total score can be calculated by adding up the scores of 24 items, and then dividing the resultant value by 24. The total score ranges between 1 and 6 points. The subscale score is calculated by adding up the scores of the items from each subscale and dividing the result by the number of items. The score of a subscale also ranges between 1 and 6 points. The higher the score a patient or nurse gets, the higher their perception of care quality. Kurşun and Kanan (2012) conducted the validity and reliability study of its Turkish version. The Cronbach's alpha value was 0.97 for patients, 0.96 for nurses in the overall scale, and 0.89–0.93 for patients and 0.81–0.94 for nurses across each subscale. In the present study, the Cronbach's alpha value was found to be 0.94 and 0.84–0.92 for the subscales.

Hospital Ethical Climate Survey (HECS)

HECS was developed in the USA by Olson in 1998. In 2003, Bahçecik and Öztürk adapted it to Turkish (as *Hastane Etik İklim Ölçeği*) and conducted its validity and reliability study. The scale consists of 26 items and five subscales: Hospital (six items), Peers (four items), Patients (four items), Managers (six items), and Physicians (six items). The items are rated using a five-point Likert scale (1 – "never true", 2 – "rarely true", 3 – "sometimes true", 4 – "generally true", and 5 – "always true"). The lowest and highest scores of the HECS are 26 and 130, respectively. A high total score shows a positive increase in how respondents perceive their hospital's ethical climate. The Cronbach's alpha value of the scale was found to be 0.91 by Olson (1998) and 0.89 by Bahçecik and Öztürk (2003). In the present study, the Cronbach's alpha value was found to be 0.87.

Moral Sensitivity Questionnaire (MSQ)

MSQ was developed by Lützén et al. in 2000 to discover the degree of nurses' and doctors' ethical sensitivity when making ethical decisions. The original version was first tested at the psychiatry clinic of Karolinska Nursing Institute in Stockholm, Sweden, and then at other clinics. In 2018, Tosun conducted its Turkish validity and reliability study and found that its Cronbach's alpha value was 0.84. MSQ consists of 30 items and six subscales: Modifying Autonomy, Benevolence, Holistic Approach, Experiencing Moral Conflict, Implementation, and Interpersonal Orientation. The items are rated using a seven-point Likert scale from 1 (I completely agree) to 7 (I completely disagree). The lowest and highest scores of MSQ are 30 and 210, respectively. The higher the score one obtains, the less morally sensitive they are. In the present study, its Cronbach's alpha value was 0.86.

Data analysis

We carried out statistical analyses using IBM SPSS 22.0 software. Percentage, frequency, and standard deviation (mean ± SD standard deviation) were used as descriptive statistics to describe the demographic data. Non-parametric tests were selected after first verifying the normality of the data. Analyses were compared between the groups using the Mann–Whitney *U* test. Spearman's correlation analysis was used to compare the results of the HECS, CBI-24, and MSQ. For two-way tests, the value of $p < 0.05$ was taken as statistically significant.

Results

Socio-demographic characteristics of the participants

The study revealed that 39.5% of the nurses were aged between 18 and 24 years old. 61% were female. 51.5% had a bachelor's degree. 59.5% had been working in internal medicine for one to two years. 57% had been working in intensive care for one

to two years. 38.5% had been nurses for 1 to 5 years. 83.5% were satisfied with working in internal medicine and intensive care. 59% willingly worked in internal medicine and intensive care. 86.2% had received training on ethics before (Table 1).

Table 1. Nurses' socio-demographic and working characteristics (*n* = 200)

	n	%
Age		
18–24 yrs	79	39.5
25–29 yrs	70	35.0
30 yrs or more	51	25.5
Gender		
Female	122	61.0
Male	78	39.0
Educational background		
High school	27	13.5
Associate degree	50	25.0
Bachelor's degree	103	51.5
Masters	19	9.5
Doctorate	1	0.5
Place of work		
Internal medicine ward	81	40.5
Intensive care unit	119	59.5
Tenure in internal medicine ward or intensive care unit		
1–2 yrs	114	57.0
3–5 yrs	86	43.0
Tenure in the profession		
Less than 1 yr	31	15.5
1–5 yrs	77	38.5
6–10 yrs	58	29.0
11–15 yrs	23	11.5
16 yrs or more	11	5.5
Satisfaction with working in the internal medicine ward or intensive care unit		
Yes	167	83.5
No	33	16.5
Willingly work in internal medicine		
Yes	118	59.0
No	82	41.0
Received training in professional ethics or moral principles		
Yes	172	86.0
No	28	14.0
Total	200	100.0

Socio-demographic data and subscale and total scores of CBI-24, HECS, and MSQ

There was no statistically significant difference in the nurses' CBI-24, HECS, and MSQ total and subscale scores in terms of age, educational background, duties, tenure, or whether they willingly worked in their profession ($p > 0.05$). Their CBI-24 median score was 5.42 (5.30–6.00). A statistically significant difference was observed between nurses working in intensive medicine and those working in intensive care – in terms of all subscale and total scores of CBI-24 ($p < 0.05$). Total mean scores of intensive care nurses (5.71) were higher than those of their internal medicine counterparts (5.23) (Table 2). The CBI-24 subscale scores of the nurses who were satisfied with their units were higher than the scores of those who were not. The difference between their assurance, respectful, and total CBI-24 scores was statistically significant ($p < 0.05$) (Suppl. Table S1).

Table 2. Scales and their subscales (*n* = 200)

Scales and their subscales	Median
Assurance	5.50 (5.29–6.00)
Knowledge and skill	5.60 (5.36–6.00)
Respectful	5.33 (5.24–6.00)
Connectedness	5.40 (5.26–6.00)
CBI-24	5.42 (5.30–6.00)
Modifying autonomy	18 (17.00–46.00)
Benevolence	13.0 (10.0–15.00)
Holistic approach	12.0 (9.0–14.00)
Experiencing moral conflict	13.00 (9.25–15.00)
Implementation	12.00 (9.00–16.00)
Interpersonal orientation	10.00 (8.00–12.00)
MSQ	87.00 (75.00–100.0)
Peers	16.00 (15.27–20.00)
Patients	16.00 (15.11–20.00)
Managers	20.00 (18.35–25.00)
Hospital	18.00 (16.75–25.00)
Physicians	16.00 (14.01–48.00)
HECS	85.00 (81.70–116.00)

The nurses' ethical sensitivities were at a high level as the median MSQ score was 87.00 (75.00–100.0), and MSQ subscale and total scores were low. A statistically significant difference was observed between the nurses' total MSQ scores and their Modifying Autonomy and implementation scores in terms of gender. Ethical perception and sensitivities of male nurses were higher ($p < 0.05$), given that their MSQ Modifying Autonomy and implementation subscale scores and the total MSQ scores were lower than those of female nurses. Furthermore, the total MSQ score and Modifying Autonomy and Experiencing Moral Conflict subscale scores of those who received ethics training were higher than those who did not, meaning that difference between them was statistically significant ($p < 0.05$) (Suppl. Table S1).

The median HECS score was 85.00 (81.70–116.00) and the HECS total and subscale scores were high (Suppl. Table S1). The scores of intensive care nurses on the overall HECS and its patients and managers subscales were higher than those of internal medicine nurses, and the difference between them was statistically significant ($p < 0.05$). Scores on overall HECS, and peers, hospital, and physician subscales were higher among nurses who were satisfied with working in their units compared to those who were not. There was a statistically significant difference between them ($p < 0.05$) (Suppl. Table S1).

Correlation between CBI-24 and MSQ subscales

We observed a significant weak correlation between the nurses' CBI-24 scores – total and subscale. As their total CBI-24 scores increased, a significant very weak negative correlation was found in the knowledge and skills ($r = -0.107$, $p < 0.030$) subscale scores, as well as between their total CBI-24 ($r = -0.152$, $p < 0.05$) and MSQ scores. As the scores of overall CBI-24 and knowledge-skill subscale increased, the total MSQ score dropped.

We observed a significant positive correlation between the nurses' total MSQ and subscale scores ($p < 0.05$). As the total MSQ score increased, so did their subscale scores. There was also a significant negative correlation between the holistic approach ($r = -0.189$, $p < 0.007$) and benevolence subscales ($r = -0.197$, $p < 0.000$). As their scores on the overall CBI-24, comprehensive approach subscale, and benevolence subscale increased, their total CBI-24 score dropped (Suppl. Table S2).

Correlation between CBI-24 and HECS subscales

There was a significant positive correlation between the nurses' CBI-24 subscale and total scores and HECS subscale and total scores ($p < 0.05$). As their total CBI-24 scores increased, so did their subscale scores, along with HECS subscale and total scores (Suppl. Table S3).

Correlation between HECS and MSQ subscales

There was no significant difference between the nurses' HECS total and subscale scores and their MSQ total and subscale scores ($p > 0.05$).

Discussion

In our study, the CBI-24 total and subscale mean scores of the nurses were high. The CBI-24 total and subscale mean scores of intensive care nurses were significantly higher than those of internal medicine nurses. Yürün (2015), Erol (2016), Shalaby et al. (2018), and Joonbakhsh (2014) have all reported that the CBI-24 mean scores of intensive care nurses are higher than those of nurses working in other services (Erol, 2016; Joonbakhsh and Pashaee, 2014); Shalaby et al., 2018; Yürün, 2015). These findings are compatible with those of our study. We think that this difference was caused by the fact that intensive care nurses were more focused on care, and patients' needs had to be met entirely by the nurses.

The literature states that the moral sensitivity of intensive care nurses is an indicator of professionalism and will directly affect the quality of patient care. Nurses can distinguish the ethical problems they encounter while providing care, and appropriately solve whatever problem is at hand (Cerit and Öztürk, 2021). In our study, intensive care nurses had higher and statistically significant CBI-24 subscale and total scores compared to those working in internal medicine.

The CBI-24 subscale scores were higher in nurses who were satisfied with their units compared to those who were not. There was a statistically significant difference between their assurance, respectful, and total CBI-24 scores (Suppl. Table S1). Similar findings were obtained in a study by Yürün (2015). In their 2019 study "Nursing Care Behaviors and Factors Relating to Care Behaviors: A Maternity Hospital Example" Erenoğlu et al. (2019) examined 151 nurses and found that care was statistically significant across CBI-24 subscales.

Ethical sensitivity means being aware of one's own roles and responsibilities where ethical values conflict with one another. For nurses to properly make decisions on recognizing and solving ethical problems, their levels of ethical sensitivity (i.e., the ability to recognize an ethical problem) must be high (Fırat et al., 2017; Kahriman and Çalık, 2017). Our study revealed that the ethical sensitivity of nurses was high. All related studies have also reported that nurses' ethical sensitivity levels are high (Dalcalı-Köktürk and Şendir, 2016; Duran et al., 2018; Kahriman and Çalık, 2017; Tosun 2018). When we compared the MSQ scores by gender, we saw that the female nurses had higher ethical sensitivity than their male counterparts.

Tosun's (2018) study reported that benevolence was more common among female nurses, while interpersonal orientation was better among male nurses. This could be because female nurses tend to take a more emotional approach to how they handle events. On the other hand, Nas's study (2017) on the ethical sensitivity of nurses reported no difference in terms of gender.

In contrast, Kahriman and Çalık (2017) reported that female nurses exhibited greater ethical sensitivity than their male counterparts.

Other studies on ethical sensitivity among nurses also demonstrated that there was no difference in ethical sensitivity according to gender (Duran et al., 2018; Kırılmaz et al., 2015; Tazegün and Çelebioğlu, 2016).

The scores of nurses who received ethics training on the overall MSQ and its Modifying Autonomy and Experiencing Moral Conflict subscales were lower than those of nurses who did not – meaning that they were more ethically sensitive than the latter group. The results of studies by Kahriman and Çalık (2017) and Yorulmaz Demir (2021) are also compatible with our study findings. One can acquire ethical sensitivity through education. For this reason, it is important for nurses to receive ethics training in order to comprehend their professional values (including ethical values), and exhibit behaviors based on these values.

An ethical climate that reduces organization conflicts and instills work satisfaction also tends to support ethical standards and prioritize ethical values. Sound ethical climates help healthcare professionals solve ethical problems and provide high quality patient care. Our study revealed that internal medicine nurses worked in a high (positive) ethical climate. Related studies have stated that job satisfaction tends to be higher in workplaces with a positive ethical climate (Yılmaz and Yıldırım, 2019). Our study showed that the HECS scores of nurses who were satisfied with their units were significantly higher than those who were not. The scores of the intensive care nurses on the overall HECS and its patients and management subscales were significantly higher than those of their internal medicine counterparts (Suppl. Table S1). Here, the findings of our study are compatible with those of some studies (Asgari et al., 2019; Borhani et al., 2012; Cerit and Özveren, 2018; Hwang and Park, 2014; Karagözoğlu et al., 2014; Karatuzla and Uluocak, 2019; Lemmenes et al., 2018; Sauerland et al., 2014).

High ethical sensitivity among nurses directly impacts the quality of care they offer their patients and contributes to their professionalism. Hence, it's important to determine the effects of nurses' ethical perceptions and sensitivities on their caring behaviors (Cerit and Öztürk, 2021). Our study indicated a significant positive correlation between the CBI-24 total and subscale scores. As the CBI-24 total score increased, a significant negative correlation was found between the knowledge-skill subscale, the CBI-24 total scores, and the MSQ total score. As the knowledge-skill subscale and total CBI-24 scores increased, the total MSQ score fell. Mert-Boğa et al. (2020) examined the care perceptions and ethical sensitivity of 308 surgical nurses. The present study is compatible with that study.

Our study indicated a significant positive correlation between the MSQ total and subscale score. As participants' MSQ total score increased, so did their subscale scores. We observed a significant negative correlation between their scores on the holistic approach subscale and the benevolence subscale. Moreover, as the scores of these two subscales increased, the CBI-24 total score dropped (Suppl. Table S2). Mert-Boğa et al. (2020) and Mert et al. (2023) examined care perception and

ethical sensitivity in 308 nurses working in surgical wards. They observed that as the scores on the subscale of experiencing moral conflict increased, CBI-24 scores also increased. Environmental factors may have a significant impact on the ethical decision-making process. Nurses appear to consider the mentioned issues when making decisions about ethical problems due to various factors, such as team collaboration, different perceptions of job descriptions, managerial support, and organizational procedures and policies (Cerit and Öztürk, 2021).

Therefore, caring behaviors may have been negatively affected by these factors. We think that this difference stems from our sample being selected from a single center at a single university hospital.

Advances in science and technology bring various value-related issues. In the field of healthcare, they strengthen the importance of ethics. The increasing roles and responsibilities of care providers also feed scientific knowledge. As a result, nurses more frequently face ethical dilemmas that they must solve.

Nurses need to be able to recognize the ethical problems they experience in their workplace, exhibit professional attitudes and behaviors when it comes to problem solving, and prioritize ethical principles so that they can provide qualified care based on ethical standards (Cerit and Öztürk, 2021). Our study showed a significant positive correlation between the nurses' total and subscale scores of CBI-24 and HECS. As CBI-24 total scores increased, its subscale scores and HECS subscale scores also increased (Suppl. Table S3).

Other studies in the literature have demonstrated that nurses exhibit better cooperation, teamwork, and effective leadership in organizations that exhibit positive ethical behaviors. Therefore, increased moral sensitivity reduces moral problems (Karatuzla and Uluocak, 2019). No significant difference was found between the subscale and total scores of HECS and MSQ. This finding is associated with the fact that the study was conducted in a single center during the COVID-19 pandemic, and therefore, the researchers encountered some limitations and difficulties.

Conclusion

The nurses' total MSQ scores fell as their total CBI-24 scores increased. No significant correlation was found between the subscale and total scores of HECS and MSQ.

In light of these results, it is recommended to continually include ethical education in nursing degree programs, teach ethical skills, monitor whether these skills are reflected in workers' behaviors, and that institutions should take standard measures to improve the effect of nurses' ethical perception and sensitivity on caring behaviors. To determine nurses' perceptions of ethical climate, solve ethical problems, and increase the quality of care, institutional strategies should be determined, and positive ethical behaviors should be supported within the institution. Professionals' sensitivity on the need for and importance of working in cooperative teams should be increased, and studies examining the correlation with parameters such as organizational commitment, work satisfaction, burnout, and work environment – which can affect the perception of ethical climate in nurses – should be continuous and regular. Furthermore, since the topic of ethics provides a moral element of care, each institution should adopt an organizational culture related to ethics and have common standard forms.

Limitations

We recommend that the study be repeated on a larger sample group, so that the results can be generalized to all sections of (Turkish) society. Any future research should also focus on larger and multi-centered groups, and take all factors affecting ethical perception, ethical sensitivity, and care quality into account.

Acknowledgements

The authors would like to thank all the surgical nurses who participated in this study.

Ethical considerations

The study was approved by the ethics committee of the Çankırı Karatekin University Ethics Committee (decision No. 31/05/2021-20). Institutional permission was then obtained from that institution. Afterwards, the nurses were informed about the study and gave their written and verbal consent.

Conflict of interest

The authors have no potential conflicts of interest to declare with respect to the research, authorship, and/or publication of this article.

References

1. Abedi G, Rostami F, Nadi Ghara AA, Taheri N (2015). Determining the relationship between nurses' professional ethics and observance of nursing care standards. Indian J Sci Technol 8(35): 1–7. DOI: 10.17485/ijst/2015/v8i35/86770.
2. Aksu T, Akyol A (2011). Investigation of the moral sensibility of nurses in Izmir. J Med Ethics 19(1): 16–24.
3. Alpar ŞE, Etik İlkeler, Bahçecik N, Karabacak Ü (2013). Çağdaş Hemşirelik. Etik. 2. Baskı. İstanbul: İstanbul Tıp Kitapevi, pp. 52–78.
4. American Nurses Association – ANA (2015). Code of Ethics for Nurses with Interpretive Statements. Silver Spring. [online] [cit. 2024-01-22]. Available from: https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/
5. Asgari S, Shafipour V, Taraghi Z, Yazdani-Charati J (2019). Relationship between moral distress and ethical climate with job satisfaction in nurses. Nurs Ethics 26(2): 346–356. DOI: 10.1177/0969733017712083.
6. Bahcecik N, Oztürk H (2003). The hospital ethical climate survey in Turkey. JONAS Healthc Law Ethics Regul 5(4): 94–99. DOI: 10.1097/00128488-200312000-00008.
7. Bayram Ş, Dündar T (2011). Sağlik Sektöründe Etik İklim Ve Yildirma (Mobbing) Davranişlari Arasindaki İlişkinin İncelenmesi [Investigation of Relationship Among Ethical Climate and Mobbing Behaviors in Health Care Sector]. Ankara University SBF Journal 66(1): 129–159. DOI: 10.1501/SBFder_0000002198.
8. Borhani F, Jalali T, Abbaszadeh A, Amiresmaili M (2012). Nurses' Perception of Ethical Climate and Job Satisfaction. J Med Ethics Hist Med 5 (6): 1–6. DOI: 10.1016/j.jemep.2021.100664.
9. Cerit B, Öztürk E (2021). Yoğun Bakım Hemşirelerinin Ahlaki Duyarlılığı ile Etik Karar Verebilme Düzeyi Arasındaki İlişkinin Belirlenmesi [Determination of the Relationship Between Intensive Care Nurses' Moral Sensitivity and Ethical Decision Making Level]. DEUHFED 14(2): 116–123. DOI: 10.46483/deuhfed.763525.
10. Cerit B, Özveren H (2018). Effect Of Hospital Ethical Climate On The Nurses' Moral Sensitivity. Eur Res J 5(2). DOI: 10.18621/eurj.423324.

11. Dalcalı-Köktürk B, Şendir M (2016). Determining The Relationship Between Nurses Personal Values and Their Ethical Sensitivity. Florence Nightingale J Nurs 24(1): 1–9.
12. Duran S, Kargın M, Celebi E (2018). Moral sensitivity in nurses providing care to psychiatric patients: a cross-sectional study. Kocaeli Med J 7(3): 96–103. DOI: 10.5505/ktd.2018.93584.
13. Erenoğlu R, Can R, Tambağ H (2019). Nursing Care Behaviors and Factors Related to Care Behaviors; Maternity Hospital. Health and Society 29(1): 79–88.
14. Erol F (2016). Hemşirelerin Bakım Davranışları Ve Mesleki Profesyonel Tutumları. [Determınıng The Caring Attributes and Professıonal Manners of Nurses]. Adnan Menderes University, Aydın.
15. Fırat B, Karataş G. Barut A, Metin G, Sarı D (2017). Acil Servis Hemşirelerinin Etik Duyarlılıklarının İncelenmesi [Investigation of Ethical Sensitivities of Emergency Service Nurses]. E-Journal of Dokuz Eylul University Nursing Faculty 10(4): 229–235.
16. Güney-Kızıl E, Beyece-İncazlı S, Erken S, Güntürkün F, Özkan B (2015). Hemşirelerin Görevlerini Bilme, Benimseme ve Yerine Getirme Durumları: İzmir Örneği [Nurses' Knowing, Accepting and Fulfi lling Their Responsibilities: Izmir Sample]. Hemşirelikte Eğitim Ve Araştirma Dergisi 12(3): 215–223. DOI: 10.5222/HEAD.2015.215.
17. Hwang JI, Park HA (2014). Nurses' Perception of Ethical Climate, Medical Error Experience and Intent-To-Leave. Nurs Ethics 21(1): 28–42. 17. DOI: 10.1177/0969733013486797.
18. Joonbakhsh F, Pashaee S (2014). Caring behaviors perceived by nurses and students in critical care units in Tabriz University of medical sciences affiliated hospitals. Intl Res J Appl Basic Sci 8(4): 489–493.
19. Kahriman I, Çalık KY (2017). Klinik Hemşirelerin Etik Duyarlılığı [Ethical sensitivity of clinical nurses]. Gümüshane Univ J Health Sci 6(3): 111–121.
20. Karagözoğlu Ş, Özden D, Yıldırım G (2014). Yoğun bakım hemşirelerinin hastane etik iklim algısı [Intensive care nurses' perceptions of hospital ethical climate]. J Educ Res Nurs 16(1): 34–45.
21. Karatuzla M, Uluocak T (2019). Hemşirelikte Etik İklim Algısı Ethical Climate Perception in Nursing [Ethical Climate Perception in Nursing]. Sdü Sağlık Bilimleri Dergisi 10(4): 465–470. DOI: 10.22312/sdusbed.596981.
22. Kırılmaz H, Akbolat M, Kahraman G (2015). A Research About the Ethical Sensitivity of Healthcare Professionals. Int J Health Sci 3(3): 73–82. DOI: 10.15640/ijhs.v3n3a7.
23. Kurşun Ş, Kanan N (2012). Bakim Davranişlari Ölçeği-24'ün Türkçe Formunun Geçerlik Ve Güvenirlik Çalişmasi [Validity and Reliability Study of the Turkish Version of Caring Behaviors Inventory-24]. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi 15(4): 229–235.
24. Lemmenes D, Valentine P, Gwizdalski P, Vincent C, Liao C (2018). Nurses' perception of ethical climate at a large academic medical center. Nurs Ethics 25(6): 724–733. DOI: 10.1177/0969733016664980.
25. Lutzén K, Johansson A, Nordström G (2000). Moral sensitivity: some differences between nurses and physicians. Nurs Ethics 7(6): 520–530. DOI: 10.1177/096973300000700607.
26. Martins VSM, Santos CMNC, Bataglia PUR, Duarte IMRF (2020). The Teaching of Ethics and the Moral Competence of Medical and Nursing Students. Health Care Anal 29(2): 113–126. DOI: 10.1007/s10728-020-00401-1.
27. Mert S, Kersu Ö, Aydın-Sayılan A, Akyolcu N (2023). An Investigation of Surgical Nurses' Professional Values, Ethical Sensitivity and Quality of Care: A Cross-Sectional Study From Northwest Turkey. Eval Health Prof 46(1): 30–40. DOI: 10.1177/01632787221109968.
28. Mert-Boğa S, Sayılan-Aydın A, Kersu Ö, Baydemir C (2020). Perception of care quality and ethical sensitivity in surgical nurses. Nurs Ethics 27(3): 673–685. DOI: 10.1177/0969733020901830.
29. Nas Z (2017). Hemşirelerin etik duyarlılıklarının belirlenmesi. Medipol Üniversitesi Sağlık Bilimleri Enstitüsü Yüksek Lisans Tezi, İstanbul.
30. Olson LL (1998). Hospital nurses' perceptions of the ethical climate of their work setting. Image J Nurs Sch 30(4): 345–349. DOI: 10.1111/j.1547-5069.1998.tb01331.x.
31. Önder-Erdem H, Khorshıd L, Sarı D (2024). Ethical Decision-Making Level of Intensive Care Nurses. Curr Perspect Health Sci 5(1): 24–31. DOI: 10.58208/cphs.1445823.
32. Sauerland J, Marotta K, Peinemann MA, Berndt A, Robichaux C (2014). Assessing and Addressing Moral Distress and Ethical Climate, part 1. Dimens Crit Care Nurs 33(4): 234–245. DOI: 10.1097/DCC.0000000000000050.
33. Shahvali EA, Mohammadzadeh H, Hazaryan M, Hemmatipour A (2018). Investigating the relationship between nurses' moral sensitivity and patients' satisfaction with the quality of nursing care. Eurasian J Anal Chem 13(2): DOI: 10.29333/ejac/85009.
34. Shalaby SA, Janbi NF, Mohammed KK, Mohammed Al-harthi K (2018). Assessing the caring behaviors of critical care nurses. Nurs Educ Pract 8(10): 77–85. DOI: 10.5430/jnep.v8n10p77.
35. Stenmark CK, Redfearn R (2022). The role of sensory processing sensitivity and analytic mind-set in ethical decision-making. Ethics Behav 32(4): 344–358. DOI: 10.1080/10508422.2021.1906247.
36. Tazegün A, Çelebioğlu A (2016). Çocuk hemşirelerinin etik duyarlılık düzeyleri ve etkileyen faktörler [Ethical Sensitivity Levels of Pediatric Nurses and The Factors Affecting This Sensitivity]. J Dr Behcet Uz Child Hosp 6(2): 97–102. DOI: 10.5222/buchd.2016.097.
37. Tosun H (2018). Moral Sensitivity Questionnaire (MSQ): Turkish Adaptation of the Validity and Reliability. J Contemp Med 8(4): 316–321. DOI: 10.16899/gopctd.467052.
38. Ulrich CM, Taylor C, Soeken K, O'Donnell P, Farrar A, Danis M, Grady C (2010). Everyday ethics: ethical issues and stress in nursing practice. J Adv Nurs 66(11): 2510–2519. DOI: 10.1111/j.1365-2648.2010.05425.x.
39. Wolf ZR, Giardino ER, Osborne PA, Ambrose MS (1994). Dimensions of Nurse Caring. Image J Nurs Sch 26(2): 107–111. DOI: 10.1111/j.1547-5069.1994.tb00927.x.
40. Wu Y, Larrabee JH, Putman HP (2006). Caring behaviors inventory: a reduction of the 42-item instrument. Nurs Res 55(1): 18–25. DOI: 10.1097/00006199-200601000-00003.
41. Yılmaz AT, Yıldırım A (2019). Bir Üniversite Hastanesinde Çalişan Hemşirelerin Etik İklim Algisi [Ethical Climate Perceptions Of Nurses Working In A University Hospital]. Electronic J Soc Sci 18(69): 162–176.
42. Yorulmaz Demir DS (2021). Investigation of the Moral Sensitivity and a Affecting Factors of Nurses. Turkiye Klinikleri J Med Ethics 29(1): 86–93. DOI: 10.5336/mdethic.2020-73404.
43. Yürün Y (2015). Hastanede Çalışan Hemşirelerin Hasta Bakım Davranışlarının Belirlenmesi [Determining Patient Care Behaviours of Nurses at Hospital]. Lefkoşe, Near East University, pp. 1–55.