

Original Article

Moral Sensitivity among Senior Nursing Students in Turkey

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Abstract

Aim: This is a cross-sectional descriptive research which aims at determining the senior nursing students' moral sensitivity in identifying and solving the ethical problems.

Methods: The study was conducted with participants at the nursing schools with similar nursing curricula at four different universities in Turkey. The sample of the study involved 216 senior students. The data of the study were collected through Moral Sensitivity Questionnaire (MSQ) and another data collection form. Descriptive statistics, t-test and One-way ANOVA were used for the analyses of the data.

Results: The mean moral sensitivity score of the participating student nurses was found as 90.1 ± 22.2 . Higher moral sensitivity scores were obtained for the students who actively participate in the social events and scientific events, who voluntarily chose nursing (as a career profession, and who currently do their jobs with pleasure ($p < 0.05$)).

Conclusions and implications for practice: In this study, it was determined that the nursing students had moderate levels of moral sensitivity and high levels of work orientation. It was observed that the nursing students' participation in social and scientific events and their satisfaction with doing their job would increase their moral sensitivity.

Keywords: moral sensitivity, ethical problems, nursing students, nursing education

Introduction

Ethics is concerned with the assessment of universal concepts such as understanding the right and the wrong, respect to an individual, honesty, justice, trust, avoidance of harm and usefulness (Sayek, 2000). The relationship between the individual receiving health care and the health professional brings forth a variety of ethical concerns (Altun, 2002; Sayek, 2000; Weaver, 2007). As an integral part of the health care

system, the nursing profession necessitates taking the most appropriate decision for the patient in several healthcare practices. Nurses are the key staff in promoting ethical values in the field of health as an essential part of their roles as defendants, counselors and trainers in their relationships with their colleagues, patients and their families. According to Levin being a nurse requires assuming ethical responsibilities in the field (Basalan, & Altug Ozsoy, 2013; Lachman

2012; Numminen, Arend, & Leino-Kilpi, 2009; Weaver, 2007; Weaver, Morse, & Mitcham, 2008).

The nurses face ethical problems concerning their colleagues and the patients (Basalan, & Altug Ozsoy, 2013; Weaver, Morse, & Mitcham, 2008). In ethical problems, it should be ensured that the nurses' individual values and beliefs become apparent and that they get to know the laws and professional codes of ethics (Den Uil-Westerlaken, & Cusveller, 2013; Edwards, 2011). Therefore, ethics and moral sensitivity are very significant concepts in nursing education. In addition to being a significant concept in nursing education, ethics also embody the principles that the nurses have to obey throughout their professional life (Ersoy, & Goz, 2001).

Moral sensitivity is defined as the ability to distinguish the ethical problems. It is developed through training, and maintained by displaying the appropriate behaviors in accordance with the professional codes of ethics. Making an ethically proper decision depends on the degree of Moral sensitivity and the ability to think in ethical categories on the part of the individual (Callister, Luthy, Thompson, & Memmott, 2009; Erdil, & Korkmaz, 2009; Ersoy, & Goz, 2001; Ferguson, Myrick, & Yonge, 2006). Today, it is observed that there is a great need for nurses who can offer sensitive care in terms of ethics. In this respect, the nursing schools hold a great responsibility. First of all, ethics should be integrated into the nursing curricula in both theory and practice in these institutions. An adequate ethical training should be ensured in order to realize the contemporary nursing roles, offer a quality care for the patients, and enhance the status of the nursing profession. Currently, ethical training constitute a larger part in the nursing education in the nursing schools in the World when compared to the past. The aim of ethical training in modern nursing education is to create nurses who have sufficient ethical responsibilities (Comrie, 2012; Han, & Ahn, 2000; Kohlen, 2011; Lutzen, Evertzon, & Nordin, 1997; Solum, Maluwa, & Severinsson, 2012; Tosun, 2005; Turkish Nurses Association, 2009).

Aims of the study

The senior nursing students are expected to have developed a good amount of moral sensitivity in

order to identify the ethical problems and take correct decisions in order to bring solutions to those problems. This study is aimed at determining the senior nursing students' sensitivity of the moral issues and problems. How much Moral sensitivity do the senior nursing students have upon their graduation from school?

The present study sought answers to the following questions:

1. What are the levels of moral sensitivity senior nursing students?
2. What is the relationship between the levels of moral sensitivity and Socio-demographic characteristics disposition of senior nursing students?
3. What are observed ethical problems among the patients and the nurses during their clinical practices throughout the four years of their university education?

Methods

Design and sample

This study has a descriptive and cross-sectional design. The study was conducted with participants at the nursing schools with similar nursing curricula at four different universities in Turkey (Kafkas University (n=100), Bozok University (n=45), Giresun University (n=38) and Sinop University (n=33)). It was planned that all senior students (n=259) at these universities would be included within the scope of the study. However, the study was conducted with 216 voluntary students who were attending school at the time of the study (88.2% of the sample). The nursing schools at tertiary level in Turkey offer a four-year vocational education to the prospective nurses. About half of this education is given in the form of clinical practices in the field. Ethics and ethical training are integrated in the curricula. In all of the four nursing schools a total of 18 hours of ethics training (4 hours in the first, second, and fourth year, and 6 hours in the third year) is offered to nursing students.

Also, students at these universities receive a total of 14 hours' ethics education as part of the 'Nursing History and Deontology' course, which is scheduled in their third academic year. Additionally, simulations through cases of ethical

concern are done as part of some other application-based courses,

Data Collection

Data for the current study were collected by means of Moral Sensitivity Questionnaire (MSQ), and a student information form developed by the researchers following a comprehensive review of the literature (Basalan, & Altug Ozsoy, 2013; Callister, Luthy, Thompson, & Memmott, 2009; Den Uil-Westerlaken, & Cusveller, 2013; Edwards, 2011; Erdil, & Korkmaz, 2009; Ersoy, & Goz, 2001; Ferguson, Myrick, & Yonge, 2006; Lachman 2012; Numminen, Arend, & Leino-Kilpi, 2009; Weaver, 2007; Weaver, Morse, & Mitcham, 2008). The student information form inquired socio-demographic characteristics of the nursing students involved in the study. The two forms were given to the students to be filled out and returned to the researchers in a week's time.

Measurements

Designed by the researchers, the Student Information Form consists of 15 questions which inquire socio-demographic features of the students such as age, sex, academic grade point average, high school graduation and the place where they spent most of their lives.

What is ethics?

What is moral sensitivity?

What are the professional ethics principles (Turkish Nurses Association Ethical Codes) (Turkish Nurses Association, 2009)

Have you ever observed an ethical problem in clinical settings? Please give an example.

Moral Sensitivity

Moral sensitivity was measured using the Turkey version of the Moral Sensitivity Questionnaire (K-MSQ) (Tosun, 2005). Developed by Kim Lutzen to assess moral sensitivity, K-MSQ was first used in psychiatrics clinics in Karolinska Nursing Institute in Stockholm (Sweden) in 1994. It was later used in other clinics with physicians and nurses in the same institution. The K-MSQ is a self-administered questionnaire, designed as a seven-point Likert scale that consists of 27 assumptions representing six subscales in scoring, the test is divided into six categories: modifying autonomy (professional responsibility), reliance on medical

authority (patient-oriented care), moral meaning, expressing benevolence, experiencing conflict, interpersonal orientation (Lutzen, Evertzon, & Nordin, 1997; Tosun, 2005). An example of such an assumption is: 'I believe that good care involves respecting the patient's self-choice.' The anchors of each assumption are 'I totally disagree' and 'I totally agree'. A score of 1–7 for each item indicates the extent of agreement or disagreement with the assumption. Higher scores indicate lower moral sensitivity and vice versa. The validity and reliability of the Turkish version of the K-MSQ were established by Tosun in 2003 with a Cronbach alpha value of 0.82. The Cronbach alpha for the current study was calculated as 0.84.

Data Analysis

Statistical analyses of the data were carried out using Statistical Package for Social Sciences (SPSS). Student t test was used to perform pairwise comparisons for binary variables because the data relating to the scale score and independent variables follow a normal distribution. One-way Anova Analysis was used for three groups. The association between moral sensitivity and grade disposition was tested using Pearson's correlation coefficient. Level of significance was set at $p < 0.05$.

Ethics

Official permission was obtained from the institutions where the study was conducted following a briefing explaining the objectives and the scope of the study. Upon being informed about the project orally all the nursing student provided the researchers with their written consents to participate in the study. This study was conducted in accordance with the ethical principles of the Declaration of Helsinki (revised October 2000).

Results

General characteristics of the sample

The findings indicated that 63.6% the students were females, the mean age was 22.8 ± 1.4 years, and mean grade average was 2.6 ± 0.4 (0.0–4.0). Over half of the students (52.3%) reported that they lived in the countryside before. A great majority of them (75%) indicated that they had moderate economic status (Table 1). 68.1% of the students stated that they voluntarily chose nursing

as a career while 80.6% reported that they like doing their jobs.

Table 1 The socio-demographic characteristics of the senior nursing students (n=216)

Socio-demographic characteristics	Mean±SD
Grade average	2.6±0.4(0-4)
	n(%)
Gender	
Famale	138(63.9)
Male	78(36.1)
Place of residence	
City	103(47.7)
Countryside	113(52.3)
Economic Status	
Low	29(13.4)
Modarete	174(80.6)
High	13(6.0)
Participation in social events	
Yes	140(64.8)
No	76(35.2)
Participation in scientific events	
Yes	88(40.7)
No	128(59.3)
Voluntary choice of nursing as a job	
Yes	147(68.1)
No	69(31.9)
Doing the job with pleasure	
Yes	174(80.6)
No	42(19.4)

Table 2 Senior nursing students' knowledge about professional ethics

Characteristics	n(%)
Principles of professional ethics*	
Principle of justice and equality	114(52.8)
Avoidance of harm - Principle of benevolence	105(48.6)
Principles of autonomy and respect for the individual	92(42.6)
Principle of confidentiality and keeping secret	74(34.3)
Definitions of professional ethics	
Ethical rules to be obeyed in professional settings	55(25.5)
The field dealing with ethical value judgments, behavior standards, and the underlying principles	29(13.4)
Respect for patient rights and opinions	19(8.8)
No response	32(14.8)
Definitions of Moral sensitivity	
Sensitivity to professional codes of ethics	74(34.3)
Obedying the ethical rules	33(15.3)
Respect for patient opinions	18(8.3)
Empathy	12(5.5)
Behaving conscientiously	8(3.7)
No response	71(32.9)
Ethical problems faced in clinical settings	
Nurses' shouting at and insulting their colleagues and the patients	29(13.5)
Discriminating among patients due to their social and economic statuses	19(8.8)
Opening the private parts of the patients in front of everyone	16(7.4)
Nurses' expressing their hatred of giving care to the unconscious patients	11(5.1)
Not giving an explanation to the patient about the treatment given	11(5.1)
Patient's refusing the treatment or wanting to die	4(1.9)
Nurses' not paying attention to the medication hours	3(1.4)
No response	135(62.5)

* More than one response given.

Table 3 Moral sensitivity scores of senior nursing students (n=216)

Moral sensitivity Scores	Mean±SD	Minimum	Maximum
Moral sensitivity	90.1±22.2	52.00	183.00
Subscale Scores			
Modifying autonomy (Professional responsibility)	20.0±6.7	7.00	44.00
Reliance on medical authority (Patient-oriented care)	12.9±5.9	5.00	32.00
Moral meaning	12.9±4.4	4.00	26.00
Expressing benevolence	11.9±4.2	4.00	25.00
Experiencing conflict	12.3±3.5	3.00	21.00
Interpersonal orientation	9.0±5.0	4.00	28.00

Table 4 The distribution of moral sensitivity scores of senior nursing students' in terms of their 012 characteristics (n=216)

Characteristics	Moral sensitivity core Mean ± SD	Test	p
Gender			
Female	90.1±22.3	-0.006	.995
Male	90.0±19.9		
Place of residence**			
City	89.2±22.1	-0.522	.602
Countryside	90.8±22.4		
Economic status*			
High	79.3±18.6	2.094	.126
Moderate	91.3±21.3		
Low	87.0±19.3		
Participation in social events**			
Yes	85.1±18.6	-4.611	<.001
No	99.1±25.4		
Participation in scientific events**			
Yes	85.6±22.8	-3.243	.001
No	95.2±20.4		
Voluntary choice of nursing as a job**			
Yes	87.6±20.8	-2.367	.019
No	95.2±24.4		
Doing the job with pleasure**			
Yes	85.7±16.9	-6.365	<.001
No	108.0±31.0		

*One-Way ANOVA; ** t-test; SD, standard deviation.

Ethics and ethic education characteristics of the sample

The students defined professional ethics as “nurses’ trying to identify what is good and what is bad for the patient” (44%), and “the rules to be obeyed in professional settings” (16.3%) They indicated the principles of professional ethics as follows: Justice and equality (52.8%), avoidance of harm (48.6%), rightfulness and honesty (46.8%), autonomy and respect for the individual (42.6%), and respect for confidentiality (34.3%). In response to “What is ethics” question they defined ethics as “behaving sensitively in accordance with the professional rules” (51.1%), and “obeying the ethical rules” (22.8%). 44.8% the student nurses reported that they have observed ethical problems among the patients and the nurses during their clinical practices throughout the four years of their university education. The most common examples of ethical problems given by the students were “the nurses’ yelling at and insulting the patients and other nurses” (13.5%), discriminating among the patients according to their socio-economic statuses (8.8%), and opening the private parts of the patients in front of everyone (7.4%) (Table 2).

Moral sensitivity

The mean moral sensitivity score of the participating student nurses was found as 90.1 ± 22.2 (Minimum 52 - Maximum 183). The mean score for the “interpersonal orientation” subscale was calculated as 9.0 ± 5.0 while a mean score of 20.0 ± 6.7 was obtained for the “modifying autonomy (professional responsibility)” subscale (Table 3).

Higher moral sensitivity scores were obtained for the students who actively participate in the social events ($t = -4.611$; $P < 0.001$) and scientific events ($t = -3.243$ $P < 0.01$), who voluntarily chose nursing (as a career profession $t = -2.367$; $P < 0.05$), and who currently do their jobs with pleasure ($t = -6.365$; $P < 0.001$), Table 4). It was determined that student gender, place of residence, and economic status do not have an effect on their moral sensitivity scores ($p > 0.05$. Table 4).

Correlation between moral sensitivity and grade disposition; there was a no significantly negative correlation between moral sensitivity and grade ($r = -0.16$; $P > 0.05$) disposition in the current study.

Discussion

In the present study, the moral sensitivity of the senior nursing students in identifying and solving the ethical problems was discussed in connection with their educational experience. Moral sensitivity can be defined as the ability to recognize ethical problems and their significance for the individuals concerned. Moral sensitivity is developed through education and preserved with professional competence and by displaying the proper behaviors in terms of professional ethics (Han, & Ahn, 2000; Kohlen, 2011; Lutzen, Evertzon, & Nordin, 1997; Solum, Maluwa, & Severinsson, 2012; Tosun, 2005). In this study it was determined that the moral sensitivity of the senior nursing students was at moderate level (90.1 ± 22.2). It was found that students’ scores for interpersonal orientation subscale were high while their modifying autonomy (professional responsibility) scores were low. In previous study, nursing students’ moral sensitivity and orientation scores were found to be high (Ahn, & Yeom, 2014; Comrie, 2012). The high score for interpersonal orientation subscale obtained in this study is similar to other scores obtained in the related literature (Kohlen, 2011; Lutzen, Evertzon, & Nordin, 1997; Park, Kjervik, Crandell, & Oerman, 2012; Solum, Maluwa, & Severinsson, 2012). The autonomy scores of the students were found to be low in this study. In the relevant literature, it was proposed that professional autonomy increases with older age and more experience (Ahn, & Yeom, 2014; Basak, Uzun, & Arslan, 2010; Cameron, Schaffer, & Park, 2001; Nolan, & Markert, 2002). In this respect, it is considered that students will develop autonomy when they start to work in the clinical settings. Nurse instructors should continue to develop and incorporate into ethics training strategies that improve moral sensitivity in nursing curriculum.

The moral sensitivity is realized in the amalgamation of individual feelings, individual needs, and the relevant social and economic conditions. Moral sensitivity is influenced by culture, religion, education, and life experiences (Basak, Uzun, & Arslan, 2010; Erdil, & Korkmaz, 2009; Ersoy, & Goz, 2001). In this study, higher moral sensitivity scores were obtained for the student nurses who reported that they voluntarily chose nursing as a profession, who liked their jobs, and who participated in the social and scientific

events related to nursing. Similarly studies, higher overall Moral sensitivity scores were reported for the student nurses who voluntarily chose nursing as a career and who did their jobs with pleasure (Basalan Iz, & Altug Ozsoy, 2013; Ersoy, & Goz, 2001; Nolan, & Markert, 2002).

The nurses are faced with many ethical problems as a result of the global changes in health-related technology (Basak, Uzun, & Arslan, 2010; Cameron, Schaffer, & Park, 2001; Nolan, & Markert, 2002; Pieper, 1991). Student nurses also face ethical problems for the same reason during their clinical practices as a part of their university education. In this study, most students defined professional ethics as “a nurse’s attempt to decide what is bad and what is good for a particular patient.” In Kaplan et al’s study conducted with sophomore and senior nursing students, the students reported that the first thing that came to their minds when they heard the word ethics was “doing the most appropriate thing for the patient”(Kaplan, Ates, & Ozturk, 2012). Therefore, the findings obtained in this study bear similarities with the previous literature. The students referred to “justice and equality, avoidance of harm, autonomy and respect for the individual and respect for confidentiality” (in order of frequency) as professional principles of ethics. In a study by Altun in which the student nurses assessed the ethical principles, it was reported that the students adopted the principles of “autonomy and respect for the individual, avoidance of harm, and justice and equality”(Altun, 2002).

Nearly half of the students stated that during the four years of their clinical practices they observed unethical behaviors such as “the nurses’ shouting at and insulting their colleagues or the patients (violation of the principles of autonomy and respect for the individual), discriminating among the patients on account of their socio-economic statuses (justice and equality), opening the private parts of the patients in front of everyone (respect for confidentiality). In a number of related studies, it was reported that, during their clinical practices, the nursing students observed a variety of unethical behaviors at various degrees in the scope of the concepts of autonomy and respect for the individual, justice and equality, and respect for confidentiality (in that order) (Altun, 2002;

Basalan Iz, & Altug Ozsoy, 2013; Erdil, & Korkmaz, 2009).

Conclusions

In this study, it was determined that the nursing students had moderate levels of moral sensitivity and high levels of work orientation. It was observed that the nursing students’ participation in social and scientific events and their satisfaction with doing their job would increase their moral sensitivity. In addition, it was determined that the nursing students can define professional ethics and the ethical principles in general terms, and that they are sensitive to the unethical behaviors in the clinical settings.

Implications for nursing

In order for the nursing students to give ethics-based care to the patients, it is of great significance that they are taught about philosophy of care and proper care behaviors. The following actions can be recommended to achieve this aim:

- 1) Asking the nursing students to identify unethical behaviors in clinical practices and to bring suggestions of solutions to them
- 2) Working of cases of ethical concern in order to develop the nursing students’ critical thinking ability during their four-year long university education,
- 3) Involving students as observers in ethical boards in hospitals and services,
- 4) Encouraging student participation in social, scientific, and professional events,
- 5) Re-organizing the nursing curriculum to include ethical training in a wider scope.

Limitations of the study

The results presented here should be interpreted cautiously because they reflect only the observations and perspectives of students. Nursing students’ observations were from only a few practice areas. The results cannot therefore be generalized. Although the students were informed that their participation was voluntary and that refusing to participate would not influence their academic performance or grades. They may have felt compelled to take part because the researchers were also their instructors. The results of this study

should. Therefore, be further supported by new studies.

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