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Research Paper

# Effects of Professional Ethics Training on Moral Distress and Moral Sensitivity of Nurses in the COVID-19 and Emergency Departments of Razi Hospital in Saravan, Iran in 2022

**Faride Jahandide[1], Abdolghani Abdollahimohammad[2*], Aziz Shahrakivahed[2]**

*1. Student Research Committee, Faculty of Nursing and Midwifery, Zabol University of Medical Sciences, Zabol, Iran.*
*2. Department of Nursing, Faculty of Nursing and Midwifery, Zabol University of Medical Sciences, Zabol, Iran.*

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## ABSTRACT

**Background and Objectives:** Nurses face many ethical issues daily, and knowing professional ethics can help them make ethical decisions. Therefore, the present study aims to determine the effects of professional ethics training on moral distress and moral sensitivity in nurses.

**Methods:** In this quasi-experimental study, 30 nurses who were working in the emergency and COVID-19 wards of Razi Saravan Hospital in 2022 were selected based on the inclusion and exclusion criteria and were randomly assigned to intervention and control groups. In the intervention group, the nurses of the COVID-19 ward were influenced by professional ethics training for one month. The level of moral distress and moral sensitivity was measured by the Corley and Latzen standard questionnaire after 2 weeks. The data were then analyzed by SPSS software, version 23.

**Results:** To compare the average scores of moral distress and moral sensitivity of nurses between the two tests and the control group before and after the intervention, the analysis of the covariance statistical test was used. By controlling the pre-test variable, the average scores of moral distress and moral sensitivity after the intervention were significantly different between the two tests and the control group (P<0.001).

**Conclusion:** Professional ethics training affects nurses' moral distress and moral sensitivity

*** Corresponding Author:**
*Abdolghani Abdollahimohammad*
***Address:*** *Department of Nursing, Faculty of Nursing and Midwifery, Zabol University of Medical Sciences, Zabol, Iran.*
***Phone:*** *+98 (542) 223947*
***E-mail:*** *abdalqani@gmail.com*

## Introduction

Adherence to professional ethics in nursing has always been emphasized and due to changing positions in the healthcare system, professional ethics in healthcare-related professions has moved from a necessity to an undeniable requirement [1]. Nurses have the most contact with patients and often should make ethical decisions; therefore, they face such situations at their workplace more than anyone [2]. Moral distress is an unpleasant experience that nurses always face [3]. Moral distress is a negative feeling when a person knows the ethical reaction to a situation but does not act accordingly due to limitations or the existing chain of command [4]. Nurses always experience some extent of moral distress [5]. Advancements in technology, high pressure of work, observation of pain experiences, patients' pain and lack of eminence, limited capabilities, limited working staff, etc. incur pain on nurses, and their inability to solve and control the source of tension can entangle them in more ethical conundrums [5-7]. Primary moral distress is accompanied by disappointment, anger, and anxiety, in particular when nurses face organizational or interpersonal obstacles [8]. Constant moral distress can lead to occupational problems, such as boredom in professional life, job aversion, reduced occupational satisfaction, burnout, alteration in occupation status, professional turnover, and ultimately minimum interaction with patients and families, and in addition, reduction of employees [9, 10]. The implications of moral distress can affect organizations as well and reduce the quality of care, hence increasing the hospital time of patients in treatment centers along with their dissatisfaction and complaints [11].

A critical factor in ethical decision-making is moral sensitivity [12]. Moral sensitivity is one of the criteria of the nurse's profession that affects ethical functioning and improves the interaction between the patient and the nurse, thereby increasing patients' trust and satisfaction from nursing activities and augmenting the nurses' sense of responsibility that enhances the quality of care [13, 14]. Moral sensitivity is one of the characteristics that individuals with such a sense view their surrounding phenomena ethically [15]. By increasing nurses' sensitivity when facing ethical issues in professional spaces, moral sensitivity increases the ability to detect ethical issues, improves ethical decision-making, and helps in learning new skills in problem-solving ethical challenges [16]. To make proper decisions, nurses should first be sensitive to ethical issues. Nurses' lack of attention to ethical issues may result in negligence in ethicality-intensive workplaces [17]. Studying the literature shows that due to some obstacles, nurses do not have the required sensitivity [18]. Moral sensitivity can be affected by various factors, such as gender, age, marital status, workplace and clinics, work experience, attitude toward their profession, and so on [16, 19]. Nurses who have higher moral sensitivity make better ethical decisions in clinical situations. Moral sensitivity helps nurses to more actively realize ethical challenges in their profession and find better solutions [20]. During the COVID-19 pandemic, nurses faced many problems, such as unfamiliarity with the new disease, insufficient protective equipment, longer work shifts, interaction with severely ill individuals with an infectious disease, and their inability to communicate effectively which could result in their moral distress or reduce their moral sensitivity [21]. Since nurses are at the frontline of the fight against COVID-19 in health and treatment places, it is necessary to focus more on this population to mentally alleviate nurses and help them better take care of their patients. Therefore, considering the importance of ethical challenges and its increasing trend in the nursing profession, ethical tensions among nurses can result in the confrontation of the nurse in taking care of the patient and their dissatisfaction with the reduced quality of care. This situation disrupts the treatment process and hospitalization period of COVID-19 patients and reduces their satisfaction with the provided service, in addition, no scheduled ethical education is present in nurses' curriculum and limited studies have been conducted on this matter and the damaging consequences of moral distress in taking care of the patients and the importance of moral sensitivity in ethical decision making. Hence, this study was conducted to evaluate the effects of teaching professional ethics on the moral distress and moral sensitivity of nurses.

## Methods

This was a semi-experimental stud that was conducted via pre-test, post-test, and a control group based on the random sampling method. The study population included all the nurses working in the emergency department and COVID-19 wards of Razi Hospital in Saravan, Sistan, and Balouchestan Province, Iran in 2021. According to Mohammadi et al.'s study, the population size was equal to 19 persons for each group, considering a 5% error and the power test of 0.8. However, due to the lack of samples in the above-motioned areas (after the approval of the expert in statistics), 30 individuals were included in the study based on the inclusion/exclusion criteria and were randomly assigned to the two groups of intervention (n=15) and control (n=15). The inclusion criteria included the willingness to participate in the study, having at least a bachelor's degree in nursing, not having ethical education in the last year of the study, active care of susceptible or confirmed cases of COVID-19, and

not having critical situations (divorce, death of a close relative, illness or hospitalization of a close relative). A demographic questionnaire, the moral distress questionnaire by Corley, and moral sensitivity questionnaire by Lanzen were used for data collection. The demographic questionnaire included questions regarding age, gender, marital status, number of children, education level, work experience, and ethical education in the previous year. To evaluate moral distress, nurses used Corley's 36-phrase questionnaire that measures moral distress in clinical situations. The intensity of the distress in each situation is evaluated based on a 7-point Likert scale (very intense, intense, to some extent intense, medium level intense, nearly weak intense, weak intense, and very weak intense). On this scale, the number 6 shows the highest distress level and 0 shows the lack of moral distress. This questionnaire has been standardized based on Iranian cultural and social factors and its validity and reliability have been confirmed [10]. Lanzen et al.s standard moral sensitivity questionnaire was also used and this tool has been used in many countries, including Iran [22, 23]. This questionnaire has 25 questions that evaluate nurses' ethical decision-making during the provision of clinical services and is scored based on the Likert scale in the order of totally agreed, relatively agreed, relatively disagree, and indifferent. To perform the education program, we asked the participants to attend an explanatory in which the aim of the study was delivered to them, and their consent to take part in the study was obtained. To comply with the ethical considerations, the participants completed a consent letter to participate in the research. All ethical issues were considered in this study. The sessions on education on professional education were held in Razi Hospital in Saravan, Iran. The education program was held in four weekly 90-minute sessions in the form of discussions and speeches (including subjects of professional ethical principles, patient's rights, ethical decision-making, biological ethical principles, and nurses' ethical codes). Meanwhile, the education content was based on previous studies [8, 11, 22]. To prevent the disclosure of educational content in the control group, we used nurses in two different shifts and emphasized the non-disclosure of the educational content. In the intervention group, the questionnaires were completed after the educational program in addition to a two-week interval. Data collection was done from February 2021 to March 2022. The data were analyzed via descriptive statistics, including Mean±SD, and inferential statistics, such as the independent t-test and analysis of covariance via the SPSS software, version 23.

## Results

Most of the participants in this study were female (53.3% in the intervention group and 60% in the control group). The mean age of the two groups was 28 years. In terms of marital status, the majority of the sample in both groups (60% in the intervention group and 46.7% in the control group) was single. Also, in terms of the number of children, the majority of the nurses in this study (60% in the intervention group and 46.7% in the control group) were childless. Also, 93.3% of the intervention group and 100% of the control group had a bachelor's degree and their mean work experience was 5.1 years for both groups. According to the results of the statistical tests, both groups were the same in the pre-test phase (Table 1).

After confirming the normal distribution of the quantitative data via the Shapiro-Wilk test, along with the independent samples t-test, we compared the mean of moral sensitivity in the decision-making between the intervention and the control group. The results demonstrated no significant relationship between the intervention and the control group in the mean of moral sensitivity in decision-making in the pre-test phase (P=0.0642) (Table 2). However, after the intervention, a statistically significant difference was observed between the mean of moral sensitivity in the decision-making of the control and the intervention group (P<0.001).

Table 3 presents the results of the independent t-test and the analysis of covariance to compare the scores of moral distress of nurses pre and post-intervention between the two groups of intervention and control. The mean score of moral distress before the intervention had no significant difference in the intervention group and the control group (P=0.968). However, the mean score of moral distress after the intervention showed a significant difference compared to the control group (P<0.001).

## Discussion

This study investigated the effects of educational professional ethics programs on the moral sensitivity and moral distress of nurses working in the COVID-19 wards and emergency departments. The results demonstrated that the educational programs increase the moral sensitivity of the nurses while decreasing their moral distress. The moral distress level of nurses has been reported from medium to severe in various studies [24-26]. Consistent with the results of the present study, previous research has maintained the confrontation of nurses with levels of moral distress and the necessity to take actions

**Table 1.** Demographic characteristics of the intervention and control group

| Variables | | No. (%) | | Z | Sig. |
|---|---|---|---|---|---|
| | | Control (n=15) | Intervention (n=15) | | |
| Gender | Female | 9(60) | 8(53.3) | 0.136 | 0.713 |
| | Male | 6(40 | 7(46.7) | | |
| Marital status | Single | 7(46.7) | 9(60) | 0.536 | 0.464 |
| | Married | 8(53.3) | 6(40) | | |
| Education level | Bachelor's degree | 15(100) | 14(93.3) | 1.034 | 0.309 |
| | Masters' degree | 0(0) | 1(6.7) | | |
| Number of children | 0 | 9(60) | 8(53.3( | 0.259 | 0.879 |
| | 1 | 4(26.7) | 4(26.7) | | |
| | 2 | 2(13.3) | 3(20) | | |

| Variables | Mean±SD | | 95% Confidence Interval Mean Differences | t | Sig. |
|---|---|---|---|---|---|
| | Intervention | Control | | | |
| Age (y) | 28.7±2.98 | 28±2.33 | -2.07, 1.93 | -0.068 | 0.946 |
| Work experience | 5.10±2.52 | 5.06±1.94 | -1.71, 1.65 | -2.07, 1.93<br>-0.041 | 0.968 |

Health, Spirituality and Medical Ethics Journal
Qom University of Medical Sciences

**Table 2.** Comparing the mean score of moral sensitivity pre-test and post-test in the control and the intervention group

| Moral Sensitivity | Mean±SD | | 95% Confidence Interval | T | Sig. |
|---|---|---|---|---|---|
| | Intervention | Control | | | |
| Pre-test | 58.67±7.72 | 60.00±7.79 | -4.47, 7.13 | 0.471 | 0.642 |
| Post-test | 79.33±6.05 | 60.73±7.65 | -23.76, 13.43 | -7.37 | 0.000 |

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**Table 3.** Comparing the Mean±SD of moral distress pre-test and post-intervention between the control and the intervention group

| Moral Distress | Mean±SD | | 95% Confidence Interval | T | Sig. |
|---|---|---|---|---|---|
| | Intervention | Control | | | |
| Pre-test | 120.93±13.82 | 121.13±13.36 | -9.97, 10.37 | 0.04 | 0.968 |
| Post-test | 95.20±10.69 | 120.27±12.82 | 16.23, 33.90 | 5.81 | 0.000 |

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to alleviate their moral distress. Since moral distress is a critical problem in the well-being of healthcare workers and a predictive variable in this population's occupational turnover, this issue should be investigated regularly and actions should be taken to reduce its implications [27]. The need for scheduled educational programs for the selected populations, such as healthcare workers, has been echoed in various studies. For instance, Azaram et al. have suggested educational programs to prevent confrontation with stressful situations, realize related variables, and improve nurses' knowledge of moral distress to manage tension [28]. In the present study, the mean score of moral distress was reduced significantly in the intervention group after the educational professional ethics program. This result can show the effectiveness of educational professional ethics programs on nurses' moral distress.

The results of Zahedi et al. have also demonstrated the positive effect of teaching ethical principles to nurses on their moral distress [29]. The effect of reducing moral distress can decrease unethical behaviors [30] and improve the adaptability of nurses to nursing ethical codes and ethical functions of nurses [31, 32]. In the present study, the mean score of moral sensitivity before the intervention was medium in both groups of intervention and control. The educational program increased the moral sensitivity of nurses working in COVID-19 wards and emergency rooms. This result is consistent with the findings of previous research. In a study by Mert, Basar, and Ertug, the mean score of moral sensitivity in nurses has been reported as medium [33-35]. In studies conducted in Iran, the moral sensitivity level in different sectors has been reported as low [18], medium [36, 37], or high [19, 38, 39]. The results of this study are similar to the above-mentioned studies and all aim to improve the moral sensitivity of nurses. For instance, in a study conducted by Gilasi, the need to hold educational workshops to improve the moral sensitivity of nurses has been emphasized [40]. Ebadi et al. have emphasized the need to start educational training on moral sensitivity in nurses from the time they attend university as a student [38].

Among the limitations that this study faced, we can point out the lack of attention to other effective variables in reducing moral distress and improving the moral sensitivity of nurses, such as obtaining information from other sources, including social media. This study mainly focused on the theoretical aspects of moral sensitivity and moral distress. Hence, it is suggested to perform studies consistent with this subject on the effects of teaching professional ethics on nurses' ethical function. Similar studies with more study participants can be conducted in other hospitals and departments. On the other hand, considering the increasing mortality rate of healthcare workers due to the COVID-19 pandemic, instability in moral distress and moral sensitivity of nurses is probable and is beyond the control of researchers.

## Conclusion

According to the findings of this study, the educational intervention of teaching ethical principles is effective in moral distress and moral sensitivity of selected nurses in the Iranian population during the COVID-19 pandemic. Meanwhile, the results are consistent with the results of other research that predicting and providing such programs in the healthcare system is effective for nurses.

## Ethical Considerations

### Compliance with ethical guidelines

This study was approved by the Ethics Committee of the Zabol University of Medical Sciences, Iran (Code: IR.ZBMU.REC.1400.24).

### Funding

This study was exported from the MA. thesis of first author at the Student Research Committee, Faculty of Nursing and Midwifery, Zabol University of Medical Sciences, Zabol, Iran.

### Authors' contributions

All authors participated equally in designing, conducting, and writing all the sections of this research.

### Conflict of interest

The authors declared no conflict of interest in this study.

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## References

[1] Borhani F, Alhani F, Mohammadi I, Abbaszadeh A. [Perception of nursing teachers about nursing students professional ethical competency: A qualitative study (Persian)]. Sci J Forensic Med. 2010; 163(59):165-73. [Link]

[2] Aminbeidokhti AK, Mardani E. [Relationship between mental health and professional ethics among nursing staff (Persian)]. J Med Ethics. 2015; 9(31):49-73. [Link]

[3] Ameri M, Safavi Bayat Z, Ashktorab T, Kavoosi A, Vaezi A. [Investigating moral tension and related factors from the point of view of nurses working in oncology department (Persian)]. Iran J Med Ethics Hist Med. 2013; 6(1):59-67. [Link]

[4] Wiggleton C, Petrusa E, Loomis K, Tarpley J, Tarpley M, O'Gorman ML, et al. Medical students' experiences of moral distress: Development of a web-based survey. Acad Med. 2010; 85(1):111-7. [DOI:10.1097/ACM.0b013e3181c4782b] [PMID]

[5] Hekmat Afshar M, Jooybari L, Sanagou A, Kalantari S. [Study of factors affecting moral distress among nurses: A review of previous studies (Persian)]. Educ Ethics in Nurs. 2012; 1(1):22-28. [Link]

[6] Shakeriniya I. [Moral distress: The latent stress in nursing (Persian)]. Iran J Med Ethics Hist Med. 2011; 4(3):26-35. [Link]

[7] Borhani F, Esmaeli Abdar M, Razban F, Roshanzadeh M. [Moral distress in the nursing and relationship with job burnout (Persian)]. J Med Ethics. 2013; 7(25):123-44. [Link]

[8] Azizi A, Sepahvani MA, Mohamadi J. [Relationship between moral distress and mental health among female nurses (Persian)]. Iran J Nurs. 2015; 27(92):57-64. [DOI:10.29252/ijn.27.92.57]

[9] Imani JAR, Hossain Rezaee H, Mirzai M. [Evaluation the effect of work conscientiousness and moral sensitivity with ethical stress in nurses working in intensive care units in educational and therapeutic centers affiliated to Zahedan University of Medical Sciences (Persian)]. J Iran Soc Anesthesiol. 2017; 39(4):20-7. [Link]

[10] Beikmoradi A, Rabiee S, Khatiban M, Cheraghi, Mohammad A. [Nurses distress in intensive care unit: A survey in study in the educational and medical centers of Hamedan city (Persian)]. Iran J Med Ethics Hist Med. 2012; 5(2):53-63. [Link]

[11] Mohammadi J, Ghazanfari F, Azizi A. [The effectiveness of ethics training on nurses ethical distress (Persian)]. J Med Edu Dev. 2016; 8(20):99-105. [Link]

[12] Mohammadi S, Borhani F, Roshanzadeh M. [Moral sensitivity and nurse's attitude toward patients' rights (Persian)]. Iran J Med Ethics Hist Med. 2017; 9(5):52-62. [Link]

[13] Borhani F, Abbaszadeh A, Mohsenpour M. [Illumination meaning of ethical sensitivity in nursing students: A qualitative study (Persian)]. J Med Ethics. 2013; 6(22):93-115. [Link]

[14] Kobrai Abkenar F, Mansour Ghanaei R, Omidzahir S, Poureini M. [Moral sensitivity in nurses of Guilan university of medical sciences hospitals: A descriptive study (Persian)]. J Med Ethics. 2021; 15(46):1-12. [Link]

[15] Borhani F, Abbaszadeh A, Mohsenpour M. [Nursing students understanding of barriers to professional ethics sensitivity: A qualitative research (Persian)]. J Med Ethics. 2011; 5(15):83-104. [Link]

[16] Amiri E, Ebrahimi H, Vahidi M, Asghari Jafarabadi M, Namdar Areshtanab H. [Moral sensitivity and its relationship with demographic and professional characteristics of nurses working in medical wards of hospitals affiliated to Tabriz University of Medical Sciences (Persian)]. J Hayat. 2018; 23(4):295-306. [Link]

[17] Borhani F, Abbaszadeh A, Sabzevari S, Dehestani M. [The effect of workshop and fallow-up on ethical sensitivity of nurses (Persian)]. J Med Ethics. 2012; 6(21):11-24. [Link]

[18] Hajiloo P, Torabi M. [The relationship between moral sensitivity and nurses' perception of futile care in patients with covid-19 (Persian)]. J Med Ethics. 2021; 14(45):1-16 [Link]

[19] Mahdiyoun SA, Pooshgan Z, Imanipour M, Razaghi Z. [Correlation between the nurses, moral sensitivity and the observance of patients' rights in ICUs (Persian)]. J Med Ethics. 2017; 11(40):7-14. [Link]

[20] Imanifar N, Vaghar Seyedin SA, Afshar L, Sharifzadeh G. [Comparison effect of teaching ethical principles using narrative ethics and lecture on the moral sensitivity of nurses (Persian)]. J Med Ethic. 2015; 9(31):95-.125. [Link]

[21] Firouzkouhi M, Abdollahimohammad A, Shahrai-Vahed A. [Nurses' moral distress in caring for covid-19 patients (Persian)]. Health, Spiritual Med Ethics. 2021; 8(2):75-6. [DOI:10.32598/hsmej.8.2.1]

[22] Khoshknab M, Abbaszadeh A. [Evaluation of the impact of teaching nursing ethics on nurses' decision making in Kerman social welfare hospitals in 1389 (Persian)]. Iran J Med Ethics Hist Med. 2011; 4(5):58-64. [Link]

[23] Izadi A, Imani H, Khademi Z, FariAsadi Noughabi F, Hajizadeh N, Naghizadeh F. [Moral sensitivity of critical care nurses in clinical decision making and its correlation with their caring behavior in teaching hospitals of bandar abbas in 2012 (Persian)]. Iran J Med Ethics Hist Med. 2013; 6(2):43-56. [Link]

[24] Shamsalinia A, Mahmoudian A, Sorori B, Yoseframaki M, Vaziri MH. [Evaluation of moral distress and its related factors in nurses working in hospitals in Western Mazandaran (Persian)]. J Caspian Health Aging. 2021; 6(1):20-8. [Link]

[25] Sadeghi-Gandomani H, Rezaei A, Azadchehr M, Afshar M. [The effect of empowerment program on nurses' moral distress in intensive care units (Persian)]. Iran J Rehabil Res Nurs. 2020; 6(3):109-15. [Link]

[26] Mahdavi Fashtami S, Mohammad Zadeh Zarankesh S, Esmaeilpour Bandboni M. [Moral distress among emergency department nurses: Frequency, intensity, effect (Persian)]. Med Sci. 2016; 26(4):248-55. [Link]

[27] Almutairi AF, Salam M, Adlan AA, Alturki AS. Prevalence of severe moral distress among healthcare providers in Saudi Arabia. Psychol Res Behav Manag. 2019; 12:107-15. [DOI:10.2147/PRBM.S191037] [PMID] [PMCID]

[28] Azarm A, Hasanlo M, Hojt Ansari M, Mohammadi F, Ebrahimi H, Asghari Jafarabadi M. Moral distress and the nursing care quality: A correlational study in teaching hospitals. Health Spiritual Med Ethics. 2017; 4(3):38-47. [Link]

[29] Zahedi Z, Rahnama M, Naderifar M, Abdollahimohammad A, Shahrakiwahed A. The effect of teaching the principles of nursing ethics on the moral turmoil of nurses: A quasi-experimental study. Med Paliatywna. 2021; 13(1):32-6. [DOI:10.5114/pm.2021.104035]

[30] Choe K, Kim S, Lee C, Kim S. Effect of ethics seminar on moral sensitivity and ethical behavior of clinical nurses. Int J Environ Res Public Health. 2020; 18(1):241.[DOI:10.3390/ijerph18010241] [PMID] [PMCID]

[31] Izadi F, Bijani M, Fereidouni Z, Karimi S, Tehranineshat B, Dehghan A. The effectiveness of teaching nursing ethics via scenarios and group discussion in nurses' adherence to ethical codes and patients' satisfaction with nurses' performance. Sci World J. 2020; 2020:5749687. [DOI:10.1155/2020/5749687] [PMID] [PMCID]

[32] Foroughi L, Zareiyan, Sharififar ST. [The effect of professional ethics program (in-personal and e-learning) on nurses' performance and satisfaction of patients referring to emergency department of hospitals affiliated to armed forces (Persian)]. Mil Caring Sci. 2019; 6(2):136-47. [DOI:10.29252/mcs.6.2.136]

[33] Mert Boğa S, Aydin Sayilan A, Kersu Ö, Baydemİr C. Perception of care quality and ethical sensitivity in surgical nurses. Nurs Ethics. 2020; 27(3):673-85. [DOI:10.1177/0969733020901830] [PMID]

[34] Basar Z, Cilingir D. Evaluating ethical sensitivity in surgical intensive care nurses. Nurs Ethics. 2019; 26(7-8):2384-97. [DOI:10.1177/0969733018792739] [PMID]

[35] Ertug N, Aktas D, Faydali S, Yalçin O. Ethical sensitivity and related factors of nurses working in the hospital settings. Acta Bioeth. 2014; 20(2):265-70. [DOI:10.4067/S1726-569X2014000200014]

[36] Dehghani M, Mousazadeh N, Hakimi H, Hajihosseini F, Faghih M, Mohseni R. [Relationship between moral sensitivity and moral intelligence in nurses working in intensive care units (Persian)]. J Mazandaran Univ Med Sci. 2020; 30(184):148-53. [Link]

[37] Nasiriani K, Fazlojoo SE, Dehghani Tafti A, Mobari Y. [The effect of virtual narrative ethics education on moral sensitivity in critical care nurses (Persian)]. Med Ethics Hist Med. 2020; 13:168-79. [Link]

[38] Mousavi S, Mohsenpour M ,Borhani F, Ebadi M. [Ethical sensitivity of nursed and nursing students working in Aja University of Medical Sciences (Persian)]. Med Ethics. 2015; 9(31):127-43. [Link]

[39] Roshanzadeh M, Borhani F, Mohammadi S. [Moral sensitivity and moral distress in critical care unit nurses (Persian)]. Med Ethics. 2017; 10(38):19-28. [Link]

[40] Sharifi N, Gilasi H, Gholami H, Sharifi A, Nowrooz H. [Moral sensitivity of nurses working in hospitals affiliated to Kashan University of Medical Sciences (Persian)]. Feyz. 2020; 24(6):684-90. [Link]

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