Available online at www.medicinescience.org

Medicine Science International Medical Journal

ORIGINAL ARTICLE

Medicine Science 2022;11(4):1593-8

Ethical sensitivity of Emergency department employees and their views and knowledge levels on Palliative Care

Medine Demirgil[1], Nursah Basol[2], Aydanur Gocmen[3]

[1]Gaziosmanpasa University, Institute of Health Science, Department of Emergency Medicine Nursing, Tokat, Türkiye
[2]Gaziosmanpasa University, Faculty of Medicine, Department of Emergency Medicine, Tokat, Türkiye
[3]Marmara University, Faculty of Medicine, Intern student, Istanbul, Türkiye

Received 11 August 2022; Accepted 01 November 2022
Available online 29.11.2022 with doi: 10.5455/medscience.2022.07.157

Abstract

Patients in need of Palliative Care (PC) often receive medical help from Emergency departments (ER) and sometimes due to healthcare system-related issues the time spent at the ER exceeds the expectations. In order to provide effective care, ER employees should have sufficient knowledge and skills about end-of-life care and PC in ER. This study aims to evaluate the knowledge levels of ER employees on PC, in addition to their educational background and their approach to PC and its possible relation with ethical sensitivity. The present study is a cross-sectional and descriptive study consisting of 100 emergency service employees working in the city centers of Tokat and Kayseri between August 2017 and May 2019. The data were collected using a questionnaire form containing sociodemographic characteristics of the ER employees and their views on PC in addition to the Ethical Sensitivity Questionnaire (ESQ). The sample of the study consisted of 100 ER workers; 52 (52%) female and 48 (48%) male. The mean age was 32.16±7.91 years. It was determined that the vast majority of the participants (63%) had not received PC training before. While the average score regarding knowledge levels on PC was found to be 49.10±8.25, the average total score of the Ethical Sensitivity Questionnaire was found to be 78.73±20.97. The participants had a higher ethical sensitivity and moderate knowledge levels about PC. There was no significant difference in the total ESQ scores of the ER employees according to the variables of "gender, education, occupation, palliative knowledge and in-service education in the institution" ($p>0.05$). In order to raise awareness of PC, there is a need for pre-graduation PC training and in-service training after graduation. These practices should be repeated at certain intervals to keep the knowledge up-to-date.

Keywords: Emergency service, ethical sensitivity, end-of-life care, Palliative Care, knowledge level

Introduction

Palliative care (PC) is a care that aims to improve the quality of life of patients with chronic and progressive diseases, by means of alleviating their pain and other symptoms, and providing care to the patient and their family as a whole [1]. PC plays an important role in meeting the physical and psychosocial needs of the patient and their family, starting from the moment the patient gets diagnosed with the disease to the mourning period after death [2]. Although PC is a fairly new discipline, it has quickly established itself among other fields of medicine.

*Corresponding Author: Medine Demirgil, Gaziosmanpasa University, Institute of Health Science, Department of Emergency Medicine Nursing, Tokat, Türkiye
E-mail: medine_4308@hotmail.com

PC evaluates each concern of the patients and their relatives collectively and aims to solve them. Therefore, it consists of not only clinical evaluation but also services such as religious assistance, economic support, and psychosocial assistance. For this reason, the main purpose is to ease all existing concerns and to improve the quality of life by resolving them [3]. PC, which requires a multi-disciplinary approach, includes physicians and nurses in the core team, and requires a work system in which many different units can take place, from physicians of various specialties, nutritionists, religious officials to social workers, depending on the needs of the patient [1,4]. Emergency Service (ER) is the unit that PC patients often refer to when they encounter urgent complications. Furthermore, in conditions where PC services are not sufficient, patients refer to ERs in palliative care emergencies in addition to other complaints. In this regard, physicians and nurses should have the necessary equipment suited for PC patients in order to increase the quality of care provided in

ERs [5]. In emergency care and treatment, where quick and correct decision-making is vital, the emergency medical team should be aware of the requirements of their profession and have the ability to apply them with a high moral sensitivity. The moral sensitivity of the healthcare worker is closely affiliated with the quality of care [6].

Within the scope of this study, considering the significance of ERs in the current health system, the knowledge levels of the emergency health team regarding the care provided to PC patients and their moral sensitivities were analyzed. ERs are units that patients in need of PC frequently apply to and sometimes spend an exceeding amount of time due to system-related issues.

The purpose of the present study is to determine the knowledge levels of ER workers regarding PC, their level of education and approach to end-of-life care. Keeping in mind that the communication of the ER staff with PC patients and their relatives is vital, the knowledge levels regarding these issues play a key role in the interactions with patients and their caregivers. Within the scope of the study, the knowledge levels regarding PC, level of education and approach to PC were investigated along with the relation to moral sensitivity.

Material and Methods

The present study is a descriptive and cross-sectional study conducted to examine the level of knowledge, educational status, and approach to end-of-life care of ER employees regarding PC and to investigate whether this is related to moral sensitivity. Emergency service employees working at the Tokat State Hospital and Gaziosmanpaşa University Research and Application Hospital in Tokat province, and at the Kayseri Training and Research Hospital and Erciyes University in Kayseri province between August 2017 and May 2019 were included in the research. The study sample consisted of 100 people working in Kayseri and Tokat central hospitals. There was no sample selection, as the participants of the study form a voluntary response sample. In the collection of data; there were questions regarding socio-demographic information (5 questions), educational knowledge (5 questions), a Likert-type questionnaire (18 items) stating their views on PC were used, and a Moral Sensitivity Questionnaire (MSQ) consisting of 30 items was applied.

The questionnaire related to PC was prepared in line with the studies in the literature and consists of 18 items. MSQ, on the other hand, is a 30 item questionnaire consisting of six subscales: autonomy, benevolence, holistic approach, conflict, practice and orientation. Three of the items (items 3, 23, 26) were evaluated independently from the six subscales. The lowest score that can be obtained from the MSQ is 30, and the highest score is 210. The scores of the autonomy subscale range from 7 to 49, the benevolence subscale from 4 to 28, the holistic approach subscale from 5 to 35, the conflict subscale from 3 to 21, the practice subscale from 4 to 28, and the orientation subscale from 4 to 28. A low score indicates high ethical sensitivity, and a high score indicates low sensitivity [7,8]. The "autonomy" subscale of the questionnaire reflects respect for the patient's right to autonomy, "benevolence" reflects actions aimed at increasing the benefit of the patient, "holistic approach" refers to actions aiming to protect the patient without interfering with their integrity, "conflict" indicates the ethical dilemma, "practice" refers to the ethical aspect of decision-making and practice, and "orientation" reflects the caution of health care professionals in their actions that will affect their relationship with the patient [9].

An informed consent was obtained from the respondents of the survey application; that the decision to participate in the study pertained to them, the information they provided would be kept confidential and would only be used within the scope of the research, and there was no need for name information on the survey forms. Only the participants who provided an informed consent form were included in the study. The questionnaires were handed out to the emergency service workers during working hours and collected after 1-2 hours. During the data collection among the handed out questionnaire forms, those with incomplete responses were excluded from the research.

Statistical analyzes were performed using SPSS 18.0 for Windows and descriptive analyzes were conducted (number, percentage, mean, standard deviation). Data for continuous variables were given as mean ± standard deviation; data on categorical variables were given as n (%). The independent variables of the research were age, gender, occupation, educational status, years of experience of the ER workers included in the research; the dependent variables were knowledge and views on PC and end-of-life care, and the moral sensitivity questionnaire. The differences between groups were examined by Independent Sample T Test or One Way Analysis of Variance (Anova) in cases where parametric assumptions were supplied. $p < 0.05$ was considered statistically significant.

Results

52 (52%) of the ER workers participating in the study were female and 48 (48%) were male. The mean age was 32.16±7.91 years. When the education level of ER employees was examined, it was found that 10 (10%) were high school graduates, 29 (29%) had an associate degree, 44 (44%) had a bachelor's degree, 14 (14%) had a master's degree, and 3 (3%) had a doctorate. The mean of the years of experience of ER workers was 9.28±6.97 years. 56 (56%) nurses, 17 (17%) physicians, 14 (14%) health officers, 8 (8%) Emergency Medicine Technicians, 3 (3%) health technicians and 2 (2%) assistant health personnel participated in the study.

In the questions evaluating the knowledge levels regarding PC, 63 (63%) of ER workers stated that they did not have any information on PC. When the sources of information related to palliative care are examined, 25 (45.4%) of the employees stated that they obtained information through university education, 10 (18.1%) from in-service training programs, 6 (10.9%) from the internet, 5 (9%) from books and journals, 8 (14.5%) from congresses and seminars, and 1 (1.8%) from other sources of information. 87 (87%) of ER workers stated that they did not receive in-service training on PC in their institution. Among the participants of the study, only 10 (26.3%) stated that their level of knowledge regarding PC was sufficient, while 21 participants (55.3%) stated that they were partially sufficient, and 7 participants (18.4%) stated that they were insufficient. While 46 (46%) of the ER workers agreed with the statement "The PC team is led by a doctor", 46 (46%) agreed with the statement "Palliative care should be a separate specialty.". 50 (50%) of ER workers stated that they completely agreed with

the statement “A separate training is required to provide care to PC patients.”; in total, 87 people agreed with this statement. 87 (87%) ER workers stated that they agreed with the statement “Nurses dealing with PC should have a separate team.”.

The ER workers were provided with 4 characteristic features of PC and asked about its definition. Accordingly, only 19 (19%) people marked all 4 correct features. When the topics of concern in the perception of ER workers regarding PC were evaluated, it was determined that pain relief and symptom control was named the most (63%) and caring for the patient and their family conjointly the least (34%).

In the questions regarding end-of-life care; 53(53%) of the ER workers stated that they agreed with the statement "I feel anxiety about the death of patients." 53 (53%) participants stated that they agreed with the statement "The patient should have the right deny cardiopulmonary resuscitation and legal regulations should be made", while 23 (23%) stated that they were undecided. 41 (41%) ER workers agreed with the statement "Patients have the right to determine the degree of medical interventions." Lastly, only 28 (28%) of the ER workers stated that they did not agree with the statement "Using effective pain relievers may prevent the patient from breathing" (Table 1).

In the present study, the mean score for the level of knowledge on PC was found to be 49.10±8.25 (Maximum 72.00, Minimum 33.00). The mean MSQ total score was 78.73±20.97 (Maximum 158.00, Minimum 32.00). The mean scores pertaining to the subscales of the questionnaire were; 19.08±6.46 for autonomy, 12.28±4.83 for benevolence, 12.93 ±4.88 for holistic approach, 13.61±3.28 for conflict, 12.11±4.26 for practice, and 8.72±4.15 for the orientation subscale (Table 2). Consequently, it was found that ER workers had a high level of moral sensitivity. The findings indicated that the participants had high ethical sensitivity in the subscales of autonomy, benevolence, holistic approach, practice and orientation, but low ethical sensitivity in the conflict subscale.

The total mean score for the moral sensitivity of the participants was compared with their socio-demographic characteristics and their knowledge levels about PC. Accordingly, no statistically significant difference was found between the parameters ($p>0.05$) (Table 3).

Table 1. The Views of Emergency Service Workers on Palliative Care and End-of-life Care (n=100)* Data are presented as n(%)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I feel anxious about the death of patients	15(15)	38(38)	14(14)	28(28)	5(5)
I avoid thoughts of death at all costs	9(9)	15(15)	29(29)	35(35)	12(12)
I try not to have anything to do with death	12(12)	17(17)	11(11)	47(47)	13(13)
I always try to avoid thinking about death	9(9)	19(19)	14(14)	43(43)	15(15)
I feel uncomfortable caring for a dying patient	8(8)	18(18)	7(7)	35(35)	32(32)
Patients have a right to determine the degree of medical intervention	18(18)	23(23)	21(21)	25(25)	13(13)
Painkillers should be administered to terminally ill patients as needed	31(31)	52(52)	10(10)	2(2)	5(5)
The use of effective pain relievers may interfere with the patient's breathing	18(18)	30(30)	24(24)	16(16)	12(12)
Complete relief of pain is a reasonable goal unless the pain is caused by a fatal condition such as cancer	15(15)	53(53)	19(19)	10(10)	3(3)
The patient should have the right to deny cardiopulmonary resuscitation and legal arrangements should be made	21(21)	32(32)	23(23)	10(10)	14(14)
Resuscitation is not befitting for PC patients	15(15)	19(19)	27(27)	22(22)	17(17)
The PCteam is led by a doctor	28(28)	46(46)	14(14)	6(6)	6(6)
PC should be a separate specialty	37(37)	46(46)	8(8)	6(6)	3(3)
PC includes only pain control	4(4)	7(7)	16(16)	53(53)	20(20)
Hospitals are not a pleasant place to die	33(33)	32(32)	18(18)	9(9)	8(8)
Dying patients should be referred to hospice or acute care	4(4)	17(17)	23(23)	32(32)	24(24)
Separate training is required for dealing with PCpatients	50(50)	37(37)	5(5)	3(3)	5(5)
Nurses dealing with PCshould have a separate team	55(55)	32(32)	6(6)	3(3)	4(4)

Table 2. The Mean Scores ofEmergency Service Workers on Palliative Care and the Moral Sensitivity Questionnaire (MSQ) (n=100)

	Mean	Standard Deviation	Minimum	Maximum
Palliative Score	49.10	8.25	33.00	72.00
Moral Sensitivity Questionnaire Autonomy Subscale Score	19.08	6.46	7.00	39.00
Moral Sensitivity Questionnaire Benevolence Subscale Score	12.28	4.83	4.00	24.00
Moral Sensitivity Questionnaire Holistic Approach Subscale Score	12.93	4.88	5.00	31.00
Moral Sensitivity Questionnaire Conflict Subscale Score	13.61	3.28	6.00	21.00
Moral Sensitivity Questionnaire Practice Subscale Score	12.11	4.26	4.00	23.00
Moral Sensitivity Questionnaire Orientation Subscale Score	8.72	4.15	4.00	25.00
Moral Sensitivity Questionnaire Total Score	78.73	20.97	32.00	158.00

Table 3. The Distribution of Moral Sensitivity Total Scores

		n	Moral Sen.Tot. Score	t,F	p
Institution	Tokatstate	20	71.8±16.01	1.216	0.308#
	KTRH	50	82.18±22.18		
	GOP Uni.	15	77.53±25.12		
	ErciyesUni.	15	77.67±17.18		
Gender	Female	52	77.75±20.89	0.485	0.629
	Male	48	79.79±21.23		
Level of education	High school	10	76.8±19.14	0.151	0.929#
	Associate degree	29	79.14±25.57		
	Bachelor's degree	44	79.86±20.01		
	Master's degree or Doctorate	17	76.24±16.8		
Occupation	Nurse	56	77.91±19.86	0.522	0.669#
	Doctor	17	80±21.28		
	Health officer	14	84.21±27.93		
	Other	13	74.69±17.68		
Palliative knowledge	Yes	37	77.92±17.2	0.295	0.769
	No	63	79.21±23.01		
Is the level of knowledge on PC sufficient?	Yes	10	75.2±16.91	0.131	0.877#
	No	7	76.14±18.46		
	Partially	21	78.52±18.24		
In-service training at the institution	Yes	13	69.08±19.73	1.800	0.075
	No	87	80.17±20.87		

Data are given as Mean±Standard Deviation, p: Independent Sample T-Test, #One-Way Analysis of Variance (ANOVA), *p<0.05 was considered statistically significant

Discussion

The need for PC centers is increasing, due to the growing elderly patient population and the advanced stage chronic diseases in Turkey and globally [10]. In line with this, an increase is observed in the newly established PC services. On the other hand, the fact that PC is still not a separate specialty, inadequate education provided to the health personnel, and the insufficient knowledge level of physicians and nurses in the PC field causes malfunctions in the system. ERs are the units that PC patients frequently refer to, therefore, it is very important to increase awareness about PC, to recognize PC patients, to improve the quality and reduce the duration of stay in the ER [11].

The PC knowledge level mean score of the ER employees participating in the study was found to be 49.10, which was below the desired level. The majority of ER workers stated that they did not receive education regarding PC. It was determined that only 55% of those who received education stated that they found it partially sufficient and 43% received it during their undergraduate education. Turgay reported in a study he conducted with health personnel, that 53.7% of health workers stated that they did not receive education about PC [12]. The health personnel who received education stated that they obtained the information during their university education and that more than half of them found the education they received partially sufficient. Uslu, on the other hand, reported in a study, that more than half of the midwives and nurses did not receive education about PC and with 67.7% of the health personnel who stated that they received education about PC did not find the information they received sufficient [13]. In a study conducted by Shearer et al. on 66 ER workers, it was found that there were only 2 (3%) individuals who had sufficient knowledge about PC [14]. The majority of ER employees participating in the present study stated that there was no in-service training program in the institution they work for. Following the literature review, it was found that there is a lack of in-service training on PC in accordance with studies conducted in Turkey and the results of the present study [11,12,13]. In the study of Basol and Rinnert, it was seen that 82% of the physicians in the USA received training on PC and the majority reported receiving this training during their university education [15]. In line with this, there is a need for PC courses in the undergraduate education and in-service trainings to increase the level of knowledge in Turkey.

In a focus group study conducted to reveal oncology nurses' perceptions of PC, nurses conveyed 14 definitions regarding the nature of PC; it was found that most of them used similar phrases in their definitions such as "family-centered", "a process", "symptom management", "working to relieve", "aiming to improve the quality of life", "focusing on the preferences of the patient and family" [16]. PC has not yet been established as a concept, and it is often thought of as "supportive care" and "end-stage care" and is equated with pain control [17]. Similarly to the aforementioned studies, the PC perception of the health personnel participating in the present study was found to be lacking. PC includes pain relief and symptom control, and evaluates the patient and their family as a unit. The necessity of including the patient's family in the process was not recognized enough among the participants of the present study.

Most of the respondents stated that PC patients should have the right to Do Not Resuscitate (DNR) and that legal arrangements should be made. In a study by Turgay, most of the participants supported this notion [12]. A study by Ülger and Cankurtaran

revealed similar results [18]. In Turkey, there is no clarification regarding the issue of DNR order within the framework of end-of-life care. According to the authors' approach, there is a need for immediate legal arrangements in this regard.

In a study, similar to the findings of the present study, it was found that there was a general consensus regarding the statement 'The use of effective painkillers may prevent the patient from breathing.' [14]. However, avoiding the administration of painkillers, in the case of cancer patients in particular, prevents the alleviation of the patient's pain. This interferes with performing effective pain management for severe pain, leading to a diminished quality of life. It would be beneficial to organize training programs to correct the misinformation about painkillers.

Most of the ER workers in the present study study stated that PC should be a separate area of expertise. In the literature, a need for a separate specialty has been highly reported in studies conducted on this subject [11,12]. Most ER workers are in support of the statement that a distinct training is necessary to deal with PC patients. In the study of Çakıcı, it was stated that there is a need for trained personnel in PC [19].

ER is an environment of high workload and stress in comparison to other services. Therefore, it is thought that factors such as workload and stress may negatively influence the ethical sensitivities of nurses working in the ER. In a study, it was determined that the nurses working in the intensive care unit and the ER experienced more emotional burnout and depersonalization due to the high workload and long working hours, and it was stated that these circumstances had a negative impact on the problem-solving abilities of nurses [20]. In order for nurses to recognize an ethical dilemma and find a fitting solution, their level of ethical sensitivity, which is defined as the ability to distinguish ethical problems, should be high [21]. The decision-making process regarding the care provided to the patient requires moral reasoning, forethought about how this decision will affect the patient, and responsibility for the consequences of these actions. This is an important concern in terms of increasing the moral sensitivity of nurses, particularly [22]. For the reason that, nurses with high ethical sensitivity are more likely to notice ethical problems and make appropriate decisions [23].

In the present study, the total mean score of ER workers regarding moral sensitivity was 78.73±20.97, indicating high ethical sensitivity. The mean scores pertaining to the subscales of the questionnaire were; 19.08±6.46 for autonomy, 12.28±4.83 for benevolence, 12.93±4.88 for holistic approach, 13.61±3.28 for conflict, 12.11 ±4.26 for practice, and 8.72±4.15 for the orientation subscale. These findings indicate that when the subscales were investigated the ethical sensitivities of ER employees were found to be high, except for the conflict subscale. The results of the present study were consistent with those ofKahriman et al. and Tosun [8,9]. The low mean score in the conflict subscale in the present study suggests that nurses have uncertainties about how they should approach the patient and have difficulty in deciding on the ethically correct action.

Limitations of the Study

The questionnaire could not be performed on all ER workers due to the workload in the emergency services, only the personnel who were present and willing to participate at the time of the research were included in the study. Those on temporary assignment, unpaid leave, death leave and maternity leave were not included. Among healthcare workers the study sample consisted of only ER workers, therefore the data obtained from the study cannot be generalized out of the sample as it is based on the self-report of service workers within the scope of the study.

Conclusion

In the present study, it was concluded that the level of knowledge of ER workers regarding PC was not sufficient, and it was revealed that this issue was not given importance both during undergraduate education and in-service training. The current high moral sensitivity indicates that PC can be practiced in high standard after the necessary training is provided. Up-to-date training programs at every stage will help raise awareness about PC.

Conflict of interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

The authors declare that they have received no financial support for the study.

Ethical approval

Our study titled 'Ethical Sensitivity of Emergency Department Employees and Their Views and Knowledge Levels on Palliative Care', numbered 17-KAEK-104, which was discussed at the meeting of our ethics committee on 01.08.2017, was examined and found appropriate considering the reason, purpose, approach and methods. It has been decided that there is no ethical or scientific objection in performing it in the center.

References

1. Basol N. The Integration of Palliative Care into the Emergency Department. Turk J Emerg Med. 2015;15:100-7.
2. Çolak D, Özyılkan Ö. Palliative Care In Patients With Cancer. Turk Klinik J Int Med Sci. 2006;2:1-9.
3. Gültekin M, Özgül N, Olcayto E, Tuncer AM. Current Status Of Palliative Care Services In Turkey. Turk J Gynecol Oncol. 2010;1:1-6.
4. Basol N, Çeltek N, Alatlı T, et al. Evaluation of terminal-stage cancer patients needing palliative care in the emergency department. JAEM. 2015;14:12-5.
5. Güney H, Başol N. Evaluation of palliative care patients with different scales in the emergency department and the importance of home healthcare. Med Paliatywna. 2020;12:204–9.
6. Orgun F. The validity and reliability of the byrd's nursing' ethical sensitivity test (byrd's nest). Ege University Institute of Health Sciences. PhD Thesis. İzmir. 2008
7. Lutzen K, Evertzon M, Nordin C. Moral sensitivity in psychiatric practice. Nurs Ethics. 1997;4:472-82.
8. Tosun H. Determining sensivity of the nurses and the physicians against the ethic dilemmas which experinced at the health care practices. Istanbul University Institute of Health Sciences. PhD Thesis. İstanbul. 2005
9. Kahriman İ, Yeşilçiçek ÇK. Ethıcal sensıtıvıty of clınıcal nurses.Gümüşhane University Journal Health Science. 2017;6:111-21.
10. Yürüyen M, Tevetoğlu IÖ, Tekmen Y, et al. Prognostic factors and clinical features in palliative care patients. Konuralp Med J. 2018;10:74-80.
11. Başol N, Çelenk Y, Okan İ. Thoughts of emergency physicians about palliative care: evaluation of awareness. JAEM. 2015;14:75-8.
12. Turgay G, Kav S. Turkish healthcare professionals' views on palliative care. J Palliat Care. 2012;28:267-73.
13. Uslu F. Determination of the palliative care practices of the midwives and nurses in the gynecological oncology units in the centrum of Ankara.

Hacettepe university. Institute of Health Sciences. Master's thesis. Ankara. 2013.

14. Shearer FM, Rogers LR, Monterosso L, et al. Understanding emergency department staff needs and perceptions in the provision of palliative care. J Emerg Med. Australasia. 2014;26:249–55.

15. Başol N, Rinnert S. A survey Study About Palliative Care for Emergency Medicine Physicians in the USA. Journal of Gaziosmanpaşa University Faculty Med. 2015;7:100-4.

16. Pavlısh C, Ceronsky L. Oncology nurses' perceptions about palliative care. Oncol Nurs Forum. 2007;34:793-800.

17. Bıngley A, Clark D. Palliative care in the region represented by the middle east cancer consortium (mecc): a review and comparative analysis. J Pain Symptom Manage. 2009;37:287-96.

18. Ülger Z, Cankurtaran M. Elderly patients in intensive care units. Turkish J Int Care Med. 2006;6:94-100.

19. Çakıcı NI. Palliative care practice of physicians and nurses for the children with cancer. Master's thesis. Marmara University. İstanbul. 2010.

20. Filizöz B, Mesci G, Aşcı A, Bağcıvan E. Nurses ethical sensitivity: research on central public hospitals in sivas province. Turk J Bus Ethics. 2015;8:47-66.

21. Aksu T, Akyol A. Investigation of the moral sensibility of nurses in İzmir. Türkiye Klinikleri J Med Ethics. 2011;19:16-24.

22. Öztürk H, Hindistan S, Kasım S, Candaş B. Ethical Sensitivity of Physicians and Nurses in Intensive Care Units. Journal of Intensive Care Nursing. 2009;13:77-84.

23. Başak T, Uzun Ş, Arslan F.Investigation of the moral sensibility of intensive care nurses. J Gülhane Med. 2010;52:76–81.