

## INVESTIGATION OF COVID-19 FEAR AND ETHICAL SENSITIVITY AMONG SENIOR NURSING STUDENTS DURING CLINICAL PRACTICE

### Hemşirelik Son Sınıf Öğrencilerinin Klinik Uygulama Sırasındaki Covid-19 Korkusu ve Etik Duyarlılıklarının İncelenmesi

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#### ABSTRACT

The aim of this study is to investigate senior nursing students' ethical sensitivity and fear of Covid-19 during clinical practice. This is a cross-sectional and relational study. The study has been conducted in June 2021 with senior nursing students at a university in the Central Anatolia region of Turkey (n=95). Data have been collected online via Google Forms by using a Nursing Student Characteristics Form, the Fear of Covid-19 Scale (FCV-19S), and the Moral Sensitivity Questionnaire (MSQ). The mean FCV-19S total score has been obtained as 17.93 (Sd=5.02) and median MSQ total score has been obtained as 96 (25th-75th percentiles=87-108). Students with previous Covid-19 infection had significantly higher FCV-19S scores (t=3.209, p=0.004). There were no significant differences in MSQ total or subscale scores based on the students' characteristics (p>0.05). FCV-19S total score was positively correlated with the holistic approach subscale of the MSQ (r=0.298, p=0.003). The results of this study have shown that senior nursing students had moderate levels of ethical sensitivity and Covid-19 fear. Previous Covid-19 infection has been associated with greater fear.

**Keywords:** Covid-19, Ethical sensitivity, Fear, Moral sensitivity, Nursing students.

#### ÖZ

Bu araştırmanın amacı hemşirelik son sınıf öğrencilerinin klinik uygulama sırasındaki Covid-19 korkusu ile etik duyarlılıklarının incelenmesidir. Bu çalışma, kesitsel ve ilişkisel bir araştırmadır. Araştırma Türkiye'nin İç Anadolu bölgesinde bulunan bir üniversitenin hemşirelik son sınıf öğrencileri (n=95) ile Haziran 2021 tarihinde yapılmıştır. Veriler; Hemşirelik Öğrencilerinin Özellikleri Formu, Covid-19 Korkusu Ölçeği ve Ahlaki Duyarlılık Anketi (ADA) kullanılarak Google Formlar aracılığıyla çevrim içi olarak toplanmıştır. Covid-19 Korkusu Ölçeği toplam skorları ortalaması 17.93 (Sd=5.02), Ahlaki Duyarlılık Anketi toplam skorları ortancası 96 (%25-75=87-108) olarak belirlenmiştir. Daha önce Covid-19 geçiren öğrencilerin Covid-19 Korkusu Ölçeği puanlarının anlamlı olarak daha yüksekti (t=3.209, p=0.004). Öğrencilerin özellikleri ile Ahlaki Duyarlılık Anketi total veya alt boyut puanları arasında anlamlı bir fark bulunmamaktaydı (p>0.05). Covid-19 Korkusu Ölçeği toplam puanı ile Ahlaki Duyarlılık Anketi bütüncül yaklaşım alt boyutu arasında pozitif anlamlı olarak ilişkiydi (r=0.298, p=0.003). Bu çalışmanın sonuçları, hemşirelik son sınıf öğrencilerinin Covid-19 korkusu ve etik duyarlılıklarının orta düzeyde olduğunu göstermektedir. Geçirilmiş Covid-19 enfeksiyonu daha fazla korku ile ilişkilendirilmiştir.

**Anahtar kelimeler:** Ahlaki duyarlılık, Covid-19, Etik duyarlılık, Hemşirelik öğrencileri, Korku.

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## INTRODUCTION

The coronavirus disease 2019 (Covid-19) pandemic continues to pose a serious global threat to healthcare workers and nursing students practicing clinically worldwide (Lancaster, Schmitt & Debish, 2021). The rapid global spread of Covid-19 and our insufficient understanding of its' control and treatment cause a general fear of Covid-19 among health professionals (Medina Fernández et al., 2021). Fear of Covid-19 is directly associated with its' morbidity and mortality rates (Ahorsu et al., 2020). The International Council of Nurses (ICN) reported on May 6, 2020 that according to data collected from national nursing associations, at least 90,000 healthcare workers worldwide had been infected with Covid-19 and more than 260 nurses had died (International Council of Nurses, 2020). The 1-year Covid-19 pandemic evaluation report from the Turkish Medical Association indicated that 337 healthcare workers in Turkey had lost their lives, 18 of whom were nurses (Turkish Medical Association, 2021).

As in other people, pandemics and epidemics can cause fear in nursing students, and it is important to measure the fear levels of nursing students to help them deal with these emotions (Kuru Alici & Ozturk Copur, 2022). In a qualitative study, senior nursing and medical students reported fear during the Covid-19 pandemic for various reasons, including the risk of infection, risk of infecting family/relatives, disorganization of the health system, lack of protective equipment, lack of knowledge and skills for professional practice, and fear of coping with and managing difficult situations (Collado-Boira et al., 2020). Studies have shown that nursing students have high Covid-19 fear (De Los Santos, Labrague & Falguera 2022; Kuru Alici & Ozturk Copur, 2022; Medina Fernández et al., 2021). While caring for Covid-19 patients, nursing students may also experience moral distress due to occupational incompetence and inexperience, limited resources, poor communication with colleagues, inability to advocate for patients, disregard for patient autonomy, and unfavorable working conditions (Barlem et al., 2014; Lancaster et al., 2021; Langley, Kisorio & Schmollgruber, 2015; Yıldırım, Özden & Karagözoğlu, 2013). In their future careers, nursing students will undoubtedly encounter ethical dilemmas or problems in the workplace. In these situations, they will be expected to have high ethical sensitivity and be able to make ethical decisions based on holistic care (Aydın et al., 2021).

In order for nursing students to become ethically sensitive nurses, they must receive ethics education and evaluate their ethical sensitivity as undergraduates. They must first be aware of their feelings, beliefs, and values, as well as receive an education that equips them to

handle the ethical dilemmas brought about by the health system (Haçerlioğlu, Toygar & Gül, 2020). Although modern nursing education includes ethical concepts, it is not clear to what degree students develop ethical sensitivity before entering clinical settings (Borhani, Abbaszadeh & Hoseinabadi-Farahani, 2016). Nurse educators have an important responsibility in terms of helping nursing students discover their ethical sensitivity, recognize deficiencies, and develop values. International ethical guidelines offer decision-making algorithms for extraordinary circumstances such as pandemics, and it has been suggested that these recommendations should also be incorporated into nursing curricula (Akın Palandöken, 2020; Aydın et al., 2021).

Despite the many studies in the literature evaluating the ethical sensitivity of nursing students (Haçerlioğlu et al., 2020; Kızılırmak & Calpbinici, 2018; Tazegün & Çelebioğlu, 2016; Tuveesson & Lützn, 2017), there is also a need for research into the factors associated with ethical sensitivity (Tuveesson & Lützn, 2017). These factors can be better understood by identifying different variables (Bayrak Aykan, Eren Fidancı & Yıldız, 2019) and analyzing individual factors (Borhani et al., 2016; Tuveesson & Lützn, 2017). Emotions are one of the individual factors that influence nursing students' experiences of clinical practice (Özsaban & Bayram, 2020), and one of the emotions that nursing students experience in relation to clinical practice is fear (Bazrafkan & Najafi Kalyani, 2018). To our knowledge, no previous study has been conducted during the Covid-19 pandemic to examine the ethical sensitivity of nursing students in clinical practice and clarify the relationship between ethical sensitivity and fear of Covid-19. The aim of this study was to determine the relationship between senior nursing students' fear of Covid-19 and their ethical sensitivity. We believe the results of this research will contribute to nursing undergraduate education and guide other studies and nurse educators and may serve as a resource for potential future pandemics. Research questions;

1. How do senior nursing students score on a measure of ethical sensitivity during clinical practice?
2. How do senior nursing students score on a measure of Covid-19 fear during clinical practice?
3. Are the individual characteristics of senior nursing students associated with their ethical sensitivity?
4. Are the individual characteristics of senior nursing students associated with their fear of Covid-19?
5. Is there a relationship between senior nursing students' ethical sensitivity and fear of Covid-19?

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## **MATERIAL AND METHOD**

### **Study Design**

This was a cross-sectional and relational study.

### **Participants**

The research was carried out with senior nursing students at a university in the Central Anatolia region of Turkey during the 2020-2021 academic years. In the nursing department where the study was conducted, only senior students participated in clinical practice during the pandemic. Therefore, the population of the study consisted of 99 senior nursing students who were attending clinical practice. The inclusion criteria were: (1) being in the last year of the undergraduate nursing program, (2) having previously taken the Nursing and Ethics course, (3) having attended clinical practice for at least two weeks (to ensure they were oriented to the clinic), and (4) agreeing to participate in the study. We attempted to include the entire population in the study. One student was absent, and three students did not agree to participate in the study. Therefore, the study sample comprised 95 students (96% of the population).

### **Instruments**

#### **Nursing Student Characteristics Form**

This form consisted of seven questions regarding the student's age and sex, high school education, the presence of any health problems, personal and family history of Covid-19 infection and whether a relative/friend died due to Covid-19.

#### **Fear of Covid-19 Scale (FCV-19S)**

This instrument was developed by Ahorsu et al. (2020), and the validity and reliability studies of the Turkish version of the scale were conducted by Bakioğlu, Korkmaz, & Ercan (2021). It is a unidimensional tool consisting of seven items rated on a 5-point Likert-type scale. Scores vary between 7 and 35, with a higher score indicating greater fear of Covid-19 (Ahorsu et al., 2020). Bakioğlu, Korkmaz & Ercan (2021) reported a Cronbach's alpha coefficient of internal consistency reliability of 0.88. The Cronbach's alpha coefficient of the scale in this study was 0.81.

#### **Moral Sensitivity Questionnaire (MSQ)**

This instrument was developed by Lützn, Evertzon & Nordin (1997) and Lützn, Johansson & Nordström (2000) to evaluate ethical sensitivity when making ethical decisions.

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The validity and reliability studies of the Turkish version of the scale were conducted by Tosun (2018). The scale consists of 30 items rated on a 7-point Likert scale in 6 dimensions: autonomy, providing benefit, holistic approach, conflict, application, and orientation (Tosun, 2018). The autonomy subscale reflects the participant's respect for the principle of autonomy and the patient's preferences. The providing benefit subscale relates to actions aimed at increasing the benefit to the patient. The holistic approach subscale refers to actions that will not harm the patient and will protect the patient's integrity. The conflict subscale reflects the experience of internal ethical conflict. The application subscale reflects to what degree the participant considers the ethical dimension in decision-making and practice. The orientation subscale reflects the participant's interest in actions that will affect their relationship with the patient (Tosun, 2005). Scores from the scale vary between 30 and 210, with higher scores indicating lower ethical sensitivity. In the study by Tosun (2018), the Cronbach's alpha of the scale was 0.84, and the test-retest correlation coefficient was 0.98. The Cronbach's alpha coefficient of the scale for this study was 0.89.

### **Data Collection Process**

Study data were collected in June 2021 with an online survey created on Google Forms. First, all questions in the data collection forms were entered into the relevant fields in Google Forms, and a link to the online questionnaire was created. This link and an invitation to participate in the study were sent via e-mail or the mobile application WhatsApp to all senior nursing students who had attended clinical practice for at least two weeks. The first page of the online questionnaire included general information about the purpose and nature of the study and an informed consent statement. The questionnaire was anonymous and did not contain identifying details other than questions about the participants' characteristics. Completing the online questionnaire in its' entirety was accepted as providing consent to be included in the study. Completing the questionnaire took approximately 5 to 10 minutes.

### **Ethical Considerations**

Written approval to conduct the study was obtained from the Çankırı Karatekin University Ethics Committee (approval date and number: 31.05.2021/20). Information regarding the purpose of the study and ethics committee approval was provided in the informed consent statement on Google Forms.

## Data Analysis

The data were analyzed using IBM SPSS version 22.0 (IBM Corp, Armonk, NY). Demographic data and scale scores were expressed as a number, percentage, mean, standard deviation, median, 25th–75th percentiles, minimum, and maximum. Skewness and kurtosis values were used to determine whether the data were normally distributed. The independent samples t-test and Mann-Whitney U test were used to compare the individual characteristics of the participants based on FCV-19S scores and MSQ total/subscale scores, respectively. Spearman correlation analysis was used to evaluate the relationship between FCV-19S scores and MSQ total/subscale scores. In all analyses,  $p < 0.05$  was accepted as indicating statistical significance.

## RESULTS

### Characteristics of the Nursing Students

The characteristics of the nursing students are summarized in Table 1. The mean age of the students was 22.57 years (Sd=1.75, range=21–36). Approximately 75% of the students were female, 91.6% graduated from high schools other than health vocational high schools, 88.4% had no health problems, 87.4% had no history of Covid-19 infection, 64.2% had no family history of Covid-19 infection, and 70.5% reported that none of their friends/relatives had died due to Covid-19.

**Table 1.** Characteristics of the Senior Nursing Students (n=95)

Variables	Mean (Sd)
Age (years)	22.57 (1.75) min=21, max=36
	<b>n (%)</b>
<b>Gender</b>	
Female	71 (74.7)
Male	24 (25.3)
<b>High school</b>	
Health vocational high school	8 (8.4)
Other	87 (91.6)
<b>Do you have any health problems?</b>	
Yes	11 (11.6)
No	84 (88.4)
<b>Have you had Covid-19 before?</b>	
Yes	12 (12.6)
No	83 (87.4)
<b>Has anyone in your family had Covid-19?</b>	
Yes	34 (35.8)
No	61 (64.2)
<b>Has a friend/family member died due to Covid-19?</b>	
Yes	28 (29.5)
No	67 (70.5)

Sd: Standard deviation; Covid-19: Coronavirus disease 2019.

## Nursing Students' Ethical Sensitivity and Fear of Covid-19

The students' FCV-19S and MSQ scores are summarized in Table 2. The mean FCV-19S total score was 17.93 (Sd=5.02), and median MSQ total score was 96 (25th–75th percentiles=87–108). Median MSQ subscale scores were 22 (25th–75th percentiles=19–27) for autonomy, 13 (25th–75th percentiles=10–15) for providing benefit, 14 (25th–75th percentiles=12–18) for holistic approach, 13 (25th–75th percentiles=11–15) for conflict, 14 (25th–75th percentiles=11–17) for application, and 10 (25th–75th percentiles=7–13) for orientation.

**Table 2.** Senior Nursing Students' FCV-19S and MSQ Scores (n=95)

Scales and subscales	Mean (Sd)	Median (25th–75th percentiles)
FCV-19S	17.93 (5.02)	18 (14–21)
MSQ	100.77 (24.46)	96 (87–108)
Autonomy	22.94 (7.10)	22 (19–27)
Providing benefit	13.01 (4.00)	13(10–15)
Holistic approach	15.02 (5.49)	14 (12–18)
Conflict	13.01 (3.45)	13 (11–15)
Application	14.22 (3.85)	14 (11–17)
Orientation	10.81 (5.84)	10 (7–13)

FCV-19S: Fear of Covid-19 Scale; MSQ: Moral Sensitivity Questionnaire.

## Comparison of Nursing Students' Ethical Sensitivity and Fear of Covid-19 According to Individual Characteristics

Table 3 shows the comparison of the nursing students' FCV-19S and MSQ scores according to individual characteristics. Students with a personal history of Covid-19 infection had significantly higher FCV-19S scores ( $t=3.209$ ,  $p=0.004$ ). There were no significant differences in MSQ total and subscale scores based on the students' characteristics ( $p>0.05$ ).

**Table 3.** Senior Nursing Students' FCV-19S and MSQ Scores According to Personal Characteristics (n=95)

Variables		FCV-19S score		MSQ Total score	
		Mean (Sd)		Mean Rank	Sum of Ranks
Gender	Female	18.50 (4.93)		48.47	3441.50
	Male	16.25 (4.99)		46.60	1118.50
		t/p	1.930/0.057	t/p	818.500/0.774
High school education	Health vocational high school	18.87 (5.84)		48.69	389.50
	Other	17.85 (4.97)		47.94	4170.50
		t/p	0.550/0.584	t/p	342.500/0.941
Do you have any health problems?	Yes	16.63 (4.41)		45.32	498.50
	No	18.10 (5.09)		48.35	4061.50
		t/p	0.912/0.364	t/p	432.500/0.731
Have you had Covid-19 before?	Yes	20.58 (2.60)		56.54	678.50
	No	17.55 (5.18)		46.77	3881.50
		t/p	<b>3.209/0.004*</b>	t/p	395.500/0.251
Has anyone in your family had Covid-19?	Yes	18.91 (4.06)		54.97	1869.00
	No	17.39 (5.44)		44.11	2691.00

		t/p	1.420/0.159	t/p	800.000/0.066
<b>Has a friend/family member died due to Covid-19?</b>	Yes		17.89 (4.84)		46.32 1297.00
	No		17.95 (5.13)		48.70 3263.00
		t/p	0.055/0.956	t/p	891.000/0.701

Sd: Standard deviation; Covid-19: Coronavirus disease 2019; FCV-19S: Fear of Covid-19 Scale; *t*: Independent-samples *t* test; *U*: Mann-Whitney *U* test.

\* $p < 0.05$ .

### Relationship between Nursing Students' Ethical Sensitivity and Fear of Covid-19

Table 4 shows the relationship between the students' FCV-19S and MSQ scores. There was a significant positive weak correlation between FCV-19S total score and MSQ holistic approach subscale score ( $r=0.298$ ,  $p=0.003$ ).

**Table 4.** Relationship between Senior Nursing Students' FCV-19S and MSQ Scores (n=95)

	MSQ total and subscale scores						
	MSQ Total Score	Autonomy	Providing Benefit	Holistic Approach	Conflict	Application	Orientation
	$r_s/p$	$r_s/p$	$r_s/p$	$r_s/p$	$r_s/p$	$r_s/p$	$r_s/p$
<b>FCV-19S total score</b>	0.138/0.181	0.159/0.123	0.037/0.722	<b>0.298/0.003*</b>	-0.074/0.475	0.133/0.200	0.057/0.581

FCV-19S: Fear of Covid-19 Scale; MSQ: Moral Sensitivity Questionnaire;  $r_s$ : Spearman correlation coefficient.

\* $p < 0.05$ .

## DISCUSSION

The results showed that senior nursing students had moderate ethical sensitivity and Covid-19 fear. It was determined that fear level was associated with previous Covid-19 infection, with students who had a history of Covid-19 reporting a higher level of fear. While there was no relationship between the nursing students' ethical sensitivity and fear of Covid-19, a significant relationship was found between Covid-19 fear and the holistic approach subdimension of ethical sensitivity. To our knowledge, there has been no study evaluating the ethical sensitivity of nursing students in clinical practice during the Covid-19 pandemic and investigating the relationship between ethical sensitivity and fear of Covid-19. The lack of literature data limits our ability to discuss our findings in detail.

In this study, we determined that senior nursing students have moderate fear of Covid-19. In the literature, high levels of Covid-19 fear have been reported in studies of newly graduated nurses and nursing students in different countries (Beisland et al., 2021; De Los Santos et al., 2022; Kuru Alici & Ozturk Copur, 2022; Medina Fernández et al., 2021). De Los Santos et al. (2022) observed that fear of Covid-19 among nursing students differed between classes, with the senior students in their study having a similar level of fear to those in our sample. The moderate fear among the nursing students in our study may be attributed



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to factors such as being in their last academic year of study, being vaccinated against Covid-19, and the decrease in the number of new Covid-19 cases at the time of the study.

Factors that have been associated with fear of Covid-19 in the literature include gender, class, readiness and willingness to care for Covid-19 patients, sleep quality, irritability, and intention to leave nursing education (Bakioğlu, Korkmaz & Ercan, 2021; De Los Santos et al., 2022; Kuru Alici & Ozturk Copur, 2022). In contrast, we observed in this study that a previous Covid-19 infection increased levels of fear in senior nursing students. A possible explanation for this finding is that these students may have experienced the unpleasant symptoms of Covid-19, and thus feared having the disease again. In addition, unlike previous reports, gender was not associated with fear of Covid-19 in this study. This is consistent with the 2021 study by De Los Santos et al. (2022), in which gender did not affect Covid-19 fear, and the number of male students was low. The small proportion of male students in our sample may have affected our results as well.

The senior nursing students in our study had moderate ethical sensitivity. In previous studies, the ethical sensitivity of nursing students ranged from moderate to high (Borhani et al., 2016; Kilic Akca, Simsek, Efe Aslan, Senturk & Akca, 2017; Tuveson & Lützn, 2017; Uncu & Güneş, 2021). Mert, Sayilan, Karatoprak & Baydemir (2021) examined the ethical sensitivity of healthcare workers in surgical clinics during the Covid-19 pandemic and found that they had a moderate level of ethical sensitivity. In another study evaluating moral sensitivity in nurses caring for patients with Covid-19, the nurses were reported to have a high level of moral sensitivity (Khodaveisi et al., 2021). In our study, the students' ethical sensitivity may have been affected by factors such as being away from clinical patient care for approximately a year, lack of professional experience, and working under pandemic conditions. For this reason, it is important to measure the ethical sensitivity of nurses before graduating, especially during the pandemic.

Our results indicated that the nursing students' ethical sensitivity was not associated with individual characteristics (gender, high school education, health problems) or Covid-19-related variables (personal or family history of Covid-19 infection, death of a friend/relative due to Covid-19). In a study examining the ethical sensitivity of nursing students and its influencing factors, total ethical sensitivity score was affected by place of residence but not by gender, year of study, whether they received ethics education, or whether nursing was their first choice of profession (Hançerlioğlu et al., 2020). Mert et al. (2021) investigated the effect of Covid-19 on ethical sensitivity and determined that levels of ethical sensitivity were higher among healthcare workers who were female, were married, were nurses, experienced ethical

issues during the Covid-19 pandemic, and worked for more than 45 hours per week. While our study is similar to the literature in terms of the lack of a relationship between nursing student characteristics and their ethical sensitivity (Hançerlioğlu et al., 2020), more studies of nursing students are needed to discuss and interpret the impact of variables related to the Covid-19 pandemic.

We detected no relationship between fear of Covid-19 during clinical practice and the overall level of ethical sensitivity in senior nursing students. However, as fear of Covid-19 increased, there was a significant increase in mean score in the holistic approach subscale of the MSQ. Because an increase in MSQ score actually reflects a decrease in ethical sensitivity, our result suggests that as the students' fear level increased, they had lower ethical sensitivity in terms of the holistic approach dimension. A lower tendency to adopt a holistic approach may be a barrier for students in terms of conducting a holistic patient evaluation including the physical, mental, social, and cultural aspects. Sperling (2021) found that approximately one-third of nurses were afraid of going to work during the Covid-19 pandemic, and half of the nurses were worried about caring for Covid-19 patients and carriers. Moreover, about one-third said they would choose to care for another patient rather than a Covid-19 patient or carrier if they had the choice, and would only care for such patients if required. Mert et al. (2021) found that healthcare workers who reported problems in the areas of supply shortages and asepsis/sterilization during the Covid-19 pandemic had low ethical sensitivity in terms of the holistic approach dimension. Khodaveisi et al. (2021) found a strong and significant relationship between the moral sensitivity of nurses caring for Covid-19 patients and safe nursing care. The literature data and our results suggest that the fear of contracting Covid-19 has a negative impact on holistic patient care.

### **Limitations**

The sample of this study may be small compared to other student studies because we included only nursing students attending clinical practice. In addition, as this study was conducted with nursing students in one university in the Central Anatolia region of Turkey, the results cannot be generalized to all nursing students.

### **CONCLUSION**

This study provides basic information on senior nursing students' ethical sensitivity and fear of Covid-19 during clinical practice, as well as associated factors. Personal history of

Covid-19 infection was found to increase Covid-19 fear in the students, and Covid-19 fear was associated with lower ethical sensitivity in the holistic approach dimension.

This research presents important findings regarding fear of Covid-19 and ethical sensitivity during clinical practice among nursing students during the Covid-19 pandemic. In order to fill the gap in the literature, studies should be planned to evaluate and improve nursing students' ethical sensitivity in the Covid-19 pandemic. We believe the results of this research will contribute to nursing undergraduate education and guide other studies and nurse educators, and may serve as a resource for potential future pandemics. Large-scale studies evaluating the impact of the Covid-19 pandemic on the ethical sensitivity of nursing students in different countries are needed.

Graduating nursing students need to have strong ethical sensitivity to best meet the biopsychosocial needs of their patients. Therefore, we believe that nurse educators should incorporate international ethical guideline recommendations, which include decision-making algorithms for pandemic-specific ethical problems, into the undergraduate curriculum. In addition to the Nursing and Ethics course in the third year of the undergraduate curriculum, we recommend adding field-specific ethical issues to the nursing courses starting from the first year to promote ethical sensitivity. Moreover, we recommend that courses covering ethical issues be conducted face-to-face and that methods such as patient scenarios and practice simulations be used to support students' development of ethical sensitivity.

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