



ARAŞTIRMA MAKALESİ
RESEARCH ARTICLE
CBU-SBED, 2024, Cilt 11 Sayı (1): 85-90

Dahiliye ve Cerrahi Hemşirelerinin Etik Tutumlarının İncelenmesi: Bir Üniversite Hastanesi Örneği

Investigation of the Ethical Attitudes of Internal Medicine and Surgical Nurses: The Case of a University Hospital

Ayfer Güneş,¹ Ayşe Gökce Işıklı,^{*2} Duygu Soydaş³

¹Medical-Surgical Nursing Coordinatorship, Health Research and Application Center, Trakya University, Edirne
Türkiye

²Thoracic Surgical Departmen, Health Research and Application Center, Trakya University, Edirne/ Turkey
Türkiye

³Faculty of Health Sciences Nursing Department, Trakya University, Edirne/Turkey

e-mail: ayfergunesberen@gmail.com, aysegokce@hotmail.com , duyusoydas@outlook.com

ORCID:0000-0001-6709-1507

ORCID:0000-0003-3785-1020

ORCID:0000-0001-6276-2930

*Sorumlu Yazar / Corresponding Author: Ayşe Gökce Işıklı

Gönderim Tarihi / Received:16.09.2023

Kabul Tarihi / Accepted: 19.02.2024

DOI: 10.34087/cbusbed.1361384

Öz

Amaç: Bu araştırmanın amacı, COVID-19 pandemi döneminde bir üniversite hastanesinin dahiliye ve cerrahi servislerinde çalışan hemşirelerin hemşirelik bakımında etik tutumlarını incelemektir.

Gereç ve Yöntem: Kesitsel nitelikte olan bu araştırma, Eylül-Ekim 2021 tarihleri arasında, bir üniversite hastanesinin dahiliye ve cerrahi servislerinde çalışan 156 gönüllü hemşire ile yapıldı. Veriler “Hemşire Tanıtım Formu” ve “Hemşirelik Bakımında Etik Tutum Ölçeği” kullanılarak toplandı. Araştırma için etik kurul ve kurum izinleri alındı. Verilerin analizi SPSS 20.0 programında tanımlayıcı analizler, Mann Whitney U testi ve Spearman korelasyon analizi ile yapıldı.

Bulgular: Hemşirelerin %52,6’sının dahiliye servislerinde çalıştığı, %64,7’sinin lisans eğitimi aldığı, birlikte yaşadığı kişilerin %73,1’inin COVID-19 tanısı aldığı, %75’inin COVID-19 tanılı hastalara bakım verdiği belirlendi. Hemşirelerin %26.3’ü COVID-19 tanısı aldığını, tanı alanların %58,5’i bulaş kaynağının hastane ortamı olduğunu belirtti. Araştırmada Hemşirelik Bakımında Etik Tutum Ölçeği puan ortalaması 157,28 ± 13,31 (Ölçekten alınabilecek puan aralığı: 34-170) olarak bulundu. COVID-19 tanısı alan hastalara bakım vermeyen hemşirelerin etik tutumlarının, bakım verenlere göre, anlamlı düzeyde yüksek olduğu belirlendi ($p < 0,05$). Diğer değişkenlerin hemşirelik bakımında tutumu etkilemediği ($p > 0,05$), ayrıca yaş ve çalışma süresi ile tutum düzeyleri arasında bir ilişki olmadığı ($p > 0,05$) saptandı.

Sonuç: COVID-19 pandemi döneminde yapılan bu araştırmada dahiliye ve cerrahi servislerinde çalışan hemşirelerin bakımda etik tutumlarının olumlu olduğu ve COVID-19 tanılı hastalara bakım vermenin etik tutumlarını olumsuz etkilediği belirlendi. Bu araştırmanın sonuçlarına göre, özellikle COVID-19 hastalarına bakım veren hemşirelerin, hemşirelik bakımında etik tutumlarının geliştirilmesi için girişimlerde bulunulması önerilmektedir.

Anahtar kelimeler: Etik, etik tutum, COVID-19, hemşirelik, hemşirelik bakımı

Abstract

Objective: The purpose of this research is to examine the ethical attitudes in nursing care of nurses working in the internal medicine and surgical clinics of a university hospital during the COVID-19 pandemic.

Materials and Method: This cross-sectional study was conducted between September and October 2021 with 156 volunteer nurses working in the internal medicine and surgical clinics of a university hospital. Data were collected using the "Nurse Introduction Form" and "Ethical Attitude Scale in Nursing Care". The ethics committee and institutional permissions were obtained for the study. Data were analyzed by descriptive analyses, Mann-Whitney U tests, and Spearman's rank correlation coefficient in SPSS 20.0 software.

Results: It was determined that 52.6% of the nurses worked in internal medicine clinics, 64.7% had undergraduate education, 73.1% of their cohabitants were diagnosed with COVID-19, and 75% of them provided care to patients diagnosed with COVID-19. 26.3% of the nurses stated that they were diagnosed with COVID-19, and 58.5% of those diagnosed stated that the source of transmission was the hospital environment. In the study, the mean score of the Ethical Attitude in Nursing Care Scale was found to be 157.28 ± 13.31 (Scale score range: 34–170). It was determined that the ethical attitudes of nurses who did not provide care to patients diagnosed with COVID-19 were significantly higher than those who did provide care ($p < 0.05$). It was determined that other variables did not affect attitude in nursing care ($p > 0.05$), and there was no relationship between age, working time, and attitude levels ($p > 0.05$).

Conclusion: In this study conducted during the COVID-19 pandemic period, it was determined that the ethical attitudes of nurses working in internal medicine and surgery clinics were positive and that caring for patients diagnosed with COVID-19 negatively affected their ethical attitudes. According to the results of this study, it is recommended that interventions be made to improve the ethical attitudes of nurses, especially those who care for COVID-19 patients, in nursing care.

Key words: Ethics, ethical attitude, COVID-19, nursing, nursing care.

1. Introduction

Ethics in health care is defined as the principles of moral judgment or actions that provide a system for distinguishing right from wrong based on certain beliefs [1]. Nurses face ethical problems while caring for their patients. Nurses should apply ethical principles to solving these problems effectively and permanently. Ethical principles in nursing care guide the development of ethical behavior [2].

In parallel with the technological developments around the world, a series of ethical problems occur in the nursing profession, as in other fields. In addition to this situation, the COVID-19 pandemic has caused problems in social, mass psychology, political, economic, educational, health, and ethical areas. Today, its effects are still continuing [3-6]. Nurses responsible for the care of patients have experienced ethical problems due to problems during COVID-19 [7]. In this period, problems such as "unavailability of medical supplies, postponement of surgical interventions, uncertainty of the postoperative process, who will be prioritized in case of availability, failure to ensure adequate stocks of medical supplies, safety, follow-up, quarantine, and isolation criteria of nurses, patients, and families, and how to recognize ethical norms" were experienced [4,8,9]. Nurses should exhibit ethical behaviors according to the fields they work in and transform these behaviors into ethical attitudes. Developing an ethical attitude in the face of ethical problems has a number of benefits, such as providing effective care, sharing professional skills and knowledge correctly, increasing job

satisfaction and self-confidence, predicting mistakes or deficiencies, and taking consistent and correct action.

In the face of problems that affect health systems and health care professionals in every aspect, nurses should take initiatives in line with the principles of beneficence, justice, non-harm, autonomy, and confidentiality within biomedical ethics [4]. This research was conducted to examine the ethical attitudes in nursing care of nurses working in the internal medicine and surgical clinics of a university hospital during the COVID-19 pandemic. The study sought to answer the following questions:

- What is the ethical attitude level of nurses working in internal medicine and surgery clinics in nursing care?
- What are the factors affecting the ethical attitudes of nurses working in internal medicine and surgical clinics in nursing care?

2. Sample and Method

2.1. Research design, place, duration, and sample of the study

It is a cross-sectional study. This study was conducted with 156 volunteer nurses working in a university hospital in September–October 2021. The population of the research consists of nurses working in internal medicine and surgical clinics at the hospital where the study is conducted. In order to determine the number of samples, the data in the

relevant literature [2] were used to determine the sample size. In G Power 3.1.9.4 software, the minimum number of nurses to be sampled was found to be 145, predicting an effect size of 0.423 at a 95% confidence level and an 85% power ratio. A non-probability sampling method was used to make the study sample. A total of 156 volunteer nurses working in 82 internal medicine and 74 surgical wards constituted the sample of the study. Nurses who were not volunteers and worked in different clinics other than adult internal medicine and surgical clinics were not included in the sample.

2.2. Data Collection Tools

The Nurse Introduction Form and the Ethical Attitudes in Nursing Care Scale (EASNC) were used.

2.2.1 The Nurse Introduction Form

This form consists of two parts and a total of 13 questions [2,10]. The first part includes questions about the individual characteristics of the nurses, such as age, working year, gender, marital status, educational level, clinic where nurses work, and having a chronic disease. The second part includes questions about COVID-19, such as the COVID-19 diagnosis status of people living with the nurses, the status of providing care to patients diagnosed with COVID-19, post-contact isolation, the COVID-19 diagnosis of the nurses, transmission source, and development of complications.

2.2.2 Ethical Attitude Scale in Nursing Care

EASNC developed by Özçiftçi [11] was used in the study. This scale is one-dimensional, has 34 items, and is a 5-point Likert type. In each proposition, 1: strongly disagree, 2: disagree, 3: undecided, 4: agree, and 5: strongly agree. A high scale score indicates a positive ethical attitude, and a low total score indicates a negative ethical attitude. It is stated that the lowest score obtained from EASNC can be 34, and the highest score can be 170. Cronbach's alpha coefficient for EASNC was determined to be 0.96 [11]. In our study, Cronbach's alpha coefficient of the scale was determined to be 0.97.

2.3 Data Collection

Before the research, the nurses were informed about the research and asked whether they wanted to participate or not. The volunteers were given the Nurse Introduction Form and the EASNC. It took approximately 10–15 minutes to fill out these forms.

2.4 Ethical Aspects of the Research

Ethics committee approval was obtained from the XX University Faculty of Medicine Scientific Research Ethics Committee before starting the study (TÜTF-BAEK 2021/376, decision no. 18/19). Patients participating in the study were informed verbally, and written informed consent was obtained. Institutional permission (E-79056779-600-148703) was obtained from the university hospital where the research would be conducted. In

addition, the nurses participating in the study were informed, and their voluntary consent was obtained.

2.5 Data Evaluation

The data obtained as a result of the study were evaluated in the Statistical Package for Social Science (20.0) package program. Descriptive data were shown as mean, standard deviation, and percentage for variables (age, gender, etc.). The distribution of the variables was tested for normality by using the Kolmogorov-Smirnov test and the Shapiro-Wilk test. Since the data were not normally distributed, the differences between the two groups were compared using the Mann-Whitney U test. The relationships between the nurses' characteristics (age and working year) and ethical attitudes (EASNC scores) were analyzed using Spearman's rank correlation coefficient.

3 Findings and Discussion

3.2 Findings

It was determined that the mean age of the nurses participating in the study was 30.21 ± 7.22 ($X \pm SD$), the duration of employment was 6.96 ± 6.95 ($X \pm SD$, years), and 53.2% were single. In addition, it was determined that 52.6% of the nurses worked in internal medicine clinics, 64.7% had undergraduate education, 80.8% had no chronic disease, 73.1% of the people they lived with were not diagnosed with COVID-19, 66% were not placed in contact isolation, and 75% provided care to patients diagnosed with COVID-19. It was determined that 26.3% of the nurses were diagnosed with COVID-19, 58.5% of those diagnosed with COVID-19 had the source of transmission in the hospital environment, and 53.7% did not develop complications (Table 1). In the study, the mean EASNC score was found to be 157.28 ± 13.31 (score range: 34–170). There was no significant difference between the mean EASNC scores according to the clinic where nurses work ($p > 0.05$). It was determined that the ethical attitudes of nurses who did not provide care to patients diagnosed with COVID-19 were significantly higher than those who provided care ($p < 0.05$) (Table 2). It was determined that other variables did not affect attitude in nursing care ($p > 0.05$), and there was no relationship between age, working time, and attitude levels ($p > 0.05$).

Table 1. Individual Characteristics of Nurses (n = 156)

		n (%)
		156 (100%)
Age (year)	mean ± SD	30.21 ± 7.22
Working year	mean ± SD	6.96 ± 6.95
Gender	Female	124 (79.5%)
	Male	32 (20.5%)
Marital status	Married	73 (46.8%)
	Single	83 (53.2%)
Clinic where nurses work	Internal medicine	82 (52.6%)
	Surgical	74 (47.4%)
Educational level	High-school	17 (10.9%)
	Associate degree	22 (14.1%)
	Undergraduate degrees	101 (64.7%)
	Postgraduate	16 (10.3%)
Chronic disease	Yes	30 (19.2%)
	No	126 (80.8%)
COVID-19 diagnosis status of people living with nurses	Yes	42 (26.9%)
	No	114 (73.1%)
Providing care to patients diagnosed with COVID-19	Yes	117 (75.0%)
	No	39 (25.2%)
Post-contact isolation	Yes	53 (34.0%)
	No	103 (66.0%)
COVID-19 diagnosis status of nurses	Yes	41 (26.3%)
	No	116 (73.7%)
Nurses diagnosed with COVID-19 (n = 41); transmission source	Hospital	24 (58.5%)
	Social environment	17 (41.5%)
Development of complication	Yes	19 (46.3%)
	No	22 (53.7%)

Abbreviations: n, number of the nurses; SD, standard deviation.

3.2 Discussion

Nurses caring for patients during the COVID-19 pandemic may encounter various ethical problems. Nurses should have sufficient ethical knowledge in order to exhibit ethical attitudes in nursing care. In the study, the mean score of EASNC was found to be 157.28 ± 13.31 (scale score range: 34–170). Başak et al. [12] found that the mean total score of ethical sensitivity was 97.66 ± 18.38 (minimum 67, maximum 176) at a low level in their study before the COVID-19 pandemic period. Fırat et al. [13] found that the mean total score was 100.11 ± 21.15 (minimum 30, maximum 210) at a medium level in

their study, and Kahriman and Çalık [10] found the ethical sensitivity level of nurses at a high level in their study. During the COVID-19 pandemic period, Savcı and Karaaslan [14] determined that the level of ethical sensitivity of physicians and nurses in care and treatment was 84.98 ± 10.90 (60–117), which was higher than normal, similar to our study. It is thought that the population of the study, the individual characteristics of the sample (age, experience, education, etc.), and the characteristics of the institution (material equipment, number of nurses, etc.) affect the difference in ethical attitude in nursing care between our study and other studies. It was determined that the ethical attitudes of nurses who did not provide care to patients diagnosed with COVID-19 were significantly higher than those who provided care ($p < 0.05$) (Table 2). Jia et al. [15]

reported that in a study conducted on nurses caring for patients diagnosed with COVID-19, nurses reported that they experienced ethical difficulties in more than one area of care. Professional and ethical problems may occur in the provision of care services that nurses will provide to patients with new conditions and inadequate protection related to the COVID-19 pandemic. Nurses are caught between their own ethical obligations and the inadequacies of the health system [4]. In the Sperling

Table 2. Comparison of Ethical Attitude Levels in Nursing Care According to Some Variables

Independent variable	Scale rank	mean	Test value p value
Clinic where nurses work	Internal medicine	157.45	Z = -0.291* p = 0.771
	Surgical	156.95	
Post-contact isolation	Yes	81.26	Z = -0.551* p = 0.582
	No	77.08	
COVID-19 diagnosis status of people living with nurses	Yes	82.48	Z = -0.670* p = 0.503
	No	77.04	
COVID-19 diagnosis status of nurses	Yes	79.98	Z = -0.245* p = 0.807
	No	77.97	
Providing care to patients diagnosed with COVID-19	Yes	73.90	Z = 2.215* p = 0.027
	No	92.31	

[16] study, 40.9% of nurses stated they feared caring for COVID-19 patients, and 41.1% stated that caring for sick or carrier COVID-19 patients causes an emotional burden. Kelley et al. [17] stated that in the study evaluating the experiences of nurses during the COVID-19 period, nurses reported difficulties related to changes in the working environment, society, and themselves, expressed more negative emotions than positive emotions, and stated that moral dilemmas, moral uncertainty, moral distress, moral injury, and moral anger were the ethical problems they faced during the pandemic period. Muñoz-Quiles [18] reported that physicians and nurses suffered as a result of the ethical challenges posed by the COVID-19 pandemic, and they display feelings of guilt and failure, which are caused by excessive self-demand in their work. In this study, the reason why the ethical attitudes of nurses who provide care to patients diagnosed with COVID-19 were lower may be because these nurses faced ethical difficulties and experienced difficulties.

Miljeteig et al. [19] found that 67% of healthcare workers experienced prioritization dilemmas due to

resource scarcity at least once during the process of caring for an individual with COVID-19, and as a result, neglecting treatment was the most common ethical outcome. Liberati et al. [20] reported in their qualitative study that in the process of caring for individuals with COVID-19, they faced dilemmas related to clinical decision-making, determining the priority of care, and compromising their ability to fulfill the therapeutic function of their care role. The problems associated with the care of COVID-19 patients were thought to lead to uncertainty in care and, as a result, ethical problems.

It was found that other variables did not affect attitude in nursing care ($p > 0.05$), and there was no relationship between age, working time, and attitude levels ($p > 0.05$). In the Sperling [16] study, it was determined that gender, age, education level, work experience, and type of unit did not affect the ethical attitudes of nurses. Özyer & Azizoglu [21] determined that ethical attitudes of nurses and socio-demographic characteristics such as age, gender, education, occupation, and beliefs affect ethical attitudes. Kirca & Özgönül [2] and Metin et al. [22] determined that ethical sensitivity in nursing care decreased as the years of employment increased. Contrary to these findings in the literature, some studies have reported that ethical attitude and sensitivity acquisition increased as age and working time increased [10,12,23]. It was revealed that ethical issues in the COVID-19 pandemic process, sociodemographic characteristics such as being female, being married, working hours, work experience, knowledge and skills about COVID-19, and problems encountered in the working environment during the pandemic process affect the ethical sensitivity of healthcare professionals in the dimensions of conflict and holistic approach [24]. In this study and other studies, there are different results regarding the effect of nurses' age, working time, and other socio-demographic characteristics on ethical sensitivity and ethical attitude. Therefore, it can be said that the effect of the individual characteristics of nurses on their ethical attitudes is controversial.

4. Conclusion

In this study conducted during the COVID-19 pandemic period, it was determined that the ethical attitudes of nurses working in internal medicine and surgery clinics were positive and that caring for patients diagnosed with COVID-19 negatively affected their ethical attitudes. It is thought that the research results will contribute to the literature by shedding light on the impact of the COVID-19 pandemic process and caring for patients diagnosed with COVID-19 on the ethical attitudes of nurses working in internal medicine and surgical clinics. According to the results of this study, it is recommended that interventions be made to improve the ethical attitudes of nurses, especially those who

care for COVID-19 patients, in nursing care. Additionally, it is recommended that organizations provide resources to assist nurses and establish a better work environment. Attempts should also be made to improve ethical attitudes in nursing care during pandemics and other comparable circumstances.

References

1. Asare, P, Ansah, EW, Sambah F, Ethics in healthcare: Knowledge, attitude and practices of nurses in the Cape Coast Metropolis of Ghana, PLoS One, 2022,17(2):e0263557. doi:10.1371/journal.pone.0263557.
2. Kırca, N, Özgönül, ML, Kadın hastalıkları ve doğum kliniklerinde çalışan hemşirelerin hemşirelik bakımında etik tutumu ve etkileyen faktörler, *Türkiye Biyoetik Dergisi*, 2020,7(2),70-79.
3. Üstün Ç, Özçiftçi S, COVID-19 Pandemisinin sosyal yaşam ve etik düzlem üzerine etkileri: Bir değerlendirme çalışması, *Anatolian Clinic Journal of Medical Sciences*, 2020,25,142-153.
4. Palandöken, EA, COVID-19 pandemisi ve hemşireler için etik sorunlar, *İzmir Katip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 2020,5(2),139-142.
5. Varma, R, Das, S, Singh, T, Cyberchondria Amidst COVID-19 Pandemic: Challenges and Management Strategies, *Frontiers in Psychiatry*, 2021, 12, 1-7.
6. Doğanıyğit, PB, Keçelgil, HT, Covid-19 pandemi sürecinde bireylerin sağlık kaygılarının siberkondri üzerindeki etkisi, *Celal Bayar Üniversitesi Sağlık Bilimleri Enstitüsü Dergisi*, 2022, 9(3), 355-362.
7. Dığın, F, Kızılıçık, ZÖ, Güçlü, F, Erol, G, Fear of coronavirus in intensive care nurses: A cross-sectional study (Yoğun bakım hemşirelerinde koronavirüs korkusu: Kesitsel bir çalışma), *Journal of Surgery and Medicine*, 2022,6(4),419-423, doi: 10.28982/josam.938582.
8. Turale, S, Meechamman, C, Kunaviktikul, W, Challenging times: ethics, nursing and the COVID-19 pandemic, *International nursing review*, 2020,67(2)164-167. doi:10.1111/inr.12598.
9. Morley, G, Grady, C, McCarthy, J, Ulrich, CM, Covid-19: Ethical challenges for nurses, *Hastings Cent Rep*, 2020,50(3),35-39. doi:10.1002/hast.1110
10. Kahriman, İ, Yeşilçiçek, ÇK, Klinik hemşirelerin etik duyarlılığı, *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, 2017, 6,111-121.
11. Özçiftçi, S, Hemşirelik bakımında etik tutum ölçeği geliştirme, (Yayınlanmamış yüksek lisans tezi), İzmir, Türkiye: *Hemşirelik, Katip Çelebi Üniversitesi Sağlık Bilimleri Enstitüsü*, 2020.
12. Başak, T, Uzun, Ş, Arslan, F, Yoğun bakım hemşirelerinin etik duyarlılıklarının incelenmesi, *Gülhane Tıp Dergisi*, 2012,52(1),76- 81.
13. Fırat, B, Karataş, G, Barut, A, Metin, G, Sarı, D, Acil servis hemşirelerinin etik duyarlılıklarının incelenmesi, *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 2017,10 (4),229-235. <https://dergipark.org.tr/tr/pub/deuhfed/issue/46787/586701>
14. Savcı, C, Karaaslan, Y, Hekim ve Hemşirelerin Bakım/Tedavi Uygulamalarındaki Etik Duyarlılıkları: Tanımlayıcı Araştırma, *Türkiye Klinikleri Journal of Medical Ethics*, 2022,30(2),143-50.
15. Jia, Y, Chen, O, Xiao Z, Xiao, J, Bian, J, Jia, H, Nurses' ethical challenges caring for people with COVID-19: A qualitative study, *Nursing Ethics*, 2021,28(1), 33-45. doi:10.1177/0969733020944453.
16. Sperling, D, Ethical dilemmas, perceived risk, and motivation among nurses during the COVID-19 pandemic, *Nursing Ethics*, 2021,28(1),9-22. doi:10.1177/0969733020956376.
17. Kelley, MM, Zadvinskis, IM, Miller, PS, et al, United States nurses' experiences during the COVID-19 pandemic: A grounded theory, *Journal of Clinical Nursing*, 2022,31(15-16),2167-2180. doi:10.1111/jocn.16032.
18. Muñoz-Quiles, JM, Ruiz-Fernández, MD, Hernández-Padilla, JM, et al, Ethical conflicts among physicians and nurses during the COVID-19 pandemic: A qualitative study, *Journal of Evaluation in Clinical Practice*, 2023,29(1),117-125. doi:10.1111/jep.13742.
19. Miljeteig, I, Forthun, I, Hufthammer, KO, et al, Priority-setting dilemmas, moral distress and support experienced by nurses and physicians in the early phase of the COVID-19 pandemic in Norway, *Nursing Ethics*, 2021,28(1),66-81. doi:10.1177/0969733020981748.
20. Liberati, E, Richards, N, Willars, J, et al, A qualitative study of experiences of NHS mental healthcare workers during the Covid-19 pandemic, *BMC Psychiatry*, 2021,21(1),250. doi:10.1186/s12888-021-03261-8.
21. Özyer, K, Azizoğlu, Ö, Demografik değişkenlerin kişilerin etik tutumları üzerindeki etkileri, *Ekonomik ve Sosyal Araştırmalar Dergisi*, 2010,6(2):59-84.
22. Metin, G, Fırat, B, Karataş, G, Barut, A, Sarı, D, Acil servis hemşirelerinin etik duyarlılıklarının incelenmesi, *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 2017,10(4), 229-235.
23. Dikmen Y, Yoğun bakım hemşirelerinde etik duyarlılığın incelenmesi, *Cumhuriyet Hemşirelik Dergisi*, 2013,2(1),1-7.
24. Mert, S, Sayılan, AA, Karatoprak AP, Baydemir C, The effect of Covid-19 on ethical sensitivity, *Nursing Ethics*, 2021,28(7-8), 1124-1136. doi:10.1177/09697330211003231.

<http://edergi.cbu.edu.tr/ojs/index.php/cbusbed> isimli yazarın CBU-SBED başlıklı eseri bu Creative Commons Atıntı-Gayriticari4.0 Uluslararası Lisansı ile lisanslanmıştır.

