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ORIGINAL ARTICLE / ORİJİNAL MAKALE

The Correlation between the Compassion and Moral Sensitivities of Nurses during COVID-19 Pandemic

COVID-19 Sürecinde Hemşirelerin Merhamet ile Ahlaki Duyarlılıkları Arasındaki İlişki

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Abstract

Background: Nurses have encountered with care load, different physical, psychological and emotional effects during Covid-19 pandemic.

Objectives: This study conducted to investigate the correlation between nurses compassion and moral sensitivities during Covid-19 pandemic.

Method: The study was designed in descriptive and correlational type. The study was completed with 713 nurses between January 20 and February 20, 2021 at the Training and Research Hospital, which has been serving as a pandemic hospital for a year. In the study, a questionnaire including data about the socio-demographic and professional characteristics of the nurses and Compassion Scale and Moral Sensitivity Questionnaire were used. The data were collected online. In the analysis of comparative data, Pearson correlation analysis, t-test, one way ANOVA analysis and tests were used.

Results: In the study, it was found that the total mean scores of the nurses were 94.45±11.75 for the compassion scale and 76.76±26.91 for the moral sensitivity questionnaire. There was negative correlation between the compassion total score and holistic approach, orientation while positive correlation between the total score and conflict, practice subscales. There was positive correlation moral sensitivity total scale and subscales kindness, common humanity, mindfulness while negative correlation between total score and disengagement. Younger, female, single, childless, getting opinion from patient/relative nurses have high compassion. High school graduate, employed 11 years and above, nurses have high moral sensitivity.

Conclusion: It can be said that compassion affects moral sensitivity in positive and negative dimensions during the pandemic process. In this stressful process, it can be suggested to organize trainings to support nurses morally and psychologically and to increase moral sensitivity.

Keywords: Compassion, Moral Sensitivity, Nurse, COVID-19, Pandemic

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Öz

Giriş: Hemşireler, Covid-19 pandemisi sırasında bakım yükü, farklı fiziksel, psikolojik ve duygusal etkilerle karşılaşmıştır.

Amaç: Covid-19 sürecinde hemşirelerin merhamet düzeyi ile ahlaki duyarlılıkları arasındaki ilişkinin incelenmesidir.

Yöntem: Çalışma tanımlayıcı ve ilişki arayıcı tipte tasarlanmıştır. Çalışma, bir yıldır pandemi hastanesi olarak hizmet veren Eğitim ve Araştırma Hastanesinde 20 Ocak-20 Şubat 2021 tarihleri arasında 713 hemşire ile tamamlandı. Çalışmada; hemşirelerin sosyo-demografik ve mesleki özelliklerine ilişkin verileri içeren bir soru formu ile Merhamet Ölçeği ve Ahlaki Duyarlılık Ölçeği kullanıldı. Veriler çevrimiçi olarak toplandı. Karşılaştırmalı verilerin analizinde Pearson korelasyon analizi, t-testi, tek yönlü ANOVA analizi kullanıldı.

Bulgular: Araştırmada hemşirelerin toplam puan ortalamaları merhamet ölçeği için 94.45±11.75 ve ahlaki duyarlılık anketi için 76.76±26.91'dir. Merhamet toplam puanı ile holistik yaklaşım, oryantasyon arasında negatif ilişki varken, çatışma ve uygulama alt boyutları arasında pozitif ilişki vardı. Ahlaki duyarlılık toplam puanı ile sevecenlik, paylaşım bilinci, farkındalık alt boyutları arasında pozitif ilişki varken, ilişik kesme alt boyutu ile arasında negatif ilişki vardı. Genç kadın, bekar, çocuğu olmayan, işlem öncesi hasta ve yakınının görüşünü alan hemşirelerin merhamet ölçeği puanı daha yüksekti. Lise mezunu, 11 yıl ve üzeri görev yapan hemşirelerin ahlaki duyarlılık puanları daha yüksekti.

Sonuç: Pandemi sürecinde merhametin ahlaki duyarlılığı olumlu ve olumsuz boyutlarda etkilediği söylenebilir. Bu stresli süreçte hemşireleri manevi ve psikolojik açıdan desteklemek, ahlaki duyarlılığı arttırmak için eğitimler düzenlemek önerilebilir.

Anahtar Kelimeler: Merhamet, Ahlaki Duyarlılık, Hemşire, COVID-19, Salgın

INTRODUCTION

The pandemic has affected the world in various areas such as physical sociological, physiological, psychological and economical (Stelnicki et al. 2020; Zhou et al. 2020). On the other hand for people whose different problems have also emerged during this difficult times. For instance; which ones group have the priority at the stage of finding and using the medication, limited bed need of intensive care units, finited material, importantly, quietly and fast spread of virus ect (Teo et al. 2021). While all this was going on, there is no doubt that the efforts of healthcare professionals during this period had a remarkable impact on the whole world. Nurses, one of them, who play an active role in fighting against the virus in healthcare services, in order not to transmit the disease themselves and their families, and how to plan the isolation of suspected Covid-19 patients have been emerged (Palandöken, 2020). Copeland, (2021) indicated that the distancing of health professionals from emotion will mean more professional attitude towards patients. However, they experienced concerns about increasing workload, transmitting the disease to themselves and others, isolating themselves from their loved ones and being inadequate to patients (Cascella et al. 2022; Stelnicki et al. 2020; Teo et al. 2021). All these stress factors experienced by the nurses have increased over time and they have become prone to be traumatized. In that, the pandemic has become a burden for nurses (Chidiebere Okechukwu et al. 2020; Stuijfzand et al. 2020) and their resilience has been distorted (Stelnicki et al. 2020). It made thougth that the source of this burden which felt by the nurses were compassion (Cao & Chen, 2021; Copeland, 2021; Roy et al. 2020).

The concept of compassion, which is a fundamental value in health care, is generally defined as the motivation to help and empathize with the individual who needs help. In additon, compassion is known as stress caused by recognition of the situation causing traumatization by the individuals and arising from the desire to help as a result of the negativities experienced by the individuals (Borges et al. 2019). This could have been nurses providing service in pandemic hospitals experience increasing level of stress, in additon to, it might have became inevitable that they provide nervous, concerned, error-prone and unwilling care in delivering quality care and thus the patient satisfaction decreases (Pérez-Chacón et al. 2021; Yu et al. 2021).

Nursing practices are based on alleviating pain, restoring health, and respecting the rights and dignity of every patient (McKenna, 2020). Nurses can be experienced some problems as a result of increasing responsibility and workloads, pandemic, in particularly (Milliken, 2018). In the ethical approach, it is defined as the ability to distinguish human values as good and bad. Ethical approach in nursing is to see the patient as a whole with his/her values, principles and behaviors and to accept that the patient has the right to get quality care (Tosun, 2018). Ethical sensitivity contains making decisions about the real action to find a solution to the individuals' problems (Hemberg & Bergdahl, 2020; Mert Boğa et al. 2020) this associated with the development of ethical sensitivity (Roy et al. 2020). When encountered with tension and stress while working in the hospital, clinical competence and ethical sensitivity are expected (Salar et al. 2016). In order for the nurses to make appropriate decisions in the face of these problems, their ethical sensibilities must be at a good level. Decision making in ethical perspective requires ethical sensitivity as much as ethical knowledge (Milliken, 2018). Unethical behaviors such as feeling of dissatisfaction, making wrong decisions, prejudiced behavior and decreased tolerance level towards patients are among the reflections of compassion (Pérez-Chacón et al. 2021; Yu et al. 2021).

Studies conducted during the pandemic period reported that nurses' compassion levels (Arkan et al. 2020; Sabanciogullari et al. 2021) and marol sensitivity (Hajibabaee et al., 2022; Nazari et al., 2022) were average. In this context, it is known that compassion and ethics, which are the most important concepts of human value, affect each other in two ways (Amiri et al. 2019; Hemberg & Bergdahl, 2020; Taş Aslan et al., 2018). Nurses should have the ability to fulfill ethical principles and provide compassionate care, as well as having sufficient knowledge, techniques, skills and attitudes for care (Amiri et al., 2019; Taş Aslan et al., 2018). Nurses, one of the healthcare professionals, have had to work at risk in the Covid-19 pandemic (Chen et al. 2021). When the literature was examined, no study was found that examined the relationship between nurses' level of compassion and moral sensitivity during the pandemic period. Nurses, working in hospital providing service as a pandemic hospital for almost one year, have encountered with care load, different physical, psychological and emotional effects. Nurses, who make up the majority of health professionals, need to be supported in the matters they need. In additon, the interventions to be made can contribute to the nurses to provide a better treatment and care service. In this process, it is necessary to know nurses' compassion levels in patient care and their sensitivity to ethical principles, which is the most important concept of healthcare services they provide with this feeling. In line these reasons, the aim of this study was to investigate the correlation between compassion and moral sensitivities of nurses

during Covid-19 pandemic.

Research Questions

What are the compassion levels of nurses in the pandemic?

What are the moral sensitivities levels of nurses during the pandemic?

What is the relationship between nurses' compassion and their moral sensitivity during the pandemic?

Is there any relationship between independent variables and nurses' compassion and moral sensitivities during the pandemic process?

METHOD

Research Type

This research was designed as a descriptive-correlational type.

Research Place

Study was carried out in a Training and Research Hospital providing service as a pandemic hospital for one year between 20 January- 20 February 2021.

Research Universe/Sample

The sample of the study was composed of the nurses who were working in the same hospital during the stated dates, were using social media or smart phone, agreed to participate in the study and can be reached. In order to determine the sample number of the research, power analysis was performed using the G*Power (v3.1.9.7) program. The power analysis results of the studies conducted by Taş Arslan and Çalpbinici (2018) showed that the effect size was 0.13. In the power analysis of this study, a total of 670 nurses were calculated with α=0.05, effect size=0.13 and 95% power. However, considering that there may be data losses, a total of 713 nurses sampled. Moreover, a total of 850 nurses were working in the center where the research was conducted. The study was conducted with 713 nurses constituting 85% of the population (n=713). It was used convenience sampling method.

Data Collection Tools

In the study, a questionnaire containing data about the socio-demographic and professional characteristics of the nurses with Compassion Scale and Moral Sensitivity Questionnaire was used. Before starting the study, institutional permission was obtained from the Republic of Turkey Ministry of Health. Provincial Health Directorate where the study would be conducted. The questionnaires were filled out online by the nurses. Research link only one login is allowed per browser. In this way, repeated logins are prevented. Prior the study, informed consent was obtained from the nurses.

Questionnaire about the socio-demographic and professional characteristics: The questionnaire prepared by the researchers in line with the literature (Mert Boğa et al., 2020; Taş Aslan et al., 2018; Stelnicki et al., 2020) information is composed of 12 questions about socio-demographic data such as age, gender, marital status, having children, education status, status of satisfaction the profession, duration of working in the profession, working unit, working status, working type, training about ethics, status of receiving opinion from patient/relative.

Compassion Scale: "Compassion Scale" was developed by Pommier (2010) (Pommier, 2010) and Akdeniz & Deniz (2016) (Akdeniz & Deniz, 2016) conducted its Turkish validity and reliability. It consists of 24 items and is a 5-item Likert type. The scale is evaluated minimum 24 and maximum 120 points.The scale is composed of six subscales including indifference (2,12,14,18), kindness (6,8,16,24 Lützén et al. 2000), disengagement (1,7,19,23), common humanity (11,15,17,20), mindfulness

(4,9,13,21) and separation (3,5,10,22). Sub-dimensions of the scale; indifference, separation, and disengagement are calculated reversely. As the total score obtained from the scale increases, the level of compassion also rises. This shows that compassion is rises. The Cronbach's Alpha value of the scale was found as .85 in the study by Akdeniz & Deniz (2016) (Akdeniz & Deniz, 2016). In this study was determined as .84.

Moral Sensitivity Questionnaire: The scale was developed by Lützén in 1994 (Lützén et al. 2000). It was adapted to Turkish culture by Hale Tosun in 2018 (17). In this 7-item Likert type scale consisting of thirty items, the items are evaluated between "1" point (I strongly agree) and "7" points (I strongly disagree). "1" point refers to high sensitivity in strong agreement, "7" points refer to low sensitivity in strong disagreement and the total score varies between 30 and 210. High scores signify "low sensitivity" and low scores signify "high sensitivity" in terms of ethics. The questionnaire has six subscales including "modifying autonomy" (10, 12, 15, 16, 21, 24, 27), "benefit" (2, 5, 8, 25), "holistic approach" (1, 6, 18, 29, 30),"expressing moral conflict" (9, 11, 14), "practice" (4, 17, 20, 28), and "interpersonal orientation" (7, 13, 19, 22). Cronbach's alpha value was reported as .84. In this study was found as .91. In order to use the scales in the study, permission was obtained from the authors who made the validity and reliability of the scales.

Variables of the Research

This research dependent variables are compassion and moral sensitivity. This research independent variables are age, gender, marital status, having children, education status, status of satisfaction the profession, duration of working in the profession, working unit, working status, working type, training about ethics, status of receiving opinion from patient/relative.

Data Analysis

SPSS (Statistical Package for the Social Sciences) 25 package software were used for statistical analysis. The normality assumption was corrected with the Kolmogorov-Smirnov test. In the data analysis, percentage was used in descriptive questions. In the analysis of comparative data, Student's t-test was used to compare two independent groups of normally distributed variables, and one-way analysis of variance (ANOVA) was used to compare three or more independent groups. Kolmogorov-Smirnov test was used for the assumption of normality due to the large sample size, the data did not have a normal distribution, but parametric tests were used because the data groups were over 30. Pearson correlation analysis was used to determine the relationship between the Compassion Scale/subscale and the Moral Sensitivity Scale/subscales. Also cronbach's alpha internal consistency tests were used. Significance was evaluated at the 95% confidence interval.

Ethical Considerations

University Ethics committee approval (date: 16.11.2020 number: 2020/32) was obtained from the ethics committee of a university before starting the study. Necessary permissions were obtained from the center where the study was conducted. After the section in the link of the study, in which the purpose and necessity were explained, it was necessary to mark the "I agree to participate in the study" option. It was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Table 1. Socio-Demographic and Professional Characteristics of the Nurses (n=713)

Characteristics	n	%
Gender		
Female	581	81.5
Male	132	18.5
Age		
18-25	172	24.1
26-33	295	41.4
34-41	246	34.5
Marital status		
Married	426	59.7
Single	287	40.3
Having children		
Yes	370	51.9
No	343	48.1
Educational background		
High school	54	7.6
Two year degree	94	13.2
University	489	68.6
Master	76	10.7
Duration of working in the profession		
1-5 years	263	36.9
6-10 years	193	37.1
11 years and more	257	36.0
Satisfaction with working in the profession		
Satisfied	202	28.3
Partially	349	48.9
Not satisfied	162	22.7
Working Unit		
Intensive care	231	32.4
Operating room	56	7.9
Emergency	109	15.3
Services	317	44.5
Your position in the unit where you work		
Chief nurse	45	6.3
Clinician nurse	668	93.7
Work status		
In Shifts	408	57.2
Night	221	31.0
Day	84	11.8
Receiving in-service training on ethical principles		
Yes	344	48.2
No	369	51.8
Status of receiving opinion from patient/relative		
Yes	643	90.2
No	70	9.8
Total	713	100

It is shown, Socio-demographic and Professional Characteristics of the Nurses (Table 1)

It was determined that 81.5% of the nurses participating in the study were women, 41.4% were between the ages of 26-33, 59.7% were married and 51.9% had children. It was determined that 68.6% of the nurses were university graduates, 36.9% had been working for 1-5 years, and 48.9% were partially satisfied work with as a nurse. It was found that 93.7% of the nurses worked as clinical nurses, 57.2% worked in shifts, 51.8% did not receive training on ethical principles, and 90.2% received the opinion of the patient / relative.

Nurses' Compassion and Moral Sensitivity Scale Total Score with Subscales (Table 2)

Table 2. Mean scores of Compassion and Moral Sensitivity Scales and Subscales (n = 713)

	Mean Score	Min-Max
Compassion Scale	94.45±11.75	24-120
Kindness	16.31± 3.63	4-20
Indifference	14.60± 1.97	7-20
Common Humanity	14.78± 2.60	6-20
Separation	16.17± 2.89	5-20
Mindfulness	15.97± 3.40	4-20
Disengagement	16.62± 2.68	5-20
Moral Sensitivity Scale	76.76±26.91	30-210
Autonomy	16.36± 7.53	7-46
Benefit	10.65± 4.87	4-28
Holistic Approach	10.40± 5.25	5-35
Conflict	11.30± 4.38	3-21
Practice	10.82± 4.91	4-27
Orientation	7.43± 4.60	4-28

In the study, it was determined that compassion scale total mean scores of the nurses were 94.45±11.75 and their moral sensitivity questionnaire total mean scores were 76.76±26.91. From this point, it was shown that the nurses had both high moral sensitivities and compassion in the pandemic.

When the sub-dimension mean score of the compassion scale is calculated; The mean score for the kindness subscale is 16.31±3.63, the mean score for the indifference subscale is 14.60±60, the mean score for the common humanity subscale is 14.78±2.60, the mean score for the separation subscale is 16.17±2.89, the mean score for the mindfulness subscale is 15.97±3.40 for the disengagement subscale mean score is 16.62±2.68.

When the sub-dimension mean score of the moral sensitivity scale was calculated; autonomy sub-dimension mean score 16.36±7.53, benefit sub-dimension mean score 10.65±4.87, holistic approach sub-dimension mean score 10.40±5.25, conflict sub-dimension mean score 11.30±4.30, practice sub-dimension score average 10.82±4.91, orientation sub-dimension score the mean is 7.43±4.60.

Correlation between Compassion Scale/Subscale and Moral Sensitivity Scale/Subscales (Table 3).

In the study, it was determined that there was a weak negative relationship between the autonomy sub-dimension of the moral sensitivity scale and the disengagement sub-dimension of the compassion scale (r=-.108; p=.004). It was determined that there was a weak relationship between the benefit sub-dimension of the moral sensivity scale and the common humanity sub-dimension of the compassion scale in the positive direction (r=-.072; p=.055) and between the separation (r=-.061; p=.106) and disengagement sub-dimension in the negative direction (r=-.108; p=.004). It was found that there was a weak negative correlation between the holistic approach sub-dimension of the moral sensivity scale and the indifference (r=-.110; p=.003), separation disengagement sub-dimension of the compassion scale and the total mean score of the scale (r=-.050; p=.183) (r=-.106; p=.005).

It was found that there was a positive moderate correlation between the conflict sub-dimension

Table 3. Correlation of Total Scores of Compassion Scale and Moral Sensitivity Scale, and Its Subscales (n=713)

The Compassion Scale		**The Moral Sensitivity Scale**						
		Autonomy	**Benefit**	**Holistic Approach**	**Conflict**	**Practice**	**Orientation**	**Total Score**
Kindness	r	.070	.040	.000	.283	.122	-.034	.122
	p	.062	.287	.998	**.001****	**.001****	.370	**.001****
Indifference	r	-.064	-.053	-.110	.059	.004	-.130	.052
	p	.086	.158	**.003***	.115	.923	**.001***	.169
Common Humanity	r	.072	.134	.023	.298	.112	-.020	.139
	p	.055	**.001****	.543	**.001****	**.003***	.594	**.001****
Separation	r	-.061	-.083	-.123	.099	.009	-.143	-.050
	p	.106	**.027***	**.001****	**.008***	.816	**.001****	.183
Mindfulness	r	.038	.055	-.027	.309	.112	-.073	.099
	p	.316	.143	.472	**.001****	**.003***	.053	**.008***
Disengagement	r	-.108	-.125	-.157	.038	-.007	-.177	-.106
	p	**.004***	**.001****	**.001****	.313	.860	**.001****	**.005***
Total Score	r	-.002	.000	-.087	.286	.096	-.133	.052
	p	.957	.999	**.020***	**.001****	**.010***	**.001****	.166

r: Pearson Correlation **p<.05 ** p<.001*

of the moral sensivity scale and the kindness (r=.283; p<.001), common humanity (r=.298 ;p<.001), mindfulness (r=.309; p<.001) sub-dimension of the compassion scale and the total score (r=.286; p<.001), and a weak positive correlation between the separation sub-dimension (r=.099; p=.008).

It was determined that there was a weak positive correlation between the practice sub-dimension of the moral sensivity scale and the kindness (r=.122; p<.001) , common humanity (r=.112; p=.003), mindfulness (r=.112; p=.003) sub-dimension of the Compassion scale and the total score of the scale (r=.096; p=.010).

It was observed that there was a weak negative correlation between the orientation sub-dimension of the moral sensitivity scale and the indifference (r=-.130; p<.001), separation (r=-.143; p<.001), disengagement (r=-.177; p<.001) sub-dimension of the compassion scale and the total score of the scale (r=-.133; p<.001).

It was determined that there was a positive correlation between the mean total score of the moral sensitivity scale and the kindness (r=.122; p<.001), common humanity (r=.139; p<.001), and mindfulness (r=.099; p=.008) of the compassion scale, and a weak correlation between the disengagement (r=-.106; p=.005) sub-dimension, in the negative direction.

Comparing the compassion scale scores according to the independent variables; it was determined that age group (F=4.673; p=.010), gender (t=3.213; p=.002), marital status (t=-2.294; p=.022), having children (t=-2.359; p=.019), receiving opinion from patient/relative (t=4.681; p<.001) affected compassion. Younger, female, single, childless, getting opinion from patient/relative nurses have high compassion.

When moral sensitivity scale scores were compared according to independent variables; age group (F=4.265; p=.014), education (F= 3.816; p=.010), duration of working in the profession (F=3.573; p=.029), position in the working (t=-2.079; p=.038) affected morale sensitivity. Older, high school graduate, employed 11 years and above, chief nurses have high moral sensitivity.

DISCUSSION

It was determined that the compassion scale total mean scores of the nurses were high. In the study conducted to determine the compassion levels of nurses working in a university hospital; It was determined that the nurses' compassion total score average was high (Arkan et al., 2020). Sabanciogullari et al. (2021) study examining the effect of clinical nurses' compassion levels on their tendency to make medical mistakes; It was stated that the level of compassion of the nurses was average. Wentzel & Brysiewicz (2018) in their study with nurses, reported that nurses experienced less compassion compared to this study. It is thought that the difficulties of the pandemic process and the fear of losing their relatives cause more compassion in nurses. Because in this process, nurses experienced not only the feelings of hopelessness, isolation, shame and overwork, but also the pride of fulfilling their duty of care (Jo et al. 2023).

It was determined that the moral sensitivity questionnaire total mean scores of the nurses were low which means their moral sensitivities were high. In the study conducted by Palazoğlu and Koç (2019) with nurses, it was observed that the moral sensitivity were high. Amiri et al. (2019) in the study moral sensitivity levels were low. Khodaveisi et al. (2021) nurses had moral sensitivity levels were low in COVID-19 (Khodaveisi et al. 2021). Firat et al. (2017) in their study nurses moral sensitivity levels were high. While nurses' work performance and clinical

experience can be evaluated differently from ethics, in practice, ethics and clinical performance are not separate from each other, and moreover, any decision made by nurses generally has a moral dimension (Wentzel & Brysiewicz, 2018). As seen in the studies in the literature, although the moral sensitivity levels nurses vary, it shows that the scores obtained are generally above the average score, that is, the moral sensitivity of nurses is low. This situation can be explained by the differences in the variables in the studies. The results of the mentioned studies and the literature support the results of our study.

There was no significant correlation between the total scores of compassion and ethical sensitivity in the nurses. There was negative correlation between the compassion total score and holistic approach, orientation while positive correlation between the total score and conflict, practice subscales. According to these results, it means that nurses whose compassion levels decrease will be more holistic and oriented, less conflict and practiced. There was positive correlation moral sensitivity total scale and kindness, common humanity, mindfulness while negative correlation between total score and disengagement. According to these resutls, it means that nurses whose moral sensitivity levels decrease will be less kind, common humanity, and mindfulness, more disengagement. As the diversity of both health and other problems increases in the Covid-19 process, it is shown as a great need among nurses to provide morally valid, verifiable care that can also provide moral sensitivity.

In the study, when the level of compassion of nurses increases, holistic action towards the patient and relations with the patient increase. It was found that when the level of compassion of nurses increases, there are no experiences of internal ethical challenge and decreases thinking of the ethical dimension in practice. These results may be explained by the human characteristics of the nurses overcome ethical situations (Chen 2021; Roy et al. 2020). The main dimensions of moral sensitivity, if applied to the nurse-patient relationship, can be described as follows: Autonomy, refers to a strategy taken when a nurse perceives the need to limit a patient's autonomy, but also is aware of the principle of self-choice. Expressing benevolence which is benefit, or a moral motivation to do 'good' or act in the best interest of the patient. Holistic approach moral meaning, refers to the ways of deriving moral meaning of decisions made and actions taken, even if these may limit the patient's self-choice. Moral conflict in order for moral sensitivity to be expressed in action, a potential or existing moral conflict must first be identified to be experienced. Practice, refers to a conviction that both medical and nursing knowledge are required when dealing with ethical conflicts. Orientation, focus on building a trusting relationship with the patient and finding ways of responding to his or her individual needs (Lützén et al. 2000). The decreases ethical awareness increased being compatible and helpful, increased consciousness and increased levels of conscious awareness. It can be said that however nurse's moral sensitivity decreased their human features are always high (Chidiebere Okechukwu et al. 2020; Stuijfzand et al. 2020). It was found that the moral sensitivity increases as the disengagement decreases. It can be said that the more moral sensitivity is there are far away from emotion, and they become more professional towards patients (Copeland, 2021).

In this study, there was a positive and negative correlation between the compassion and moral sensitivity subscale scores. Nurses whose compassion levels decrease will be more holistic

and oriented, less conflict and practiced. In additon, moral sensitivity levels decrease will be less kind, common humanity, and mindfulness, more disengagement. Roy (2020) indicated that nurses are experiencing high degrees of many psychological problems which are stress, anxiety, depression etc. in the COVID-19 crisis (Roy et al. 2020). Chen et al. (2021) the findings in the study showed that ethical decision making has positive effects on the development of professional values as well as moral sensitivity (Chen et al. 2021). Khajevandi et al. (2020) in study show there was direct correlation between moral courage with employee status which is consistent (Khajevandi et al. 2020). Liu et al. (2020) affirms that compared to the other medical staff individuals nurses caring COVID-19 patients involvement higher levels of anxiety and depression (Liu et al. 2020). Nurses also faced different challenges while performing their proficient duties as they had to fulfill their daily obligations as part of their family. It may be expected that the more nurses exposed to stress factor which cause compossion the more vulnerable to ethical/moral sensitivities. In additon, managing with basically destitute and passing on patients with COVID-19, who have high infectious capacity since there is no definitive treatment, uncovered the medical attendants with various moral tensions and challenges to supply safe care (Numminen et al. 2019). The nurses had high compassion levels, thus causing compassion but considering the difficulties of the pandemic process, high moral sensitivities can be explained by the value given to the profession and human being. It has been shown that compassion affects moral sensitivity in positive and negative dimensions during the pandemic process. Inadequacy of nurses to meet their own needs can be caused inability to meet the expected clinical competence and ethical sensitivity. Moral sensitivity leads to increased nurses' interest in ethical issues in quality of care.

In the study, younger, female, single, childless, getting opinion from patient/relative nurses have high compassion. In the study examining the effect of clinical nurses' compassion levels on their tendency to make medical mistakes; It was determined that the older nurses and male nurses had higher levels of compassion (the average score was higher) (Sabanciogullari et al. 2021). In the study with nurses, Koca (2018) stated that compassion is mostly experienced between the ages of 20-24, it is moderate, and the difference is statistically significant (Koca, 2018). In the study of Yu et al. (2016) stated that nurses aged 25-34 and <25 years, respectively, experienced more compassion (Yu et al. 2016). As part of their daily work, nurses are constantly exposed to various traumatic situations such as patient suffering, life-threatening illness and death. Nurses who belong to a care professions are in intense contact with patients and their families, often over a long period of time (Shahar et al. 2019). This similarity; It can be associated with the fact that nurses have less time to encounter different patient profiles and the increase in the negativities they face during the pandemic process. It can be commented that the negative aspects they faced can be added as well. In addition, nurses' inability to cope with these negativities may be associated with their feeling of compassion more. Moreover, it was determined in this study nurses who were female obtained higher total scores from compassion scale and the difference between them was statistically significant. In the study of Koca (2018) indicated that women experienced high compassion and the difference was not significant (Koca, 2018). Aslan et al. (2021) showed that the difference in the compassion scale according to gender was statistically significant, women

experienced compassion more, and according to the regression results, gender affected the total compassion score (Aslan et al. 2021). Consistent with our study, the results of studies in the literature can be explained by the fact that women are more emotional by nature and the majority of nurses are female.

Also it was determined that the nurses who were older, had high school degree, were working in the profession for 11 years and more and in the chief position had lower total mean scores from the moral sensitivity questionnaire, that is their moral sensitivity was higher and the difference between them was statistically significant. In the study of Taş Arslan & Çalpbinici (2018) determined that nurses aged 41 and over and having a working history of 6-12 years had higher moral sensitivities (Taş Arslan & Çalpbinici, 2018). Moral sensitivity, nurses' knowledge of patients' vulnerability and anticipation of the consequences of moral decision-making in patients enable patients to make a moral decision. The literature supports the result of our study. In line with these results, the relationship between the patient and the nurse will support the nurse to make predictions about the moral aspect of the patient during the care phase and will guide them to make decisions in this direction. It was found that the nurses working in chief position had lower scores. Smiliarly, it was determined in the study by Palazoglu & Koc (2019) position (nurses work) is important nursing care. In the study examining the quality of nursing care provided to elderly individuals with COVID-19 and the moral sensitivities of nurses; It has been determined that nurses with a PhD degree in education have the highest moral sensitivity score average, that is, they have the lowest moral sensitivity. The fact that the study year finding of this study in the literature is not parallel with the results of this study may be associated with the fact that the patient group that nurses care for is in a special age range (Nazari et. al. 2022). In the study examining the relationship between moral sensitivity and care behavior in nurses during the COVID-19 pandemic; it was stated that the moral sensitivities of the nurses were at a moderate level (Hajibabaee et al., 2022). Nurses who care for elderly patients with COVID-19 have been found to have a moderate level of moral sensitivity (Nazari et al., 2022).

Limitations

The strongest aspect of this study is that it has been working with the nurses of the service institution as a pandemic hospital for about a year. The most important limitation of this study is that the compassion and moral sensitivities of nurses were evaluated with only scales and the sample consisted of nurses working in only one hospital determined as a pandemic hospital. Findings are limited just pandemi process. Also data are not normally distributed in the study.

IMPLICATIONS FOR PRACTICE

The Covid-19 pandemic has become an emotional and physical burden for nurses. This stressful process can be traumatized the nurses and increased compassion. This process can be caused nurses to see themselves inadequate and to encounter many difficulties in nursing care services. According to this study results, it can be recommended to carry out supportive studies that draw attention to the compassion and moral sensitivities of nurses during the pandemic or epidemic processes. Creating supportive working environments, managing successful orientation programs, providing health professionals the chance to work with mentors who will understand their needs, support their learning, and communicate up for them, and preserving the concept of cooperation and teamwork are important fundamental aspects (Ulupınar &

Şen, 2022). Supportive interventions can be made with the contribution of more experienced nurses in the team to increase moral sensitivity in nurses who are new to the profession. Practices that physically and mentally support nurses' compassion and ethical values should be included in national or international epidemics such as Covid-19. It is recommended to test nurses' compassion with different methods which can be qualitative research and to support raising their awareness on this issue. The results of physical and psychological supportive approaches for nurses to cope with compassion should be evaluated. It is thought that these will contribute to nursing care services.

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