



## The effect of nurses' perceptions of conscience on their role as caregivers

Hemşirelerin vicdan algılarının bakım verici rollerine ilişkin tutumlarına etkisi

Ümmühan Aktürk<sup>1</sup>, Mehmet Can<sup>2</sup>, Sinem Aytop<sup>3</sup>

<sup>1</sup>Inönü University, Faculty of Nursing, Department of Public Health Nursing, Malatya, Türkiye

<sup>2</sup>Ege University, Faculty of Nursing, Department of Public Health Nursing, İzmir, Türkiye

<sup>3</sup>Yıldırım Beyazıt Diskapı Training and Research Hospital, Ankara, Türkiye

### ABSTRACT

**Aim:** This study was conducted to determine the effect of perceptions of conscience on the nurses' attitudes towards their caregiving roles.

**Methods:** The study was conducted cross-sectionally. The population of the study was composed of the nurses working in The Medical Center hospital affiliated with a University located in city center. In the study, 456 nurses were reached. The study data were collected with Personal Information Form, Perceptions of Conscience Questionnaire (PCQ) and Attitude Scale for Nurses in Caregiving Roles (ASNCR).

**Results:** It was found that 22.2% of the total variance in variable dependent on attitude towards caregiving roles were explained by these variables and the results was statistically significant ( $p<0.001$ ). Perception of conscience and age were found to be effective on the nurses' attitude towards their caregiving roles ( $p<0.05$ ).

**Conclusion:** In our study, it was determined that nurses have a high level of Attitude for Nurses in Caregiving Roles and a high level of conscience perception.

**Keywords:** care; conscience; nursing

### ÖZET

**Amaç:** Bu araştırma, vicdan algılarının hemşirelerin bakım verme rollerine yönelik tutumlarına etkisini belirlemek amacıyla yapılmıştır.

**Yöntem:** Araştırma kesitsel olarak yapılmıştır. Araştırmanın evrenini il merkezinde bulunan bir Üniversiteye bağlı Tıp Merkezi hastanesinde çalışan hemşireler oluşturmuştur. Araştırmada 456 hemşireye ulaşılmıştır. Araştırma verileri kişisel bilgi formu, vicdan algıları anketi ve hemşirelerin bakım verme rollerine yönelik tutum ölçeği ile toplanmıştır.

**Bulgular:** Bakım verme rollerine yönelik tutuma bağlı değişkendeki toplam varyansın %22.2'sinin bu değişkenler tarafından açıklandığı ve sonuçların istatistiksel olarak anlamlı olduğu bulundu ( $p<0.001$ ). Vicdan algısı ve yaş Hemşirelerin bakım verici rollerine ilişkin tutum üzerinde etkili olduğu bulunmuştur ( $p<0.05$ ).

**Sonuçlar:** Çalışmamızda hemşirelerin bakım verme rollerinde hemşirelere yönelik tutum ve vicdan algılarının yüksek olduğu belirlendi.

**Anahtar kelimeler:** bakım; vicdan; hemşirelik

### Introduction

As in the disasters, wars and epidemics experienced throughout history, health professionals are at the forefront in the provision of health care services in the fight against the COVID-19 pandemic. In this process, which deeply affects both the health system and health professionals, the professionals who direct the health system with their knowledge, skills and experiences may often face ethical problems while carrying out health services due to the pandemic and their conscience perceptions can be affected (Korkmaz & Korkut, 2021). Nurses are responsible for protecting and promoting the health of the individual along with the health of family and society and healing in case of illness and disability and it has revealed several roles in performing these (Tan, Yuncu, Şentürk & Yıldız, 2007). The most indispensable and essential independent role of the nurse is care (Koçak, Albayrak & Duman, 2014). The role of nursing care includes preparing and implementing a personalized care plan in case of illness, communicating with the patient, having knowledge about the health status of the patients and taking necessary measures to restore the patient's psychosocial well-being (Kali, 2009).

The values that the nurses have along with professional knowledge also significantly affect quality patient care (Adıgüzel, Tanrıverdi & Özkan, 2011). One of the values we have is the concept of conscience. Conscience is an important concept for healthcare team members who provide service directly to human and work mostly with vulnerable and sensitive communities. Conscience shows this effect as an internal guide for us, reminds us what we should do and raises moral and ethical awareness (Aksoy, Mert & Çetin, 2019).

Conscientiousness in the nursing profession is a component that increases nurses' sense of responsibility and develops professional competencies that require them to use their knowledge and skills in patient care (Dahlqvist et al., 2007). Although there are cultural differences, conscience; sensitivity, respect for human rights, careful and dignified care practices (Dahlqvist et al., 2007; ICN, 2000).

Conscience in Nursing; it helps nurses to comply with ethical standards, develop their professional roles, and seek justice, while providing them with serenity, happiness, contentment and inner peace in their homes (ICN, 2000; Johnstone, 2019). In addition, nurses can protect them from guilt by making ethical decisions based on conscience in the

process of making different ethical decisions (Sørli, Jansson & Norberg, 2003).

Studies have reported that the majority of nurses felt remorse due to difficult critical situations. While providing care to critical patients, they may remember patients that they could not provide adequate care. Such an ethical memory can result in self-blame and remorse, thereby causes devastating effects on nurses (Carbone, Rickwood & Tanti, 2011), it may cause anxiety and distress and eventually their personal integrity and professional roles may be weakened.

Conscience consists of and is affected by sociocultural and religious beliefs (Dahlqvist et al., 2007; Memarian, Salsali, Vanaki, Ahmadi & Hajizadeh, 2007) and therefore, conscience may have different effect on caregiving roles of nurses in different culture and societies (Tazakori et al., 2005). Besides, no study in Turkey and in the world has not yet assessed this effect. This study was conducted to fill these gaps and provide a deeper understanding in this field. This study was conducted to determine the effect of nurses on their perceptions of conscience and their attitudes towards their caregiver roles during the COVID-19 process.

## Methods

### Type of the study

The study was conducted cross-sectionally.

### Population and sample of the study

The population of the study was composed of the nurses working in Turgut Ozal Medical Center hospital affiliated with Inonu University located in city center of Malatya. There are 750 nurses working in the hospital. The sample size of the study was determined as 456 people with power analysis at confidence interval of 95%, significance level of 0.05, effect size of 0.25 and power of representing population of 0.95. Inclusion criteria of the study are agreeing to participate in the study and working as a nurse actively on the dates when the study was conducted. The data in the study were collected online with the nurses who agreed to participate in the study.

### Data collection tools

The study data were collected with Personal Information Form, PCQ and ASNCR.

#### Personal information form

Personal Information Form includes questions about the nurses' individual characteristics (age, marital status etc.) and professional life (their service, working time, etc.).

#### Attitude Scale for Nurses in Caregiving Roles (ASNCR)

ASNCR was prepared by Koçak, Albayrak and Duman (2014). This scale, whose validity and reliability were conducted by the same researchers, is a 5-point Likert type including 16 items and it is intended to measure the nurses' care giving attitudes. The highest score of the scale is 80 and the lowest score is 16. It is accepted that the higher the nurses' score on the scale, the more positive the nurses' attitude towards their caregiving roles. It is also expressed that the lower the score obtained from the scale, the more negative the nurses' attitudes towards their caregiving roles. Koçak et al., found the Cronbach's alpha value of the scale as 0.91 (Koçak et al., 2014). In this study, Cronbach's alpha value of the scale was found as 0.87.

#### Perceptions of Conscience Questionnaire (PCQ)

PCQ was developed by Dahlqvist et al., in 2007 in Sweden and its validity and reliability study on nurses was conducted. The original version of the questionnaire was composed of 15 items and 6 factors. However, it was published in 2012 with 16

items upon the addition of one more item by Ahlin et al. In 2019, Aksoy, Mert and Çetin (2019) conducted its validity and reliability study in order to use the scale for nurses in Turkey. PCQ is a 6-point Likert-type scale consisting of 13 items. Cronbach's alpha coefficient is 0.84 (Aksoy et al., 2019). In this study, Cronbach's alpha value of the questionnaire was found as 0.88.

### Data collection

The data were collected between April-June 2020. Data collection of the study was carried out by following two ways due to COVID-19 pandemic. Firstly, the nurses who agreed to participate in the study were given the questionnaire to fill out. Secondly, since the dates of the study coincided with the COVID-19 pandemic, the data of the study were turned into online form. Telephone numbers of the nurses were requested from the hospital administration. A short information message explaining the purpose of the study was sent and after obtaining their consents, the questionnaire link of the study was sent to their phones (online) and they were asked to fill out the questionnaire. It took about 20 minutes to apply the data collection tools.

### Variables of the study

#### Dependent variables of the study

\* ASNCR

#### Independent variables of the study

\* PCQ descriptive characteristics (age, gender, clinic, working time).

Table 1. Socio-demographic characteristics of the nurses (n = 456)

Features	n	%
<b>Age</b>		
20-24 age	134	29.4
25-29 age	133	29.2
30-34 age	62	13.4
35-39 age	35	7.7
40 and above	93	20.4
<b>Gender</b>		
Female	332	72.8
Male	124	27.2
<b>Marital status</b>		
Married	203	44.5
Single	207	45.4
Divorced	46	10.1
<b>Education Level</b>		
High school	51	11.2
License	342	75.0
Graduate	63	13.8
<b>Working time</b>		
1-5 years	178	39.0
6-10 years	96	21.1
11-15 years	93	20.4
16 years and older	89	19.5
<b>Clinic studied</b>		
Internal medicine services	157	34.4
Surgical services	90	19.7
Intensive care / Operating room	128	28.1
Polyclinic	50	11.1
Emergency	31	6.8
<b>Religion</b>		
Islam (Muslim)	456	100.0

Table 2. Explanation of factors ASNCR with regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients			95.0% CI	
	B	Std. Error	Beta	t	Sig.	Lower	Upper
(Constant)	60.808	5.178		11.743	.000	50.613	71.002
Perceptions of Conscience	.274	.038	.386	7.149	.000	.199	.350
Age	.332	.163	-.268	-2.029	.043	-.653	-.010
Gender	.090	.224	.022	.401	.688	-.350	.530
Clinicstudied	-.012	.045	-.014	-.257	.797	-.100	.077
Maritalstatus	.597	.968	.039	.617	.538	-1.309	2.503
Education Level	-.006	.845	.000	-.007	.994	-1.670	1.658
Working time	.039	.167	.031	.237	.813	-.288	.367
	<b>R= .471</b>	<b>R Square= .222</b>	<b>F= 11.026</b>		<b>p= .000</b>		

Dependent variable: PCQ

### Ethical considerations

In order to carry out the research, approval (Date: 04.02.2020 No: 2020/46) from İnönü University Health Sciences Scientific Research and Publication Ethics Committee and legal permission from the relevant institutions were obtained. The nurses were informed about the purpose of the study and they were told that they could leave the study whenever they wanted, by obtaining their verbal consent.

### Data evaluation

21.0 package program was used for data analysis (SPSS). Introductory characteristics data of nursing students were expressed by number, Percentage Distribution, average, standard deviation values. The cronbach  $\alpha$  reliability coefficient was used to determine the internal consistency of the attitude scale and conscience perception scale for nurses' care delivery roles. Linear logistic regression analysis was used to determine the effect of independent variables on the dependent variable. In our research, the results were considered statistically significant in the 95% confidence range, at the level of error  $p < 0.05$ .

### Results

In this section, the findings obtained from the research conducted to determine the effect between nurses' perceptions of conscience and their attitudes towards their caregiver roles are presented.

In the study, the average age of the nurses was 30.61, 29.4% were in the 20-24 age group, 72.8% were women, 45.4% were single, 75% were in undergraduate education, 39% had been working for 1-5 years, 34.4% stated that she works in internal services (Table 1).

The effect of variables-dependent characteristics on the nurses' attitude towards their caregiving roles was determined and  $R = .471$  and  $R^2 = .222$  were found. It was found that 22.2% of the total variance in variable dependent on attitude towards caregiving roles were explained by these variables and the results was statistically significant ( $p < 0.001$ ). Perception of conscience and age were found to be effective on the nurses' attitude towards their caregiving roles ( $p < 0.05$ ). Gender, clinic they were working, marital status, education level and working duration were found to have no effect on their attitude towards their caregiving roles ( $p > 0.05$ ) (Table 2).

In the study, it was determined that the nurses got  $69.13 \pm 7.9$  points on ASNCR, and the scores on PCQ were  $61.42 \pm 11.1$ . Accordingly, it was determined that nurses have a high level of caregiver role and a high level of conscience perception (Table 3).

Table 3. Minimum, maximum, mean and standard deviations of the scales

Scales	Mean $\pm$ SD	Min-Max
ASNCR	69.13 $\pm$ 7.9	16-80
PCQ	61.42 $\pm$ 11.1	13-78

The distribution of ASNCR and PCQ is shown in the graph. According to this, it can be said that ASNCR and PCQ generally show accumulation between 60 and 80 points and show a regular distribution (Figure 1).

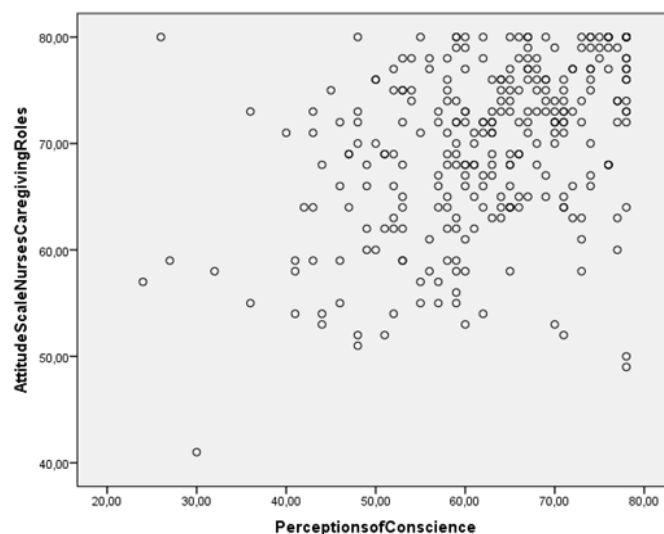


Figure 1. Total score distribution of scales

### Discussion

While professional and ethical codes and standards respond to individual and social needs and cultural beliefs and practices, they require safe and effective nursing care (ICN, 2012). Care is guided by nurses' own individual characteristics including critical thinking skills, values and world perspectives. In this mixture of effects, conscience may be a particularly important factor but we may not always be aware of it (Sulmasy, 2008). Conscience is the essence of ethical values (Burkhardt & Nathaniel, 2008). It enables nurses to protect patients' rights and provide higher quality, dignified care. Therefore, evaluating nurses' conscience-based care roles helps to facilitate conscience-based care delivery (Sulmasy, 2008).

This study investigates the effect of conscience on nursing care role and emphasizes its importance and experiences of shareholders. In the study, Linear Regression Enter analysis was performed to investigate the effect of demographic variables on nurses' attitudes towards their caregiving roles. Accordingly, the variables taken as independent variables were seen to have an effect of 22.2% on the nurses' attitudes towards their caregiving roles. In addition, it was seen in the study that as the perceptions of conscience of the nurses increased, their attitudes towards their caregiving roles increased positively at that rate. There is a limited number of studies in the literature regarding the nurses' perceptions of conscience related to their caregiving roles. In their study, Juthberg et al., 78% of caregivers working in elderly care stated that they did not have to break their conscience to continue in healthcare services. They also stated that they followed their conscience while providing care (Juthberg, Eriksson, Norberg & Sundin, 2007). In the study by Bakır, a positive correlation was found between the nurses' professional ethical values and the attitude scale towards caregiving roles. Accordingly, it was observed that as the professional ethical values of the nurses increased, their attitudes towards caregiver roles also increased (Bakır, 2019). In the study conducted by Post on nurses, it was determined that nurses with bad conscience and experiencing a value conflict experienced a dilemma about themselves and how care should be. It was determined that nurses had difficulty in controlling the care when they contradict with their conscience and own principles (Post, 1998). Ricoeur points out the warning function of conscience and emphasizes its importance to be ethical and behave ethically. We develop as moral beings in the dialectic between confirmation and doubt arising from questioning what is good. Conscience, which is perceived as a warning against errors in healthcare services, helps to maintain the basic integrity and compliance of people who are concerned with care (Ricoeur, 1994). According to Toulmi, healthcare providers should evaluate each situation uniquely and be sensitive to possible alternatives. Doctors stated that they listened to their conscience when they felt uncertainty while providing care (Toulmin, 2017).

Arend states that when caregivers can fulfill their conscience demands or express their ethical concerns according to their conscience, conscience becomes an asset. If a troubled conscience cannot express or follow what their consciences want, it can become a burden for some care providers (Ahern & McDonald, 2002). There can be no right or wrong way for people to perceive conscience. Every caregiver has a verbal or nonverbal personal perspective that guides them to perceive situations and make moral decisions (Wilkinson, 1987). The result of not obeying conscience depends on the importance of conscience in life. What conscience conveys to the individual depends on certain conditions, such as the given settings. For example, in the conditions of a nursing home, assisted suicide may be acceptable for some nurses, but this thought may terrify others (Mesler, 2000).

Studies on ethics in different countries have also shown that there are differences between cultures. While nurses in Western culture will not usually feed a patient who refuses to eat, nurses in China prefer to force-feed them. Nurses in Western culture are likely to be more ethically justified in active euthanasia than Chinese nurses. These findings show

the diversity of conscience perceptions and their demands in different cultures (Norberg et al., 1994; Davis, 1993; Dahlqvist et al., 2007).

In the study, it was observed that the caregivers' attitudes towards their caregiving role increased positively as their ages increased. Similar to the present study, in the study by Bayraktar and Eşer (2017) it was observed that attitude and behaviors of nurses towards care-oriented nurse-patient interaction increased positively as their ages increased. In the study by Bakır (2019), no significant correlation was found between the nurses' ages and their attitudes towards their caregiving roles. In some studies in literature, no significant correlation was found between age and caregiving roles (Çulha & Acaroğlu, 2018; Idvall et al., 2012; Shonen, Gustafsson, Katajisto, Välimäki & Leino-Kilpi, 2010).

In our study, it was determined that nurses have a high level of Attitude Scale for Nurses in Caregiving Roles and a high level of conscience perception. In the study of Yılmaz et al. (2017), it was determined that nurses' attitudes towards caregiver roles are at a high level.

### Conclusion and Recommendations

According to the study results, it was determined that conscience perception, age, gender, clinic, marital status, education level and working duration had an effect size of 0.22 in nurses' attitudes towards their caregiving roles.

Establishing in-service training on the importance of the nursing caregiver role, training programs should be made within the scope of the needs of nurses. The continuity of in-service training programs on conscience, ethics and professional values and its reflection on care should be evaluated. It can be suggested that nurses should be encouraged to transfer their positive attitudes towards the caregiver role more into care practices. It is recommended to prepare a suitable environment for older nurses to transfer their knowledge and experience about conscience and caring roles to nurses who have just started their profession.

### Conflict of Interest

There is no conflict of interest.

### Acknowledgements

We thank all the participants who contributed to this study.

### Sources of Funding

The authors did not receive any financial support for the review article, authorship and/or publication of this article.

### Ethics Committee Approval

This study was approved by İnönü University Health Sciences Scientific Research and Publication Ethics Committee (Date: 04.02.2020 No: 2020/46).

### Informed Consent

Informed consent was obtained from nurses who participated in this study.

### Peer-review

Externally peer-reviewed.

## Author Contributions

Ü.A.: Literature Search, Design, Supervision, Critical Review, Writing Manuscript.

M.C.: Concept, Materials, Data Collection and/or Processing, Writing Manuscript

S.A.: Concept, Materials, Data Collection and/or Processing.

## References

- Adıgüzel, O., Tanrıverdi, H., & Özkan, D. S. (2011). Occupational professionalism and the case of nurses as members of a profession. *Journal of Management Sciences*, 9(2), 237-257.
- Aksoy, S. D., Mert, K., & Çetin, İ. (2019). Turkish validity and reliability of the Perception of Conscience Scale in Nurses. *Manisa Celal Bayar University Journal of Health Sciences Institute*, 6(3), 148-153.
- Ahern, K., & McDonald, S. (2002). The beliefs of nurses who were involved in a whistle blow ingevent. *Journal of Advanced Nursing*, 38, 303-309. <https://doi.org/10.1046/j.1365-2648.2002.02180.x>
- Bakır, H. (2019). *The relationship between the professional values of nurses and their caregiver roles*. (Unpublished master's thesis). University of Selçuk, Konya.
- Bayraktar, D., & Eşer, İ. (2017). Attitudes and behaviors of nurses towards caring nurse-patient interaction. *Anatolian Journal of Nursing and Health Sciences*, 20(3), 188-194.
- Burkhardt, M. A., & Nathaniel, A. K. (2008). *Ethics issues in contemporary nursing*. London: Delmar Cengage Learning.
- Carbone, S., Rickwood, D., & Tanti, C. (2011). Work force shortages and their impact on Australian youth, mental health service reform. *Advances in Mental Health*, 10, 92-97. <https://doi.org/10.5172/jamh.2011.10.1.92>
- Çulha, Y., & Acaroğlu, R. (2018). The relationship amongst student nurses' values, emotional intelligence and individualised care perceptions. *Nursing Ethics*, 1-11. <https://doi.org/10.1177/0969733018796682>
- Dahlqvist, V., Eriksson, S., Glasberg, A. L., Lindahl, E., Lützn, K., Strandberg, G., Söderberg, A., Sorlie, V., & Norberg, A. (2007). Development of the Perceptions of Conscience Questionnaire. *Nursing Ethics*, 14, 181-193. <https://doi.org/10.1177/0969733007073700>
- Davis, A., Davidson, B., Hirschfeld, M., Lauri, S., Lin, J. Y., Norberg, A., Philips, L., Pitman, E., Shen, C. H., Laan, V., Zhang, H. L., & Ziv, L. (1993). An international perspective of active euthanasia: attitudes of nurses in seven countries. *International Journal of Nursing Studies*, 30, 301-310. [https://doi.org/10.1016/0020-7489\(93\)90102-z](https://doi.org/10.1016/0020-7489(93)90102-z)
- Idvall, E., Berg, A., Katajisto, J., Acaroglu, R., Antunes da Luz, M., Efstathiou, G., Kalafati, M., Nevin, K., Leino-Kilpi, H., Lemonidou, C., Papastavrou, E., Sendir, M., & Suhonen, R. (2012). Nurses' Socio demographic background and assessments of individualized care. *Journal of Nursing Scholarship*, 44(3), 284-293. <https://doi.org/10.1111/j.1547-5069.2012.01463.x>
- International Council of Nurses, ICN (2012). The ICN Code of Ethics for Nurses. [https://www.icn.ch/sites/default/files/inlinefiles/2012\\_ICN\\_Codeofethicsfornurses\\_%20eng.pdf](https://www.icn.ch/sites/default/files/inlinefiles/2012_ICN_Codeofethicsfornurses_%20eng.pdf)
- Johnstone, M. J. (2019). *Bioethics: a nursing perspective*. Elsevier Health Sciences. 6th ed. Australia.
- Juthberg, C., Eriksson, S., Norberg, A., & Sundin, K. (2007). Perceptions of conscience in relation to stress of conscience. *Nursing Ethics*, 14(3), 329-343. <https://doi.org/10.1177/0969733007075868>
- Kalı, S. D. (2019). *Investigation of attitudes of nurses working in a state hospital towards their caregiver roles*. (Unpublished master's thesis). University of Atatürk, Erzurum.
- Koçak, C., Albayrak, S. A., & Duman, N. B. (2014). Developing an Attitude Scale for Nurses in Caregiving Roles: validity and reliability tests. *Journal of Education and Research in Nursing*, 11, 16-22.
- Korkmaz, E., & Korkut, S. (2021). The COVID-19 pandemic and moral distress. *Turkish Journal of Bioethics*, 8(1), 3-10.
- Memarian, R., Salsali, M., Vanaki, F., Ahmadi, F., Hajizadeh, A. (2007). Effective factors in the process of achieving clinical competency. *Scientific Journal of Zanjan University of Medical Sciences*, 14(56), 40-49.
- Mesler, M. A. (2000). Hospice and assisted suicide: the structure and process of inherent dilemma. *Death Studies*, 24(2), 135-155. <https://doi.org/10.1080/074811800200612>
- Norberg, A., Hirschfeld, M., Davidson, B., Davis, A., Lauri, S., Lin, J. Y., Philips, L., Pitman, E., Laan, V., & Ziv, L. (1994). Ethical reasoning concerning the feeding of severely demented patients: an international perspective. *Nursing Ethics*, 1(1), 3-13. <https://doi.org/10.1177/096973309400100102>
- Post, I. (1998). Perioperative nurses' encounter with value conflicts: a descriptive study. *Scandinavian Journal of Caring Sciences*, 12(2), 81-88. <https://doi.org/10.1111/j.1471-6712.1998.tb00480.x>
- Ricoeur, P. (1994). *Oneself as another*. University of Chicago Press.
- Shonen, R., Gustafsson, M. L., Katajisto, J., Välimäki, M., & Leino-Kilpi, H. (2010). Nurses' perceptions of individualized care. *Journal of Advanced Nursing*, 66(5), 1035-1046. <https://doi.org/10.1111/j.1365-2648.2009.05256.x>
- Sulmasy, D. P. (2008). What is conscience and why is respect for it so important? *Theoretical Medicine and Bioethics*, 29(3), 135-149. <https://doi.org/10.1007/s11017-008-9072-2>
- Sørli, V., Jansson, L., & Norberg, A. (2003). The meaning of being in ethically difficult care situations in paediatric care as narrated by female registered nurses. *Scandinavian Journal of Caring Sciences*, 17(3), 285-292. <https://doi.org/10.1046/j.1471-6712.2003.00229.x>
- Tan, M., Yuncu, S., Şentürk, Ö., & Yıldız, Ö. (2007). University students' perspectives on nursing. *Journal of Atatürk University School of Nursing*, 10(1), 22-39
- Tazakori, Z., Mozafari, N., Movahedpour, A., Mazaheri, E., Karim Elahi, M., & Mohamadi, M. A. (2005). Comparison of nursing students and instructors about OSPE performance and evaluation methods in common practice. In *Proceedings of the 7th National Congress Country Training* (Vol. 9).
- Toulmin, S. (2017). The tyranny of principles. In *Ethics and Medical Decision-Making* (pp. 193-201). Routledge.
- Wilkinson, J. M. (1987). Moral distress in nursing practice: experience and effects. *Nursing Forum*, 23(1), 16-29.
- Yılmaz, D. U., Dilemek, H., Yılmaz, D., Korhan, E. A., Çelik, E., & Rastgel, H. (2017). Attitudes and related factors for nurses in caregiving roles. *International Refereed Journal of Nursing Research*, 1, 83-97.