

Cumhuriyet Medical Journal

Available online, ISSN:1305-0028

Publisher: Sivas Cumhuriyet Üniversitesi

Nurses' Views On Ethical Practices In Nursing Care: A Qualitative Study

Şükriye Şahin ^{1*}, Şule Alpar Ecevit ²

¹Institute of Health Sciences, Marmara University, Istanbul, Türkiye

²Department of Fundementals Nursing, Faculty of Health Science, Marmara University, Istanbul, Türkiye

Founded: 2004

*Corresponding author

|--|

Nurses are required to make ethical decisions with the ethical principles of the nursing profession while making decisions in clinical practice. Therefore, it is very important to recognize and solve ethical problems. The purpose of this research is to learn in-depth the views of nurses about ethical practices and nurses' behavior towards individuals when giving care.

Received: 18/01/2023 Accepted: 25/09/2023

Research Article

History

A hermeneutic-phenomenological qualitative study was performed. Qualitative data were gathered through semi-structured in-depth interviews from March to November 2020 four hospital in Kocaeli. This qualitative study was carried out with the data collected in face-to-face, in-depth interviews with a semi-structured questionnaire. Interviews were conducted with 40 nurses, each taking 30–60 min. The obtained data were evaluated with the inductive content analysis method.

Content analysis of the interview based on nurses' descriptions revealed four major themes. Themes: The meaning given to care ethics, difficulties encountered in nursing care, ethical values in nursing care and ethical approach of hospital management. The nurses indicated that their level of care ethics knowledge was insufficient, and they needed to receive comprehensive ethical care training from a qualified specialist. In addition, nurses' personal characteristics, religious and cultural values, and professional experiences were found to be factors affecting nursing care. It was also found that the support and motivation of nurses by their managers positively affected their care.

In the interviews, nurses consider it necessary to provide care by paying attention to ethical behaviors in nursing care and practices for the development and professionalism of the profession, but they state that they do not have an idea about how this will be provided. It was determined that nurses thought that more attention should be paid to the importance and value of ethics in nursing interventions, and ethical practices in nursing care should be included in in-service training programs.

Keywords: Nursing ethics, nursing care, ethical practices

Hemşirelerin Hemşirelik Bakımında Etik Uygulamalara İlişkin Görüşleri: Niteliksel Bir Araştırma

	ÖZ
Süreç	Hemşirelerin klinik uygulamada karar verirken hemşirelik mesleğinin etik ilkelerine uygun olarak etik kararlar alması
	gerekmektedir. Bu nedenle etik sorunların tanınması ve çözülmesi oldukça önemlidir. Bu araştırmanın amacı hemşirelerin etik
Geliş: 18/01/2023 Kabul: 25/09/2023	uygulamalara ilişkin görüşlerini ve hemşirelerin bakım verirken bireylere yönelik davranışlarını derinlemesine öğrenmektir.
	Hermenötik-fenomenolojik nitel bir çalışma gerçekleştirildi. Niteliksel veriler Mart-Kasım 2020 tarihleri arasında Kocaeli'deki dört hastaneden yarı yapılandırılmış anket formu ile toplanmıştır. Bu nitel çalışma yüz yüze derinlemesine görüşmelerde toplanan verilerle gerçekleştirilmiştir. Görüşmeler 40 hemşire ile gerçekleştirildi ve her görüşme 30-60 dakika sürdü. Elde edilen veriler tümevarımsal içerik analizi yöntemiyle değerlendirilmiştir.
	Hemşirelerin açıklamalarına dayalı olarak yapılan görüşmelerin içerik analizi dört ana temayı ortaya çıkardı. Temalar: Bakım etiğine verilen anlam, hemşirelik bakımında karşılaşılan zorluklar, hemşirelik bakımında etik değerler ve hastane yönetiminin etik yaklaşımlarıdır. Hemşireler, bakım etiği ile ilgili bilgi düzeylerinin yetersiz olduğunu ve alanında uzman bir kişiden kapsamlı bakım etiği eğitimi almaları gerektiğini belirtmişlerdir. Hemşirelerin kişisel özellikleri, dini ve kültürel değerleri ve mesleki deneyimleri de hemşirelik bakımını etkileyen faktörler olarak saptanmıştır. Ayrıca hemşirelerin yöneticileri tarafından destek ve motivasyonunun bakımlarını olumlu yönde etkilediği bulunmuştur.
	Görüşmelerde hemşireler, mesleğin gelişimi ve profesyonelliği için hemşirelik bakımında etik davranışlara ve uygulamalara dikkat ederek bakım verilmesinin gerekli olduğunu düşünmekte ancak bunun nasıl sağlanacağı konusunda fikir sahibi
License	olmadıklarını belirtmektedirler. Hemsireler, hemsirelik girisimlerinde bakım etiğinin önemine ve değerine daha fazla önem
	verilmesi gerektiğine ve hemşirelik bakımında etik uygulamalara hizmet içi eğitim programlarında yer verilmesinin çok önemli
	olduğuna dikkat çekmektedir.
This work is licensed under	
Creative Commons Attribution 4.0	
International License	Anahtar sözcükler: Hemşirelik etiği, Hemşirelik bakımı, Etik uygulamalar
1 😒 sukriye.sahin@kocaeli.edu.tr	10 https://orcid.org/ 0000-0001-8321-8475 2 Salpar@marmara.edu.tr 10 https://orcid.org/ 0000-0003-0951-0106
3 37 1	vit Ş(2023) Nurses' Views On Ethical Practices In Nursing Care: A Qualitative Study, Cumhuriyet Medical Journal, ber 2023, 45(3): 11-20

Introduction

Nursing care is the primary role unique to nursing [1]. The feature that makes nursing care privileged is its awareness and sensitivity about the moral aspect of care and its reflection on the patient-nurse relationship by combining it with professional knowledge and skills ^{1, 2}. Nursing care is the ability of a nurse to combine and present their correct knowledge, practical intelligence, judgment, and specialized psychomotor skills in line with ethical principles and professional values ^{3, 4}. Medical errors due to lack of knowledge and skills, poor decisionmaking and problem-solving ability, negligence, or carelessness cause severe problems in individuals ⁵. Even these problems can end the life of an individual. Incorrect drug administration to a patient, injecting a drug into the artery instead of a vein, administering too much medication without calculating the dose, and administering high insulin doses to people with diabetes are examples of errors that can cause serious problems. Medical errors are against patient rights and ethical principles as they result in harm to individuals. It causes a decrease in patient safety and quality of care ^{2, 6}. For this reason, nurses should be aware of their moral responsibilities while providing care and be more sensitive to the care needs of individuals [6].

The concept of care ethics is to determine the specific needs of patients by nurses and meet them following ethical principles. For babies who need nursing care; small children; individuals with mental or physical disabilities; bedridden, conscious or unconscious patients; patients living in emergency care, intensive care, and operating rooms have a high risk of vulnerability, as they have weak capacity to think and make choices about their care, restricted movements, vulnerable, and need to protect their privacy ^{7, 8, 9}. Nurses should display more sensitive ethical care behaviors in line with the values and needs of the patient during their care.

For this reason, nurses must recognize ethical problems and provide solutions; It is necessary to determine how much they perform autonomous, respectful, and sensitive nursing care practices. In this context, it is aimed to bring individuals into complete well-being by evaluating them physically, mentally, socially, and psychologically. Determining the behaviors of nurses towards care ethics in the protection and improvement of the health of individuals will contribute economically to the disease burden. The purpose of the study was to determine the ethical challenges and dilemmas encountered by nursing care and examine nurses' professional ethical behavior.

Methods

1. Study Design

A hermeneutic-phenomenological qualitative study was performed. A qualitative study examined nurses' views on care ethics and their ethical behavior in patient care. The study was conducted through faceto-face in-depth interviews with a semi-structured questionnaire. Content analysis was considered a research method for reaching the concepts that can explain the data and the relationships between concepts.

2. Sample and Participants

Qualitative data were gathered through semistructured in-depth interviews from March to November 2020, four hospital in Kocaeli. Nurses were sampled from those who work designated units, and inclusion criteria are working in internal or surgical clinical sciences for at least two years, aged 22 years or above, and willing to consent to and participate in in-depth interviews. The nurses have accepted sampling from those who work to take care of patients in four hospitals from Turkey. They participated in an interview conversation by contacting the leader of these nurses. If the nurses were willing to attend interview conversations and talk about their views and behavior about care ethics, they were asked to sign a written consent form. Forty nurses consented to participate in this study. Interviews were conducted with 40 nurses and each interview took 30-60 min. A preliminary interview was held with five nurses, the draft of the interview was made more precise and logical. Then, other nurses were included in the sample, respectively.

3. Data Collection Tools

Interview outline for open-ended questions was drafted with experts specializing in nursing care, nursing management, and nursing education. According to the pre-interview results, the final interview outline was created. The main questions were the following:

1. What are your views on nursing care?

2. Do you have any ethical challenges while applying nursing care?

3. How did you cope with these ethical challenges?

4. Do you have situations where you have an ethical dilemma during nursing care?

5. What are the ethical behaviors to be considered while applying nursing care?

4. Data Collection

Qualitative data were gathered through semistructured in-depth interviews from March to November 2020. In this study, the phenomenology method, one of the qualitative research methods, was used to comprehend the nurses' personal views and perspectives on nursing ethics and ethical care behaviors as a holistic. In-depth interviews are a data collection technique covering all dimensions of the subject under investigation; mostly open-ended questions are asked, detailed answers are obtained, and information is collected through face-to-face interviews.

Firstly, researchers explained to the participants the purpose of the study, voluntary participation, data confidentiality, and qualitative interviewing. Then, during the interviews, it was said that a tape recorder would be used, and permission was obtained from the participants. All interviews were conducted in a meeting room at the hospital where the participants work. Each interview took 30-60 min, and the average time was 45 min. In this study, researchers conducted 40 interviews, including five pre-interviews 35 formal interviews. Pre-interviews were conducted before the formal interviews to ensure accuracy and the interview outline's rationality. After the five interviews, researchers analyzed the texts to follow up on subsequent interviews, critically examine the interviews, and explore themes. This process was repeated with all researchers participating after five interviews. The statements were recorded after each interview. It was transcribed verbatim after listening to this recording, with non-verbal information included. The transcribed data was read thoroughly several times by the researchers, followed by an analysis of each interview as a single text.

5.Data Analysis

All interviews were transcribed, the researchers analyzed first separately, then each interview as single texts; this process was repeated with researchers after all interviews. Completed texts were then explored as a whole, analyzing each interview for the entire text. The questions in the study are used as a guide for conducting the analysis. The obtained data were evaluated through the content analysis method. The primary purpose of content analysis is to reach the concepts and relationships that can explain the collected data ^{10, 11.} Inductive content analysis, which consists of 4 stages: coding data, finding themes, organizing and defining them according to given codes and themes, and interpreting the findings, was used to organize the data. Collected data is codified and patient's antibiotic, no one knows about it if I throw away the prescription. Because when we come on duty, we share patients, and then we start our nursing care, no one touches my patient but me." (N10)

classified into words, sentences, or paragraphs. The themes occurred after the gathered data had been coded and categorized to see the whole. The propositions emerging from the study were made according to the themes.

Ethical Considerations

This study was approved by the University Research Ethical Committee (approval number 20.06.2019-133). Participants were provided with written and oral information. Then the aim of the study was explained. Before every interview, information was given about the interview and registration procedures. It was repeated that they had the right to withdraw from research whenever they wanted. If participants gave voluntary consent, they were invited to sign the consent form before participation in the study. All data are confidentially treated.

Results

A total of 40 eligible nurses were accepted to study, aged 22–45 years and had a nursing tenure of 2–25 years. They shared the ethical challenges of caring for patients and their ethical decision-making (Table 1).

Four main themes emerged in this study, namely the meaning given to care ethics, difficulties encountered in nursing care, ethical values in nursing care and ethical approachs of hospital management.

1. The meaning given to care ethics

In the one-to-one interviews with nurses, almost all said that care should be given within ethical codes. They stated that the primary responsibility of nurses is for individuals who need nursing care and that care should be given in a way that respects the rights, culture, values, and beliefs of the individual, the family, and the community. They also emphasized that the nurse should inform the patient and get permission before care practices, keep the patient's personal information confidential, and defend equality and justice in individuals' access to health services. Most importantly, they stressed the need for comfortable care in conscience.

"You are alone with your conscience!"

"I think you are ethically alone in the intensive care unit with your conscience. If I do not make the

Some of the nurses mentioned that the care would be better by providing an empathetic approach to the care of the patients.

"When you think of nursing care like your own family, your care is quality. Because in my professional life, I applied my care by thinking as if my parents." (N17)

Table 1. Socio-Demographic Characteristics Of The Participants

Table 1. Socio-Demographic Characteristics Of The Participants		

2. Difficulties encountered in nursing care

As a result of the conflict of ethical values and responsibilities while providing health services in hospitals, nurses often face ethical dilemmas with nurse-patient, nurse-physician, nurse-patient relative, nurse-other health professionals in the service procurement process.

Experienced difficulty caring for the other sex

Nurses mentioned that proper care should be given to everyone without gender discrimination in the care of patients. However, some nurses stated that they had difficulties giving care to patients of the opposite sex; they did not want to give care while providing nursing care.

"It is necessary to give equal care to everyone, regardless of whether they are men or women. However, I have a hard time caring for men. For example, it is very difficult for me to insert a urinary catheter and take a urine culture in male patients." (N4)

Requesting privileged care

From the data, this theme emerged when higher authorities working in the hospital were asked to provide privileged care according to the socioeconomic level of some patients from the nurses. "There should be a special room requirement according to the patient's needs and the surgery

situation. I do not think it is necessary to give a private room to the person who pays. Or he has donated to the service and has all his relatives look after him. As soon as an ordinary outside patient comes in, I think these are unethical." (N28)

The image of nursing in society

The participants defined that they saw nurses as miraculous and thought we would heal every patient. They also mentioned that false information learned from social media complicates nursing care.

"Social media has been making our job very difficult lately. This is how my friends think. There are also misrepresentations in TV series. They see us as superman as if everything is in our hands. Some things tie our hands. We cannot do everything. We seem to have a magic wand in our hands. This time, we are in a difficult situation when the patient cannot recover. We are also exposed to the interventions of patients and their relatives. People judge us with false and false information from social media. While they are going to support us, they become a hindrance. Moreover, we try to tell them our problem." (N1)

Difficulties in communication with the team, patient and patient relatives

There were disruptions in nursing care and practices because of the inability to provide therapeutic communication with patients and their relatives.

"For example, I have a patient right now, and I have much trouble with his care. For example, I could not open the vascular access, I could not get blood, the relatives of the patients are not oriented, I try to help, but patients and their relatives are not oriented. You cannot care for a patient who does not want it anyway; you cannot care for him if he does not join you." (N16)

Difficulties in the treatment of patients

The nurses are shy in the treatment of the patients, refusal of the patients to receive the treatment, or even if the patients do not give written consent, the willingness of the patients to treatment causes some difficulties in the treatment of patients.

"There are treatments for which we need consent from patients. We have patients who do not want to give consent but want to receive that service even though they do not give consent. They want us to take full responsibility, and they want us to be held accountable in cases where accountability is required." (N10)

3. Ethical Values in Nursing Care

Nurses, who are in constant communication with the patient in health care and treatment, frequently encounter ethical problems while fulfilling their roles such as treatment, care, education and counseling. Among the problems that nurses have ethical dilemmas are; Patient safety is experienced when making decisions in patients' health services and care, giving care in accordance with the values and beliefs of patients.

The importance of patient safety

Participants talked about the importance of patient follow-up in preventing drug administration errors.

"I think communication, privacy, the right medicine, the right patient, the right time are very important. In crowded wards, the wrong drug may be administered to the wrong patient, and I think this needs to be taken very seriously and should be controlled a lot. For example, they taught us at the university that you will look at the medicine, look at the patient's wristband, and confirm the patient separately. I think this is a hundred percent proper application." (N16)

Situations with an ethical dilemma

Some participants stated that they had difficulty deciding whether the patients had pain and applied a placebo not to give painkillers to the patients.

"I have a dilemma when applying nursing care; for example, there are painkillers. For example, does the patient have pain? I am torn between taking the patient's pain reliever or not. For example, the patient receives paracetamol, even if it is not necessary, I ask the patient. Or I think whether to do it in anticholinergic or not." (N8)

The effect of nurse's experience on decision making The participants mentioned that they made decisions about the patient easier with the knowledge of their professional experience.

"In the first ten years I started working, there were situations where I was indecisive, but after the first ten years, I did not encounter any. Although I have been a nurse for 26 years, I always ask. Moreover, on top of that, I easily apply what I know so that no one can tell me anything." (N15)

Participants new to the profession mentioned that they were in a dilemma, hesitations, and avoidance of care due to the lack of professional knowledge and skills.

"I started my profession six months ago, and I do not know what to do; for example, I do not know how to care for diabetic foot. I cannot decide because I do not know." (N16)

Respect for values and beliefs

Participants explained that they experienced difficulties in religious rituals such as hair and beard and that patients refused treatment due to the content of the drug.

"Although very rare, we have some difficulties with the relatives of the patients. For example, they do not want patients' hair and beard to be cut. We have the most problems in cutting hair and beard." (N5) "For example, the patient does not want blood

thinners or insulin. There is a pig's oil in the blood thinner; he does not want to have the blood thinners because of his religious denomination. This patient is a post-op patient. Neither did we." (N28)

4. Ethical approachs of hospital management

Ethical dilemmas are experienced due to the gaps in the job descriptions of nurses, the inadequacy of the number of staff and nurses, and the problems arising from the lack of support systems of the administrators.

Lack of support of nurses

The participants stated that the management and managers do not support the nurses in case of any complaints, and at the same time, the nurses do not support each other.

"The relatives of the patients complain; the relatives of the patients are right in every way, and you do not have the right to rest and explain the incident; it is as if we are wrong in every way. Complaints are perceived as a success by patients." (N38)

"It would be better if there was no jealousy among the nurses; I would work more peacefully and actively. I am unmotivated, want to be honored, want to be rewarded; these are more constructive things. Shifts are arranged according to personal relationships, or when mistakes are made, the nurse in charge does not alert those whose personal relationship is good." (N28)

Definition of duties, authorities, and responsibilities

The participants stated that patient care was interrupted due to non-nursing jobs (such as secretariat, reports to be placed in the patient file, and many documents) that are not intended for one-on-one patient care, and the insufficient number of nurses compared to the number of patients.

"Our workload is too much. That is why I cannot provide psychological support and deficiencies enough to the patients. We have all the responsibilities. We support services; we have the secretarial job, sometimes we do the cleaning. We were supposed to refer a patient the other night, but I do not know. No secretary at night. I called many people until I referred the patient, I did, but I neglected the care of other patients." (N4)

Discussion

This study aimed to determine the care ethics behaviors of nurses in their care and practices and explain their thoughts on care ethics. The analysis generated four themes.

In the interviews, nurses consider it necessary to provide care by paying attention to ethical behaviors in nursing care and practices for the development and professionalism of the profession, but they state that they do not have an idea about how this will be provided.

Ethical sensitivity, defined as the ability to distinguish ethical problems, needs to be developed for nurses to recognize and solve ethical problems and make correct decisions. Considering the studies, it is seen that nurses are in an effort to provide ethical care to the patient and their family, but they are not enough ^{12, 13, 14}. In the study conducted by Yıldırım et al., it was determined that nurses are in an effort to provide care in accordance with ethical principles, but they have difficulty in fulfilling their ethical obligations due to the health problems they experience, professional, ethical and moral problems ¹⁴. Similarly, in other studies, it was determined that most of the nurses had ethical problems and could not solve this problem, and they received help from the responsible nurse to solve this problem ^{15, 16}. In a study conducted with nurses in South Korea, it was determined that the uncertainty of right and wrong actions in order to maintain good nursing caused nurses to violate ethical principles due to the conflict of ethical values and nurses' own values [13]. In the 2020 study of Haahr et al., it is stated that nurses try to provide care by being aware of their ethical obligations to the patient and their family, but they need to be supported [12]. In this study, it was stated that nurses are aware of their professional ethical obligations and it is important to fulfill ethical obligations. The findings of the study were similar to the results of the literature, and it was stated that in the majority of the studies, nurses had ethical problems and that they could or could not solve this ethical problem with help. This situation shows the necessity of training of nurses especially for ethical decision making process. It is thought that including this subject in in-service training programs will contribute positively to the decision-making process.

Özyer's study found a significant relationship between ethical attitudes and various demographic factors (such as age, gender, education, occupation, belief), and that demographic characteristics affect ethical behaviors ¹⁷. When the literature is examined; In the study of Tosun [18] 72.4% of the nurse group had a professional working period of 1-10 years, in the study of Dalcalı [19] 28.8% of the nurses were between 11-15 years and Aslan in their study [20], it was determined that 51.85% of the nurses were between 5-10 years. In the findings of these studies, it is reported that the nurses do not have the ability to critically evaluate the care provided to meet the personal care needs of the patients from an ethical perspective, due to the fact that the majority of the nurses constitute the young nurse group. Similarly, in the study of Başak et al. and Dikmen ^{15, 21}, age and duration of clinical experience are important factors in gaining ethical sensitivity, in the study of Kahriman and Çalık ²², they found that 36-year-old nurses had higher ethical sensitivity than 25-year-old nurses. A nurse with sufficient knowledge and experience quickly develops solution skills during the evaluation phase of the existing ethical problem ^{23, 24}. In this study, it was found that increasing age and working experience positively affected ethical behaviors. In order to provide quality nursing care, besides professional experience and age, nurses should act according to the principles of correct behavior.

It was thought that nurses in the young age group had a short working time in the profession, did not have experience, and therefore the number of encountering ethical problems was low, and they might be insufficient in recognizing ethical problems. Similarly, in studies conducted to determine the moral sensitivity of young intensive care nurses in Turkey, it was determined that the age factor had an effect on moral sensitivity [25, 26]. In Arslan's study, it was concluded that nurses who are young and new to the profession are mostly in ethical dilemmas and this is due to a lack of self-confidence ²⁷. In another study, it was determined that nurses who have been working for less than a year have lower moral sensitivity than experienced nurses ^{15, 28}. There are also studies that concluded that lack of professional experience is one of the obstacles to the development of moral sensitivity in nursing ²⁹. In this study, the fact that the nurses in the young age group participating in the research have not yet faced the problems that require ethical decision making or that they have not reached a sufficient level of awareness affect their ethical decision making. On the other hand, as the time spent by experienced nurses in the profession increases, they can make decisions more easily because they encounter too many ethical problems.

As professional members, nurses have undertaken the responsibility of providing adequate and qualified care to society. While the nurses provide the care they deem appropriate for the patient's benefit in line with the principle of providing benefit, ethical problems arise from the issues related to the patients ³⁰. While the key role of the nursing profession in maintaining the health of individuals and society cannot be denied, it has been reported that unfortunately it has not gained the value and respect it deserves ^{31, 32, 33}. It has been reported that one of the most important factors in not seeing the value that the nursing profession deserves is the social professional image, and the other is the professional image of the professionals ^{33, 34}. In this study, the provisions regarding the duties, authorities and responsibilities of the nurse in the current legislation are not fully known by the nurses, their teammates and the society. When the social nursing image towards the nursing profession is examined in the researches; The fact that the nursing profession is a knowledge and skill-based profession that has an important place in public health, ^{32, 35} on the other hand, in the study of Morcinowicz et al., ³⁶ the fact that anyone who cares for people can be a nurse indicates that they perceive the nursing profession as a simple job. indicator. However, it has been reported that it is important for healthcare team members to know each other's roles and their importance in the team, establish mutual open and respectful to communication, and to use their autonomy for patient health ³⁷. When the social nursing image researches on the role of nurses are examined; The participants perceived the functions and duties of the nurse mainly in the categories of diagnosis, treatment and application of auxiliary procedures given by physicians ^{35, 36, 38}. However, it has been

reported that misleading messages about the duties of nurses are given in the media ³⁹. For all these reasons, it was thought that the awareness of the nurses' duties was insufficient in the society and that the society perceived the nursing profession as an auxiliary profession that fulfills the assigned duties.

Nurses complain that there are too many different attitudes and no certain standard because ethical principles and values are not reinforced during their care and practices. Due to the lack of a standard, it has been concluded that the quality of caregiving varies from nurse to nurse; personal values come before professional values, which damages the image of professional dignity. It has been observed that the quality of the interventions applied to the patient in each nurse who changes in different shifts in the profession that operates according to the shift method, is changing according to the output as a result of the personal decision mechanisms, leaving the professional knowledge and skill standards obtained during the training. In studies in which the ethical sensitivities of nurses are discussed according to their working style, it is seen that the general ethical sensitivities, autonomy, benefit and holistic approach ethical sensitivities of nurses working in shifts are higher than those of nurses who constantly work during the day ^{40, 41}. On the other hand, in the studies of Öztürk et al., it was determined that the way of working in nurses was not related to ethical sensitivity⁴². Nurses undertake many responsibilities regarding nursing practices within the scope of their duties. In this context, it can be explained by the fact that nurses who work in shifts feel the sense of responsibility they carry more intensely due to the fact that they work with fewer team members during the shift period compared to nurses who work constantly during the day, and accordingly they show higher ethical sensitivity. In order to prevent this situation, an opinion has been expressed as follows: It has been determined that it is complicated to create change on an individual basis to gain ethical behavior, and it is possible to make a radical change with the corporate culture.

Conclusion

Nursing is based on professional philosophy and a scientific ethics. Ethical care is very effective on nursing care practices. Ethical care depends on the ability to act in line with ethical principles in the decision-making process in the face of problems. In this study, it was revealed that nurses had difficulties solving ethical problems. It is stated that more than half of the nurses participating in the study have difficulties solving problems despite receiving training on ethics. In this case, ethics committees should be established in institutions where the nursing profession is practiced, nurses should be included among the board members, hospital management protocols should be created by managers so that nurses recognize and evaluate ethical principles and professional organizations should give due importance. It has been stated that nurses' characteristics such as conscience, positive relations with others, self-control skills and sense of responsibility, communication skills, and awareness of responsibility can also affect ethical behaviors.

Acknowledgements

Thanks to all nurses and professionals who participated in this study and shared their experience and attitudes with us.

Funding

The author(s) received no financial support for the research.

Conflicts of interest

The authors declare that they have no conflict of interest.

Limitations

In this study, it can be taken into account that the participants did not adequately report their nursing care practices or they may have misreported some behaviors that they actually did but thought were unacceptable.

Authors Contributions

Author 1: research idea, design of the study, acquisition of data for the study, analysis of data for the study, interpretation of data for the study, drafting the manuscript, revising it critically for important intellectual content, final approval of the version to be published

Author 2: research idea, design of the study, interpretation of data for the study, drafting the manuscript, revising it critically for important intellectual content, final approval of the version to be published

Ethical approval

This study was approved by Ethics committee of 20.06.2019-133.

References

1. Baykara ZG. The concept of nursing care. TJOB 2014;1(2):92-99.

- Dinç L. The concept of caring and its' moral component. Hacettepe Univ Faculty of Health Sciences J 2010; 74-82.
- Elçigil A, Bahar Z, Beşer A, Mızrak B, Bahçelioğlu B, Demirtaş D, Özdemir D, Özgür E, Yavuz H. Ethical dilemmas which are faced by nurses. J Nursology 2011; 14(2):52-60.
- Riggio ER, Taylor JS. Personality and communication skills as predictors of hospice nurse performance. JBP 2000; 15(2):351-359.
- 5. Cortis JD, Kendrick K. Nursing ethics, caring and culture. Nurs Ethics 2003; 10:77-88.
- Ağaçdiken S, Aydoğan A. Empathic skills and ethical sensitivity relationship in nurses. Gumushane Univ J Health Sciences 2017; 6(2):122–129.
- Held V. The ethics of care: personal, political, and Global. In: Care and Moral Theory, Oxford University Press 2006, p. 9-29.
- Dinç L. The importance of ethics of care for nursing practice. Turkish Clinics J Med Ethics Law Hist-Special Topics 2017; 3(1):1-9.
- Vanlaere L, Gastmans C. A personalist approach to care ethics. Nurs Ethics. 2011;18(2):161-73.
- Ngulube P. Qualitative data analysis and interpretation: systematic search for meaning. In. Mathipa ER, Gumbo MT (Eds) Addressing research challenges: making headway for developing researchers. Noordywk: Mosala-MASEDI, 2015; pp 131-156.
- Yıldırım A, Şimşek H. Qualitative research methods. In: Yıldırım A, Şimşek H (Eds) Qualitative research methods in social sciences. 5nd ed. Ankara: Seçkin Publications, 2016; pp 232-266.
- 12. Haahr A, Norlyk A, Martinsen B, Dryer P. Nurses experiences of ethical dilemmas: A review, Nurs Ethics 2020; 27(1):258-272.
- 13. Kim M, Oh Y, Kong B. Ethical conflicts experienced by nurses in geriatric hospitals in South Korea: "If You Can't Stand the Heat, Get Out of the Kitchen". IJERPH 2020; 17(4442):2-13.
- 14. Yıldırım B, Gerçek E, Karabudak SS. The problems of nurses working in the newborn intensive care unit: A Qualitative Research. J Adnan Menderes Univ Health Sciences Faculty 2020; 4(2):144-153.
- 15. Başak T, Uzun Ş, Arslan F. Investigation of the moral sensibility of intensive care nurses. Gulhane Med J 2010; 52:76-81.

- Aksu T, Akyol A. Investigation of the moral sensibility of nurses in İzmir. Turkiye Klinikleri J Med Ethics 2011; 19(11):16-24.
- 17. Özyer K, Azizoğlu Ö. The impacts of demographic variables on people's ethical attitude. IJESR 2010; 6(2):59-84.
- Tosun H. Determining the Sensitivity of Physicians and Nurses to Ethical Dilemmas Experienced in Health Care Practices. Istanbul: Istanbul Univ; 2005.
- Dalcalı KB, Şendir M. Determining the relationship between nurses personal values and their ethical sensitivity. Florence Nightingale J Nurs 2016; 24(1);1-9.
- Aslan Ö, Vural H, Avcı PY. Determination of operating room nurses' approaches to ethical problems. Gulhane Med J 2003; 45(2):147-152.
- 21. Dikmen Y. An observation on the moral sensibility of intensive care nurses. Cumhuriyet Nurs J 2013; 2(1):1-7.
- 22. Kahriman İ, Çalık KY. Ethical sensitivity of clinical nurses. Gumushane Univ J Health Sciences 2017; 6(3):111–121.
- Burkhardt AM, Nathaniel AK. Ethical Priciples. In: Alpar ŞE, Bahçecik N and Karabacak Ü (Eds). Ethics Issues in Contemporary Nursing. 3nd ed. İstanbul, Istanbul Tip Kitapevi, 2013; pp 52-78.
- Grace PJ. Nursing ethics and professional responsibility in advanced practice.In.Gaylord NM (Eds). Ethical Liedership by Advanced Practises Nurses. 3nd ed. Burlington, Massachusetts: Jones and Bartlett Learning; 2018; chap 5.
- Aytaç N, Naharcı H, Öztunç G. Knowledge about nozocomial infections of nurses working in intensive care in training and research hospitals in Adana. Journal of Adnan Menderes Univ Med Faculty 2008; 1(3):9-15.
- 26. Çelen Ö, Karaalp T, Kaya S, Demir C, Teke A, Akdeniz A. The considerations about and expectations from in-service training programs of the nurses working at the intensive care units of the education hospital of gulhane military medical faculty. Gulhane Med J 2007; 49(1):25-31.
- Arslan G. The İmpact Of Nurse's Ethical Sensitivity Levels On Their Approaches To Ethical İssues Spesific To İntensive Care. Istanbul: Acıbadem Mehmet Ali Aydınlar Univ; 2017.
- 28. Kulju K, Suhonen R, Leino KH. Ethical problems and moral sensitivity in

physiotherapy: A Descriptive Study. Nurs Ethics 2013; 20(5):568-577.

- 29. Huang FF, Yang Q, Zhang J, Khoshnood K, Zhang JP. Chinese nurses 'perceived barriers and facilatators of ethical sensitivity. Nurs Ethics 2016; 23(5):507-522.
- 30. Demirsoy N, Yılmaz AT, Şaylıgil Ö. Nurses' approaches to ethical dilemmas: An example of a public hospital. JHS 2018; 15(3):1568-1583.
- Eşer İ, Orkun N, Çetin P. The image of nursing and a series of advertisements published in the 1950s. DEUHFED 2017; 10(4):275-278.
- Çelik As, Pasinlioğlu T, Kocabeyoğlu T, Çetin
 S. Determination of the image of nursing profession in community. Florence Nightingale J Nurs 2013; 21(39):147-153.
- Derin N, Ilkım NŞ and Yayan H. Expression of professional adherence by professional prestige in nurses. Hacettepe Univ Faculty of Health Sciences J 2017; 4(3):24-37.
- 34. Crawford P, Brown B, Majomi P. Professional identity in community mental healty nursing: a tehematic analysis. IJNS 2008; 45:1055-1063.
- Meiring A, Van Wyk NC. The image of nurses and nursing as perceived by the south african public. AJHNM 2013; 15(2): 3–15.
- Marcinowicz L, Foley M, Zarzycka D, Chlabicz S, Windak A, Buczkowski K. Polish medical students' perceptions of the nursing profession: A cross-sectional study. Scand Journal Caring 2009; 23:438– 445.
- Öğüt A, Kaya D. Teamwork in healthcare organizations. Selcuk University J Social and Technical Researches 2011; 1(1):88-95.
- Keçeci A, Durmuş SÇ, Oruç D, Kapisiz ÖÖ. The society's view of nursing in Turkey. Hospital Topics 2014; 92(2):36–43.
- 39. Ertem G, Dönmez YC, Oksel E. Investigation of nursing news in daily Turkish newspapers. Maltepe University J Nurs Science and Art 2009; 2(2):70-75
- Kavak ŞN. Investigation Of Ethical Sensitivity And Burnout Levels Of Nurses. Istanbul:Usküdar Üniv; 2020.
- Dezhkam L, Kargar Z, Kalani N, Tafvizi MD, Jahromi HK. The study of moral sensitivity of fasting nurses working in therapeutic educational hospitals of jahrom. International J Med Research & Health Sciences 2016; 5(7):158-165.

42. Öztürk EA, Şener A, Koç Z, Duran L. Factors influencing the ethical sensitivity of nurses working in a university hospital. Eastern J Med 2019; 24(3):257-264