The Relationship Between Personal Values and Care Ethics in Nursing: Descriptive-Cross-Sectional Study

Hemşirelikte Kişisel Değerler ve Bakım Etiği İlişkisi: Tanımlayıcı-Kesitsel Çalışma

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ABSTRACT This study was conducted to investigate the relationship between individuals' personal values and the principles of care ethics. The descriptive-cross-sectional study was carried out between January and August 2019. Data were collected whit the form of socio-demographic characteristics and ethical questions created by the researchers in line with the literature, and a case and value scale with evaluate care ethics. It was also found that 75% of the nurses had taken ethics courses, 53% had faced ethical dilemmas, 38% of those who faced ethical dilemmas acted in line with their values. Additionally, 54% responded to the question 'how frequently do you put ethical principles into practice?' with 'generally,' while 32% responded that patients, 31% said the hospital, and 25% said physicians were factors preventing them from putting ethical principles into practice. When evaluating the hierarchy of values scale, it becomes evident that moral value ranks first, followed by religious value in the second position, and theoretical value in the seventh position. Additionally, statistically significant correlations were observed between the sub-dimensions of the scale and ethical principles: aesthetic value and confidentiality (p=0.01), religious value and first/emergency aid (p=0.00), theoretical value and autonomy (p=0.01), and justice/equality (p=0.02). Furthermore, a statistically significant positive correlation was found between political value and confidentiality (p=0.03). The present study showed that factors related to personal care are among the most important obstacles to observing professional ethics from the perspectives of nurses. As a result of the study, personal values affect care ethics practices.

Keywords: Care ethics; nursing ethics; nursing care; personal values

ÖZET Bu çalışma, kişisel değerler ile bakım etiği ilişkisini belirlemek amacı ile yapılmıştır. Tanımlayıcı-kesitsel türde planlanan araştırma Ocak-Ağustos 2019 tarihleri arasında gerçekleştirildi. Araştırmanın verileri araştırmacılar tarafından literatür doğrultusunda oluşturulan sosyo-demografik özellikleri ve etiğe yönelik soruların olduğu bir form, bakım etiğini değerlendirmek için bir vaka ve değerler hiyerarşisi ölçeği aracılığı ile toplanmıştır. Hemşirelerin %75'inin etik ile ilgili bir dersi aldığı, %53'ünün etik ikilem yaşadığı, etik ikilemde kalanların %38'inin etik ilkelere göre hareket ettiği, "etik ilkeleri ne kadar pratiğe döküyorsunuz?" sorusuna %54'ünün "genellikle" cevabını verdiği, "dökemiyorsanız engel nedir?" sorusuna %32'si hasta, %31'i hastane ve %25'i hekim kaynaklı cevaplarını vermiştir. Değerler hiyerarşisi ölçeği değerlendirildiğinde, birinci sırada ahlaki değer, ikinci sırada dinî değer ve yedinci sırada teorik değerin olduğu görülmüştür. Ayrıca ölçeğin alt boyutları ve etik ilkeler arasında vakaya göre estetik değer ile reklam yasağı (p=0,01), dinî değer ile ilk/acil yardım (p=0,00), teorik değer ile özerlik (p=0,01) ve adalet/eşitlik (p=0,02) ve siyasi değer ile reklam yasağı arasında (p=0,03) istatistiksel olarak pozitif yönde anlamlı bir ilişki saptanmıştır. Bu çalışma, bireysel bakıma bağlı faktörlerin, meslek etiği konusunda çalışan hemşirelerin bakış açılarından mesleki etiğin gözlemlenmesinin önündeki en önemli engeller arasında olduğunu göstermiştir. Araştırma sonucunda kişisel değerler bakım etiği uygulamalarını etkilemektedir.

Anahtar Kelimeler: Bakım etiği; hemşirelikte etik; hemşirelikte bakım; kişisel değerler

Ethics is a branch of science that investigates the values that are important for human relationships, the nature and foundations of what is morally good or bad, right or wrong. Today, the primary goal of health care practice is providing quality care. In general, the objective of nursing is to support and maintain or increase the health level of individuals.[1,2] Nurses have to provide effective care to their patients with continually updated information within the developing science and technology environment.[3]

Nurses works to make the right decision for the patient in care practices. The term care means the effort shown to make something develop and be in a good condition.[4,5] Three main components are mentioned for nursing care. The first of these components is "care relationship", which is a requirement for nursing practice; the second is "care behaviour", which is a combination of personal values and professionalism; and the third one is "good care (individualized care in terms of bio-psycho-socio-cultural and spiritual aspects)", which is the ultimate goal of nursing practices.[6] Care is the main responsibility of nurses. The care is the main responsibility of nurses and the relationship between patient and nurse should be based on trust.[7-9] Care is the traditional practice of nursing and it is a phenomenon with moral aspects. In nursing, care is considered as a virtue that includes awareness, motivation and rational judgement to protect human dignity.[3] What makes care specific to nursing care is the ability of nurses to combine correct knowledge, practical mind, judgement, specialized technical skill and manoeuvrability in line with ethical principles and professional values and to provide a careful and respectful approach.[10,11] A network of relationships is created between the people who receive care and those who provide care.[12] For this reason, the nurse who is providing care makes a moral commitment to care for all patients.[13] Otherwise, care provided based solely on conscientious feelings, goodwill and compassion may not be sufficient to meet the needs of individuals; moreover, it may also bring the risk of harm to the person cared for.[14,15] Ethical care in nursing practice requires nurses to know about their personal values and professional values and to use these values accordingly.[15]

Ethical principles used in the evaluation of nursing practices have been determined as autonomy, beneficence, non-maleficence, honesty, confidentiality, justice and loyalty.[16-18] In addition, care decision should not be taken lightly given the statement "nurses respect the value, dignity and rights of all people, regardless of the nature of the health problem" which guides the practices of nurses.[13] In this sense, "care ethics" is a concept which also concerns the nurses who give the care.[19] When the literature is reviewed, no studies was been found that reveals the reflections between the ethical principles and personal values determined by nurses in their care practices. In the planning of this study, "Is the nurse aware of the demand of the individual is caring for?" and "Do the nurse's personal values affect the care they give?" were asked. For this reason, in the care practices that form the basis of the nursing profession; focused on determining the relationship between personal values and care ethic by considering socio-demographic characteristics.

◼ MATERIAL AND METHODS

The planned descriptive-cross-sectional study was carried out between January-August 2019. The population of the research consists of nurses (n=2,500) working in 3 training and research hospitals and 1 state hospital in Türkiye [Provinces where hospitals are located; İstanbul (2), Rize (1) and Gümüşhane (1)]. The sample of the research is; nurses (n=269) who worked in these hospitals on the specified date and agreed to fill out the study questionnaire. Of the nurses who agreed to participate in the study, n=200 work in İstanbul, n=41 in Rize, and n=28 in Gümüşhane. The data forms of the study were filled by the researchers through face-to-face interviews with the nurses.

DATA COLLECTION TOOLS

Descriptive features: Age, gender, income status, years of work in the profession, whether the unit has taken ethics courses, ethical principles, barriers/easiness in applying ethical principles, individuality, which is the main feature of care ethics, whether an application will be carried out for the patient himself or not for the application. It is a form created in line

with the literature, in which there is a small case about which ethical principle to choose

Hierarchy of values scale: The scale was developed by Allport et al. in 1960 to determine value preference. Gungor added the moral value dimension to the scale. The scale has 14 items and 7 values associated with these items. These values are aesthetic (everything in moderation and harmony, a world full of beauty), moral (a world without lies, peace of conscience), religious (win the other world, purification from sins) theoretical (knowing all the facts, a world free of ignorance), political (ensuring equality, the fight for freedom), economic (economic independence, a comfortable life) and social (true friendship, helping people) values. Of these values, nursing care is closely associated with social, moral, religious and political values.[20,21] Nurses are asked to put the expressions in these fields in order of importance (between 1-14) according to them. Each value is ranked from the most valuable (1) to the least valuable (14).[22]

ETHICAL CONSIDERATIONS

The study was approved by the Scientific Research and Publication Ethics Committee (date: October 30, 2018; no: 2018/8) of Gümüşhane University. Written permissions were taken from the necessary institutions to carry out the study. Permission was obtained from the authors for the Hierarchy of Values scale. The nurses who constituted the sample of the study were informed in line with the principle of voluntariness by explaining the purpose and duration of the study and what they were expected to do and their permissions were taken. This study was completed in accordance with the tenets of the Declaration of Helsinki.

DATA ANALYSIS

In statistical analyses, frequency and percentage values of grouped variables and arithmetic mean, standard deviation, minimum and maximum values of numerical values were calculated. The data analysis was evaluated after the assumptions of normality and homogeneity of variances (Shapiro-Wilk and Levene test). The Kolmogorov-Smirnov test was applied to determine whether the data showed normal distribution. Crosstables were used to see the relationship between categorical data. Independent group t-test was used to compare the means of 2 groups, while analysis of variance test was used to compare the means of more than 2 groups. Pearson correlation test was used to determine the relationship between the variables.

RESULTS

When the individual and professional characteristics of nurses were examined, it was found that the mean age of the individuals in the study was 27.54±5.76, 88.8% were female, 50.9% were single, 74% were undergraduates and 55.8% had income equal to expenditure. It was found that the mean working time of the nurses who participated in the study was 6.61±5.40 years, while the units they worked in were surgery with 33.1%, internal medicine with 26.8% and intensive care with 26.4%. 52% of the nurses responded to the question "do you meet your friends as often as you want to?" with "yes", while 66.9% of the nurses responded to the question "do you regularly participate in a sport activity?" with "no".

When the questions about ethics are examined, it was found that 75.8% of the nurses responded to the question "have you ever taken a course on ethics and values?" with "yes", 87% of the nurses responded to the question "has there ever been a situation which led you to learn more about ethics?" with "no", 54.3% of the nurses responded to the question "how much can you put into practice the ethical principles that you have learned in your education life?" with "generally". 32.3% of the nurses responded to the question "what are the conditions that prevent you from putting into practice the ethical principles that you have learned in your education life?" as "patient-related", 31.6% responded with "hospital-related" and 25.3% responded with "physician-related". 84.4% of the participants responded to the question "can you synthesize ethics and care?" with "yes". 24.9% of the nurses responded to the question "which ethical principles do you have more difficulty in applying in the hospital you work?" with justice and equality, 20.6% responded with personal decisions and informed consent and 14.7% responded with beneficence -non-maleficence. 20.2% of the nurses responded to the question "which ethical principles

can you more easily apply in the hospital you work?" with conscientiousness, 17.9% responded with beneficence -non-maleficence and 12.2% responded with justice and equality.

When the nurses' responses to the case '34-year-old male patient A.Ç refers to hospital with human immunodeficiency virus (HIV) symptoms and his HIV test results is (+). The patient asks you not to give any information to his wife about the disease and tells his wife that the test is negative, he doesn't have any documents about this' were examined, 83.6% of the nurses responded to the question "is what the patient asks from you contrary to ethical principles?" with "yes" and to the question "what ethical principles does it contradict" 27.9% responded with beneficence -non-maleficence, 18.6% responded with keeping a secret, 16.9% responded with conscientiousness, 13.1% responded with nurse's impartialness and 10.2% responded with the personal decision and informed consent. In addition, to the question "does what the patient asked to contradict your values?", 87.7% responded with "yes" and to the question "would you be in a dilemma in such a situation?", 61.7% responded with "yes". Considering the answers given by the nurses participating in the study according to the hierarchy of values scale, Moral value was in first place with an average of 8.76 ± 2.59, religious value was in second place with an average of 8.07 ± 3.61 and theoretical value was in seventh place with an average of 6.74 ± 2.89 (Table 1).

When the personal values of the nurses in the study and their states of taking ethics course were compared, a significant difference was found with

theoretical value ($p < 0.00$). No significant differences were found between personal values and the variables of educational status, level of income, units worked in and individuals' allocating time to themselves. When the relationship between personal values is examined, it has been determined that there is a positive and very weak relationship between religious and moral values ($r = 0.136$; $p < 0.02$), and a positive and weak relationship between social and political values ($r = 0.327$; $p < 0.00$) (Table 2). According to the situation given in the study, in the relationship between personal values and the patient's unethical request from you: between theoretical value and fairness/equality ($r = -0.137$; $p < 0.02$) and autonomy/informed consent ($r = -0.152$; $p < 0.01$); between aesthetic ($r = -0.147$; $p < 0.01$) and political value ($r = -0.131$; $p < 0.03$) and not using the profession for privacy; There is a very weak negative correlation between religious value ($r = -.163$; $p < 0.00$) and first/emergency aid. Again, according to the case, while there was a significant negative relationship between the principle of doing no harm and the principle of secrecy ($r = -0.191$; $p < 0.00$), it was seen that there was a very weak positive relationship between the other principles ($r = -0.191$; $p < 0.00$) (Table 2.1).

When the care ethics responses of the nurses in the study were examined, it was found that 94% of women responded to the question "which ethical principles do you have more difficulty in applying in the hospital you work?" with justice and equality, while 23.5% of men responded with advertising ban. In the comparison of educational status with the same question, 18% of the nurses who were high school graduates responded with justice and equality, 88% of the nurses who were undergraduates responded with advertising ban and 21.1% of the nurses who were postgraduates responded with first and emergency aid. In terms of the units nurses worked in, 47.7% of the nurses who worked in intensive care responded with advertising ban, 32.4% of the nurses who worked in internal services responded with keeping secrets, 43.2% of the nurses who worked in surgical services responded with keeping secrets and 17.6% of the nurses who worked in emergency service responded with advertising ban. In terms of the case given, in the relationship between the question

TABLE 1: Means of personal values.		
Value	Type of value	X̄±SD
1st value	Moral	8.76±2.59
2nd value	Religious	8.07±3.61
3rd value	Aesthetic	7.86±2.61
4th value	Political	7.44±3.07
5th value	Social	7.09±2.95
6th value	Economic	6.75±3.00
7th value	Theoretical	6.74±2.89

SD: Standard deviation

	Aesthetic value	Religious value	Moral value	Economic value	Theoretical value	Political value	Social value
TABLE 2: Correlation analysis.							
Aesthetic value		r=-0.155* p=0.013	r=-0,169** p=0,007				
Religious value	r=-0.155* p=0.013		r=0.136* p=0.029		r=-0.257** p=0.000	r=-0.485** p=0.000	r=-0.291** p=0.000
Moral value	r=-0.169** p=0.007	r=0.136* p=0.029				r=-0.201** p=0.001	r=-0.206** p=0.001
Economic value						r=-0.358** p=0.000	r=-0.377** p=0.000
Theoretical value		r=-0.257** p=0.000					r=-0.214** p=0.001
Political value		r=-0.485** p=0.000	r=-0.201** p=0.001	r=-0.358** p=0.000			r=0.377** p=0.000
Social value		r=-0.291** p=0.000	r=-0.206** p=0.001	r=-0.377** p=0.000	r=-0.214** p=0.001	r=0.377** p=0.000	
n	258	258	258	258	258	258	258

Correlation is significant at the *p<0.05,**p<0.01 level.

"Which ethical principles do you think what the patient asked from you contradict with?" and "can you synthesize ethics and care", 92.9% of the nurses who responded with "yes" responded with autonomy and 92.5% responded with justice and equality, while 25% of the nurses who responded with "no" responded with first and emergency aid and 22.2% responded with the nurse's impartialness (Table 3).

DISCUSSION

This study aims to discover the relationship between nurses' personal values and care ethics in professional practices. Nurses' personal values guide them in care practices, communication skills, showing ethical behaviours and solving problems.[23] When the responses of nurses in the study to values hierarchy scale were examined, it was found that the value in the first place was moral value, the value in the second place was religious value and the seventh and last value was theoretical value. There are different results in the literature regarding the hierarchy of values. When the distribution of personal value choices was examined in a study, it was found that political value was the value in the first place, while moral value was second and social value was the last value.[21] In Daşbilek and Avşar's study, it was found

that the personal value nurses preferred in the first place were religious values. The other values were ranked as theoretical, social, aesthetical, economic, moral and political values, respectively.[24] In this study, it was seen that the most important value of nurses was moral value. Moral value is an important personal value in the individual and quality execution of nursing care practices. Moral values are indispensable for nurses to provide safe care, make ethical reasoning and decision-making competence.[25] Moral values are important for nurses to be aware of the personal characteristics of the individual they take care of.[5] When evaluated from this point of view, the fact that the first value in our study is the moral value can positively affect professional professionalization and quality of care. In this respect, the answer to the question "Is the nurse aware of the caregiver's wishes for care?", which is the question of the study, was considered a positive result for this study group. It is stated that they chose religious value as the second important value and that the values defined as learned beliefs are an important element in the integration of society as the criteria that guide the thoughts and attitudes of the individual.

Beliefs and attitudes towards individuals in need of care are affected by their values and belief systems.

TABLE 2.1: Correlation analysis (by case).

	Aesthetic value	Religious value	Theoretical value	Political value	Autonomy	Beneficence-non-maleficence	Keeping secret	Justice/equality	Nurse's impartialness	Conscientiousness	First/emergency aid	Confidentiality
Beneficence-non-maleficence							r=-0.191** 0.002					
Autonomy			r=-0.152* p=0.015				r=0.212** p=0.001	r=0.411** p=0.000		r=0.197** p=0.001		
Keeping secret					r=0.212** p=0.001	r=-0.191** p=0.002		r=0.157* p=0.012				
Justice/equality			r=-0.137* p=0.028		r=0.411** p=0.000		r=0.157* p=0.012		r=0.140* p=0.025	r=0.284** p=0.000		r=0.166** p=0.007
Nurse's impartialness								r=0.140* p=0.025			r=0.269** p=0.000	r=0.137* p=0.027
Conscientiousness					r=0.197** p=0.001			r=0.284** p=0.000			r=-0.222** p=0.000	r=-0.235** p=0.000
First/emergency aid		r=-0.163** p=0.009							r=0.269** p=0.000	r=-0.222** p=0.000		r=0.280** p=0.000
Confidentiality	r=-0.147* p=0.018			r=-0.131* p=0.036				r=0.166** p=0.007	r=0.137* p=0.027	r=-0.235** p=0.000	r=0.280** p=0.000	
n	258	258	258	258	258	258	258	258	258	258	258	258

Which ethical principles do you have more difficulty in applying in the hospital you work?

		Beneficence-non-maleficence	Autonomy	Keeping secret	Justice and equality	Nurse's impartialness	Conscientiousness	First and emergency aid	Confidentiality	Total
Gender	Female (%)	50 / 84.7	77 / 92.8	32 / 86.5	94 / 94	40 / 83.3	35 / 87.5	15 / 78.9	13 / 76.5	229
	Male (%)	9 / 15.3	6 / 7.2	5 / 13.5	6 / 6	8 / 16.7	5 / 12.5	4 / 21.1	4 / 23.5	28
	Total	59	83	37	100	48	40	19	17	257
Level of education	High school (%)	8 / 13.6	13 / 15.7	4 / 10.8	18 / 18	8 / 16.7	5 / 12.5	1 / 5.3	1 / 5.9	45
	Undergraduate (%)	46 / 78	62 / 74.7	29 / 78.4	73 / 73	37 / 77.1	32 / 80	14 / 73.7	15 / 88.2	192
	Post graduate (%)	5 / 5	8 / 8.5	4 / 9.6	9 / 10.8	3 / 6.3	3 / 7.5	4 / 7.5	1 / 5.9	20
	Total	59	83	37	100	48	40	19	17	257
Unit	Intensive care (%)	18 / 31.6	21 / 25.9	7 / 18.9	28 / 28.6	9 / 18.8	14 / 35	7 / 36.8	8 / 47.1	69
	Internal services (%)	15 / 26.3	25 / 30.9	12 / 32.4	23 / 23.5	12 / 25%	9 / 22.5	6 / 31.6	2 / 11.8	69
	Surgical services (%)	17 / 29.8	30 / 37	16 / 43.2	38 / 38.8	19 / 39.6	13 / 32.5	3 / 15.8	3 / 17.6	87
	Emergecy (%)	6 / 10.5	4 / 4.9	2 / 5.4	7 / 7.1	7 / 14.6	3 / 7.5	3 / 15.8	3 / 17.6	21
	Public health (%)	1 / 1.8	1 / 1.2	0 / 0	2 / 2.1	1 / 1	1 / 2.5	0 / 0	1 / 5.9	6
	Total	57	81	37	98	48	40	19	17	252

Correlation is significant at the *p<0.05; **p<0.01 level.

TABLE 3: Percentages of answering questions about ethics by descriptive features.

Can you synthesize ethics and care?

									Total
Yes (%)	44 / 74.6	74 / 90.2	32 / 88.9	85 / 86.7	45 / 93.8	31 / 81.6	13 / 72.2	15 / 93.8	217
No (%)	15 / 25.4	8 / 9.8	4 / 11.1	13 / 13.3	3 / 6.3	7 / 18.4	5 / 27.8	1 / 6.3	33 / 25.4
Total	59	82	36	98	48	38	18	16	250

Can you synthesize ethics and care? (In terms of the case)

Which ethical principles do you think the patient asked from you contradict with?

									Total
Yes (%)	98 / 86.7	39 / 92.9	70 / 90.9	37 / 92.5	42 / 77.8	61 / 89.7	6 / 75	4 / 80	188
No (%)	15 / 13.3	3 / 7.1	7 / 9.1	3 / 7.5	12 / 22.2	7 / 10.3	2 / 25	1 / 20	27
Total	113	42	77	40	54	68	8	5	215

Can you synthesize ethics and care?

Reasons which contribute to your being satisfied with the profession

	Positive outcome of care	Appreciation	Contributing to people's lives	Financial sufficiency	Support in professional development	No satisfying aspects	Other	Total
Yes (%)	60 / 83.3	63 / 86.3	109 / 87.2	20 / 71.4	21 / 84	16 / 80	2 / 100	159
No (%)	12 / 16.7	10 / 13.7	16 / 12.8	8 / 28.6	4 / 16	4 / 20	0 / 0	12
Total	72	73	125	28	25	20	2	182

N: Exceeds the sample size. *Multiple responses.

Since religion is perceived as a unifying force, it is claimed that people with the most important interest in unity-integrity choose this value.[26]

The result that the value nurses considered least important was the theoretical value suggests that they do not have the skills to perceive the truth, to reason and to think critically. It can be thought that nurses may be insufficient in using scientific problem-solving skills in care practices and that they do not have the sufficient professional knowledge to perform the application in line with the interventions for the problems of individuals.

A great majority of the participants reported that they had taken ethics course and that there was nothing that would lead them to obtain more information about ethics. When studies conducted were examined, it was found in Karaçar et al. study that 10.5% of the participants had taken ethics and values courses.[27] It was found that more than half of the participants in Daşbilek and Avşar's study and half of the participants in Olgun and Kaptan Ateşoğlu study had taken ethics course.[24,28] It was found that there is a significant difference between the personal values of the nurses who participated in our study and the status of taking ethics courses with the theoretical value. With this result, it was thought that the participating nurses had knowledge about ethics. However, it was revealed that they could not transfer the necessity of the ethics course they took to care because of the obstacles they encountered in their working life.

In the study, the nurses stated that in terms of ethical principles, the principle they could most easily fulfil was being conscientious, while the principle they fulfilled in the most difficult way was justice and equality. There are different results in the literature. In one study, the participants stated that the ethical principle they applied the most was autonomy.[24] In another study, it was found that the ethical value with the highest score was beneficence.[29] Nurses working in North America, on the other hand, prioritized the principle of benevolence-do no harm.[30] Again, in a study conducted in Ireland, it was determined that the participants had the most difficulty with the principle of fair treatment and respect for autonomy.[31] The fact that there were different results in the literature suggested that the studies were due to different cultural characteristics and age ranges.[32] In addition, the individuals participating in the study thought that there was an orientation on the principle of conscientiousness and justice/equality, which are among the responsibilities of the profession, rather than autonomy and individualized care, which are the most important principles in care ethics, and that these responsibilities are the subjects that employees adopt much more in fulfilling their job responsibilities. On the other hand, the fact that individualized care, which is indispensable for care ethics, is less important has created the concern that care ethics will be ignored while trying to fulfill the principles of professional ethics.

Although nurses know the professional ethical principles, there are many obstacles in not being successful in applying these principles. In our study, it was stated that patient-related (communication problems), hospital-related (managerial) and physician-related obstacles were the most common obstacles for nurses to put ethical principles into practice. In studies, nurses have reported that there are many obstacles to the implementation of ethical principles.[33] Beagan and Ells identified the main barriers as factors such as health services, workplace structures and policies, and the health care system.[34] In another study, nurses' trust in their individual factor, the continuation of organizational and professional traditional practices, some cultural differences and lack of education were stated as obstacles.[33] In another study,

barriers were determined by grouping them as individual factors, patient-related factors, social, political and legal factors.[31] The study with nurses in Iran showed a lack of technical skills as the main barrier.[35] In a study in which professional ethical principles were observed in nurses' clinical practice, nurses listed the most administrative, individual care and environmental factors as obstacles.[35] The reason for the different results in the literature may be due to the fact that different groups were studied and the differences in the personal value preferences and disability perceptions of the nurses participating in the study. Care ethics is defined as the care that should be given by nurses depending on the decisions of individuals receiving care in terms of autonomy. The nurses were given a case that included the evaluation of whether they used care ethics in their practices. In this case, the patient made a request. The nurses were expected to respond to this request in line with the holistic autonomy of the individual in parallel with care ethics, and a great majority of the nurses responded that the practice the patient asked was contrary to ethical principles. They stated that this request contradicted the principle of beneficence -non-maleficence the most. Most of the nurses stated that they could not fulfil the individual's request. In line with these decisions, it was thought that nurses did not have sufficient information and experience about care ethics and at the same time, individualized care practices, which is the first principle of care ethics, was not prioritized. This result brought to mind that the answer to the question "Does the nurse's personal values affect the care given by the nurse" could be yes. Personal values may appear as obstacles or facilitators for the achievement of professional values in nursing. In this direction, nurses' awareness of their personal values will enable patients to understand their values and provide good care.

CONCLUSION

As a result of the study, personal values affect care ethics practices. It is important for nurses to be able to apply qualified care by respecting the characteristics of the individuals they care for, to act ethically and to be aware of their personal values that guide professional professionalism. Nurses should be pro-

vided with information about ethics in their professional education processes to increase their awareness of ethical principles in care practices and especially for implementing care ethics, and theoretical and practical training should be organized to raise awareness after graduation. It is suggested that the care ethics issue should be studied with different groups. It is recommended that personal values coincide with professional values and that arrangements that require raising awareness throughout the vocational training period and working life are recommended.

Authorship Contributions

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