ARAŞTIRMA RESEARCH

DOI: 10.5336/mdethic.2022-92242

Ethical Sensitivity of Midwifes Working in the Delivery Room: A Cross-Sectional Study

Doğumhanede Çalışan Ebelerin Etik Duyarlılıkları: Kesitsel Bir Çalışma

Pervin ŞAHİNER[a], Rahime AYDIN ER[b], Belgin BABADAĞLI[a], Nermin ERSOY[b]

[a]Department of Midwifery, Kocaeli University Faculty of Health Sciences, Kocaeli, Türkiye
[b]Department of History of Medicine and Ethics, Kocaeli University Faculty of Medicine, Kocaeli, Türkiye

This study was presented as an oral presentation at 8th International Congress of Islamic Medical History and Ethics, November 14-16, 2019, İstanbul, Türkiye.

ABSTRACT The fact that midwifery interventions which take place mainly in confidential and private areas such as reproductive health, pregnancy and birth requires midwives to have high ethical sensitivity. In this study, it was aimed to determine the ethical sensitivities of midwives working in the delivery room and the factors associated with their ethical sensitivities. In this descriptive and cross-sectional study was conducted in 8 public hospitals in Kocaeli. The study participants consisted of 80 midwives working in the delivery room in these hospitals. The data were collected an anonymous self-administered questionnaire which included Ethical Sensitivity Questionnaire (ESQ). Descriptive statistics, Student t and Mann-Whitney U tests were used in the evaluation of the data, and $p<0.05$ was considered statistically significant. Seventy midwives (87.5%) participated in the study. 42.9% of the midwives were in the 25-34 age range, 28.6% had 21 years or more professional experience, and 77.1% received vocational ethics education. The ethical sensitivity of the midwives with a mean score of 3.05 on the Ethical Sensitivity Scale was moderate. In this study, it was concluded that the ethical sensitivity of the midwives working in the delivery room is insufficient and that the existing ethical education programs has not developed ethical sensitivity. Midwives with high ethical sensitivity can ensure that women and newborns receive qualified care. Therefore, the ethical sensitivities of midwives should be developed through education programs that emphasize how to deal with ethical issues that may cause moral distress.

Keywords: Midwifery; ethical sensitivity; ethics education

ÖZET Ebelik girişimlerinin ağırlıklı olarak üreme sağlığı, gebelik ve doğum gibi özel ve mahrem alanlarda yer alması, ebelerin yüksek etik duyarlılığa sahip olmalarını gerektirmektedir. Bu çalışmada, doğumhanede çalışan ebelerin etik duyarlılıklarının ve etik duyarlılıkları ile ilişkili faktörlerin belirlenmesi amaçlanmıştır. Tanımlayıcı ve kesitsel tipteki bu araştırma, Kocaeli ilinde bulunan 8 kamu hastanesinde yürütülmüştür. Araştırmanın katılımcıları, bu hastanelerin doğumhanesinde aktif olarak çalışan 80 ebedir. Veriler, Ahlaki Duyarlılık Anketi'nin (ADA) de yer aldığı bir anket aracılığıyla toplanmıştır. Verilerin değerlendirilmesinde tanımlayıcı istatistikler, Student t ve Mann-Whitney U testleri kullanılmış ve $p<0,05$ istatistiksel olarak anlamlı kabul edilmiştir. Çalışmaya 70 (%87,5) ebe katılmıştır. Ebelerin %42,9'u 25-34 yaş aralığında ve %28,6'sı 21 yıl ve üzeri mesleki deneyime sahip olduğunu, %77,1'i mesleki etik eğitimi aldığını belirtmiştir. ADA puan ortalaması 3,05 olan ebelerin etik duyarlılıklarının orta düzeyde olduğu belirlenmiştir. Bu çalışmada, doğumhanede çalışan ebelerin etik duyarlılıklarının eksik dolayısıyla yetersiz olduğu, mevcut etik eğitim programlarının etik duyarlılığı geliştirmediği sonucuna ulaşılmıştır. Etik duyarlılıkları yüksek ebeler, kadın ve yenidoğanların nitelikli bakım almasını sağlayabilir. Bu nedenle ahlaki sıkıntıya neden olabilecek etik sorunlarla nasıl başa çıkılacağını vurgulayan eğitim programları aracılığıyla ebelerin etik duyarlılıkları geliştirilmelidir.

Anahtar Kelimeler: Ebelik; etik duyarlılık, etik eğitim

Midwives who witness the unique experiences of women such as childbirth, have significant responsibilities in terms of baby and maternal health, with their role in the birth of a baby. Due to the rapid changes in today's technology, increasing migration mobility, and lifestyle differences, midwives experience many ethical problems during their professional practice.[1,2] A professional midwife is expected to recognize ethical problems and act accordingly during daily care and practices.[1] The aim of ethics education is to provide midwives to recognize ethical conflicts and make good decisions correctly.[3] The midwife's

Correspondence: Rahime AYDIN ER
Department of Midwifery, Kocaeli University Faculty of Health Sciences, Kocaeli, Türkiye
E-mail: raay@kocaeli.edu.tr

Peer review under responsibility of Turkiye Klinikleri Journal of Medical Ethics, Law and History.

Received: 30 Jun 2022 ***Received in revised form:*** 16 Nov 2022 ***Accepted:*** 25 Nov 2022 ***Available online:*** 30 Nov 2022

ability to make ethically sound and proper decisions during her professional practice is not only related to her theoretical knowledge of ethics and but also her ethical sensitivity.[4] Ethical sensitivity can be understood as the relative capacity to recognize ethical dimensions in an ethical situation.[5] Unless the moral aspects of a situation are perceived or recognized; it is challenging to address any ethical issue.[6]

Ethical sensitivity, which is understood as the ability of the individual to identify and care about ethical problems when they arise, is accepted as a prerequisite for ethical behavior.[7] Ethical sensitivity of the health professional means understanding the sensitive situation of the patient and being aware of the ethical implications of the decisions taken on behalf of the patient.[8] It is essential for an effective therapeutic relationship and competent practice.[5] The fact that health professionals make different ethical choices in similar situations is related to their ethical sensitivity. Various levels of ethical sensitivity affect the quality of the service provided in health care settings.[9] Health professionals with high ethical sensitivity distinguish between good and evil, realize the ethical problem, take action towards its solution, and make decisions that respect the patient's values.[10,11] A healthcare professional with a superior ethical sensitivity is more likely to be able to decide what is best for the patient.[12] High ethical sensitivity not only serves to resolve ethical dilemmas or justify actions but also serves to prevent ethical dilemmas and conflicts.[13] Also called "moral blindness"; a lack of ethical sensitivity leads to violations of patient rights, causes adverse health consequences, and causes the health professional to feel distressed.[4,14] As a result, without ethical sensitivity, professionals may not be able to recognize, interpret, and respond to the concerns of patients and their relatives appropriately.[6]

The midwife's ability to recognize and identify ethical problems and intervene correctly depends on high ethical sensitivity. Previous studies have revealed that the midwives and midwifery students who predominantly work in clinics have moderate ethical sensitivities.[15-17] However, what is known about the ethical sensitivity of midwives who actively participate during labor in the delivery room is very limited. The fact that midwives working in delivery rooms witness traumatic births makes them consider the needs of more than one individual simultaneously, and their actions affect the vulnerable mother and defenseless newborn, making it necessary to evaluate their ethical sensitivities.[18] Although not ultimately determining ethical sensitivity may reflect the intention of midwives to take action in the face of any situation.[19] Based on these reasons, in our study, we evaluated the ethical sensitivity of midwives who actively participated in labor in the delivery room of state hospitals in a province in western Türkiye and determined certain variables that could be attributed to the differences in the level of ethical sensitivity. In addition, this study aimed to reveal the ethical sensitivity areas of midwives that need further development.

MATERIAL AND METHODS

STUDY DESIGN

The study was conducted as a cross-sectional, descriptive-correlational study.

STUDY SETTING AND SAMPLE

Türkiye's total fertility rate is 1.76, higher than the total fertility rate of 27 European Union member countries. Kocaeli is one of the most industrialized cities in Türkiye, and this is a province with a high immigration rate. Consequently, the total fertility rate is high (1.70). The research was conducted in 8 public hospitals in Kocaeli. The study participants consisted of 80 midwives working in the delivery room in these hospitals. The acceptance criteria of this research were to be working in the delivery room. We did not have a sampling selection as we aimed to reach all midwives working in the delivery room. Midwives who volunteered to participate in the study were informed that they had the right to withdraw at any stage they requested.

DATA COLLECTION

First of all, necessary permissions were obtained from the Kocaeli Provincial Health Directorate, the management of hospitals, and the ethics committee to carry out the study. Data were collected between November 2018 and January 2019. An anonymous self-administered questionnaire was used. The first

section of the questionnaire included 8 questions regarding age, educational status, working duration at the occupation, the status of receiving ethics education, where the ethical education is taken from, the situation of encountering ethical dilemmas and the encountered ethical dilemma, the effect of religious belief on decisions. The second section of the questionnaire included an Ethical Sensitivity Scale.

ETHICAL SENSITIVITY QUESTIONNAIRE

Ethical Sensitivity Questionnaire (ESQ) was developed by Lützén et al., is a 7 points Likert-type scale, which consists of 30 items. The questionnaire includes 6 subscales, which are "autonomy" (reflects showing respect for the autonomy principle and patient's choice), "providing benefit" (reflects the action aimed to improve the benefit of the patient), "holistic approach" (reflects the actions which will both not harm the patient and also ensure the patient's integrity), "conflict" (reflects the experience of an inner ethical dispute), "practice" (reflects considering the ethical aspect in decision-making and practice), "orientation" (reflects the healthcare professionals' interest in the actions which will affect their relationship with the patients).[20] Tosun performed the validity and reliability study of ESQ, and Cronbach's alpha value was found as 0.84.[21] For calculating the total score, the expressions are evaluated between 1 point (strongly agree) and 7 (strongly disagree). One point represents the high sensitivity for complete agreement, and 7-point represent the low sensitivity for complete disagreement.

Three researchers (PŞ, BB and RAE) contacted the supervisor midwife in the delivery room, provided information about the study, and scheduled a visit. During the visit, midwives working actively in the delivery room were informed about the aim and design of the study, the participation was voluntary, and midwives had the right to withdraw from the study at any stage. Midwives who agreed to participate were given the study forms. More study forms were left for the midwives on the following work shifts. One week later, the delivery room was revisited to collect the completed study forms from the supervisor midwife.

DATA ANALYSES

Research data were analysed using the IBM SPSS Statistic 20.0 program (IBM Corp., Armonk, NY, USA) program. Categorical variables were given as frequency (percentage). The determination of conformity to the normal distribution was examined with the Kolmogorov-Smirnov test. Comparisons between groups were made with Student t and Mann-Whitney U tests. $p<0.05$ was considered statistically significant.

ETHICAL APPROVAL

This study was approved by the Kocaeli University Ethical Committee (date: October 3, 2018; number: 168). Participants were informed about the aim and design of the study with a notice at the back of the first page of the questionnaire. Participation in the study was voluntary, and the participants were assured that the confidentiality of their answers would be respected. The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

Seventy midwives participated (87.5%) in this study. Approximately half of the midwives (n=30, 48.6%) participating in our study were in the 25-34 age range, and more than one third (n=25, 35.7%) were in the 35-44 age range. Most of midwives (n=47, 67.1%) completed their undergraduate and graduate education. Duration of working 71.4% (n=50) of the midwives had 10 years or more. More than 3 quarters of participants (n=56, 77.1%) stated that they received ethics education, and 55.5% (n=30) stated that they received this education during in midwifery education. The majority of midwives (n=60, 85.7%) stated that they had not experienced any ethical dilemmas so far, and 70% of participants (n=49) stated that their religious beliefs were not influential in their professional decisions (Table 1).

The ESQ total score average of the midwives is 3.05. This score shows that the ethical sensitivity of the midwives working in the delivery room is at a moderate level. When the average scores of the midwives in the ESQ sub-dimension are evaluated; autonomy was 2.86, benefit was 3.16, holistic approach was 2.39, conflict was 4.62, implementation was 3.14, orientation was determined as 2.14. According

TABLE 1: Participant characteristics (n=70).

	n	%
Age		
18-24	4	5.7
25-34	30	42.9
35-44	25	35.7
45 and above	11	15.7
Education level		
High school/associate degree	23	32.9
Undergraduate and graduate degree	47	67.1
Duration of working as midwifery		
0-9 years	20	28.6
10-20 years	30	42.8
21 year and above	20	28.6
Ethics education		
Receive	56	77.1
Not receive	14	22.9
When ethics education was received*		
During in midwifery education	32	57.2
During working professionally	11	19.6
Both	13	23.2
Ethical dilemma		
Experienced	10	14.3
Not experienced	60	85.7
My religious beliefs in professional decisions		
Effective	21	30.0
Not effective	49	70.0

*Participants who received ethics training answered.

to the ESQ subdimensions, it was determined that the midwives got the lowest score (2.14) from the orientation sub-dimensions and the highest score (4.62) from the conflict sub-dimensions (Table 2).

The findings regarding the comparison of the mean ESQ scores in relation with the descriptive and professional characteristics of the midwives are given in Table 3. When the midwives' ESQ sub-dimension and total score averages were analyzed according to age, duration of working in profession, when ethics education was received and the influence of religious beliefs on their decisions, there was no statistically significant relationship ($p>0.05$). There were statistically significant differences between the level of education of midwives, status of receiving ethical education and experiencing ethical dilemmas in their professional practices and ESQ subdimensions ($p<0.05$). Considering the mean benefit and conflict sub-dimension averages, the scores of midwives with undergraduate and graduate education degrees are higher than those of high school and associate degree graduates ($t=2.08$, $p=0.04$). When the benefit and conflict sub-dimension average scores were analyzed according to status of ethics education receive, it was found that the mean score of midwives who did not receive ethics education was higher than midwives with ethics (respectively $U=229.00$, $p=0.01$; $t=2.53$, $p=0.01$). Midwives who stated that they did not experience ethical dilemmas during their professional practice had higher conflict sub-dimension score averages than midwives who experienced ethical dilemmas ($U=139.00$, $p=0.00$).

DISCUSSION

Based on the hypothesis that ethical sensitivity plays a vital role in the ethical decision-making process for

TABLE 2: The ESQ sub-dimensions and total scores of midwives.

Sub-dimensions	Minimum	Maximum	Average score
Orientation	4	27	2.14
Holistic approach	5	20	2.39
Autonomy	7	39	2.86
Implementation	4	21	3.14
Benefit	4	27	3.16
Conflict	5	28	4.62
Total	53	155	3.05

ESQ: Ethical sensitivity questionnaire.

TABLE 3: The relationship between the characteristics of midwives and ESQ scores.

	Autonomy	Benefit	Holistic approach	Conflict	Implementation	Orientation	Total
Age							
34 and under	U*=596.50	U=449.50	U=594.00	U=585.00	T**=0.16	U=578.00	U=596.50
35 and above	p=0.86	p=0.06	p=0.83	p=0.75	p=0.88	p=0.68	p=0.86
Education level							
High school/associate degree	t=0.91	t=2.08	t=0.88	t=2.04	t=-1.11	t=1.47	t=1.30
Undergraduate and graduate degree	p=0.43	p=0.04	p=0.38	p=0.04	p=0.27	p=0.15	p=0.20
Duration of working							
0-14 years	U=480.00	U=511.00	U=527.00	U=555.50	U=484.50	U=560.00	U=480.00
15 year and above	p=0.14	p=0.27	p=0.36	p=0.56	p=0.15	p=0.60	p=0.14
Ethics education							
Receive	t=0.91	U=229.00	t=0.210	t=1.70	t=2.53	t=-1.59	t=0.79
Not receive	p=0.37	p=0.01	p=0.83	p=0.09	p=0.01	p=0.12	p=0.43
When ethics education was received							
During in midwifery education							
During working professionally	KW***=1.58	KW=4.37	KW=4.79	KW=0.37	KW=7.61	KW=2.48	KW=4.96
Both	p=0.66	p=0.22	p=0.19	p=0.95	p=0.06	p=0.48	p=0.18
Ethical dilemma							
Experienced	t=-0.30	U=224.50	U=268.00	U=139.00	t=-0.321	U=225.00	U=295.00
Not experienced	p=0.76	p=0.20	p=0.59	p=0.00	p=0.75	p=0.21	p=0.93
My religious beliefs in professional decisions							
Effective	U=444.50	U=483.50	U=413.00	t=-0.534	U=448.00	U=431.00	U=444.50
Not effective	p=0.37	p=0.69	p=0.19	p=0.60	p=0.39	p=0.28	p=0.37

*Mann-Whitney U test; **Student's t-test; ***Kruskal-Wallis test; ESQ: Ethical sensitivity questionnaire

healthcare professionals, our study determined that the ethical sensitivity of midwives working in the delivery room was at a moderate level (3.05).[19] Similarly, in a study conducted with midwives working in different clinics in the hospitals in Türkiye, the moral sensitivity of midwives was moderate.[15] The results of the research, mainly conducted with nurses, provide inconsistent results on the ethical sensitivities of health professionals. For example, while the ethical sensitivity of nurses was low in a study conducted in Brazil, studies conducted in Iran and Türkiye revealed that nurses had high ethical sensitivity.[14,22-24] In other studies conducted with nurses, it was shown that the ethical sensitivities of nurses were moderate similar to our results.[13,14,25-28] Differences in ethical sensitivity levels in current studies may be due to the tool used for evaluation, geographical region, and cultural differences because it is claimed that cultural values play a crucial role in the development of ethical sensitivity among health care providers. In this context, although midwifery care and practices are similar worldwide, perceiving what is morally good individually and making ethical choices may change depending on the family, society, country, and region.[4] Health professionals who lack ethical sensitivity may ignore ethical problems in their professional practices, which may cause them to make irrational clinical decisions and conflict with the patient.[14,29] Failure to make ethical decisions due to a lack of ethical sensitivity might adversely affect the care provided to women and newborns, causing disappointment and exhaustion for midwives.[19] Therefore, attempts to improve the ethical sensitivity of midwives is imperative. These initiatives are possible with both individual and organizational efforts. It is possible to say that midwives in Türkiye lack support for improving their ethical sensitivity. Discussing events involving ethical dilemmas that they may experience could support midwives to become more sensitive by raising awareness of these experiences. Again, in this group training, instead of teaching the ethical rules and norms to the midwives, dialogues about what a good and virtuous midwife means and reflection on midwives' attitudes and behaviours in their professional practices can be encouraged.

Health professionals may experience problems related to different subdimensions of ethical sensitivity. A Swiss study on ethical sensitivity, moral distress, and ethical competence determined that midwives and midwifery students had problems using authority and power most.[2] Studies conducted with surgical nurses and nurses working in different clinics in Türkiye have revealed that they have problems in the conflict sub-dimension of the ESQ.[22,30] In our study, it was determined that midwives' conflict subdimension scores of ethical sensitivity were high; therefore, this subdimension sensitivity was lower. This finding is essential in terms of the risk of midwives not being able to solve the ethical dilemmas they face correctly. The low conflict subdimension sensitivity of midwives may be related to their inability to identify the problem whether it is an ethical problem or not. A midwife must understand the problem and have appropriate problem-solving and decision-making skills to solve a problem successfully.[31] The fact that most midwives (85.7%) in our study reported that they did not experience ethical problems during their professional practice suggests that they have difficulty distinguishing and defining the ethical problem they encounter. Midwives become ethically sensitive by experiencing various ethical conflicts.[19] The low conflict sub-dimension scores of the midwives who participated in our study may also be related to their lack of ethical sensitivity. As ethical sensitivity increases, more ethical problems could be identified.[14]

Age and working time in the profession did not affect the ethical sensitivity of the midwives. Although it is expected that features such as age, education level, and professional experience affect ethical sensitivity, the effect of these variables was not observed in our study. The results of the studies supporting or not supporting our findings were reached.[15,22,23,26,28,32,33]

The ethics education status of the midwives participating in our study caused significant differences in ethical sensitivity sub-dimensions. Interestingly, it was determined that the ethical sensitivities of the midwives who did not receive ethics education in terms of benefiting and implementation were higher than those who received ethics education. The main variables that affect the ethical sensitivity of health

professionals are the status of receiving ethics education, ethical dilemma experience, and perceived ethical conflict.[21] Similar to our study results, Kahriman and Yesilcicek Calık revealed that nurses who did not receive ethics education had higher ethical sensitivity than others.[22] Ertug et al., on the other hand, showed that nurses who received ethics education had much higher ethical sensitivity.[25] In the study conducted by Seo and Kim, however, it was found that there was no relationship between nurses' receiving ethical education and their ethical sensitivity.[3] Although ethics education is an important requirement in the development of ethical sensitivity, it is thought-provoking that it negatively affected ethical sensitivity in our study. This result may be related to the conduct of ethical education in midwifery programs in Türkiye. Most of the midwifery schools in Türkiye do not have qualified lecturers to teach ethics; the inclusion of the ethics course in the curriculum and its duration vary. In addition, midwifery students find the content of the ethical education conducted in their programs insufficient.[34] Ethical issues could not be integrated into midwifery since experts did not conduct ethical education in the field, and accordingly, the situation of receiving ethical education may have negatively affected the ethical sensitivity of midwives. Considering that ethical sensitivity is not a fixed quality or predisposition, it can be partially shaped and developed through education, and ethics education is necessary for midwives. The important thing is the quality of education at this point. It is recommended that ethics education in midwifery to be carried out with realistic case discussions in which students actively participate, in addition to theoretical knowledge.[1,34] In addition, ethics education should be updated to improve midwives' ethical sensitivity and moral reasoning skills.[35] These trainings should not be limited to ethical trainings during vocational training, but should be continued with exercises related to clinical ethical decision-making processes in professional life.[21] Although there is a consensus that the starting point of ethical sensitivity is ethical education, it should not be forgotten that experience, personal factors, and level of compassion can effectively develop ethical sensitivity.[15,22] Detailed studies on this subject would provide with better understanding the subject.

LIMITATIONS

The fact that the study was conducted in only one province and within a certain period may have negatively affected the implication power of the findings.

CONCLUSION

This study concluded that midwives working in the delivery room had a moderate level of ethical sensitivity. The study results helped us recognize that the current ethical education does not improve the ethical sensitivity of midwives. Educational activities are a way of developing ethical sensitivity. Therefore, the ethical sensitivities of midwives should be developed through education programs that emphasize how to deal with ethical issues that may cause moral distress because midwives with high ethical sensitivity can ensure that women and newborns receive qualified care.

Acknowledgments

Thank you to all midwives for participating in our work.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Pervin Şahiner, Belgin Babadağlı, Nermin Ersoy;* ***Design:*** *Pervin Şahiner, Rahime Aydın Er, Belgin Babadağlı, Nermin Ersoy;* ***Control/Supervision:*** *Pervin Şahiner, Rahime Aydın Er, Belgin Babadağlı;* ***Data Collection and/or Processing:*** *Pervin Şahiner, Rahime Aydın Er, Belgin Babadağlı;* ***Analysis and/or Interpretation:*** *Pervin Şahiner, Belgin Babadağlı, Rahime Aydın Er;* ***Literature Review:*** *Pervin Şahiner, Rahime Aydın Er, Belgin Babadağlı;* ***Writing the Article:*** *Pervin Şahiner, Rahime Aydın Er, Belgin Babadağlı;* ***Critical Review:*** *Pervin Şahiner, Rahime Aydın Er;* ***References and Fundings:*** *Pervin Şahiner, Rahime Aydın Er, Belgin Babadağlı.*

REFERENCES

1. Oelhafen S, Hölzli U, Häsänen M, Kärema A, Kasemets MT, Bartels I, et al. Increasing midwives' ethical competence: a European educational and practice development project. Int J Ethics Education. 2017;2(2):146-60. [Crossref]
2. Oelhafen S, Cignacco E. Moral distress and moral competences in midwifery: A latent variable approach. J Health Psychol. 2020;25(13-14):2340-51. [Crossref] [PubMed]
3. Seo H, Kim K. Factors influencing public health nurses' ethical sensitivity during the pandemic. Nurs Ethics. 2022;29(4):858-71. [Crossref] [PubMed] [PMC]
4. Bayoumy HM, Halabi JO, Esheaba OM. Translation, cultural adaptation, validity and reliability of the moral sensitivity questionnaire for use in Arab countries. Saudi J Health Sci. 2017;6(3):151-62. [Crossref]
5. Naudé A, Bornman JA. Measuring instrument for ethical sensitivity in the therapeutic sciences. Humanities and Social Sciences. Special Issue: Ethical Sensitivity: A Multidisciplinary Approach. 2016;4(2-1):29-36. [Crossref]
6. Ineichen C, Christen M, Tanner C. Measuring value sensitivity in medicine. BMC Med Ethics. 2017;18(1):5. [Crossref] [PubMed] [PMC]
7. Schmocker D, Tanner C, Katsarov J, Christen M. An advanced measure of moral sensitivity in business. EJPA. 2020;36(5):864-73. [Crossref]
8. Tuvesson H, Lützén K. Demographic factors associated with moral sensitivity among nursing students. Nurs Ethics. 2017;24(7):847-55. [Crossref] [PubMed]
9. Zhang N, Li J, Xu Z, Gong Z. A latent profile analysis of nurses' moral sensitivity. Nurs Ethics. 2020;27(3):855-67. [Crossref] [PubMed]
10. Kraaijeveld MI, Schilderman JH, van Leeuwen E. Moral sensitivity revisited. Nurs Ethics. 2021;28(2):179-89. [Crossref] [PubMed]
11. Weaver K, Morse J, Mitcham C. Ethical sensitivity in professional practice: concept analysis. J Adv Nurs. 2008;62(5):607-18. [Crossref] [PubMed]
12. Kuilman L, Jansen GJ, Mulder LB, Middel B, Roodbol PF. Re-assessing the validity of the Moral Sensitivity Questionnaire (MSQ): Two new scales for moral deliberation and paternalism. J Eval Clin Pract. 2020;26(2):659-69. [Crossref] [PubMed]
13. Tas Arslan, Calpbinic P. Moral sensitivity, ethical experiences and related factors of pediatric nurses: a cross- sectional, correlational study. Acta Bioeth. 2018;24(1):9-18. [Crossref]
14. Nora CRD, Zoboli ELCP, Vieira MM. Moral sensitivity in primary health care nurses. Rev Bras Enferm. 2017;70(2):308-16. [Crossref] [PubMed]
15. Turan Z, Atasoy I. Ebelerin ahlaki duyarlılıkları ile bireysel değerleri arasındaki ilişki üzerine bir araştırma [A study on the relationship between midwives' moral sensitivity and personal values]. ACU Health Scie J. 2019;10(4):567-75. [Crossref]
16. Aydın Y, Dikmen Y, Kalkan SC. Ebelik öğrencilerinin hasta bakım uygulamalarında etik duyarlılıklarının incelenmesi [Research on midwifery student's ethical susceptibility on patient care practice]. J Contemp Med. 2017;7(2):168-74. [Crossref]
17. Karaca T, Yalvac S. Ebelik öğrencilerinin etik duyarlılıklarının incelenmesi [The moral sensibility of midwifery students]. JACSD. 2016;6:48-62. [Link]
18. Honkavuo L. Midwifery students' experiences of support for ethical competence. Nurs Ethics. 2022;29(1):145-56. [Crossref] [PubMed] [PMC]
19. Lim A, Kim S. Nurses' ethical decision-making during end of life care in South Korea: a cross-sectional descriptive survey. BMC Med Ethics. 2021;22(1):94. [Crossref] [PubMed] [PMC]
20. Lützén K, Dahlqvist V, Eriksson S, Norberg A. Developing the concept of moral sensitivity in health care practice. Nurs Ethics. 2006;13(2):187-96. [Crossref] [PubMed]
21. Tosun H. Ahlaki Duyarlılık Anketi (ADA): Türkçe geçerlik ve güvenirlik uyarlaması [Moral Sensitivity Questionnaire (MSQ): Turkish adaptation of the validity and reliability]. J Contemp Med. 2018;8(4):316-21. [Crossref]
22. Kahriman I, Yesilcicek Calık K. Klinik hemşirelerin etik duyarlılığı [Ethical sensitivity of clinical nurses]. Gümüshane Uni Health Sci J. 2017;6(3):111-21. [Link]
23. Duran S, Kargın M, Celebi E. Moral sensitivity in nurses providing care to psychiatric patients: a cross-sectional study. Kocaeli Med J. 2018;7(3):96-103. [Crossref]
24. Shahvali EA, Mohammadzadeh H, Hazaryan M, Hemmatipour A. Investigating the relationship between nurses' moral sensitivity and patients' satisfaction with the quality of nursing care. EJAC. 2018;13:1-6. [Link]
25. Ertug N, Aktas D, Faydali S, Yalçın O. Ethical sensitivity and related factors of nurses working in the hospital settings. Acta Bioethica. 2014;20(2):265-70. [Crossref]
26. Fırat B, Karatas G, Barut A, Metin G, Sari D. Acil servis hemşirelerinin etik duyarlılıklarının incelenmesi [Investigation of ethical sensitivities of emergency service nurses]. DEUHFED. 2017;10(4):229-35. [Link]
27. Temiz Z, Öztürk D, Ünver S, Tohumat ŞG, Akyolcu N, Kanan N, et al. Cerrahi birimlerde çalışan hemşirelerin etik duyarlılıklarının belirlenmesi [Determination of the ethical sensitivity of nurses working in surgical units]. Journal of Anadolu Nursing and Health Science. 2017;20(2):83-9. [Link]
28. Yılmaz D, Düzgün F, Uzelli Yılmaz D, Akin Korhan E, Dikmen Y. Dahili kliniklerde görev yapan hemşirelerin etik duyarlılıklarının ve etkileyen faktörlerin incelenmesi: üniversite hastanesi örneği [Examination of ethical sensitivity and related factors of nurses in internal clinics: an example of university hospital]. DEUHFED. 2018;11(2):157-63. [Link]
29. Borhani F, Abbaszadeh A, Mohamadi E, Ghasemi E, Hoseinabad-Farahani MJ. Moral sensitivity and moral distress in Iranian critical care nurses. Nurs Ethics. 2017;24(4):474-82. [Crossref] [PubMed]
30. Mert S, Sayilan AA, Karatoprak AP, Baydemir C. The effect of Covid-19 on ethical sensitivity. Nurs Ethics. 2021;28(7-8):1124-36. [Crossref] [PubMed]
31. Muoni T. Decision-making, intuition, and the midwife: Understanding heuristics. British Journal of Midwifery. 2012;20(1):52-6. [Crossref]
32. Dikmen Y. Yoğun bakım hemşirelerinde etik duyarlılığın incelenmesi [An observation on the moral sensibility of intensive care nurses]. Cumhuriyet Nurs J. 2013;2(1):1-7. [Link]
33. Yorulmaz DS. Hemşirelerin Etik duyarlılığı ve etkileyen faktörlerin incelenmesi [Investigation of the moral sensitivity and a affecting factors of nurses]. Turkiye Klinikleri J Med Ethics. 2021;29(1):86-93. [Crossref]
34. Ozdemir S, Aydin Er R. The evaluation of ethics education in midwifery undergraduate programs in Turkey. J Nurs Midwifery Sci. 2022;9(1):66-72. [Crossref]
35. Park M, Kjervik D, Crandell J, Oermann MH. The relationship of ethics education to moral sensitivity and moral reasoning skills of nursing students. Nurs Ethics. 2012;19(4):568-80. [Crossref] [PubMed]