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The Correlation Between Nurses' Moral Distress and Attitudes of Ethical Principles: Correlational and Descriptive Study

Hemşirelerin Ahlaki Sıkıntıları ile Etik İlkeler Yönelik Tutumları Arasındaki İlişki: İlişkisel ve Tanımlayıcı Çalışma

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ABSTRACT Objective: Nurses are health professionals who experience the most moral distress during their ethical practices. Experiencing moral distress may negatively affect nurses' professional practices. The current study was conducted to determine whether there is correlation between nurses' moral distress and attitudes of ethical principles. **Material and Methods:** The sample of this correlational and descriptive study comprised of 100 nurses. The descriptive characteristics form, the Moral Distress Questionnaire (MDQ), and the Scale for Attitudes of Ethical Principles (SAEP) were utilized to collect data. **Results:** The total mean score of the nurses were 45.62±16.44 on the MDQ, and 68.33±15.26 on the SAEP. There was no statistically significant positive and weak correlation between MDQ and SAEP ($r=0.109$, $p>0.05$). **Conclusion:** The results revealed that the nurses had a moderate level of moral distress and attitudes of ethical principles. Additionally, there was no statistically significant correlation between nurses' moral distress and attitudes of ethical principles. It is recommended that managers, planners and educators should make efforts to ensure that nurses are aware of their moral distress and to increase their professionalism.

ÖZET Amaç: Hemşireler, etik uygulamaları sırasında en fazla ahlaki sıkıntı yaşayan sağlık profesyonelleridir. Ahlaki sıkıntı yaşamak, hemşirelerin mesleki uygulamalarını olumsuz olarak etkileyebilir. Bu çalışma, hemşirelerin ahlaki sıkıntı ve etik ilkelere yönelik tutumları arasındaki ilişkiyi incelemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** İlişki arayıcı tanımlayıcı türdeki bu çalışmanın örneklemini 100 hemşire oluşturdu. Verilerin toplanmasında tanıtıcı özellikler formu, Hemşirelikte Ahlaki Sıkıntı Ölçeği (HASÖ) ve Etik İlkeler Yönelik Tutum Ölçeği (EİYTÖ) kullanıldı. **Bulgular:** Hemşirelerin HASÖ toplam puan ortalaması 45,62±16,44, EİYTÖ toplam puan ortalaması 68,33±15,26'dır. HASÖ toplam puan ortalaması ile EİYTÖ toplam puan ortalaması arasında anlamlı olmayan pozitif yönlü zayıf bir ilişki olduğu saptandı ($r=0,109$, $p>0,05$). **Sonuç:** Hemşirelerin ahlaki sıkıntı ve etik ilkelere tutumlarının orta düzey olduğu belirlendi. Ayrıca hemşirelerin ahlaki sıkıntı düzeyleri ile etik ilkelere yönelik tutumları arasında bir ilişki olmadığı da tespit edildi. Yöneticilerin, planlamacıların ve eğitimcilerin, hemşirelerin ahlaki sıkıntılarının farkında olmalarını sağlama ve profesyonelliğini artırma için çaba göstermeleri önerilmektedir.

Keywords: Attitudes of ethical principles; moral distress; nurse

Anahtar Kelimeler: Etik ilkelere yönelik tutum; ahlaki sıkıntı; hemşire

Nurses provide services in an environment filled with moral conflicts. During this time, they may experience moral distress, negatively affecting their professionalism. Moral distress arises when nurses are aware of what the morally right action is but cannot implement it or act ethically in a given situation.

Moral distress occurs when we know what the morally right action is but cannot implement it or when we do not act ethically in a given situation.¹ Nurses, being essential members of the healthcare team, are reported to experience more moral distress than other healthcare professionals. Moral distress

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can originate from the individual nurse, managers, colleagues, and ethical issues in the work environment.² Moral distress can affect both the nurse's self-esteem and professional performance negatively. It may lead to a decrease in nurses' self-respect, job satisfaction, and desire to stay in the profession, as well as impair their physical and mental health.³ Moreover, it can result in medical errors, unwillingness to assist patients, moral insensitivity, failure to fulfill professional responsibilities, and failure to uphold the ethical values of the profession.² A study conducted in Türkiye indicated that the most commonly experienced ethical problem by nurses is the violation of ethical principles.⁴ A study of oncology nurses in Iran found that as moral distress increased, nurses' spiritual care competency significantly decreased.⁵ It is noted that moral distress can also diminish nurses' attitudes towards ethical principles, a crucial component of providing quality care to patients.⁶ However, there is limited knowledge about how nurses' moral distress affects their attitudes of ethical principles that could influence patient care. That's why; the current study was conducted to determine whether there is correlation between nurses' moral distress and attitudes of ethical principles.

The current study's questions:

- What is the nurses' moral distress level?
- What is the nurses' attitudes of ethical principles level?
- Is there a correlation between nurses' moral distress and the attitudes of ethical principles?

MATERIAL AND METHODS

STUDY DESIGN AND SETTING

The current study was a correlational and descriptive design. The current study was carried out with nurses Bingöl State Hospital in eastern Türkiye between March-August 2023.

POPULATION AND SAMPLE OF THE STUDY

The current study's population comprised of all nurses (n=132) who worked in the Bingöl State Hospital between March-August 2023. In the current study, a venture was made to achieve the whole population without using any sample choice method. A total of 14

nurses did not volunteer to take part in the study and 18 nurses were on leave/sick leave. After these exclusions, the study was finished with 100 nurses.

Inclusion Criteria

- Being 18 years or older
- Agreeing to participate in the study
- Working as a nurse for at least 6 months

Exclusion Criteria

- Having any psychiatric diagnosis (according to the Diagnostic and Statistical Manual of Mental Disorders-5)

Measures

Descriptive Characteristics Form: This form is based on nurses' age, gender, education level, marital status, working duration, and working clinic, as well as whether satisfaction with the nursing profession, status of receiving ethics education other than in school and need for ethics education.^{2,3}

Moral Distress Questionnaire: The Turkish validity and reliability study of the Moral Distress Questionnaire (MDQ) was conducted by Yucel et al.⁷ This is a 6-point Likert type scale (1-6 points) containing of 15 items and three subscales: relationships (2, 5, 9, 10, 11, 12), possibilities (3, 4, 13, 14, 15), and time (1, 6, 7, 8). Scores on the scale range from 15 to 90. In this study, Cronbach's α coefficient was calculated as 0.91.

Scale for Attitudes of Ethical Principles: The Turkish validity and reliability study of the Scale for Attitudes of Ethical Principles (SAEP) was carried out by Uysal Kasap and Bahçecik, with a Cronbach's α coefficient of 0.85.⁸ The scale consists of 35 items and 6 factors (justice, endamaging, honesty, respect to autonomy, getting benefit, privacy-secretion). It is a 5-point Likert type scale, scoring from "strongly agree" (1) to "strongly disagree" (5). The items 9, 11, 28, and 35 are reverse-scored. Scores on the scale range from 35 to 175, where a higher score indicates a higher attitude of ethical principles in nurses, vice versa. In this study, Cronbach's α coefficient was calculated as 0.91.

DATA ANALYSIS

SPSS 25.0 (SPSS Inc., Chicago, IL, USA) program was utilized in the analysis of the data. A p value

<0.05 was kept in view significant for the study. Cronbach's α coefficient was utilized in the internal consistency analysis of the scales. Percentage distribution was utilized to identify the descriptive characteristics, and arithmetic mean was utilized to identify the total mean score of the scales. Shapiro-Wilk test were utilized along with a histogram, P-P plot, Q-Q plot, and an assessment of Skewness and Kurtosis to appraise the conformity with normal distribution. The results of the analysis showed that the data had a normal distribution. Independent t-test and an analysis of variance were utilized to compare descriptive characteristics and scales. Pearson's correlation analyses were utilized to compare the 2 scales.

ETHICAL STATEMENT

Before starting the study, approval (date: November 28, 2022; no: 2022/20) from Bingöl University Health Sciences Research and Publication Ethics Board and official permit from the hospital. Nurses were instructed about the aim of the study and that their knowledge would be kept private and that they could retreat from the study at any time. Additionally, the current study was conducted taking into account the principles of the Declaration of Helsinki and by getting written consent from the nurses with an "Informed Voluntary Consent Form".

RESULTS

A total of 49% of the nurses who took part in the current study were 54% were female, 55% had a bachelor, master, doctoral's degree, aged between 18-30 years, 55% were married, 58% had 6 months and 10 years of work experience at their respective clinic, 45% worked in other clinics (emergency, intensive care, etc.), 54% of the nurses were satisfied with the nursing profession, 57.0% had not received ethical education other than in school, and 51.0% found no need for ethical education (Table 1).

The total mean score of the nurses were 45.62 ± 16.44 on the MDQ, and 68.33 ± 15.26 on the SAEP (Table 2). It can be said that the moral distress and attitudes of ethical principles of nurses were at a moderate level (the lowest-highest score of the scale are 15-90 for MDQ, the lowest-highest score of the scale are 35-175 for SAEP).

TABLE 1: Distribution of the descriptive characteristics of the nurses (n=100)

Descriptive characteristics	n	%
Age groups		
18-30 years	49	49.0
31-40 years	36	36.0
41 years and above	15	15.0
Marital status		
Married	55	55.0
Single	45	45.0
Gender		
Female	54	54.0
Male	46	46.0
Education level		
High school	15	15.0
Bachelor, master, doctoral	85	85.0
Working duration		
6 months-10 years	58	58.0
11-20 years	31	31.0
21 years and above	11	11.0
Clinic		
Internal	12	12.0
Surgical	24	24.0
Intensive care unit	19	19.0
Other (emergency, polyclinic etc.)	45	45.0
Satisfaction with the nursing profession		
Yes	54	54.0
No	46	46.0
Status of receiving ethics education other than in school		
Yes	43	43.0
No	57	57.0
Status of need for ethics education		
Yes	49	49.0
No	51	51.0
Total	100	100.0

TABLE 2: Distribution of the nurses' MDQ and SAEP and subscales scores and means

Scale	Minimum-maximum	$\bar{X} \pm SD$
Relations	6-36	17.98 ± 7.44
Possibilities	5-27	14.21 ± 5.58
Time	4-24	13.43 ± 5.55
MDQ total	15-82	45.62 ± 16.44
Justice	8-30	12.40 ± 5.08
Endamaging	4-16	7.04 ± 2.76
Honesty	7-24	16.23 ± 3.06
Respect to autonomy	8-29	15.99 ± 4.24
Getting benefit	5-18	8.24 ± 3.22
Privacy-secrection	4-14	8.43 ± 1.89
SAEP Total	42-129	68.33 ± 15.26

MDQ: Moral Distress Questionnaire; SAEP: Scale for Attitudes of Ethical Principles; SD: Standard deviation

Comparison of the nurses' mean MDQ total scores according to their descriptive characteristics revealed no differences associated with age group, gender, education level, working duration, working clinic, and status of receiving ethics education other

than in school according to the MDQ ($p>0.05$). However, differences were observed with respect to the marital status, satisfaction with the nursing profession, and need for ethics education according to the MDQ ($p<0.05$) (Table 3).

TABLE 3: Comparison of MDQ subscales and total mean scores of the nurses in terms of their descriptive characteristics

Descriptive characteristics		Relations $\bar{X}\pm SD$	Possibilities $\bar{X}\pm SD$	Time $\bar{X}\pm SD$	MDQ total $\bar{X}\pm SD$
Age groups	18-30 years	17.18 \pm 6.71	13.30 \pm 5.14	12.63 \pm 5.65	43.12 \pm 15.50
	31-40 years	19.13 \pm 7.31	15.50 \pm 5.01	14.79 \pm 5.11	49.61 \pm 14.41
	41 years and above	17.80 \pm 9.89	14.06 \pm 7.72	12.33 \pm 5.78	44.20 \pm 22.42
	Test value	F=0.717	F=1.629	F=2.238	F=1.705
	Significance	p=0.491	p=0.201	p=0.112	p=0.187
Gender	Female	18.09 \pm 8.08	14.33 \pm 5.57	13.61 \pm 5.80	46.03 \pm 17.39
	Male	17.84 \pm 6.69	14.06 \pm 5.64	13.21 \pm 5.30	45.13 \pm 15.43
	Test value	t=0.163	t=0.238	t=0.352	t=0.273
	Significance	p=0.871	p=0.812	p=0.726	p=0.785
Education level	High school	19.26 \pm 8.54	15.53 \pm 6.69	13.26 \pm 6.39	48.06 \pm 21.18
	Bachelor, master, doctoral	17.75 \pm 7.26	13.97 \pm 5.37	13.45 \pm 5.43	45.18 \pm 15.57
	Test value	t=0.297	t=0.996	t=-0.123	t=0.623
	Significance	p=0.470	p=0.322	p=0.902	p=0.535
Marital status	Married	19.61 \pm 8.40	15.47 \pm 6.29	14.87 \pm 5.67	49.96 \pm 18.12
	Single	15.97 \pm 5.51	12.66 \pm 4.13	11.66 \pm 4.91	40.31 \pm 12.35
	Test value	t=2.497	t=2.571	t=2.983	t=3.039
	Significance	p=0.014	p=0.012	p=0.004	p=0.003
Working duration	6 months-10 years	17.00 \pm 6.39	13.32 \pm 4.85	12.98 \pm 5.54	43.31 \pm 15.04
	11-20 years	19.87 \pm 7.92	15.77 \pm 5.98	14.80 \pm 5.15	50.45 \pm 15.50
	21 years and above	17.81 \pm 10.49	14.45 \pm 7.39	11.90 \pm 6.42	44.18 \pm 23.68
	Test value	F=1.522	F=1.992	F=1.569	F=1.991
	Significance	p=0.223	p=0.142	p=0.213	p=0.142
Clinic	Internal	22.83 \pm 7.79	17.58 \pm 5.50	16.25 \pm 5.78	56.66 \pm 18.21
	Surgical	16.79 \pm 7.95	12.75 \pm 4.91	12.75 \pm 6.29	42.29 \pm 16.28
	ICU	17.42 \pm 4.99	15.00 \pm 5.36	12.10 \pm 3.92	44.52 \pm 13.06
	Other (emergency, polyclinic etc.)	17.55 \pm 7.66	13.75 \pm 5.78	13.60 \pm 5.55	44.91 \pm 16.62
	Test value	F=2.053	F=2.324	F=1.550	F=2.273
	Significance	p=0.112	p=0.080	p=0.207	p=0.085
Satisfaction with the nursing profession	Yes	16.11 \pm 7.17	12.92 \pm 5.56	11.81 \pm 5.73	40.85 \pm 16.66
	No	20.17 \pm 7.22	15.71 \pm 5.26	15.32 \pm 4.73	51.21 \pm 14.44
	Test value	t=-2.814	t=-2.562	t=-3.303	t=-3.294
	Significance	p=0.006	p=0.012	p=0.001	p=0.001
Status of receiving ethics education other than in school	Yes	16.95 \pm 6.77	13.60 \pm 5.26	12.27 \pm 5.54	42.83 \pm 15.17
	No	18.75 \pm 7.87	14.66 \pm 5.81	14.29 \pm 5.45	47.71 \pm 17.17
	Test value	t=-1.201	t=-0.941	t=-1.820	t=-1.479
	Significance	p=0.233	p=0.349	p=0.072	p=0.142
Status of need for ethics education	Yes	15.53 \pm 6.68	12.55 \pm 4.73	11.83 \pm 4.90	39.91 \pm 13.46
	No	20.33 \pm 7.43	15.80 \pm 5.90	14.96 \pm 5.76	51.09 \pm 17.28
	Test value	t=-3.393	t=-3.031	t=-2.915	t=-3.598
	Significance	p=0.001	p=0.003	p=0.004	p=0.001

MDQ: Moral Distress Questionnaire; SD: Standard deviation; ICU: Intensive care unit

TABLE 4: Comparison of SAEP subscales and total mean scores of the nurses in terms of their descriptive characteristics

Descriptive characteristics	Justice $\bar{X}\pm SD$	Endamaging $\bar{X}\pm SD$	Honesty $\bar{X}\pm SD$	Respect to autonomy $\bar{X}\pm SD$	Getting benefit $\bar{X}\pm SD$	Privacy-secretion $\bar{X}\pm SD$	SAEP total $\bar{X}\pm SD$
Age groups							
18-30 years	12.67±5.40	6.85±2.94	16.38±3.24	16.20±4.52	8.32±3.47	8.36±1.87	68.81±16.46
31-40 years	12.30±4.28	7.30±2.32	15.94±2.70	16.16±3.48	8.30±2.83	8.41±1.97	68.44±11.45
41 years and above	11.73±5.98	7.00±3.25	16.40±3.41	14.86±4.99	7.80±3.4	8.66±1.49	66.46±19.66
Test value	F=0.203	F=0.270	F=0.241	F=0.615	F=0.162	F=0.149	F=0.135
Significance	p=0.817	p=0.764	p=0.787	p=0.543	p=0.851	p=0.862	p=0.874
Gender							
Female	10.92±3.30	6.29±2.02	16.18±2.48	15.72±3.4	7.12±1.94	7.92±1.34	63.18±9.01
Male	14.13±6.19	7.91±3.25	16.28±3.65	17.47±4.65	9.54±3.90	9.02±2.17	74.36±18.65
Test value	t=-3.295	t=-3.030	t=-0.153	t=-3.408	t=-4.002	t=-3.077	t=-3.905
Significance	p=0.001	p=0.003	p=0.005	p=0.001	p=0.000	p=0.003	p=0.000
Education level							
High School	13.86±5.27	6.73±2.65	16.46±2.87	15.80±4.87	8.93±3.78	9.00±1.30	70.80±17.70
Bachelor, master, doctoral	12.14±5.03	7.09±2.79	16.18±3.11	16.02±4.15	8.11±3.12	8.32±1.91	67.89±14.87
Test value	t=1.215	t=-0.464	t=0.323	t=-0.187	t=0.902	t=1.299	t=0.678
Significance	p=0.227	p=0.644	p=0.747	p=0.852	p=0.369	p=0.197	p=0.500
Marital status							
Married	12.54±4.89	7.07±2.68	16.05±2.98	15.65±3.91	8.16±2.97	8.52±1.54	68.01±13.80
Single	12.22±5.35	7.00±2.89	16.44±3.18	16.40±4.61	8.33±3.53	8.31±2.17	68.71±17.03
Test value	t=0.315	t=0.130	t=-0.631	t=-0.873	t=-0.260	t=0.580	t=-0.225
Significance	p=0.754	p=0.897	p=0.529	p=0.385	p=0.795	p=0.564	p=0.823
Working duration							
6 months-10 years	12.62±5.15	6.93±2.79	16.32±3.10	16.41±4.27	8.29±3.33	8.29±1.79	68.87±15.35
11-20 years	11.77±4.44	7.25±2.46	15.77±2.77	15.38±3.75	8.03±2.92	8.48±2.03	66.70±12.57
21 years and above	13.00±6.58	7.00±3.57	17.00±3.66	15.45±5.41	8.54±3.69	8.43±1.84	70.00±21.84
Test value	F=0.362	F=0.140	F=0.715	F=0.686	F=0.119	F=0.690	F=0.274
Significance	p=0.698	p=0.870	p=0.492	p=0.506	p=0.888	p=0.504	p=0.761
Clinic							
Internal	13.25±4.28	6.83±1.99	16.75±2.41	17.58±3.39	11.16±1.62	8.58±1.62	71.58±12.28
Surgical	12.75±4.46	6.87±3.04	17.00±3.28	16.04±3.80	13.44±1.77	8.41±1.69	69.58±12.50
ICU	13.73±6.17	7.73±3.24	15.78±2.52	16.26±4.53	13.13±4.41	8.52±2.31	70.31±18.21
Other (emergency, polyclinic etc.)	11.42±5.05	6.88±2.61	15.86±3.28	15.42±4.53	13.13±4.41	8.35±1.82	65.95±16.06
Test value	F=2.053	F=2.324	F=1.550	F=2.273	F=1.148	F=0.490	F=0.961
Significance	p=0.112	p=0.080	p=0.207	p=0.085	p=0.334	p=0.690	p=0.415
Satisfaction with the nursing profession							
Yes	11.53±4.51	6.68±2.66	16.12±2.95	15.25±4.27	7.62±2.71	8.24±1.43	65.48±13.71
No	13.41±5.55	7.45±2.84	16.34±3.21	16.84±4.08	8.95±3.63	8.65±2.23	71.67±16.43
Test value	t=-1.862	t=-1.396	t=-0.353	t=-1.891	t=-2.084	t=-1.110	t=-2.054
Significance	p=0.066	p=0.166	p=0.725	p=0.062	p=0.060	p=0.270	p=0.053
Status of receiving ethics education other than in school							
Yes	12.23±4.85	6.76±2.89	16.46±3.00	15.72±4.06	7.93±3.08	8.51±1.70	67.62±14.13
No	12.52±5.28	7.24±2.67	16.05±3.12	16.19±4.39	8.47±3.33	8.36±1.96	68.85±16.17
Test value	t=-0.285	t=-0.854	t=0.665	t=-0.549	t=-0.833	t=0.382	t=-0.388
Significance	p=0.776	p=0.395	p=0.508	p=0.584	p=0.407	p=0.703	p=0.692
Status of need for ethics education							
Yes	12.32±5.12	7.08±2.77	16.00±3.29	15.83±4.45	8.10±3.31	8.18±1.19	67.53±15.62
No	12.47±5.09	7.00±2.78	16.45±2.84	16.13±4.05	8.37±3.16	8.66±1.72	69.09±15.03
Test value	t=0.141	t=0.147	t=0.734	t=-0.353	t=-0.417	t=-1.310	t=-0.511
Significance	p=0.888	p=0.884	p=0.465	p=0.725	p=0.677	p=0.193	p=0.610

SAEP: Scale for Attitudes of Ethical Principles; SD: Standard deviation

TABLE 5: Correlation between MDQ subscales and total mean scores and SAEP subscales and total mean scores

		Relations	Possibilities	Time	MDQ total
Justice	r value*	0.052	0.121	0.098	0.098
	p value**	0.657	0.232	0.331	0.334
Endamaging	r value*	0.130	0.270	0.051	0.168
	p value**	0.197	0.070	0.611	0.095
Honesty	r value*	0.118	0.071	0.042	0.092
	p value**	0.240	0.483	0.677	0.363
Respect to autonomy	r value*	0.052	0.107	0.065	0.082
	p value**	0.604	0.290	0.518	0.417
Getting benefit	r value*	0.147	0.160	0.116	0.160
	p value**	0.144	0.112	0.251	0.112
Privacy-secretion	r value*	0.150	0.217	0.154	0.193
	p value**	0.137	0.300	0.126	0.054
SAEP total	r value*	0.128	0.193	0.112	0.161
	p value**	0.203	0.054	0.268	0.109

*Pearson correlation analysis; **p>0.05; MDQ: Moral Distress Questionnaire; SAEP: Scale for Attitudes of Ethical Principles

Comparison of the nurses' mean SAEP total scores according to their descriptive characteristics revealed no differences associated with age group, marital status, education level, working duration, working clinic, status of receiving ethics education other than in school, satisfaction with the nursing profession, and need for ethics education according to the SAEP ($p>0.05$). However, differences were observed with respect to gender according to the SAEP ($p<0.05$) (Table 4).

There was no statistically significant positive and weak correlation between MDQ and SAEP ($r=0.161$, $p>0.05$) (Table 5).

DISCUSSION

The current study was carried out to examine the relationship between moral distress and attitudes of ethical principles among nurses working in Bingöl State Hospital in Türkiye. Nurses who encounter numerous ethical issues in the work environment may also have high levels of moral distress. The current study found that the nurses had moderate level of moral distress. This result is consistent with those of studies conducted in Iran and Türkiye.^{2,5,9-12} In studies conducted in Iran, including Nemati et al., and Habibzadeh et al., as well as in Japan by Ohnishi et

al., nurses were shown to have low levels of moral distress.^{3,13,14} In a study with healthcare professionals in Saudi Arabia, 24.3% of participants experienced serious moral distress, while 75.7% experienced mild moral distress.¹⁵ The differences in moral distress levels in these studies may arise from cultural differences among nurses, variations in working conditions, and differences in the tools used. Nurses experiencing moderate levels of moral distress may also lead to moral desensitization due to the repeated occurrence of moral distress.

Ethical principles are instructions that shape ethical behaviors and determine which values and beliefs should be accepted in the society. Medical ethics principles encompass beneficence, non-maleficence, respect for autonomy, justice, confidentiality, honesty, and loyalty. Nurses, who have a separate sanctity and importance in the health sector, need to adhere to ethical principles.¹⁶ This study concluded that nurses' adherence to ethical principles is at a moderate level. This result is consistent with those of Vasegh Rahimparvar et al., who showed that midwives in Tehran had a moderate level of adherence to professional ethical rules.¹⁷ Ghobadifar and Mosalanejad reported that healthcare personnel had low compliance with ethical principles and even performed poorly in terms of commitment and confidentiality.¹⁸ Nurses need empowerment in adhering to ethical principles, even in challenging situations.¹⁹

This study found a significant difference between the nurses' marital status, perceived adequacy of ethical education, job satisfaction, and moral distress scores. The married nurses had higher moral distress scores. In research conducted in Iran and Türkiye no significant difference was found between the nurses' marital status and moral distress. Ethical education contributes significantly to developing professionalism and ethical reasoning, and thus reducing moral distress.^{2,12} In this study, the nurses who did not find ethical education sufficient experienced more moral distress. Khaghanizadeh et al., showed that the moral distress score significantly decreased in the educated group compared to the control group.²⁰ Job satisfaction can influence moral distress.²¹ A study conducted in Korea demonstrated a relationship between professional satisfaction and moral dis-

tress.²² Filipino nurses were also found to be affected by their job satisfaction in their experience of moral distress.²³ In the present study, the nurses who were not satisfied with their profession also experienced more moral distress. Nursing being a challenging profession, experiencing confusion about professional roles and responsibilities and nursing being chosen in Turkish culture without enthusiasm, simply to find an easy job, can lead to professional dissatisfaction in nurses.^{22,24} Professional dissatisfaction, in turn, can lead to unrest, inefficient work, making mistakes, and ultimately moral distress.²¹

Ethical principles constitute personal philosophies that offer individuals a conceptual framework for reflecting on ethical dilemmas and guiding them in discerning appropriate courses of action. Ethical principles are assumed to provide guidance in the face of ethical dilemmas.²⁵ This study found a statistically significant difference between the participants' SAEP total and subscales mean scores according to gender. Numminen et al., determined no significant correlation between the age and gender of nursing students and their understanding of ethical principles.²⁶ In the present study, the higher average scores of men in terms of ethical principles might be because men might have more scientific knowledge and scientific literacy than women and attach greater importance to ethical issues.²⁷

This study found no significant correlation between the nurses' levels of moral distress and their attitudes of ethical principles. This result might imply that the nurses' sense of moral distress does not affect their attitudes of ethical principles. Consistent with the results of this study, a study conducted with nurses working in an intensive care unit in Türkiye did not find a direct relationship between moral distress and professional values in nurses.²⁸ It is important for all nurses to have competence and ability in ethical decision-making. However, it is suggested that moral distress can be an obstacle to health professionals' adherence to ethical principles.^{5,6} Failing to act in accordance with ethical principles can lead to the recurrence of moral distress, creating a vicious cycle.¹ Nurses are expected to act in accordance with ethical codes, knowing what is clinically and ethically correct. Nurses may lack of a sense of respon-

sibility against moral issues that could cause distress, as they do not make an effort to implement what they know to be right.¹

LIMITATIONS

This study had a few limitations. Since this study was conducted in only one hospital, this sample may not be representative of the overall population of nurses in Türkiye. Additionally, the causality cannot be efficiently investigated due to the correlational and descriptive nature of the study.

CONCLUSION

In line with these results, the nurses had a moderate level of moral distress and attitudes of ethical principles and there was no statistically significant correlation between nurses' moral distress and attitudes of ethical principles. Further studies should be conducted to examine the impact of moral distress on attitudes of ethical principles in nurses. In addition, nurses should be equipped with appropriate knowledge and skills to recognize and manage moral distress, and ethical education and counseling should be provided to enhance their attitudes of ethical principles. Additionally, necessary arrangements should be made to ensure job satisfaction in nurses and a positive outlook on the nursing profession.

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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: Tülay Yıldırım Üşenmez, Pervin Şahiner, Rukiye Demir Dikmen; **Design:** Tülay Yıldırım Üşenmez, Pervin Şahiner, Rukiye Demir Dikmen; **Control/Supervision:** Tülay Yıldırım Üşenmez, Pervin Şahiner, Rukiye Demir Dikmen; **Data Collection and/or Processing:** Tülay Yıldırım Üşenmez, Rukiye Demir

Dikmen; Analysis and/or Interpretation: Tülay Yıldırım Üşenmez, Rukiye Demir Dikmen, Pervin Şahiner; **Literature Review:** Tülay Yıldırım Üşenmez, Pervin Şahiner; **Writing the Article:** Tülay Yıldırım Üşenmez, Pervin Şahiner; **Critical Review:**

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