● Review

MORAL SENSITIVITY OF NURSES ASSESSED THROUGH SCOPING REVIEW*

Carlise Rigon Dalla Nora[1], Elma Zoboli[2], Margarida Maria Vieira[3]

ABSTRACT: This study aims to identify the factors that influence the moral sensitivity of nurses in health services, based on publications on the theme. Therefore, we conducted a scoping review for the August-December 2015 period in health literature databases. Theoretical and original studies with nursing students and health teams with nurses, published in English, Spanish and Portuguese, were included. The sample consisted of 28 studies. Two categories emerged from the analysis: "personal factors" and "contextual factors" of moral sensitivity. We concluded that "personal factors" have the greatest impact on the formation/expression of moral sensitivity of nurses. Moral sensibility has a multidimensional nature and must be complemented with nurse's training to identify and deal responsibly and prudently with the ethical problems of clinical practice.
DESCRIPTORS: Moral; Moral development; Nursing ethics; Nursing.

SENSIBILIDADE MORAL DOS ENFERMEIROS AVALIADA POR *SCOPING REVIEW*

RESUMO: Esse estudo tem como objetivo identificar os fatores que influenciam a sensibilidade moral dos enfermeiros nos serviços de saúde, a partir de publicações sobre a temática. Para tanto, realizou-se uma *scoping review* no período de agosto a dezembro de 2015 em bases de dados da literatura em saúde. Foram incluídos artigos teóricos e originais realizados com estudantes de Enfermagem e equipes de saúde com enfermeiros, publicados em inglês, espanhol e português. A amostra foi de 28 estudos. Da análise, resultaram duas categorias: "fatores pessoais" e "fatores contextuais" da sensibilidade moral. Conclui-se que o fator que tem maior peso na formação/expressão da sensibilidade moral dos enfermeiros são os "fatores pessoais". A sensibilidade moral tem uma natureza multidimensional, e que precisa ser complementada com uma preparação do enfermeiro para identificar e lidar de forma responsável e prudente com os problemas éticos da prática.
DESCRITORES: Moral; Desenvolvimento moral; Ética de enfermagem; Enfermagem.

SENSIBILIDAD MORAL DE LOS ENFERMEROS EVALUADA POR *SCOPING REVIEW*

RESUMEN: Estudio cuyo objetivo fue identificar los factores que influyen en la sensibilidad moral de los enfermeros en los servicios de salud, a partir de publicaciones sobre la temática. Para ello, se realizó una *scoping review* entre agosto y diciembre de 2015, en bases de datos de literatura en salud. Fueron incluidos artículos teóricos y originales realizados con estudiantes de Enfermería y equipos de salud con enfermeros, publicados en inglés, español y portugués. La muestra incluyó 28 estudios. Del análisis surgieron dos categorías: "factores personales" y "factores conceptuales" de la sensibilidad moral. Se concluye en que el factor de mayor peso en la formación/expresión de la sensibilidad moral de los enfermeros son los "factores personales". La sensibilidad moral tiene naturaleza multidimensional, que necesita complementarse con preparación del enfermero para identificar y enfrentar de manera responsable y prudente los problemas éticos de la práctica.
DESCRIPTORES: Moral; Desarrollo Moral; Ética en Enfermería; Enfermería.

---

[1]Nurse. PhD student in Nursing at Universidade Católica Portuguesa. Porto, Portugal.
[2]Nurse. Postdoctor in Bioethics. PhD in Public Health. Professor of Nursing at Universidade de São Paulo. São Paulo, SP, Brazil.
[3]Nurse. PhD in Philosophy. Professor at Universidade Católica Portuguesa. Porto, Portugal.

Corresponding author:
Carlise Rigon Dalla Nora
Universidade Católica Portuguesa.
R. Arquiteto Lobao Vital, Apartado 2511 - 4202-401 - Porto, Portugal
E-mail: carliserdn@gmail.com

● INTRODUCTION

The numerous advances in health technology have considerably increased the occurrence of morecomplex new ethical problems in nursing practice [1-2]. These problems are related to ethical aspects, issues or implications that may be less or more common in healthcare practice. The moral sensitivity of nurses allows distinguishingbetween ethical problems and other types of problems.

Moral sensitivity is also called "ethical sensitivity" and some studies [3] report that consensus among specialists on the differentiation of these terms is difficult to achieve. For the purposes of this study, moral sensitivity is defined as the nurse's contextual and intuitive understanding of patient's vulnerability, having insight into the ethical consequences of decisions on behalf of the person [4]. In order to make ethical decisions, nurses must be able to recognize a moral conflict and be sensitive to the patient's vulnerable situation.

The development of the theoretical framework of this study is derived from the concept of moral sensitivity, which is a complex phenomenon that in addition to scientific knowledge involves sensations, feelings, moral knowledge and subject skills as it addresses ethical issues in interpersonal relationships between patients and nurses [5]. For La Taille [6:88], moral sensitivity is "the ability to perceive the moral dimensions of certain situations or actions." Lack of moral sensitivity can lead to immoral or inappropriate behavior [6].

The theoretical dimensions of moral sensitivity described by Lützén [4] involve interpersonal guidance, structuring of moral significance, generosity, independence, moral conflict, nurses' confidence on their knowledge and rules. Moral sensitivity, therefore, involves the ability to deal with ethical problems, and depending on the circumstances this may be very hard to be achieved.

Identifying the factors that influence the moral sensitivity of nurses is essential to enable them to create strategies for their promotion, improving their professional conduct, that is, their ethical decision-making capacity, and consequently, their professional satisfaction and the quality of care.

This article is part of a doctoral study in Nursing on the moral sensitivity of nurses in Primary Health Care (PHC) in Portugal and Brazil. The literature review stage aimed to identify the factors that influence the moral sensitivity of nurses in health services is presented here.

● METHOD

The scoping review methodology, initially described by O'Malley and Arksey [7] later systematized by Levac, Colquhoun and O'Brien [8] was adopted here. This method aims to obtain extensive, comprehensive and more in-depth results on a given subject, though it also includes a methodical, transparent and replicable design, which is used in the methodology of systematic review [9]. The main difference between a systematic review and a scoping review is that the scoping review tends to address broader topics, and so, the research questions are broad in nature, whilst a systematic review typically focuses a well-defined question; inclusion/exclusion criteria may also be established *a posteriori*, a scoping study is less likely to assess the quality of the included studies compared to systematic reviews and data extraction may or not occur[10].

The following steps were taken: identification of the research topic; identification of the relevant studies (evidence); literature selection; data extraction; collecting, summarizing and reporting results and disclosure of the results [7-8].

The research question of this study, as previously explained, was: "what factors influence the moral sensitivity of nurses in health services?" Different sources were consulted in a comprehensive search through platforms VHL (Virtual Health Library), EBSCO (EBSCOhost Online Research databases) and Web of Science, which cover the bases: Lilacs (*Literatura Latino-Americana e do Caribe em Ciências da Saúde*), IBECS (*Índice Bibliográfico Espanhol de Ciências da Saúde*), MEDLINE (Medical Literature Analysis and Retrieval System Online), Cochrane Library, SciELO (Scientific Electronic Library Online), BDENF (*Base de Dados de Enfermagem*), CINAHL (Cumulative Index to Nursing and Allied Health

Literature), and Google Scholar tool.

The following keywords/MeSH and keywords in English, Spanish and Portuguese were used: moral sensitivity, moral sensibility, ethical sensitivity, ethical sensibility, moral development, moral dilemma, ethical dilemma, ethics, nurs*, health services, healthcare. The following associations were held in English, with the Boolean operators "and" and "or": moral sensitivity and nurs*, moral sensibility and nurs*, ethical sensitivity and nurs*, ethical sensibility and nurs*, moral sensitivity and moral dilemma, moral sensitivity and ethical dilemma, ethical sensitivity and moral dilemma and ethics, moral sensitivity and health services, moral sensitivity and health care, moral sensitivity or ethical sensitivity, moral sensitivity or moral development. The same associations were made in Portuguese and Spanish. The bibliographic references of the selected studies were also checked as they may reveal otherarticles of interest for this study.

As the scoping review is exploratory and comprehensive, all the results about the topicare included. So,it allows the identification of possible gaps in the research [10]. The following inclusion criteria were used in the selection of studies: theoretical and original research articles published in English, Spanish and Portuguese involving nursing students and health teams that included nurses. The literature review was not limited to a specific period because ethics pervades science.

The exclusion criteria were studies with users or other professionals, health teams that did not include nurses, studies with undefined or poorly reporteddesigns.

The research was conducted from August to December 2015, by two independent researchers. Subsequently, the results were compared and disagreements were resolved by consensus. Figure 1 shows the process of search, exclusion and selection of the identified studies:
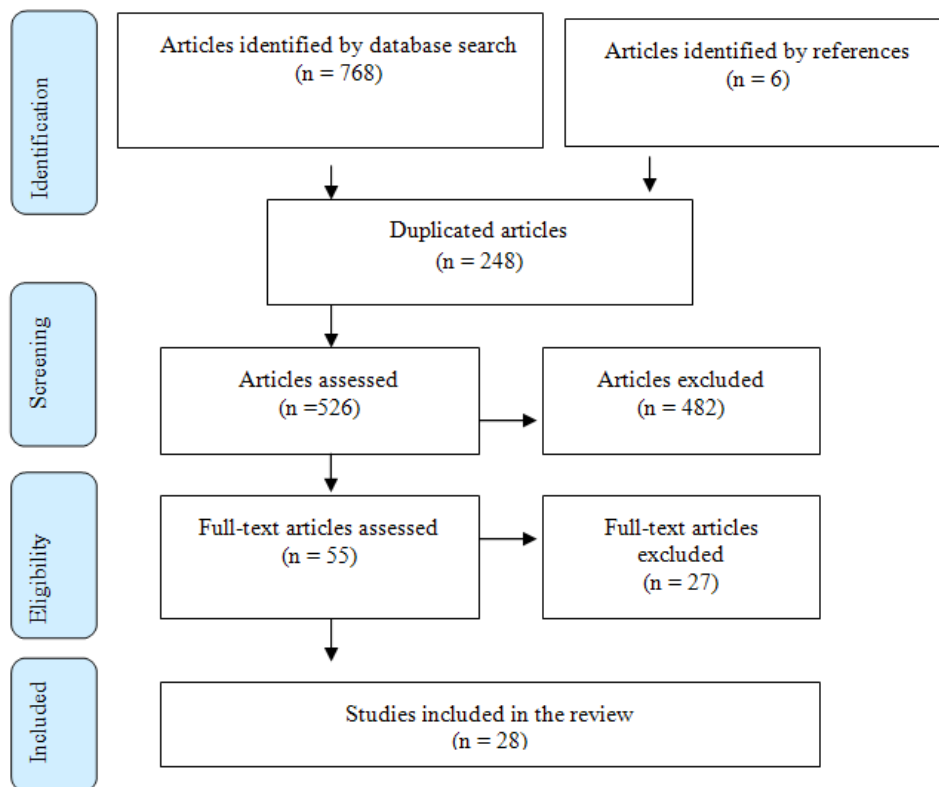

Figure 1 – Selection of studies in the databases. Porto, Portugal, 2006

A specific tool was used in the stage of collection, summarizing and reporting of the essential elements found in each study. This instrument allowed data synthesis and interpretation and basic numerical analysis of the extent, nature and distribution of the studies incorporated in the review. Items such as year of publication, periodical, location of thestudy, type of service and methodology used were grouped.

Compilation and disclosure of the results was conducted in the final stage, aimed to present a general view of all the material, through a thematic construction organized according to the nature of the factors that influence the moral sensitivity of nurses.

● **RESULTS**

In total, 774 publications on the topic were identified, of which 28 were selected to compose the sample, as follows: 19 original studies [1-2,4-5,11-25] and nine theoretical studies [26-34]. All the selected studies were published in English.

Eleven studies (40%) were published at the journal Nursing Ethics (impact factor 1.247, assessment year 2015), two (8%) at the journal Advanced Nursing (impact factor 1.741, assessment year 2015) and two (8%) at the journal Nursing Philosophy (impact factor 0.833, assessment year 2015). The other studies were published in different health journals.

According to thesystem to rate the strength of scientific evidence based on seven levels, the results of this review show level of evidence six (derived from a single descriptive or qualitative study) and level five (evidence from systematic reviews of descriptive or qualitative studies) [35].

Regarding the topic, 16 studies addressed moral sensitivity [2,4-5,11-14,16,19,21-22,24-25,27-29] and 12 studies addressed ethical sensitivity [1,15,17-18,20,23,26,30-34]. Regarding the year of publication, the selected studies were conducted between 2000 and 2015 (Figure 2).
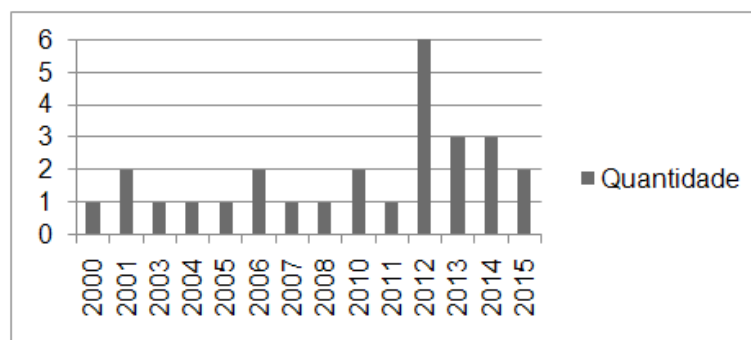

Figure 2 – Year of publication of the studies. Porto, Portugal, 2016

Six studies were conducted in Korea [1-2,11,14,17,22]; four in Sweden [4-5,12-13] and Turkey [15,20,24-25]; two in Iran [19,23]; one in Spain [18], United States [21], Japan and Norway [16].

Eight studies were carried out in the hospital setting [4,11,14-17,19-20]; seven in universities [1-2,21-25]; two in mental health services [12-13] and in primary health care and hospital services [18].

The participants were 2,013 nurses [11-14,16-20]; 722 nursing students [1-2,21-25]; 778 doctors [12] and 278 health professionals that included nurses, doctors and nursing assistants [5].

Nineteen studies (68%) were based on quantitative research methods [1-2,4-5,11-22,24-25,27] and nine studies used qualitative research methods (32%) [23,26,28-34]. Questionnaires [1-2,4-5,11-22], literature search [26-28,30-31,33] and interviews and focus groups [23] were used in data collection.

Regarding the methods of analysis, 16 [1-2,4-5,11-17,19-22,27] studies used statistical analysis, four studies used content analysis [23,26,28,31], one study used phenomenological analysis [33], one used pragmatic analysis [30] and one study used Rasch analysis [18].

Two categories emerged from the analysis: "personal factors" and "contextual factors" that interfere in the moral sensitivity of nurses.

"Personal factors" of moral sensitivity

These concern the personal characteristics of each nurse that somewhat influence their moral sensitivity. The main factors reported in the literature are ability to perceive a moral conflict[2,11,14,16,19,21-22,26,30-31]; generosity[2,12,14,19,21-22,30-31]; affection[1,23-26,29-31,34]; responsibility[4,11,14,17,22,30-31]; ethical and moral values[2,4,16-17,31,33]; gender[12-13,22-23,26-27]; age[17,20,22]; and religion[22-23]. Other factors were also identified such as courage[4,26,30-31]; commitment[16,19,32]; intuition[31]; attitude[31]; empathy[23,32]; receptivity[31]; altruism[30-31], curiosity[30]; reflection[31]; veracity[15]; intolerance to unethical actions[31]; awareness of the effects of actions[31]; psychosocial and moral cognitive development of nurses[30]. These factors are of difficult identification in quantitative studies that use questionnaires as source of data collection. Therefore, qualitative and theoretical research are necessary.

"Contextual factors"of moral sensitivity

This category includes factors related to external circumstances of the individuals that affect the moral sensitivity of nurses.They concern circumstances of the work processes in the organizations.

According to the literature, the main contextual factors are:education/training[11,13,18,20,22,24,27,32];profes sional practice[11,13,17-19,20,23,30]; the ethical/moral atmosphere of the organizations[12-13,16,18-19,28-30,33]; the rules, regulations and codes of ethicsfor nurses[5,11,14,16,19,22-23,31-32]; responsibilities demanded by the profession; lack of time[11,16,19,30]; collaboration and support to the resolution of ethical issues[13,16,18,29].

Regarding teaching aspects, the literature described factors associated to education/training[11,13,18,20,22,24,27,32], ethical knowledge[1,18-19,31], ethical education[17,20,23-25], competence and/or professionalism[1,26,30-32] and the structuring of moral significance[2,11-12,19,21-22]. These aspects interfere with the nurses' critical thinking and reasoning involved in their ethical behavior.

Regarding professional practice, the number of years of professional experience[11,13,17-20,23,30] is the factor that has the greatest impact on the ethical sensitivity of nurses, followed by communication skills[19,23,26,29-31] and the nurse's perception of their professional role[2,11-12,17,23].

The moral sensitivity of nurses can be affected by the set of values of the organization where they perform their professional activities. The values associated to the work environment, also known as "the moral climate of the organization", can influence in a positive or negative way the moral values of the nurses. In this context, conflicts between the personal values of nurses and the values of their organization may occur[19].

It should be stressed that an unsuitable work environment is associated with adverse effects such as stress[13,16,19], anxiety[16,19], sleep deprivation[13,16], moral stress[1,28], burnout[28], frustration[1], job dissatisfaction[1,28], decrease in quality of care[28] and abandonment of the profession[13].

On the other hand, the environment of an organization can be considered positive and "ethical", when its values are explicit and consistent with the nurses' values. An organization that has clear values and allows the sharing of knowledge, promotes greater job satisfaction[28].

Rules, regulations and codes can be effective in improving moral sensitivity as they contribute to determine the actions expected of nurses[32].

Based on literature analysis, it is demonstrated that "personal factors" have the greatest impact on the formation/ expression of moral sensitivity, sincethey were the mostfrequently mentioned (71 occurrences) in the literature.

● DISCUSSION

This review includes a consistent sample of studies in the area of moral sensitivity of nurses, published in journals of recognized scientific quality, with a high impact factor. The research was comprehensive, encompassing studies conducted over the past 15 years. No studies published in Portuguese or Spanish were found, indicating the lack of studies on this subject in Brazil and in Spanish-speaking countries.

However, over the past four years there has been a considerable increase in the number of studies on moral sensitivityin the world.

A scoping review has shown that "personal factors" have the greatest impact on the formation/ expression of moral sensitivity of nurses, though not excluding the importance of "contextual factors". A review study [31] corroborates these findings by indicating the five main domains that characterize ethical sensitivity, as follows: cognitive, affection, skill, responsibility and knowledge. Except for knowledge, all the referred domains are included in the "personal factors" category.

Another study [4] corroborates our findings by stating that moral sensitivity is a "personal attribute" necessary to deal with the ethical issues faced by health professionals when they have to make decisions for patients in a vulnerable condition due to illness[4].

As shown in one review [36] ethical issues may occur in many situations during everyday practice, and nurses need to be prepared to recognize and address these issues with caution. One study [37] reported that nurses must be able to detect the ethical issue, and this process is a result of personal values (associated to culture, family, professionalknowledge) and values acquired through training and professional experience. In the present study, the perception of a moral conflict is one of the mainfactors that impact the moral sensitivity of nurses.

According to the findings, "contextual" factors also influence nurses' moral sensitivity, but to a lesser extent. One study [38] reported that a work environment based on a set of values focused on the delivery of appropriatehas a positive impact on the attitudes and behaviors of nurses regarding the way they deal with the ethical problems of their practice. That is, a working environment with some level of ethical sensitivity is necessary to the construction of respectful relationships among health professionals, aimed to the sharing of support resources to cope with the problems [38].

Other studies [39-41] legitimize the findings of this review by stating that personal and organizational values affect the quality of nursing care. According to another study [39], the top ten ethical values of nursing are: human dignity, privacy, justice, autonomy in decision making, precision and accuracy in the care, commitment, human relationship, sympathy, honesty, individual and professional competency.

When nurses are unableto ideal with ethical issues related to their professional practice, they may be at risk of moral stress [42] and, therefore, cannot act in the patient's best interest. On the other hand, ethically competent nurses can solve the problems throughcritical thinking and critical reasoning. The reason why the process of nursing work may impact moral sensitivity is described in a study [42] that reports that lack of time, lack of organizational support, conflicts with other professionals, institutional policies and different ethical and legal values related to the nurse's decision-making process may increase the likelihood these professionals experience situations of ethical conflict.

The main finding of this review is that moral sensitivity involves multiple factors, which leads us to ask whether it can be promoted in nursing professionals. One study [37] suggests this is possible because the moral development of nursing students must be encouraged through educational strategies that increase their ability to reflect upon and discuss care-related decisions, so that the ethical dimension of such decisions is not limited. Another study [43] also supports this statement by reporting that, like thedevelopment of clinical skills, ethical and moral skills canbe learned through experience and improved over time, through strategies that include permanent ethics education, discussion groups, contact with ethics committees formed by nurses and/or interdisciplinary teams. For the promotion of moral sensitivity, therefore, active learning methods focused on the students should be used [44].

The most urgent changes in the promotion of nurses' moral sensitivity include the need to emphasize "personal transformation." The moral sensitivity individuals involves a continuous process of development and change during their lives [24]. Students have some level of moral sensitivity when they begin the nursing course [24]. However, it is hoped that moral sensitivity, ethical competence and practical skills needed to resolve in a prudent and timely manner ethical problems in nursing practice can be developed through effective and permanent programs on ethics. Nurses who develop their moral sensitivity will be able to identify a greater number of ethical problems in their daily practice. So, they must be prepared to resolve such problems, while simultaneously reducing moral stress.

Likewise, "contextual transformations" are also necessary because a work environment that provides

ethical support for nurses through the promotion of effective interpersonal dialogue stressful ethical dilemmas, encourages moral thinking and may then promote the resolution of ethical problems[41]. In short, the creation of opportunities for nurses to reflect on the ethical problems in their professional practice with the multidisciplinary team may contribute to improve the quality of care in health services[33].

Changes in work processes are more complex and difficult to achieve. Therefore, it is essential to reduce the fragmentation of work processes, improve the relationships of the multidisciplinary team and regard health as complete physical, mental and social well-being and not merely the absence of disease [45]. In this context, the work process must be a dynamic, interactive process that involves interpersonal relationships, and not a commodity with exchange value. That is, the core of action is the health professional-patient relationship. When care is restricted to the implementation of procedures, protocols and the prescription of medications or tests, the work process is no longer a dynamic process[46].

Moral sensitivity is a highly complexprocessthat involves emotions, norms, values and virtues [47], i.e., mainly "personal factors". Thus, developing the moral sensitivity of nurses is a challenging task. It should be regarded as more than a compassionate attitude - in the sense of sharing the patient's suffering –as it involves the interests and rights of the patient as well as the norms and values that govern the professional practice [47].

The author of this study attempted to analyze most publications on the topic. However, there were some limitations, such as the exclusion of publications in other languages, as well as studies from other databases. The fact that the term "moral sensitivity" is not a descriptor/MeSH may have limited the search for studies that used other descriptive terms. The scoping review is one of various methods that can be used in literature review, and other methods are likely to lead to different results.

The synthesis of theresults ofthe selected studies may contribute to stimulate and promote the incorporation of scientific evidence into professional practice, ensuring high quality care.

● CONCLUSION

The present study found that "personal factors" have the greatest impact on the formation/ expression of the moral sensitivity of nurses. On the other hand, the "contextual factors" that affect moral sensitivity depend mainly on training, professional practice, compliance with rules and regulations, as well as on an adequate workload.

The moral sensitivity of nursesis more than awareness of the impact of their actions on the patient. It also involves the perception and interpretation of the ethical problem, as well as the capacity to make wise decisions. Thus, support strategies aimed to promote moral sensitivity should be included in the training of nurses, with active teaching and learning methodologies, in order to facilitate the incorporation of ethical knowledge. Such strategies should also be implemented in health services, to promote critical thinking and debating between health professionals.

The results of this review may contribute to future studies on the field, as they allow identifying the factors that impact the construction/formation of the moral sensitivity of nurses, which will ensure that these professionals resolve in a prudent and timely manner the ethical problems in their practice. Further studies are needed to assess the factors with the greatest impact on the formation/expression of moral sensitivity of nurses in different health services.

● FINANCIAL SUPPORT

● **REFERENCES**

1. Choe K, Park S, Yoo SY. Effects of constructivist teaching methods on bioethics education for nursing students: a quasi-experimental study. Nurse Educ Today. 2014;34(5):848-53.

2. Ahn SH, Yeom HA. Moral sensitivity and critical thinking disposition of nursing students in Korea. Int J Nurs Pract. 2014;20(5):482-9.

3. Milliken A. Nurse ethical sensitivity: An integrative review. Nurs Ethics. Epub ahead of print. 2016:1-26.

4. Lützén K, Evertzon M, Nordin C. Moral sensitivity in psychiatric practice. Nurs Ethics. 1997;4(6):472-82.

5. 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.

6. La Taille Y. Moral e ética: dimensões intelectuais e afetivas. Porto Alegre: Artmed; 2006.

7. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol. 2005;8(1):19-32.

8. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. Implementation Science. 2010;(5):69.

9. Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. Health Info Libr J. 2009;26(2):91-108.

10. Armstrong R, Hall BJ, Doyle J, Waters E. Cochrane Update 'Scoping the scope' of a cochrane review. J Public Health. 2011;33(1):147-50.

11. Kim YS, Kang SW, Ahn JA. Moral sensitivity relating to the application of the code of ethics. Nurs Ethics. 2013;20(4):470-8.

12. Lützén K, Johansson A, Nordström G. Moral sensitivity: some differences between nurses and physicians. Nurs Ethics. 2000;7(6):520-30.

13. Lützén K, Blom T, Ewalds-Kvist B, Winch S. Moral stress, moral climate and moral sensitivity among psychiatric professionals. Nurs Ethics. 2010;17(2):213-24.

14. Han SS, Kim J, Kim YS, Ahn S. Validation of a korean version of the moral sensitivity questionnaire. Nurs Ethics. 2010;17(1):99-105.

15. Ersoy N, Göz F. The ethical sensitivity of nurses in Turkey. Nurs Ethics. 2001;8(4):299-312.

16. Bégat I, Ikeda N, Amemiya T, Emiko K, Iwasaki A, Severinsson E. Comparative study of perceptions of work environment and moral sensitivity among japanese and norwegian nurses. Nurs Health Sci. 2004;6(3):193-200.

17. Kim YS, Park JW, You MA, Seo YS, Han SS. Sensitivity to ethical issues confronted by korean hospital staff nurses. Nurs Ethics. 2005;12(6):595-605.

18. González-de Paz L, Kostov B, Sisó-Almirall A, Zabalegui-Yárnoz A. A Rasch analysis of nurses 'ethical sensitivity to the normsof the code of conduct. J. Clin. Nurs. 2012;21(19-20):2747-60.

19. Jaafarpour M, Khani A. Evaluation of the nurses' job satisfaction, and its association with their moral sensitivities and well-being. J Clin Diagn Res. 2012;6(10):1761-4.

20. Ertug N, Aktas D, Faydali S, Yalçin O. Ethical sensitivity and related factors of nurses working in the hospital settings. Acta Bioethica 2014;20(2):265-70.

21. Comrie RW. An analysis of undergraduate and graduate student nurses' moral sensitivity. Nurs Ethics. 2012;19(1):116-27.

22. 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.

23. Borhani F, Abbaszadeh A, Mohsenpour M. Nursing students' understanding of factors influencing ethical sensitivity: a qualitative study. Iranian J Nurs Midwifery Res. 2013;18(4):310-5.

24. Baykara ZG, Demir SG, Yaman S. The effect of ethics training on students recognizing ethical violations and developing moral sensitivity. Nurs Ethics. 2015;22(6):661-75.

25 Sahin SY, Iyigun E, Acikel C. Validity and reliability of a turkish version of the modified moral sensitivity questionnaire for student nurses. Ethics Behav. 2015;25(4):351-9.

26. Weaver K, Morse J, Mitcham C. Ethical sensitivity in professional practice: concept analysis. J Adv Nurs. 2008;62(5):607-18

27. You D, Maeda Y, Bebeau MJ. Gender differences in moral sensitivity: A Meta-Analysis. Ethics Behav. 2011;21(4):263-82.

28. Vanderheide R, Moss C, Lee S. Understanding moral habitability: a framework to enhance the quality of the clinical environment as a workplace. Contemp Nurse. 2013;45(1):101-13.

29. Jaeger SM. Teaching health care ethics: the importance of moral sensitivity for moral reasoning. Nursing Philosophy. 2001;2(2):131-42.

30. Weaver K, Morse JM. Pragmatic utility: using analytical questions to explore the concept of ethical sensitivity. Res Theory Nurs Pract. 2006;20(3):191-214.

31. Weaver K. Ethical sensitivity: state of knowledge and needs for further research. Nurs Ethics. 2007;14(2):141-55.

32 Robichaux C. Developing ethical skills: from sensitivity to action. Crit Care Nurse. 2012;32(2):65-72.

33. Van Der Zande M, Baart A, Vosman F. Ethical sensitivity in practice: finding tacit moral knowing. J Adv Nurs. 2014;70(1):68-76.

34. Nortvedt P. Subjectivity and vulnerability: reflections on the foundation of ethical sensibility. Nurs Philos. 2003;4(3):222-30.

35. Melnyk BM, Fineout-Overholt E. Making the case for evidence-based practice. In: Melnyk BM, Fineout-Overholt E. Evidence-based practice in nursing and healthcare: a guide to best practice. Philadelphia: Lippincot Williams & Wilkins. 2005. p.3-24.

36. Dalla Nora CR, Zoboli ELCP, Vieira M. Problemas éticos vivenciados por enfermeiros na atenção primária à saúde: revisão integrativa da literatura. Rev. Gaúcha Enferm. 2015;36(1):112-21.

37. Ramos FR, Brehmer LC, Vargas MA, Trombetta AP, Silveira LR, Drago L. Ethical conflicts and the process of reflection in undergraduate nursing students in Brazil. Nurs Ethics. 2015;22(4):428-39.

38. Jackson D, Cleary M, Mannix J. Editorial: ethical sensitivity: shaping the everyday work environment. Contemp Nurse. 2013;44(1):2-4.

39. Shahriari M, Mohammadi E, Abbaszadeh A, Bahrami M. Nursing ethical values and definitions: a literature review. Iran J Nurs Midwifery Res. 2013;18(1):1-8.

40. Horton K, Tschudin V, Forget A. The value of nursing: a literature review. Nurs Ethics. 2007;14(6):716-40.

41. Lützén K, Ewalds-Kvist B. Moral distress and its interconnection with moral sensitivity and moral resilience: viewed from the philosophy of Viktor E. Frankl. J Bioeth Inq. 2013;10(3):317-24.

42. Schaefer R, Viera M. Competência ética como recurso de enfrentamento do sofrimento moral em enfermagem. Texto Contexto Enferm. 2015;24(2):563-73.

43. Scanlon C. Developing and maintaining ethical competence. HEC Forum. 1997;9(1):85-92.

44. Trobec I, Starcic AI. Developing nursing ethical competences online versus in the traditional classroom. Nurs Ethics. 2015;22(3):352-66.

45. Galavote HS, Zandonade E, Garcia ACP, Freitas PSS, Seidl H, Contarato PC, et al. O trabalho do enfermeiro na Atenção Primária à Saúde. Esc. Anna Nery. 2016;20(1):90-8.

46. Merhy EE. Saúde: a cartografia do trabalho vivo. São Paulo: Hucitec; 2007.

47. Semberoiz A. O momento ético: sensibilidade moral e educação médica. São Leopoldo: Editora UNISINOS; 2015.