

Original Article

Determining the Ethical Climate Perceptions of Nurses' and Midwives' in an Obstetrics and Pediatrics Hospital

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Abstract

Objective: This study was carried out to determine nurses' and midwives' ethical climate perceptions.

Methods: This cross-sectional study was conducted with 115 midwives and nurses working in an Obstetrics and Pediatrics Hospital located in the Southeastern part of Turkey. Data were collected through the Socio-demographic Form and Ethical Climate Questionnaire (ECQ). Data were analyzed using descriptive statistics, t-tests, ANOVA, Mann-Whitney-U, and Kruskal Wallis in SPSS software.

Results: According to the Ethical Climate Questionnaire results, the highest score was found in the Caring dimension and the lowest score was found in the Independence dimension. The present study identified no differences between participants' demographic features (age, profession, and marital status), work places and their ethical climate perceptions. A significant difference was found between nurses' and midwives' job satisfaction and ethical climate perceptions, and the strongest relationship was found in the Caring dimension.

Conclusions: Caring was found to be the most prioritized dimension. In addition to this, it was found that there was no difference between ethical climate perceptions and participants' demographic characteristics. Studies to be conducted in the future would shed more light to the variables that affect the definition of ethical climate perceptions.

Key words: Nurses; midwifery; ethical climate

Introduction

Advancements in patient care and global changes in the world are reflected in health practices. In parallel with this case, health professionals encounter new ethical problems (Whitehead et al., 2015; Özcan et al., 2012). Ethics can be defined as all the moral principles that form base for an individual's behaviors (McDougall, 2014). Ethical climate is defined as the general perception in relation to the institutionalized organizational values, practices, and procedures (Victor and Cullen, 1998). Ethical climate is important in defining and maintaining the right behaviors that will identify solutions to these problems (Victor and Cullen, 1998; Ulrich et al., 2007). Ethical climate could help workers to

decide on the acceptable and unacceptable behaviors (Silen et al., 2012). Frequency of workers' demonstrating desirable and right behaviors also defines the extent of acceptability and practicality of the ethical climate in the institution (Ruggerio, 2011).

Studies conducted in recent years indicate that job satisfaction affects workers' ethical climate perceptions (Goldman and Tabak, 2010; Bayram and Dündar, 2011; Aksu and Akyol, 2011; Huang et al., 2012). Review of the studies on the issue shows that when workers perceive job satisfaction in the institution negatively, there is a decrease in their ethical climate⁷ and organizational commitment (Aksu and Akyol,

2011). There is also an increase in their intent-to-leave the job (Deshpande and Park, 2014)

Midwifery and nursing are the health disciplines that involve a process which improves and feeds values, attitudes, personal behaviors and which provides care, treatment and education services to healthy and unhealthy individuals (Bayram and Dündar, 2011; Özcan et al., 2012). Therefore, identification of hospital ethical climate perception of midwives and nurses, who have important roles in increasing the quality of the service provided to patients, is of great importance in terms of providing the care and treatment at a desired level. Studies conducted in various countries and hospitals which aimed to identify ethical climate perceptions of nurses indicated that nurses' and midwives' ethical climate perceptions were affected by a number of socio-demographic features, that negative ethical climate perception decreased job satisfaction, and that there was an increase in their intent to leave the job (Hwang and Park, 2014; Wang and Hsieh, 2012).

The purpose of the present study was two-fold:

- (1) to examine nurses' and midwives' perceptions of the ethical climate
- (2) to explore the differences between nurses and midwives' perceptions and their demographic features, job satisfaction and intent to leave the job.

Results of the present study are important for evaluating ethical climate perceptions and providing resource for manager nurses/midwives.

Method

Study design

This cross-sectional study was conducted between 1st of October and 30th of December 2016. It aimed to examine the ethical climate perceptions of midwives and nurses. The study was conducted with nurses and midwives who were in Obstetrics and Pediatrics Hospital located in the Southeastern part of Turkey.

Sample Selection

Two hundred thirteen midwives and nurses (133 in obstetrics units and 80 in pediatric units) in the Obstetrics and Pediatrics Hospital were the target population for the study. The sample size was determined using the formula $(n = Nt^2pq^2 / d^2 (N - 1) + t^2pq)$, where N is the number of the population, t is the degree of significance (5%), p

is the probability of occurrence, q is the probability of nonoccurrence, and d is sensitivity. The Creative Research Systems (<http://www.surveysystem.com/sscalc.htm>) sample size calculator was used for this purpose. The confidence level was set at 95%, and the confidence interval was set at 5%. With both methods, 137 responses were required in order to be representative of the midwives and nurses. However, considering the possibility of incomplete or unreturned questionnaires, 200 questionnaires were distributed. Of these, 63 questionnaires were never returned. One hundred thirty-seven midwives and nurses who had volunteered for the study participated in the survey. Twenty-two were excluded from analysis because they were returned incomplete. Therefore, data from 115 participants (response rate: 54%) were used for analysis.

Data Collection Instruments

Data were collected through the Socio-demographic Form and Ethical Climate Questionnaire (ECQ).

Socio-demographic Form: The form, which was developed by the researchers, consisted of questions that aimed to collect information about nurses' and midwives' age, marital status, workplace, job satisfaction and intent to leave the job within one year.

Ethical Climate Questionnaire (ECQ): Data were collected through the Ethical Climate Questionnaire (ECQ) developed by Victor and Cullen. Turkish adaptation of the questionnaire was performed by Eser (2007). The ECQ contains 26 items that investigate 5 types of ethical climates, namely, Caring (items 1, 5, 7, 9, 15, 19, 26), rules (items 2, 8, 10, 22), Instrumental (items 6, 14, 16, 18, 20, 23, 25), Professionalism (4, 12, 17, 24), and Independence (3, 11, 13, 21), which are based on a 5-point Likert scale from 0 (completely false) to 5 (completely true). In each dimension, the answers were scored as follows: 0 (completely false), 1 (mostly false), 2 (sometimes false), 3 (sometimes true), 4 (mostly true), and 5 (completely true). Cronbach's alpha values were found 0.747 for caring, 0.725 for Instrumental, 0.711 for Independence, 0.754 for Professionalism, and 0.758 for Rules. Cronbach's alpha values in this study were found 0.659 for Caring, 0.651 for Instrumental, 0.650 for Independence, 0.675 for Law and Code, and 0.644 for Rules.

Ethical Considerations

Prior to the study, ethics committee approval and written permissions were obtained from the Biomedical Research Ethics Committee of the university and the institutions where the study was conducted (no. 2016/6-6). The midwives and nurses participating in the study were told that they were free about their decision to participate in the study and that they did not need to write their names in the form. They were also informed that the data to be obtained from this study would be used only for study purposes and kept confidential. The participants' consent was obtained after they were informed about the purpose of the study. Then, data collection forms were administered to the participants by the nurse researchers, and the participants were asked to fill in the forms in a place they wanted when they were available.

Data Analysis

Data obtained from the study were analyzed using SPSS 16.00 package programming. Normality of the data was assessed using Kolmogorof Simirnov and Shapiro Wilk tests. While parametric tests (depend on normal range) were used for the Caring and Instrumental dimensions of the Ethical Climate Questionnaire, non-parametric tests (depend on abnormal range) were used in Law and Code, Rules, and Independence dimensions. Data were assessed by descriptive statistics, t-tests and ANOVA, Mann-Whitney-U, Kruskal Wallis, POST HOC tests in SPSS software. The data were presented in tables, using arithmetic means (\pm), standard deviations, and number and percentages of individuals. Margin of error was taken 0.05.

Results

Average age of the participants was found to be 31.75 ± 7.03 (Min 19-Max 48), 43.5% of them were 29 and younger, and 40.9 % were aged between 30 and 39. Of all the participants, 51.3% were midwives and 48.7% were nurses. Of all the midwives and nurses, 25.2% worked in Obstetric Wards, 18,3% worked in Gynecology wards, 14.8% worked in Operating rooms, and 41.7% worked in Pediatric wards. In addition, 73.9 % of the midwives and nurses were married, and 40.9% reported to have received a course on ethics. It was also found that 45.2% of the participants were satisfied about their profession while 20.9% were not. The proportion of nurses

and midwives who intended to leave job within one year was found 16.5%.

The participants' Ethical Climate dimension mean scores were 26.37 ± 4.73 for Caring, 15.75 ± 3.20 for Law and Code, 15.13 ± 3.38 for Rules, 21.65 ± 4.90 for Instrumental, and 12.16 ± 3.77 for Independence. According to Table 1, the highest score was found in the Caring dimension and the lowest score was found in the Independence dimension.

The results of this study showed that there were no statistically significant differences between the demographic characteristics such as age, profession, marital status and work places and nurses' and midwives' perceptions of ethical climate (Table 2).

A statistically significant difference between following up publications on ethics and nurses' and midwives' perception of ethical climate ($p < 0.05$) observed. On the other hand, no statistically significant differences were found between receiving a course related to ethics and nurses' and midwives' perception of ethical climate ($p > 0.05$) (Table 3).

This study found that there was a statistically significant difference between ethical climate and job satisfaction. ($p < 0.05$). In the further analysis, participants who indicated that they were satisfied with their job had statistically significantly higher scores from Caring, Law and Code, Rules and Independence dimensions. Besides, no statistically significant difference was found between nurses' and midwives' perception of ethical climate and their intent to leave the job (Table 4).

Discussion

Ethical climate is the most important guide that helps workers to decide on the acceptable and unacceptable behaviors (Wang and Hsieh, 2012). The purpose of this study was to identify ethical climate perceptions of nurses and midwives who worked in an Obstetrics and Pediatrics Hospital located in the Southeastern Turkey.

The findings of this study showed that nurses and midwives ranked "Caring" as the first ,and it was followed the "Instrumental", 'Law and Code', 'Rules', and 'Independence' dimensions respectively. Caring dimension is friendship, team spirit and social responsibility oriented, and it demonstrates care about individuals' helping each other.

Because friendship is important for Turkish people and they like helping others, Caring dimension was found to be ranked first. Review of the literature indicates that Caring dimension was ranked first in some other studies as well

(Martin and Cullen, 2006; Borhani et al., 2014). Instrumental dimension was found to be identified as the last in some other studies (Upchurch and Ruhland, 1996; Numminen et al., 2015; Humphries et al., 2016).

Table 1: The mean and standard deviations for ethical climate dimensions.

	Min-Max	Mean±SD*
Caring	13-35	26.37±4.73
Law and Code	6-20	15.75±3.20
Rules	6-20	15.13±3.38
Instrumental	10-35	21.65±4.90
Independence	4-20	12.16±3.77

* Standard Deviation

Table 2: Distribution of Ethical Climate Dimensions according to Demographic Features

	Caring	Law and Code	Rules	Instrumental	Independence
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Age					
≤ 29	26.76±5.15	16.22±3.38	15.51±3.81	21.44±5.62	12.79±3.88
30-39 age	25.78±4.47	15.13±3.07	14.70±2.87	21.23±4.09	11.29±3.68
≥ 40	26.83±4.30	16.06±2.88	15.22±3.39	23.33±4.55	12.77±3.52
Statistics	p=0.547 ^a F=0.607	p=0.166 ^b KW=3.595	p=0.288 ^b KW=2.491	p=0.281 ^a F=1.285	p=0.104 ^b KW=4.535
Profession					
Midwife	26.10±4.25	15.51±3.22	15.08±2.89	21.78±4.64	12.32±3.79
Nurse	26.66±5.23	16.00±3.19	15.18±3.84	21.52±5.18	12.01±3.81
Statistics	p=0.532 ^c t=-0.628	p=.449 ^d U=1517.5	p=0.583 ^d U=1527.5	p=0.776 ^c t=-0.285	p=0.622 ^d U=1536.0
Marital Status					
Married	25.85±4.88	15.47±3.16	15.01±3.11	21.36±4.66	11.81±3.77
Single	27.87±4.02	16.53±3.24	15.46±4.06	22.46±5.51	13.20±3.69
Statistics	p=0.029 ^c t=-2.036	p=0.138 ^d U=1043.5	p=0.319 ^d U=1106.0	p=0.333 ^c t=-0.978	p=0.109 ^d U=1012.0

Work Places					
Obstetric wards	24.68±4.50	14.48±3.61	14.50±2.95	20.69±3.43	10.97±3.88
Gynecology wards	26.05±4.35	16.33±2.65	14.29±2.84	21.05±4.59	11.43±3.75
Operating room	26.76±3.80	15.58±3.02	15.06±3.51	23.11±5.24	12.76±3.09
Pediatric wards	26.37±4.73	16.31±3.08	15.89±3.69	23.98±5.59	13.04±3.82
Statistics	p=0.105 ^a F=2.098	p=0.119 ^b KW=5.846	p=0.061 ^b KW=7.361	p=0.369 ^a F=1.061	p=0.111 ^b KW=6.020

a=One way Anova b=Kruskal-Wallis c=Independent Sample t Test d=Mann Whitney U

Table 3: Distribution of Ethical Climate Dimensions According to Receiving a Course on Ethics and Following up Publications on Ethics

	Caring	Law and Code	Rules	Instrumental	Independence
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Following publications on ethics					
Yes	28.95±4.67	17.32±2.80	16.59±3.50	21.09±21.91	13.86±4.43
No	25.76±4.56	15.38±3.19	14.78±3.27	21.59±21.59	11.77±3.77
Statistics	p=0.007^a t=2.892	p=0.013^b U=675.5	p=0.016^b U=677.5	p=0.805 ^a t=0.249	p=0.023^b U=697.0
Receiving a course on ethics					
Yes	26.55±4.85	15.74±3.28	14.98±3.45	22.13±5.29	12.74±3.60
No	26.25±4.68	15.75±3.16	15.24±3.35	21.32±4.62	11.79±3.88
Statistics	p=0.739 ^a t=-0.336	p=0.993 ^b U=1588.5	p=0.689 ^b U=1477.0	p=0.401 ^a t=-0.865	p=0.186 ^b U=1344.5

a=Independent Sample t Test

b=Mann Whitney U

Table 4: Distribution of Ethical Climate Dimensions According to Job Satisfaction and Intent to Leave

	Caring	Law and Code	Rules	Instrumental	Independence
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Job satisfaction					
Yes	27.73±4.52*	16.33±2.87*	15.98±3.06*	22.31±5.39	13.21±3.65*
No	25.67±4.11	15.66±3.23.	14.12±3.49	20.75±4.39	10.91±3.85
Partially	25.00±4.97	15.03±3.52	14.61±3.52	21.33±4.47	11.54±3.66
Statistics	p=0.016^a F=4.275	p=0.052^b KW=2.755	p=0.027^b KW=7.235	p=0.388 ^a F=0.955	p=0.024^b KW=7.491
Intent to leave					
Yes	25.11±3.28	16.63±2.27	15.22±3.12	21.95±4.88	11.05±4.02
No	26.63±4.94	15.57±3.34	15.11±3.44	21.59±4.92	12.40±3.72
Statistics	p=0.102 ^c t=-1.282	p=0.243 ^d U=758.0	p=0.938 ^d U=854.0	p=0.776 ^c t=0.286	p=0.205 ^d U=736.5

a=One way Anova b=Kruskal-Wallis c=Independent Sample t Test d=Mann Whitney U

*This group makes differences in three groups.

Instrumental ethical climate dimension shows that ethical decisions were made by prioritizing the personal interests. This case might harm individuals with selfish behaviors. The last dimension ranked as the last was the Independence dimension. According to this dimension of ethical climate, individuals make their decisions about ethics in accordance with the principles that they consider good. Similar to other studies in the literature, Independence dimension was ranked in the last place (Simba and Cullen, 2012; Lu and et al., 2012)

This study indicated no statistically significant differences between nurses' and midwives' demographic characteristics (age, profession, marital status and work place) and perceptions of ethical climate ($p > 0.05$). The related literature includes some studies that analyzed the relationship between nurses' and midwives' ethical perceptions and some demographic features (Tsai and Huang, 2008; Martin and Cullen, 2006; Borhani et al., 2014) A study that investigated the relationship between demographic features and ethical climate perceptions of nurses working in the internal clinic of a hospital found a significant relationship between education status and working duration variables and ethical climate

perceptions, but age variable did not indicate a significant difference (Martin and Cullen, 2006). Another study that involved nurses working in a number of hospitals found a significant relationship between ethical climate perception and variables such as age, marital status, years of working and education level (Borhani et al., 2014). Non-statistically significant differences between demographic features and ethical climate perceptions might have resulted from the fact that the participants of this study worked in the same hospital.

The results showed that there was a statistically significant difference between following up publications related to ethics and perceptions of nurses and midwives about ethical climate ($p < 0.05$). People who are concerned about the issue could reach scientific information through periodicals. Publications, which are important means of conveying message, have key roles in disseminating information as well as evaluating and internalizing it (Huang et al., 2012). In addition to being a mediator in the dissemination of information, scientific publications contribute to following up contemporary approaches and increasing one's own knowledge (Park et al., 2012). Following up publications on ethics has a key role in accessing information in the field of

nursing and midwifery; and results show that it affects individuals' ethical climate perceptions.

The present study identified no statistically significant differences between having received a course related to ethics and perceptions of nurses and midwives about ethical climate ($p>0.05$). Instruction of ethics in education is not a new issue, and there is an ongoing debate on how to instruct it. Platon saw instruction of ethics as a responsibility of schools and tried to educate citizens who could use their minds for the benefit of themselves as well as others. In our country, there is a consensus on the importance of ethics education at undergraduate level. However, due to the ongoing debates on the ways ethics education is given, ethical climate perceptions are not expected to be affected by nurses' and midwives' having received a course on ethics (Comrie, 2012).

The results showed that there was a statistically significant difference between caring dimension and midwives' and nurses' job satisfaction ($p<0.05$). Results of the study are similar to the other studies that investigated job satisfaction and ethical climate perception (Silen et al., 2012; Comrie, 2012; Tsai and Huang, 2008). Caring dimension is friendship, team spirit and social responsibility oriented; it demonstrates care about individuals' helping each other. The present study indicated that it had a strong relationship with nurses' and midwives' satisfaction.

No statistically significant difference was found between nurses' and midwives' perception of ethical climate and their intent to leave the job ($p>0.05$). Studies reported a significant, negative relationship between nurses' intent to leave the job and their ethical climate perceptions (Ulrich et al., 2007; Silen et al., 2012; Borhani et al., 2014). However, an analysis of these studies indicates that the majority of these nurses intends to leave their job soon. The proportion of the midwives and nurses who intended to leave their job was only 16% in this study. Thus, non-statistically significant differences between intent to leave the job and ethical climate perceptions might have resulted from this case.

Conclusion

In conclusion, caring was found to be the most prioritized dimension. Instrumental dimension was ranked as the second, and Independence dimension was ranked as the last. Results of the present study showed that there were no

significant differences between nurses' and midwives' demographic features and age, profession, marital status and fields of work and their ethical climate perception. The study identified no differences between nurses' and midwives' intent to leave the job and their ethical climate perceptions.

Studies to be conducted in the future would shed more light to the variables that affect the definition of ethical climate perceptions. Results of this study are believed to provide data for the studies to be conducted in the future. Our primary recommendation is that further studies should be planned with a view to improving ethical climate perceptions, particularly Instrumental dimension.

Limitations

This study is limited by its small sample size. Additionally, the findings are limited to this specific group of participants.

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