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# ETHICS IN TURKISH NURSING EDUCATION PROGRAMS

*Refia Selma Görgülü and Leyla Dinç*

**Key words:** ethical content; ethics education; nursing education; nursing ethics

This descriptive study investigated the current status of ethics instruction in Turkish nursing education programs. The sample for this study comprised 39 nursing schools, which represented 51% of all nursing schools in Turkey. Data were collected through a postal questionnaire. The results revealed that 18 of these nursing schools incorporated an ethics course into undergraduate and three into graduate level programs. Most of the educators focused on the basic concepts of ethics, deontological theory, ethical principles, ethical problems in health care, patient rights and codes of ethics for nurses. More than half of the educators believed that students' theoretical knowledge of ethics is applied to their clinical experiences. The teaching methods used included discussion in class, lectures, case studies, small group discussion, dramatization and demonstration. Assessment was carried out by means of written essays and written examinations.

## Introduction

Nurses are experiencing new ethical issues as a result of global developments and changes in health care. The aim of ethics education for nursing students is to produce morally accountable nurses skilled in detecting and responding to these ethical issues. Research continues to show that the inclusion of an ethics course in the nursing curriculum does actually increase student nurses' moral reasoning abilities. In 1997, Krawczyk<sup>1</sup> investigated the effects of ethics teaching on nursing students' moral judgment and concluded that this had been facilitated by an ethics course. Duckett *et al.*<sup>2</sup> reported in the results of their study that the moral judgment level of students was significantly higher at the end of their nursing education. Auvinen *et al.*<sup>3</sup> also demonstrated that final year nursing students had higher moral judgment than first year students. Nolan and Markert<sup>4</sup> showed that students' ability to think from an ethical perspective progressed as they became more mature as individuals in practice. Riesch *et al.*<sup>5</sup> reported that graduate nurses who were near the end of their masters training and doctoral students scored higher for moral reasoning than is the norm for other graduate students. Özkara *et al.*<sup>6</sup> investigated the impact of euthanasia education

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on the opinions of health sciences students and reported that education can significantly change a person's approach.

Although the need for ethics education in nursing and its effect on students' moral reasoning ability are well documented, there is no consensus regarding how and when to incorporate ethics into nursing education programs. Two models for the inclusion of ethics education are offering a separate course or integrating ethics throughout the nursing curriculum. A separate formal course on nursing ethics may ensure that the planned information is covered.<sup>7</sup> However, many schools do not offer nursing ethics in any formal course because there is no-one with the expertise to teach it.<sup>8</sup> Those in favor of an integrated curriculum argue that this will help students to understand how professional ethics is incorporated into all aspects of practice.<sup>7</sup> Whether ethics is taught separately or not, all nursing faculty members must be knowledgeable about ethics and have some experience with clinical ethics. Davis *et al.*<sup>8</sup> suggest that experience in clinical ethics can be gained in various ways, for example, by focused discussion with clinical staff and through membership of clinical ethics and research ethics committees, where they exist.

The formal inclusion of ethics courses in nursing education programs has resulted in diverse goals and objectives for teaching ethics. Holland<sup>9</sup> suggests that the point of ethics education for nurses is to enhance the quality of care they provide by enabling them to cope with the moral dimension of their professional role. Rozsos<sup>10</sup> considers it to be most important in assisting and encouraging nurses to recognize the moral conflicts that arise in clinical practice. Gallagher<sup>11</sup> writes that learning objectives in relation to 'ethical knowing' should include the following:

- An appreciation of the nature of a health professional's role;
- Knowledge of the historical and ethical foundations of nursing and medicine;
- An ability to distinguish among personal, professional and theoretical ethics;
- An understanding of empirical ethics and the contribution this can make to professional ethics;
- An ability to describe the nature of everyday ethical issues in health care;
- An acceptance of uncertainty and ambiguity in health care.

The wide ranging scope of ethics and the diverse goals for ethics education raises uncertainty about what constitutes the essential course content for nurses. Fry<sup>12</sup> reported a lack of well-defined ethics content and of a systematic approach to teaching ethics. Theories of ethics and principles, values, patient rights and codes of ethics for nurses are considered to be essential components of ethics education in many nursing schools.<sup>13,14</sup> There are also arguments that most of the moral theory taught is too abstract and not applicable in a nursing context.<sup>9,15,16</sup> The content of some nursing ethics courses has been reported to include such topics as: theories of ethics, ethical principles and virtue ethics,<sup>13</sup> and also definition and meaning of life and death, informed consent, autonomy, self-determination, reproductive medicine/technology, fetal diagnosis, palliative care and ethical decision making.<sup>17</sup> Having an understanding of clinical ethical problems and gaining a wider view of the issues are considered to be vital for students.<sup>8</sup>

The teaching methods used include formal lectures, seminars,<sup>10,11,13</sup> classroom discussion, role playing and case analysis.<sup>10</sup> However, since ethical decision making and problem solving skills require practice, there is a widespread consensus on the importance of positive role modeling and real-life opportunities for students.<sup>18-21</sup>

Differences in the goals of and approaches to teaching ethics also create problems for the assessment of learning outcomes. Theoretical ethics can be tested by written essays or objective tests; case studies are appropriate ways to determine the analytical skills of students; and participation in class discussion is also an important tool for evaluating the progress of learners in integrating ethics into their practice.<sup>9,11,13,22</sup> Ethical decision making and practice are, however, influenced by beliefs, values and humanistic qualities. Assessment of the affective dimensions of ethical competency remains contentious.<sup>20</sup>

Ethics is also incorporated into Turkish nursing education programs, and, as also reported in the literature, there are uncertainties about why and how to teach ethics to nurses, and what should be covered in the course content. In Turkey, the moral context in nursing education developed in parallel with the evolution of nursing as a profession, thus a brief overview of the development of nursing education in Turkey will help to clarify the purpose of this study.

## **Nursing education and nursing ethics in Turkey**

Turkey is located at the northeast end of the Mediterranean Sea in southeast Europe and southwest Asia. Because of its geographic location, Turkey is the birthplace of many great civilizations and it has a diverse culture affected by various elements of the Ottoman Empire, Islam and patriarchal Mediterranean customs. This has influenced the status of women and the development of nursing as a women's profession. Nursing was originally practiced in the private sphere or on the battlefields to care for wounded soldiers. With the establishment of the Turkish Republic in 1923, the country underwent radical administrative and cultural reform in the direction of western modernization. Women's rights are considered to be very important in modern, secular and democratic Turkish society. In 1925 the first nursing schools in Turkey were set up by the Turkish Red Crescent Society and later in 1946 by the Ministry of Health. The nursing programs were at high school level and offered four years' education. Later, in 1985 associate degree programs were established at universities, offering two years' education for nursing students. In 1996, the high school nursing programs were abolished and the two-year associate degree programs were converted to baccalaureates under the direction of Nursing Departments of Health High Schools. However, the first school of nursing to offer a baccalaureate degree was set up in 1955, being followed by others over time.<sup>23</sup> Admission to higher education, including to the nursing bachelor programs, is now centralized and based on a nationwide single-stage examination administered by the Student Selection and Placement Center, which is affiliated to the Council of Higher Education.<sup>24</sup> According to data from this Center in 2004,<sup>25</sup> there are 77 nursing schools in Turkey, 10 of which were established under the rectorship of universities offering both undergraduate and graduate level programs.

Turkey's efforts to become a member of the European Union has accelerated the drive towards instituting a higher educational level in nursing. Meanwhile, the teaching of ethics in nursing education programs has in turn been influenced by these efforts. By 1990, the majority of nursing programs integrated ethical issues into theoretical nursing courses and, since 2002, there has been a national attempt to establish a core nursing curriculum according to European Union standards and norms. Nursing education should therefore guarantee sufficient knowledge about the

nature and ethics of the profession as well as general principles governing the provision of health care. Although ethics is now commonplace in nursing curricula, teachers' qualifications, course content, and teaching and assessment methods vary widely, in particular in those nursing schools that were established to offer bachelors programs since 1996. This appears to be the first study to describe how ethics is actually taught overall in Turkish nursing programs.

## **Method**

### **Purpose of the study**

The purpose of this descriptive study was to determine the current status of ethics instruction in Turkish nursing education programs. The research questions were:

- Are there separate nursing ethics courses in Turkish undergraduate and graduate nursing education programs?
- What are the qualifications of teachers responsible for these courses?
- What are the goals/objectives of ethics instruction in nursing programs?
- What topics are included in ethics courses?
- What are the teaching and assessment methods used for ethics instruction?

### **Population and sample**

The population for this study comprised all 77 nursing schools in Turkey offering bachelor and graduate level programs, except Hacettepe University School of Nursing, where the study was carried out. The directors of 39 nursing schools agreed to assist with identifying nurse educator participants (response rate 51%).

### **Data collection**

The instrument used was a self-administered questionnaire prepared by the researcher. It consisted of two parts. The first part included nine multiple-choice and nine open-ended questions (Appendix 1). The multiple-choice questions focused on how ethics is incorporated into the nursing education programs at various educational levels, whether there is a separate ethics course or not, the amount of time devoted to ethics, and the background characteristics of the ethics educators. The open-ended questions were used to identify the courses that include ethical content, the goals of ethics education, and the teaching and assessment methods used.

The second part of the instrument concerned the potential content of ethics education. This was identified according to the literature and organized as a checklist of 10 main areas and 33 subcategories. Theories of ethics, ethical principles, human and patient rights, professional codes of ethics for nurses, and ethical decision-making skills were regarded as important among the 10 content areas because these topics have been noted as significant for nurses both in the literature and during the efforts to establish a common nursing nucleus curriculum in Turkey. However, in many of the nursing schools the content area was determined by the personal initiative and interests of the ethics instructors. Medical ethicists and physicians were also working as ethics instructors in several nursing schools, thus we mentioned topics such as

bioethics, medical ethics and environmental ethics within specific ethical issues. Nevertheless, the respondents were free to indicate topics without considering the main areas or subcategories.

The instrument, a covering letter, an informed consent form, and a self-addressed, stamped envelope were sent to the directors of the 77 nursing schools on 13 July 2004. Directors/administrators of nursing schools in Turkey are authorized to permit studies to be performed in their institution. Their permission was therefore requested and they were asked to provide contact with and give the instrument and other documents to the faculty member responsible for teaching nursing ethics. The informed consent form contained details about the aims and method of the study and stated that the ethics educators' participation would be voluntary. The participants were asked to sign the consent form, complete the questionnaire and return it to the researcher within one month. Those who did not reply within this time were regarded as refusing to take part.

### **Data evaluation**

The answers of the participants to the multiple-choice questions were coded and entered into the computer using the SPSS program for Windows v. 11.5. Similar responses to the nine open-ended questions in the first part of the survey were grouped and then coded. Participants' written statements on the definition and goals of an ethics course were assessed by taking into consideration the scope of ethics. The data were evaluated using percentages.

### **Limitations of the study**

Personal interviews with the ethics instructors of nursing schools would have been more effective if there had been a higher response rate. However, because of the difficulty of accessing all Turkish nursing schools dispersed across a land that covers about 800 000 km<sup>2</sup>, and because of the cost of travel and time, the instrument was sent by post, which led to a low response rate. In addition, only one teacher from each institution was contacted because there is no database that includes a list of nurse educators, and the nursing school directors who employed the ethics instructor in their institution provided the contacts for this study. However, more than one faculty member may be responsible for teaching nursing ethics in some nursing schools. It is therefore not possible to generalize the data to the whole situation of ethics instruction for nurses in Turkey.

### **Results**

Basic teaching program information was obtained from the 39 directors/faculty members of the participating nursing schools. All of these schools offer baccalaureate programs; eight offer a masters program and two offer doctoral programs. Eighteen of the directors said that they included an ethics course in their undergraduate level program, and three stated that ethics was taught in their graduate program (one at master's level and two at doctoral level). They did not state whether ethics is a separate and mandatory module or part of another module. However, the names of

modules supplied by them revealed that only one of these schools included a separate mandatory nursing ethics module; the remainder integrated ethics teaching into the nursing theory modules. The amount of time devoted to ethics in the undergraduate nursing programs was reported as two hours per week for one semester. The directors did not comment on the precise time allocated for ethical issues taught jointly with other parts of the course.

Table 1 shows the qualifications of the educators who were responsible for teaching ethics. In most of the 39 nursing schools a nurse academician taught the ethics content. Twelve faculty members responsible for teaching ethics had a baccalaureate degree, 12 had a masters degree, and 15 had a doctoral degree, two of whom were working as associate professors. When the educators were asked whether they thought they were competent to teach ethics to student nurses, 64.1% responded with 'yes, partly'. Although approximately half the teachers reported that they had formally studied ethics, most of them did not give any further information. Several stated that they try to improve their knowledge on ethics by attending conferences and seminars, and by reading relevant books.

The educators were asked to write down the definition and goals of a nursing ethics course, which the majority did. The specific objectives of an ethics course were also requested. The following responses typified their views:

- To provide students with the ability to resolve ethical dilemmas according to moral values and ethical principles;
- To enable students to acquire knowledge about professional ethics;
- To improve the professional consciousness and ethical decision-making skills of students;
- To provide an ethical viewpoint and encourage sensitivity in the students, and to enable them to distinguish the moral and amoral aspects of a situation;
- To improve the knowledge of students about providing patient-centered care based on ethical principles and patient rights.

Table 2 sets out the content of the undergraduate ethics courses. The respondents were asked to indicate on a checklist the topics they included in their course. All of the ethics teachers included in their course content the basic concepts of ethics, ethical principles, patient rights and ethical problems in health care. Approximately 89% of

**Table 1** Ethics educators' qualifications/professional background ( $n = 39$ )

	No.	%
Professional background		
Nurse educator	37	94.8
Physician	1	2.6
Faculty member (medical ethics)	1	2.6
Academic degree		
Doctoral	15	38.4
Masters	12	30.8
Baccalaureate	12	30.8
Formal ethics education		
Yes	19	48.7
No	20	51.3

**Table 2** Ethics content of undergraduate nursing programs ( $n = 18$ )

Main content areas and subcategories	No.	%
Basic concepts of morality/ethics and deontology	18	100.0
Relationship of ethics to philosophy, religion and culture	16	88.9
Theories of ethics	15	83.3
Deontological theory	12	66.7
Utilitarian theory	4	22.2
Intuition-based theory	3	16.7
Virtue-based theory	9	50.0
Moral development theory	10	55.6
Care ethic	13	72.2
Evolutionist theory	5	27.8
Applied ethics	12	66.7
Ethical principles	18	100.0
Human and patient rights	16	88.9
Violation of human rights and ethics	14	77.8
Nuremburg Code	7	38.9
Declaration of Helsinki	11	61.1
Torture/execution punishment and ethics	10	55.6
Patient rights	18	100.0
Patient rights regulation (Turkey)	16	88.9
Ethical problems in health care	18	100.0
Life-prolonging treatments	16	88.9
Euthanasia	17	94.4
Abortion	17	94.4
Reproductive technology	10	55.6
Organ transplantation	15	83.3
Informed consent	12	66.7
Genetics and ethics	13	72.2
Care of elderly people	9	50.0
Ethics and care of people with AIDS	14	77.8
Justice and distribution of health care	11	61.1
Professional nursing	16	88.9
Codes of ethics for nurses <sup>a</sup>	13	72.2
Processes of ethical decision making	16	88.9
Laws in nursing and ethics	17	94.4
Other topics (rights of children and women)	4	22.2
Specific ethical issues		
Bioethics	11	61.1
Medical ethics	12	66.7
Environmental ethics	4	22.2
Ethical issues related to society	8	44.4
Ethical issues related to technology	8	44.4
Research and publication ethics	12	66.7
Feminist ethics	3	16.7

<sup>a</sup>International Council of Nurses and American Nursing Association.

the teachers reported that they also included the relationship of ethics to philosophy, religion and culture, human rights, Turkish patient rights regulations, life-prolonging therapies, professional nursing, and processes of ethical decision making. Almost all the teachers also taught the legal aspects of nursing and ethics, probably because ethics was taught with a module titled 'Nursing law and deontology' in most of the nursing curricula. Other most frequently mentioned topics were euthanasia, abortion, organ

transplants, theories of ethics, genetics and ethics, AIDS and ethics, human rights violations, care ethics and codes of ethics for nurses.

More than half of the educators (56.4%) believed that students' theoretical knowledge of ethics is applied to their clinical experiences. Just over half of the respondents ( $n = 20$ ) recommended a separate nursing ethics module in undergraduate nursing programs. Seven also suggested formal education for ethics teachers, and six emphasized the importance of discussion focused on real clinical situations. Eight educators did not make any suggestions.

The teaching methods noted were class discussion (100%), lectures (89.4%), case studies (73.6%), small group discussion (36.8%), dramatization (26.3%) and demonstration (10.5%). Five teachers reported that they showed videos to large groups and encouraged students to read books and articles about ethical issues.

In most of the nursing schools the students were assessed by written essays (86.8%) and written examinations including multiple-choice questions (73.7%). Developing project plans for ethical situations, case presentation and student participation in discussions were also reported as assessment methods (10.5%).

## Discussion

The results of this study revealed that ethical issues are integrated into nursing theory courses and over 90% of the ethics curricula content is taught by nurse educators who are not experts in ethics. This finding is not surprising, given that the nursing curriculum in Turkey is already overcrowded and that there are only a few teachers who are expert in ethics. In addition, although more than half of the respondents had received masters or doctoral degrees, most of them did not consider themselves to be well informed or competent in teaching ethics to nursing students, indicating a significant point, confirmed by Hamric,<sup>21</sup> that 'many clinical faculty lack confidence in their knowledge of ethics or the process of ethical decisions'. Integrating ethical content into nursing theory courses may help students to understand the relevance of ethics in their profession. However, a separate ethics course may be more effective for discussing ethical issues in depth. Krawczyk<sup>1</sup> investigated the level of moral judgment in nursing students enrolled in three baccalaureate nursing programs. Program A included a separate ethics course taught by a professor of ethics; program B integrated ethical content into nursing theory courses; program C discussed ethical issues in clinical seminars. The senior nursing students who attended an ethics course scored significantly higher on moral judgment than those on the other two programs.

The respondents' goals for nursing ethics varied according to the aim of the nursing theory course that included the ethics content. Although teachers of jointly taught courses (e.g. nursing deontology and law) emphasized the legal and professional aspects of nursing, many others focused on developing the ethical knowledge and skills of students to improve their professional consciousness and their ability to resolve ethical problems and dilemmas with which they may be confronted in patient care.

The ethical content of the courses reported by our respondents was similar to that found in the literature. Most of the educators focused on the basic concepts of ethics, deontological theory, ethical principles, and ethical problems that typically arise from medical-technological advances (e.g. life-prolonging treatments, genetics, organ transplants), patient rights and codes of ethics for nurses, although we are uncertain

to what level and depth. Feminist ethics was taught by only three educators. This finding is interesting because of the status of women in Turkey, which is affected by the patriarchal culture and Islam. In the study by Parsons *et al.*<sup>13</sup> deontology and consequentialism were taught by 90.9% of their participants. According to Doane<sup>16</sup> this rationalist approach to ethics and understanding of morality assumes and requires that every decision be based on grounds that can be discursively explained. Hundert<sup>26</sup> suggests that students may be less likely to recognize an ethical problem if general theories of ethics are not introduced before considering clinical situations. Indeed, a theoretical framework and insight is necessary in providing guidance to carry out ethical actions. However, Woods<sup>18</sup> argued that standard philosophical and theoretical ethics such as the principles/rules, codes of ethics, deontology and utilitarianism approaches may be of some value, but they will fail without very close attention to the realities of modern nursing practice. Holland<sup>9</sup> states that most moral theory is not applicable to the nursing context. Webb and Warwick<sup>15</sup> also wrote that key principles of moral philosophy (e.g. deontology and utilitarianism), despite their approach to a standard or criterion of right action, are both deficient in terms of providing ready-made right decisions.

Formal lectures, class discussion and case studies were the predominant teaching methods used. Lectures may be satisfactory for the teaching of scientific facts and nursing procedures, but they have not been shown to stimulate the development of moral judgment.<sup>1</sup> In the study by Parsons *et al.*,<sup>13</sup> participants also considered case studies to be useful and appropriate for teaching ethics. Holland<sup>9</sup> stated that case studies are useful in achieving the twin aims of a course: they can develop awareness of the moral dimension of nursing and give students the opportunity to 'practice' making sound moral judgments. According to Goldie,<sup>20</sup> the use of case studies in teaching ethics to medical students enhances students' sensitivity to the moral aspects of medicine, illustrates the application of humanistic or legal concepts to medical practice, and shows that doctors are acting as responsible moral agents.

There is, however, an increasing consensus on the importance of real-life opportunity in ethics education.<sup>9,13,18,19</sup> Woods stated that

there is a real danger of distancing or disassociating from reality the nursing students at any level if the emphasis is placed too heavily on the abstract rather than the applied, the 'case' rather than the real, and the theory rather than the contextual reality.<sup>18</sup>

Nursing ethics education must be realistic. Hamric<sup>21</sup> pointed out that 'ethics comes alive for students in the translation of ethical principles and precepts into clinical practice reality'. Puckett *et al.*<sup>19</sup> reported that students were learning better in an environment where their new professional roles can be both observed and practiced. In our study, a considerable number of the educators believed that their students could translate their knowledge of ethics into clinical practice. None of them, however, made any further comment on how their students could do that and what would be the responsibilities or roles of the clinical educators in integrating the theoretical aspects of ethics into the students' clinical experiences.

Most of the educators in this study reported written essays and written examinations as the assessment methods used. Case presentation by students focused on an ethical situation and participation in discussion were also reported as assessment methods. Written examinations are appropriate for measuring the knowledge level of students on the theoretical aspects of ethics and an objective way of grading. However,

as Goldie<sup>20</sup> noted, 'ethics is a philosophical discipline which has doubt and uncertainty, dispute and argument as its staple diet and modus operandi'. How could the moral reasoning and ethical decision-making skills of students be measured? Several approaches to moral reasoning have been developed, among the most popular being Kohlberg's cognitive-developmental theory. Several authors<sup>1-3,27</sup> have applied this theory to studying nursing students' moral development and have shown that proper evaluation is possible. McAlpine *et al.*<sup>28</sup> tested the Ethical Reasoning Tool with nurses and concluded that this tool allows nurse educators to evaluate the effectiveness of nursing ethics study units in a reliable way. Although various approaches have been devised to assess students' moral reasoning, the assessment of qualities such as compassion, empathy and sensitivity to values remains contentious owing to the lack of suitable and objective instruments.<sup>20</sup>

## Conclusion

Although ethics is now commonplace in Turkish nursing curricula, and there are similar approaches to the content of ethics instruction and to teaching and assessment methods, there is still room for much improvement. As pointed out by one of our respondents: 'teaching ethics requires first and foremost the knowledge and skills of teachers of ethics'. Nursing ethics educators must improve their own ethical knowledge to prepare students for today's and tomorrow's moral issues that will continue to arise in nursing practice, and they must search for the best ways to help students to transfer the theoretical aspects of ethics into the reality of clinical practice. Further studies on teaching ethics to nursing students would contribute to the debate on this subject and could help nurse educators with curriculum revision and in developing new teaching strategies.

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## References

- <sup>1</sup> Krawczyk RM. Teaching ethics: effect on moral development. *Nurs Ethics* 1997; **4**: 57-65.
- <sup>2</sup> Duckett L, Rowan M, Ryden M *et al.* Progress in the moral reasoning of baccalaureate nursing students between program entry and exit. *Nurs Res* 1997; **46**: 222-29.
- <sup>3</sup> Auvinen J, Suominen T, Leino-Kilpi H, Helkama K. The development of moral judgment during nursing education in Finland. *Nurs Educ Today* 2004; **24**: 538-46.
- <sup>4</sup> Nolan PW, Markert D. Ethical reasoning observed: a longitudinal study of nursing students. *Nurs Ethics* 2001; **9**: 243-58.
- <sup>5</sup> Riesch SK, Sadowszky V, Norton S, Pridham KF. Moral reasoning among graduate students in nursing. *Nurs Outlook* 2000; **48**: 73-80.
- <sup>6</sup> Özkara E, Civaner M, Oglak S, Mayda AS. Euthanasia education for health professionals in Turkey: students change their opinions. *Nurs Ethics* 2004; **11**: 290-97.
- <sup>7</sup> Nisbett N, Brown-Welty S, O'Keefe C. A study of ethics education within therapeutic recreation curriculum. *Ther Recreation J* 2002; **36**: 282-95. Retrieved 10 March, 2006, from: [http://www.findarticles.com/p/articles/mi\\_qa3903/is\\_200207/ai\\_n9096507](http://www.findarticles.com/p/articles/mi_qa3903/is_200207/ai_n9096507)
- <sup>8</sup> Davis AJ, Tschudin V, de Raeve L. The future: teaching nursing ethics. In: Davis AJ, Tschudin V, de Raeve L eds. *Essentials of teaching and learning in nursing ethics: perspectives and methods*. London: Churchill Livingstone Elsevier, 2006: 339-52.
- <sup>9</sup> Holland S. Teaching nursing ethics by cases: a personal perspective. *Nurs Ethics* 1999; **6**: 434-36.

- <sup>10</sup> Rozsos E. Hungary. Nursing and nursing ethics after the communist era. In: Davis AJ, Tschudin V, de Raeve L eds. *Essentials of teaching and learning in nursing ethics*. London: Churchill Livingstone Elsevier, 2006: 301–12.
- <sup>11</sup> Gallagher A. The teaching of nursing ethics: content and method. Promoting ethical competence. In: Davis AJ, Tschudin V, de Raeve L eds. *Essentials of teaching and learning in nursing ethics: perspectives and methods*. London: Churchill Livingstone Elsevier, 2006: 223–39.
- <sup>12</sup> Fry S. Teaching ethics in nursing curricula. *Nurs Clin North Am* 1989; **24**: 485–97.
- <sup>13</sup> Parsons S, Barker PJ, Armstrong AE. The teaching of health care ethics to students of nursing in the UK: a pilot study. *Nurs Ethics* 2001; **8**: 45–56.
- <sup>14</sup> Allmark P. Uncertainties in the teaching of ethics to students. *J Adv Nurs* 1995; **22**: 374–78.
- <sup>15</sup> Webb J, Warwick C. Getting it right: the teaching of philosophical health care ethics. *Nurs Ethics* 1999; **6**: 150–56.
- <sup>16</sup> Doane GH. In the spirit of creativity: the learning and teaching of ethics in nursing. *J Adv Nurs* 2002; **39**:521–28.
- <sup>17</sup> Konishi E, Davis AJ. Japan. The teaching of nursing ethics in Japan. In: Davis AJ, Tschudin V, de Raeve L eds. *Essentials of teaching and learning in nursing ethics: perspectives and methods*. London: Churchill Livingstone Elsevier, 2006: 251–60.
- <sup>18</sup> Woods M. Nursing ethics education: are we really delivering the good(s)? *Nurs Ethics* 2005; **12**: 5–18.
- <sup>19</sup> Puckett AC, Graham DG, Pounds LA, Nash FT. The Duke University program for integrating ethics and human values into medical education. *Acad Med* 1989; **64**: 231–35.
- <sup>20</sup> Goldie J. Review of ethics curricula in undergraduate medical education. *Med Educ* 2000; **34**: 108–19.
- <sup>21</sup> Hamric AB. Ethics development for clinical faculty. *Nurs Outlook* 2001; **49**: 115–17.
- <sup>22</sup> Leppa CJ, Terry LM. Reflective practice in nursing ethics education: international collaboration. *J Adv Nurs* 2004; **48**: 195–202.
- <sup>23</sup> Dinç L. Turkey. Teaching ethics in Turkish nursing education programmes. In: Davis AJ, Tschudin V, de Raeve L eds. *Essentials of teaching and learning in nursing ethics: perspectives and methods*. London: Churchill Livingstone Elsevier, 2006: 271–79.
- <sup>24</sup> Council of Higher Education. *The Turkish higher education system* (Part 2 – Governance). Retrieved 10 July, 2004, from: <http://www.yok.gov.tr/english/part2.doc>
- <sup>25</sup> TC Yükseköğretim Kurumu Öğrenci Seçme ve Yerleştirme Merkezi. (Turkish Republic Higher Education Council Student Selection and Placement Center.) *Yükseköğretim Programları ve Kontenjanları Kılavuzu*. (Guidelines to higher education programs and quotas.) Ankara: Turkish Republic Higher Education Council Student Selection and Placement Center, 2004.
- <sup>26</sup> Hundert EM. A model for ethical problem solving in medicine, with practical applications. *Am J Psychiatry* 1987; **144**: 839–46.
- <sup>27</sup> Kim YS, Park JW, Son YJ, Han SS. A longitudinal study on the development of moral judgment in Korean nursing students. *Nurs Ethics* 2004; **11**: 254–65.
- <sup>28</sup> McAlpine H, Kristjanson L, Poroch D. Development and testing of the ethical reasoning tool (ERT): an instrument to measure the ethical reasoning of nurses. *J Adv Nurs* 1997; **25**: 1151–61.

## Appendix 1

### First part of the questionnaire administered to nursing educators

1. Which of the following nursing education programs does your school offer now?
  - a. Undergraduate
  - b. Graduate
2. Is there any ethics course in your nursing curriculum?
  - a. Yes (please write the name of the course .....)
  - b. No

3. Which of the following nursing education levels in your school include a nursing ethics course?
  - a. Baccalaureate
  - b. Masters
  - c. Doctoral
4. Could you please indicate the amount of time devoted to ethics in your nursing curriculum?
  - a. 2 hours/week
  - b. 3 hours/week
  - c. 4 hours/week
  - d. Other (please indicate .....)
5. Which of the following items describe your professional background?
  - a. Nurse educator/academic
  - b. Physician
  - c. Ethicist
  - d. Philosopher
  - e. Other (please indicate .....)
6. What is your present academic affiliation or degree?
  - a. Professor
  - b. Associate or assistant professor
  - c. Doctoral degree
  - d. Masters degree
  - e. Baccalaureate degree
7. Have you any formal background in ethics?
  - a. Yes
  - b. No
8. Could you please indicate your formal background by marking one of the following?
  - a. Masters degree in medical ethics
  - b. Doctoral degree in medical ethics
  - c. Masters degree in philosophy
  - d. Doctoral degree in philosophy
  - e. Other (please indicate .....)
9. Do you feel yourself competent to teach nursing ethics?
  - a. Yes
  - b. Partly
  - c. No
10. How do you improve your ethical knowledge and skills as a teacher?
11. Can you write a definition of nursing ethics?
12. Can you write your goals in teaching ethics to nursing students?
13. What teaching methods do you use in class?
14. How do you assess the ethical knowledge and competence of your students?
15. Do you believe that the theoretical knowledge of ethics is applied in the clinical practice of students?
16. How can the ethical decision-making skills of students be improved?
17. Have you any suggestions concerning ethics education for nurses?
18. Have you any suggestions for improving the ethical knowledge and skills of ethics instructors?