MEASURING NURSES' ETHICAL COMPETENCE IN CLINICAL CARE: A SYSTEMATIC LITERATURE REVIEW

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Abstrak

Latar Belakang: Kompetensi etis merupakan kebutuhan mendasar dalam bidang keperawatan. Keadilan, otonomi, kemurahan hati, dan *non-maleficence* adalah beberapa prinsip etika yang harus diterapkan perawat dalam pekerjaan mereka sehari-hari. Untuk itu diperlukan suatu instrumen yang dapat digunakan untuk mengukur tingkat kompetensi seorang perawat. Tinjauan literatur sistematis ini bertujuan untuk mengidentifikasi dan mengevaluasi instrumen yang ada untuk mengukur kompetensi etis perawat dalam pengaturan klinis. Metode : Google Scholar, PubMed, Springer, Science Direct dan Sage Journal adalah database yang dipilih untuk melakukan tinjauan literatur sistematis yang digunakan dalam penelitian ini untuk mengidentifikasi dan mengevaluasi instrumen yang ada untuk mengukur kompetensi etis perawat dalam pengaturan klinis. Hasil: Dari 14 artikel yang masuk kriteria inklusi, ditemukan 12 instrumen berbeda untuk mengukur kompetensi etik perawat. Kesimpulan: Penelitian ini menemukan kuesioner yang berbeda dan bervariasi. Begitu pula dalam penggunaannya, kuesioner ini dapat digunakan sesuai dengan kondisi di lapangan seperti kondisi pasien dan latar belakang budaya tempat penerapan kuesioner ini.

Kata Kunci: *pengukuran, keperawatan, kompetensi etika, perawatan klinis, instrumen.*

Abstract

Background: Ethical competence is a fundamental requirement in the nursing sector. Justice, autonomy, beneficence, and non-maleficence are among the ethical principles that nurses must incorporate into their daily jobs. This implies the urgency for accurately measuring nurses' ethical competency. This systematic literature review aims to identify and evaluate the existing instruments for measuring nurses' ethical competence in clinical settings. Methods: The present study curated works obtained from Google Scholar, PubMed, Springer, Science Direct, and Sage Journal as the basis to conduct a systematic literature review aiming to identify and evaluate the existing instruments for measuring nurses' ethical competence in clinical settings. Result: Of 14 articles that satisfied the inclusion criteria, 12 different instruments were found to measure nurses' ethical competence. Conclusion: This research has identified different and varied questionnaires. These questionnaires can be used according to contextual properties, such as the patient's condition and the cultural background of the setting where this questionnaire is operationalized.

Keywords: *measuring, nursing, ethical competence, clinical care, instrument.*

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INTRODUCTION

Ethical competence is an essential foundation in the field of nursing since nurses are the ones who give patients direct care (Yıldız, 2019). It is mandatory for nurses to integrate ethical tenets, including justice, autonomy, beneficence, and non-maleficence into their daily work (O'Rourke et al., 2019). Justice guarantees that care is given equally, without discrimination, while autonomy respects the patient's freedom to make their own decisions. In harmony, non-maleficence highlights the significance of avoiding behaviors that could hurt the patient and making sure that every step of care is conducted with the patient's overall well-being and safety in mind. Beneficence also plays a critical role in that it urges nurses to behave in the best interests of their patients (Kyngäs et al., 2020). Nurses frequently act as intermediaries between patients and the other members of the medical care team in complex clinical circumstances (Sbordoni et al., 2020). This puts them in a situation where they have to make morally sound decisions, particularly when dealing with difficult situations, such as critical or end-of-life care (De Brasi et al., 2021).

Nurses are required to maintain high ethical competence. In addition to having a direct impact on a given care, ethical competence is essential to nurses' professional growth and serves as the cornerstone for morally sound decisions made in clinical settings (Amiri et al., 2019). Moreover, because nurses frequently act as caretakers and advocates for their patients, they need to respect the values of patient-centered care and protect the dignity and well-being of the people they are caring for (Hansson & Fröding, 2021). As such, nurses with a decent rate of ethical competence are more equipped to handle difficult moral decisions (Kleemola et al., 2020).

Notwithstanding, measuring nurses' ethical competence is not an easy task. Ethics is often subjective and contextual, and moral decision-making often involves complex dilemmas (Koskenvuori et al., 2019). Therefore, there is a need for an in-depth understanding of how nurses' ethical competence can be measured effectively, especially in stressful and diverse clinical settings (Jia et al., 2021a). A comprehensive literature review is needed to explore various instruments and methods that have been used in previous research to measure nurses' ethical competence (Mohammed Al Jabri et al., 2021). In addition, evaluation of the reliability and validity of existing instruments will help identify deficiencies and gaps in the existing research (Clark & Watson, 2019). Thus, further research is needed to address this gap and develop more accurate and reliable measurement instruments.

While the value of ethical competence is undeniable, quantifying the factors constituting such competence is a challenging task (Ramírez-Polo & Vargas-Sierra, 2023). Making moral decisions requires meticulous considerations and justifications that are frequently contextual and subjective (Small & Lew, 2021). In response, this literature review aims to identify and evaluate the existing instruments for measuring nurses' ethical competence in clinical settings. Moreover, this review aims to shed light on the complexities involved in assessing ethical competence within the nursing profession, considering the multifaceted nature of ethical dilemmas encountered in clinical practice. Additionally, by critically examining the methodologies and tools employed in previous research, this review seeks to offer insights into potential improvements or alternative approaches that can enhance the accuracy and reliability of measuring nurses' ethical competence.

METHOD

This study engaged a systematic literature review. A systematic literature review consolidates previous research to enhance the body of knowledge by providing a thorough summary of the literature on a topic, theory, or methodology (Paul & Criado, 2020). A thorough search, a methodical integration of search results, and an evaluation of the volume, kind, and caliber of available data in relation to a specific research issue are all elements of a systematic review (Siddaway et al., 2019).

The review gleaned previous works published in Google Scholar, PubMed, Springer, Science Direct, and Sage Journal. To obtain more specific results, boolean operators were added to the specified keywords, leading to the inclusion of such keywords as (instrument OR tool OR questionnaire) AND (measuring OR assessing OR evaluating) AND (nurse ethical competence) AND (clinical care OR hospital). The study used PRISMA flowchart for visual representation of the selection process in this systematic review.

Inclusion criteria for this research focused on 1) articles published in 2019 - 2024; 2) research articles conducted in clinical settings; 3) articles written in English; 4) articles available in full text; 5) articles with qualitative, quantitative, cohort, quasi-experimental, cross-sectional studies, case-control, and randomization control trials research designs. Meanwhile, the exclusion criteria for this study included 1) articles published before 2019; 2) articles written in languages other than English; 3) articles investigating non-clinical settings; 4) articles not available in full text; 5) articles originating from proceedings or conferences; 6) articles resulting from a literature review.

Upon selecting the articles, the researchers undertook several stages, including the identification, screening, eligibility, and inclusion stages. At the eligibility stage, articles were tested for suitability to avoid bias that potentially led to
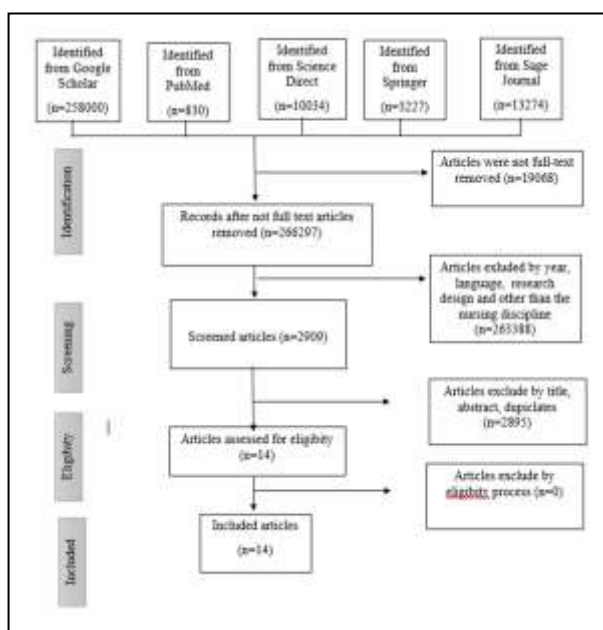
ambiguous findings. We used JBI Critical Appraisal Tools to test the suitability of the article and to avoid bias. The assessment of article feasibility using JBI Critical Appraisal Tools was adjusted to the research design tested for feasibility. Once an article was proven feasible, it was included in the research.

We arranged the articles in a table with several points to collect data from eligible articles. These points included author and journal identity, name of the questionnaire, subscale, objective, population, and sample. Articles were categorized based on what they mean about nurse ethical competence, the view of the instrument, the development process, and how the instrument is used for a specific condition.

RESULT AND DISCUSSION

From 2,909 articles involved in the screening process, 14 articles were included in the eligibility stage. The assessment using the JBI Appraisal tools resulted in the inclusion of 14 articles for further review. The number of articles corresponds to the following databases: Google Scholar (n=5), PubMed (n=3), Sage Journal (n=2), Science Direct (N=1), and Springer (n=3). From 14 articles included, 12 different questionnaires were found, and each of these was numbered from A1-A14. A more detailed explanation of the article is presented in the following figure.

Figure 1. Prisma Flowchart

Instruments Found in the Literature Review

After carrying out the literature review, 13 different questionnaires were obtained from the 14 articles found. The 12 instruments have different uniqueness and specifications. The instruments found are described as follows:

Korean version of the Ethical Leadership at Work Questionnaire (K-ELW)

K-ELW consists of thirty-one components, with seven different subcomponents. These are job responsibility justice, relational justice, power sharing, integrity, ethical guidelines, and concern for sustainability. Each item has a five-point Likert scale, where one point indicates "not at all" and five points indicate "very much." A more positive view of moral leadership is indicated by higher scores. All groups had Cronbach's alpha indicating reliabilities between 0.73 and 0.90.

Nurses' Moral Courage Scale (NMCS)

The basic theoretical construct of the Nurse Moral Courage Scale (NMCS) is derived from an analysis of the concept of moral courage in nursing and relevant nursing literature. The original model consists of seven attributes, and 47 structured items are operationalized to describe nursing care situations that require moral courage. However, risk-taking is a component present in all aspects of courageous action; items in the "risk-taking" attribute were added to the other attributes, creating the first version of the NMCS with six attributes.

Ethical Conflict in Nursing Questionnaire-Critical Care Version (ECNQ-CCV)

The first questionnaire was written and verified in the Spanish version of the Ethical Conflicts in Nursing-Critical Care Questionnaire Version (ECNQ CCV). Motaharifar translated it into Persian and verified that it was cross-cultural. This questionnaire was created to empirically validate the ethical conflict model, which explains the phenomenon by analyzing the relationship between the ethical conflict exposure index and the ethical conflict typology and moral state. The questionnaire has 19 scenarios, all of which are similar to the original form and represent the circumstances in which a nurse can encounter an ethical dilemma. Three questions are provided for each scenario, measuring the degree of perceived ethical conflict on a five-point Likert scale, the frequency of ethical conflict on a five-point Likert scale, and the type of ethical conflict that was encountered.

Ethical Sensitivity Questionnaire

The ESQ, created by Lutzen, was first used in 1994 to measure the ethical sensitivity of working nurses and doctors, primarily at the Karolinska Nursing Institution (Sweden-Stockholm), and later in other ethical decision-making organizations. The ESQ is a 7-point Likert scale with 30 items and six subscales: "autonomy" (reflects respect for the principle of patient autonomy and choice), "provides benefits" (reflects actions aimed at improving the patient's health benefits), "holistic approach" (ensuring integrity with the patient), and "conflict" (reflects respect for the principle of patient autonomy and choice).

Sekerka's Moral Courage Scale

This questionnaire has fifteen points consisting of five elements: moral agency, value differentiation, resistance to threats, beyond compliance, and moral purpose. Each element consists of three different things. This tool uses a 7-point Likert scale where each item is assigned a point between 1 and 7 (never true = 1 and always true = 7). Therefore, the score for each item can range from 3 to 21. The minimum and maximum total scores are 15 and 105, respectively. It is the average score of the items for each aspect and is considered the overall moral courage score. The validity of the Moral Courage Scale was reported as 81%. With a sample volume of 30 nurses studied, reliability was estimated at 0.85 (Cronbach's alpha).

Ethical Conflict Scale Covid-19 (ECS-Co19)

The Ethical Conflict Scale Covid-19 (ECS Co19) is a new tool developed by the authors to assess the moral challenges nurses face in terms of ethical conflicts during the COVID-19 pandemic. These items are divided into five main categories: (1) Resources (i.e., the availability of materials and human resources to solve problem and required maintenance requirements); (2) Protection (i.e., protection deemed adequate for worker health services to prevent Covid-19 infection); (3) decisions (including the decision-making process); (4) end-of-life care and discontinuation and discontinuation of treatment (including end-of-life management and treatment); and (5) information and communication technology (including maintaining contact with relatives during restricted access to confinement and wards).

Korean version of the Moral Sensitivity Questionnaire (K-MSQ)

Nurses' moral sensitivity was measured through the Moral Sensitivity Questionnaire (K-MSQ). Lützén created it, and Han translated it into Korean. The K-MSQ was changed from the previous 30 questions to 27 questions. Three questions related to mental care were removed. This tool consists of five small components: patient-oriented care, professional responsibility, conflict, meaningfulness, and benevolence. It is rated on a seven-point scale; A higher score indicates that the nurse is highly sensitive. At the time of development, the reliability of the K-MSQ using Cronbach's alpha was 0.76, while at the time of study, it was 0.83.

The Caring Questionnaire

The questionnaire used talks about nursing behavior and the application of ethical principles by nurses. A caring questionnaire, derived from Watson's ten-story factors, was used, and an application of ethical principles questionnaire, originating from the New Zealand Nurses Association and developed by the researcher. There are 31 favorable questions and 5 unfavorable questions used to assess the

application of ethical principles. The relationship between caring and ethical behavior was determined using multiple linear regression and ANOVA methods.

Nurses' Moral Courage Scale' (NMCS)

The NMCS was designed for the nursing field and has been proven to be valid and reliable. The NMCS consists of 21 items and the answers are given on a Likert scale from 1 to 5, where 1 indicates that statements do not describe the respondents at all; 2 shows that they describe the respondents a little; 3 indicates that they describe the respondents fairly accurately; and 5 indicates that they completely describe the respondents. This instrument was published in the Nordic Journal of Nursing Research 43(1). According to the moral courage dimension, the NMCS consists of four subscales: Compassion and Authentic Presence (5 items); Moral responsibility (4 items); Moral integrity (7 items); and Commitment to good care (5 items).

Ethical Caring Competency Scale (ECCS)

The concept of ethical concern is the basis of the ECCS Survey, which was created through qualitative and descriptive research. The content and criteria have been assessed. Expressing the sensitivity and value of good service, "Acting while thinking about how to provide better service", "Creating indirect effects to provide better service", and "Acting to learn what care is better" are the four core competencies measured in ECCS. This scale consists of twenty-two competencies. These are rated using a 5-level Likert Scale—where a score of 1 indicates not at all, 2 indicates a little, 3 indicates not at all, 4 indicates quite a lot, and 5 indicates very much. Higher scores indicate higher levels of expertise.

Nurses' Ethical Decision-Making in End-of-Life Care Scale (NEDM-EOLCS)

Nurses' ethical decision-making skills in caring for dying patients were measured by the NEDM-EOLCS. There are 55 items in this scale, with three subscales each. Perception of professional accountant abilities consists of 28 items, moral reasoning and agency consists of 13 items, and moral practice consists of 14 items. The study by Kim et al. found that the Korean version of NEDM-EOLCS was fairly reliable. They found that the Cronbach's alpha coefficient for the three subscales of the scale was between 0.84 and 0.94, and the intra-class correlation coefficient (ICC) for the scale as a whole was 0.90.

The Moral Competence of Clinical nurses' Questionnaire

The forty-six items in the clinical nurse moral competency questionnaire consist of six dimensions: responsible behavior, client-centeredness, effectiveness, ability to trust, desire

to serve, and moral knowledge. Each item is scored on 4 Likert points, ranging from 1 (never) to 4 (always). The total score ranges from 46 to 184, and higher scores indicate greater moral competence. The design and psychometric properties were evaluated through this questionnaire. The results of the quantitative data analysis in the study demonstrate that the moral competence of the clinical nurse questionnaire has acceptable face and content validity (S-CVI=0.92). Additionally, the survey demonstrates adequate internal consistency (α=0.93) and adequate external stability (ICC=0.84).

Chinese Moral Sensitivity Questionnaire-Revised Version (MSQ-R-CV)

According to the MSQ version, Chinese people have two clusters of dimensions: four dimensions of moral burden and five dimensions of moral responsibility and strength. The MSQ-R-CV is rated on a six-point Likert scale, ranging from 1 indicating "complete disagreement" to six which corresponds to "total agreement." Composite scores range from 9 to 54, and higher scores indicate greater moral sensitivity. The Cronbach α value in this study was 0.84.

The Use of Questionnaires in Clinical Practice

Each of the abovementioned questionnaires has different specifications and uses (Van Der Willik et al., 2019). For example, the Nurses' Ethical Decision-Making in End-of-Life Care Scale (NEDM-EOLCS) questionnaire is a questionnaire used to measure ethical decision-making in the context of palliative care patients (Pourshahri et al., 2024). On the other hand, the Ethical conflict in nursing questionnaire-critical care version (ECNQ-CCV) questionnaire is used to measure ethical conflicts experienced by nurses in critical care settings (Liu et al., 2021). Another example is the Ethical Conflict Scale Covid-19 (ECS-Co19) which is a questionnaire used in the setting of the ongoing Covid-19 pandemic where the pandemic exacerbates ethical conflicts, with nurses often caught between maintaining patient welfare and following strict health protocols (Villa et al., 2021). Findings indicate the need for more flexible policies and support for nurses in crisis situations. Several other questionnaires are used for patient conditions that tend to be general without any specific conditions.

The Influence of Culture in the Application of Questionnaires

Cultural conditions also influence the use of each questionnaire (Lacko et al., 2022). Such as the Korean version of the Moral Sensitivity Questionnaire (K-MSQ) which contains Korean cultural values, such as respect for authority and collective responsibility, influencing the way nurses respond to ethical issues (Lim & Kim, 2021). The K-MSQ highlights the importance of cultural sensitivity in understanding moral sensitivity and the Chinese Moral Sensitivity Questionnaire-Revised Version (MSQ-R-CV) which has Moral sensitivity in Chinese culture is often influenced by Confucian philosophy, which emphasizes harmonious relationships and social obligations. This suggests that a collective approach to ethics can influence moral decisions and actions in nursing practice (Chen et al., 2021).

Table 1. The Results of Literature Review

ID	Author and Journal Identity	Questionnaire Name	Subscales	Objective	Population and Sample
A1	Jang, Y., & Oh, Y. (2019). Impact of ethical factors on job satisfaction among Korean nurses. Nursing ethics, 26(4), 1186-1198.	Korean version of the Ethical Leadership at Work Questionnaire (K-ELW)	– Task responsibility fairness – Relation fairness – Power sharing – People orientation, – Integrity, – Ethical guidance – Concern for sustainability	The objective of this study was to determine how the ethical environment and ethical leadership are perceived by nurses in South Korea on their job satisfaction.	263 nurses
A2	Numminen, O., Katajisto, J., & Leino-Kilpi, H. (2019). Development and validation of nurses' moral courage scale. *Nursing ethics*, 26(7-8), 2438-2455.	Nurses' Moral Courage Scale (NMCS)	– Clarity (accuracy and understandability), – Concreteness (possibility to measure the construct), – Importance (as an indicator of moral courage), and – Relevance	The goal is to create a scale to measure nurses' self-evaluated moral courage.	129 nurses
A3	Pishgooie, A. H., Barkhordari-Sharifabad, M., Atashzadeh-Shoorideh, F., & Falcó-Pegueroles, A. (2019). Ethical conflict among nurses working in the intensive care units. Nursing ethics, 26(7-8), 2225-2238.	Ethical Conflict in Nursing Questionnaire-Critical Care Version (ECNQ-CCV)	– Moral uncertainty – Moral dilemma – Moral distress, – Moral outrage	The purpose of this study was to determine the frequency, degree, exposure, and type of ethical conflict among nurses working in intensive care units.	382 nurses
A4	Mert Boğa, S., Aydin Sayilan, A., Kersu, Ö., & Baydemİr, C. (2020). Perception of care quality and ethical sensitivity in surgical nurses. Nursing Ethics, 27(3), 673-685.	Ethical Sensitivity Questionnaire	– Autonomy – Providing benefit – Holistic approach – Conflict – Practice – Orientation	The purpose of this study was to ascertain how surgical nurses' care practices and ethical sensitivity relate to one another.	308 nurses
A5	Khoshmehr, Z., Barkhordari-Sharifabad, M., Nasiriani, K., & Fallahzadeh, H. (2020). Moral courage and psychological empowerment among nurses. BMC Nursing, 19, 1-7.	Sekerka's Moral Courage Scale	– Moral agency – Multiple values – Endurance of threat – Going beyond compliance – Moral goals	This study established a relationship between nurses' psychological empowerment and moral courage.	180 nurses
A6	Villa, M., Balice-Bourgois, C., Tolotti, A., Falcó-Pegueroles, A., Barello, S., Luca, E. C., ... & Bonetti, L. (2021). Ethical conflict and its psychological correlates among hospital nurses in the	Ethical Conflict Scale Covid-19 (ECS-Co19)	– Resources – Protection – Decisions – End-of-life care and withholding and withdrawal of treatment – Information and communication	The purpose of this study was to evaluate the psychological impact, resilience, and ethical conflict of nurses and compare these factors between nurses who worked in Covid-19 wards and	548 nurses

	pandemic: a cross-sectional study within Swiss COVID-19 and non-COVID-19 wards. International Journal of Environmental Research and Public Health, 18(22), 12012.		technologies	those in different wards.	
A7	Lim, A., & Kim, S. (2021). Nurses' ethical decision-making during end of life care in South Korea: a cross-sectional descriptive survey. BMC Medical Ethics, 22, 1-9.	Korean version of the Moral Sensitivity Questionnaire (K-MSQ)	– Patient-oriented care – Professional Responsibility – Conflict meaning – Benevolence	Based on their moral sensitivity to patients nearing the end of their lives, this study sought to determine the ethical decision-making process of Korean nurses.	171 nurses
A8	Liu, Y., Cui, N., Zhang, Y., Wang, X., Zhang, H., Chen, D., ... & Jin, J. (2021). Psychometric properties of the ethical conflict in nursing questionnaire critical care version among Chinese nurses: a cross-sectional study. BMC Nursing, 20, 1-11.	Ethical conflict in nursing questionnaire-critical care version (ECNQ-CCV)	– Frequency conflict – Intensity conflict – Types of ethical conflict.	The purpose of this study was to translate the Critical Care Version of the Ethical Conflict in Nursing Questionnaire into Chinese and assess its validity and reliability among Chinese nurses.	264 nurses
A9	Ilkafah, I., Mei Tyas, A. P., & Haryanto, J. (2021). Factors related to implementation of nursing care ethical principles in Indonesia. Journal of Public Health Research, 10(2), jphr-2021.	The Caring Questionnaire	– Caring behaviour – Instilling faith-hope – Development of a helping-trusting – Systematic use of the scientific – Provision for supportive – Allowance for existential-phenomenological forces	The purpose of this study is to examine the variables related to the application of nurses' ethical standards.	389 nurses
A10	Pajakoski, E., Rannikko, S., Leino-Kilpi, H., Löyttyniemi, E., & Numminen, O. (2023). Nurses' moral courage in Finnish older people care: A cross-sectional study. Nordic Journal of Nursing Research, 43(1), 20571585231162807.	Nurses' Moral Courage Scale' (NMCS)	– Moral responsibility – Moral integrity – Commitment to good care	The purpose of this study was to examine nurses' assessments of their moral bravery, morally brave deeds, and related individual characteristics in the care of elderly patients in a major Finnish city.	205 nurses
A11	Katayama, H., Muramatsu, T., Aoki, Y., & Nagashima, E. (2022). Psychometric evaluation of the ethical caring competency scale in	Ethical Caring Competency Scale (ECCS)	– Expressing the sensitivity and value of good care – Acting while thinking about how to provide better care – Creating indirect	The purpose of this study was to confirm the validity and reliability of the Ethical Caring Competency Scale (ECCS) and to gather	1157 nurses

	nursing. BMC Nursing, 21(1), 103.		– effects to provide better care – Acting to learn what better care is	recommendations for using it as a rubric-based assessment tool among a sample of Japanese nurses.	
A12	Pourshahri, E., Mohammadi, F., Shareinia, H., Abadi, F., & Bijani, M. (2024). Translation and psychometric testing of the Persian Version of nurses' ethical decision-making in End-of-Life Care Scale. BMC Nursing, 23(1), 316.	Nurses' Ethical Decision-Making in End-of-Life Care Scale (NEDM-EOLCS)	– Perceived professional accountability – Moral reasoning and moral agency – Moral practice	The goal of the current study was to translate and evaluate the psychometric qualities of the Nurses' Ethical Decision-Making in End-of-Life Care Scale (NEDM-EOLCS) Persian version.	1320 nurses
A13	Nazari, A. M., Borhani, F., Zare-Kaseb, A., & Zafarnia, N. (2024). The relationship between nurses' moral competency and missed nursing care: a descriptive-correlational study. BMC Nursing, 23(1), 1-7.	The Moral Competence of Clinical nurses' Questionnaire	– Responsible behavior – Client-centric – Efficacy – Trust capability – Desire to serve – Moral knowledge	The purpose of this study was to look into the relationship between MNCs and moral skills in nurses.	212 nurses
A14	Chen, Q., Su, X., Liu, S., Miao, K., & Fang, H. (2021). The relationship between moral sensitivity and professional values and ethical decision-making in nursing students. Nurse Education Today, 105, 105056.	Chinese Moral Sensitivity Questionnaire-Revised Version (MSQ-R-CV)	– Moral Burden – Moral responsibility	The purpose of this study is to investigate the connections among moral sensibility, professional ideals, and ethical decision-making.	263 nursing students

In this literature review, we analyzed 12 questionnaires used to evaluate various ethical and moral aspects of nursing practice. This analysis revealed important findings about moral courage, moral sensitivity, ethical conflict, and ethical competence, as well as the influence of culture on ethical perceptions and actions in the nursing context. The Nurses' Moral Courage Scale (NMCS) and Sekerka's Moral Courage Scale both focus on moral courage as their central theme. According to the results of these two surveys, nurses who possess strong moral bravery are generally better equipped to report ethical issues and behave morally even in the face of threats to their personal or professional safety (Khoshmehr et al., 2020). The NMCS emphasizes the value of moral courage in handling challenging circumstances including end-of-life decisions and disagreements with organizational regulations (Numminen et al., 2019). It is a nursing context-focused resource. However, Sekerka's Moral Courage Scale measures moral courage in a range of settings, suggesting that moral courage is a valuable skill for handling pressure from coworkers or organizational structures, which can include circumstances that are not directly related to nursing.

The Moral Sensitivity Experiment showed that nurses with high moral sensitivity were better able to spot and respond to ethical issues in their interactions with patients (Spekkink & Jacobs, 2021). The results suggest that moral sensitivity is an important part of ethical decision-making. The Korean version of the Moral Sensitivity Questionnaire (K-MSQ) and the Chinese version of the Moral Sensitivity Questionnaire-Revised Version (MSQ-R-CV) show how values such as respect for authority and collective responsibility influence nurses' responses to ethical situations. The MSQ-R-CV suggests that Confucian principles and collectivist norms influence the way Chinese nurses handle ethical issues, making them pay more attention to social relationships (Chen et al., 2021).

In nursing practice, ethical conflicts are often a major problem (Jia et al., 2021b). This is especially true in critical care settings. According to the Ethical Conflict in Nursing Questionnaire-Critical Care Version (ECNQ-CCV), nurses in critical care units often face deep ethical conflicts, especially related to choosing care priorities and end-of-life situations. The type and level of experienced ethical conflict can be identified using this questionnaire (Pishgooie et al., 2019). It also emphasizes how important it is to use good conflict management strategies and psychological support. As the Ethical Conflict Scale Covid-19 (ECS-Co19) shows, the ethical conflicts that nurses face are exacerbated by the COVID-19 pandemic. More flexible policies and support for nurses in crisis situations are needed as nurses are often caught between caring for patient welfare and following strict health protocols (Villa et al., 2021).

According to the Ethical Caring Competency Scale (ECCS) and The Moral Competence of Clinical Nurses' Questionnaire, nurses' ability to apply ethical principles in their interactions with patients indicates that providing empathetic, patient-centered care is critical to patient satisfaction and the quality of the therapeutic relationship (Katayama et al., 2022). According to the clinical nurse moral competency questionnaire, nurses with high moral competence are better able to identify and respond to ethical issues in a consistent and high-quality manner (Nazari et al., 2024). Additionally, the Nurses' Ethical Decision-Making in End-of-Life Care Scale (NEDM-EOLCS) assesses ethical decision-making, particularly as it relates to end-of-life care. This questionnaire shows how difficult it is to make decisions in end-of-life situations and how important it is for nurses to get additional help when making decisions that are in line with the patient's principles and values. The results show that nurses who receive appropriate training and support are better able to make tough and emotional decisions when caring for end-of-life hospice patients (Pourshahri et al., 2024).

The empathic care survey and ethical leadership at work (K-ELW) survey and care survey (K-ELW) in Korea showed that ethical leadership at work can influence nurses' job satisfaction and their organizational commitment, making nurses feel supported to act according to their moral principles (Jang & Oh, 2019). A nursing survey, that assessed aspects of empathy in the nurse-patient relationship, found that higher levels of empathy and patient satisfaction correlated with stronger therapeutic relationships and higher levels of patient satisfaction (Byrd et al., 2021).

Overall, the results of this review indicate that various ethical and moral aspects play critical roles in nursing practice. Quality, patient-centered care requires moral courage, moral sensitivity, ethical competence, and the ability to manage ethical conflicts. Further research is needed to determine how these tools can be adapted and developed to function across cultures and to find interventions that can improve nurses' ethical abilities. Nurses need support from organizational leadership and supportive policies to make moral decisions and provide the best care.

CONCLUSION

Several important questionnaires measuring nurses' ethical competence and moral elements in clinical settings have been analyzed in this literature review. The moral sensitivity questionnaire, ethical sensitivity questionnaire, and ethical conflicts in nursing questionnaire show that nurses face a multitude of ethical dilemmas in

various contexts, such as critical situations and the COVID-19 pandemic. Culturally adapted questionnaires, such as the Korean version and the Revised Moral Sensitivity Questionnaire, emphasize the importance of sensitivity to norms. This study suggests that these questionnaires need to be validated and incorporated into nursing practice to improve nurses' ethical competence and ensure the best patient-centered care.
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