

The Relationship Between Moral Sensitivities and Ethical Decisions of Dentistry Faculty Students

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ABSTRACT

Aim: This study examines dental faculty students' ethical sensitivity and attitudes toward ethical decision-making in healthcare. Despite frequent ethical dilemmas among dentists, there's limited research on dental students' experiences. This study aims to fill this gap by assessing dental students' ethical sensitivity.

Methods: Conducted between June and July 2021 with 436 voluntary participants from 1st to 5th grade students at a Faculty of Dentistry. Data were collected using a sociodemographic form and "Moral Sensitivity Questionnaire" (MSQ), 30-item tool with six sub-dimensions: autonomy, benefit, holistic approach, conflict, implementation, and orientation. Reliability analysis used Cronbach's Alpha, statistical analyses were performed.

Results: Study found that 61.9% of participants were women, with an average age of 21.64 years. The overall reliability value of the MSQ scale was 0.920. The highest agreement among survey items was with "I often experience contradictions about how to approach the patient" (4.49±1.69). Significant differences were found in autonomy and application sub-dimensions based on students' grade levels (p=0.002). There was no significant gender difference in moral sensitivity (p>0.05), and no significant correlation was found between age and moral sensitivity.

Conclusion: Findings highlight the importance of developing and protecting dental students' moral and ethical sensitivities for their professional success and public health. They underscore the need for enhanced ethics education in dental curricula and stronger hospital ethics committees to support healthcare professionals in ethical decision-making. This research offers valuable insights into the ethical challenges faced by dental students and emphasizes the necessity for further studies in this area.

Diş Hekimliği Fakültesi Öğrencilerinin Ahlaki Duyarlılıkları ile Etik Kararlar Konusundaki Tutumlarının İlişkisi

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ÖZET

Amaç: Bu çalışma, diş hekimliği fakültesi öğrencilerinin ahlaki duyarlılıklarını ve sağlık hizmeti sunumu sırasında etik karar verme konusundaki tutumlarını incelemektedir. Diş hekimleri arasında sıkça karşılaşılan etik ikilemler olmasına rağmen, diş hekimliği öğrencilerinin deneyimlerine yönelik araştırmalar yetersizdir. Çalışmamız, diş hekimliği öğrencilerinin etik duyarlılıklarını değerlendirerek bu boşluğu doldurmayı amaçlamaktadır.

Gereç ve Yöntem: Araştırma Haziran-Temmuz 2021 tarihleri arasında gerçekleştirilmiştir. Araştırma, Diş Hekimliği Fakültesi'nde 1. ve 5. sınıf öğrencileri arasından gönüllü olarak katılan 436 öğrenciyi içermektedir. Veriler, sosyodemografik bilgi formu ve "Ahlaki Duyarlılık Anketi" (ADA) kullanılarak toplanmıştır. Anket; otonomi, yarar, bütüncül yaklaşım, çatışma, uygulama ve yönelim olmak üzere altı altı boyuta sahip 30 maddeden oluşmaktadır. Güvenilirlik analizi Cronbach's Alpha kullanılarak yapılmış ve istatistiksel analizler gerçekleştirilmiştir.

Bulgular: Katılımcıların %61,9'u kadındı ve ortalama yaş 21,64 idi. ADA ölçeğinin genel güvenilirlik değeri 0,920 olarak belirlenmiştir. Anket maddeleri arasında en yüksek katılım "Hasta yaklaşımı konusunda sık sık çelişkiler yaşıyorum" (4,49±1,69) olmuştur. Öğrencilerin sınıf düzeylerine göre otonomi ve uygulama alt boyutları değerlendirmelerinde anlamlı farklılıklar bulunmuştur (p=0,002). Cinsiyetler arasında ahlaki duyarlılık açısından anlamlı fark bulunmamış (p>0,05) ve yaş ile ahlaki duyarlılık arasında anlamlı korelasyon tespit edilmemiştir.

Sonuçlar: Çalışmanın bulguları, diş hekimliği öğrencilerinin mesleki başarıları ve halk sağlığı için etik duyarlılıklarının geliştirilmesinin önemli olduğunu vurgulamaktadır. Ayrıca, diş hekimliği müfredatında etik eğitiminin artırılması gerektiğini belirtmektedir. Araştırma, sağlık hizmeti sunumunda etik karar verme süreçlerini desteklemek için daha güçlü hastane etik komitelerine ihtiyaç olduğunu göstermektedir. Bu araştırma, diş hekimliği öğrencilerinin karşılaştıkları etik zorluklara dair önemli bilgiler sunmakta ve bu alanda daha fazla çalışma yapılması gerektiğini ortaya koymaktadır.

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INTRODUCTION

Ethics is a branch of science that investigates the underlying values and judgments of moral attitudes, examining the reasons behind all human behaviors.¹⁻⁶ Ethical values are universal behavioral rules that determine what types of actions, intentions, and motives are valued, providing a practical basis. When considered as a whole, ethical values can be said to constitute a set of moral principles that govern how an individual or group should or should not behave. The focus is on the rightness and wrongness of actions, encompassing the decision-making process aimed at determining the ultimate outcomes of these actions.^{7,8}

Professional ethics, on the other hand, can be defined as the total of ethical principles that guide and direct behaviors in a specific field of activity. Professional ethics, known as the entirety of rules that a particular professional group applies while practicing their profession or feels obliged to adhere to, aims to reveal the rights and wrongs in professional activities. Health institutions are among the institutions where professional ethical dilemmas are most commonly encountered.⁹

In today's healthcare provision, healthcare professionals experience ethical dilemmas in all service areas. Ethical dilemmas and conflicts related to informed consent, decision-making responsibility, equal distribution of resources, violation of principles of providing benefit or avoiding harm are the most commonly encountered issues. Although there are not many publications on the ethical dilemmas faced by dentists in the literature, there are no publications on dental students. However, dentists frequently experience ethical dilemmas regarding the provision of adequate

service, fulfilling the correct indication, availability of sufficient treatment materials, establishment of appropriate patient-doctor relationship, and lack of informed consent. The increasing misinformation in healthcare, bias towards violence, and decreasing respect and importance towards healthcare professionals enhance the significance of ethical decision-making during service delivery. This study aims to examine the ethical sensitivity and attitudes of dental faculty students towards ethical decisions during the provision of healthcare services.³

MATERIALS AND METHODS

The research was conducted with the approval of Necmettin Erbakan University Dentistry Non-Drug and Non-Medical Device Research Ethics Committee (2021/06-69). This descriptive and cross-sectional research was conducted with 1st, 2nd, 3rd, 4th and 5th grade students of Necmettin Erbakan University Faculty of Dentistry. The study was conducted between June and July 2021 with 436 students who voluntarily agreed to participate in the research. The data of the research were obtained Necmettin Erbakan University Faculty of Dentistry the sociodemographic data form and the "Moral Sensitivity Questionnaire" consisting of 30 items.

Moral Sensitivity Questionnaire (MSQ): This questionnaire, which was developed by Kim Lutzen in 1994 in order to measure the ethical sensitivity of nurses, was adapted into Turkish by Hale Tosun.^{2,3} The questionnaire, which consists of 30 items, has a total of 6 sub-dimensions: autonomy, benefit, holistic approach, conflict, implementation and orientation. Three items (items 3, 23, 26) were not included under any dimension. In the questionnaire where Likert type scoring is made between 1 and 7; "1 point" indicates high sensitivity towards completely agreeing, "7 points" indicates low

sensitivity towards completely disagreeing. The lowest score that can be obtained from the scale is 30 and the highest score is 210. A low score indicates high ethical sensitivity, and a high score indicates low sensitivity.⁴

Statistical Analysis: IBM SPSS v 22.0 (SPSS Inc. Chicago, IL, USA) package program was used within the scope of the research. Frequency analysis was used to analyze the demographic information of the participants. Within the scope of the study, reliability analyzes were carried out before the moral sensitivity scale was included in the analysis. Based on the results obtained, new variables were created based on the averages of the items in the scales. To test the relationship between the new variables created and demographic variables, Independent Sample t-test, One-Way Anova test and pearson Correlation analysis was applied. Within the scope of the study, the information of 436 participants was evaluated. The significance level was determined as $p = 0.05$.

RESULTS

Within the scope of the study, data of 436 dentistry faculty students were collected. When demographic data is evaluated, 61.9% of the participants in the study are female. The average age of the participants is 21.64, the lowest age is 18 and the highest age is 30. Considering the classes of the participants; The rate of those in the 1st grade is 19.7%, the rate of those in the 2nd grade is 20%, the rate of those in the 3rd grade is 18.3%, the rate of those in the 4th grade is 21.1% and the rate of those in the 5th grade is 20.9%.

The average of the responses to each item in the moral sensitivity questionnaire administered to the participants is shown in Table 1. According to the results obtained; The highest agreement was "I often experience contradictions about how to approach the patient" with an average of 4.49 ± 1.69 . The lowest agreement was "My

responsibility as a dentist is to be informed about the general condition of patients" with a mean of 2.23 ± 1.91 .

Reliability analysis was performed to determine the suitability of the scale sub-dimensions based on the literature. A Cronbach Alpha value of over 0.70 and an item-total correlation value of over 0.35 indicate scale compliance. There are 7 items under the autonomy sub-dimension and the overall reliability value of the dimension was determined as 0.806. There are 4 items under the benefit sub-dimension, and the overall reliability value of the dimension was determined as 0.716. There are 5 items under the holistic approach sub-dimension, and the overall reliability value of the dimension was determined as 0.867. There are 3 items under the conflict sub-dimension, and the overall reliability value of the dimension was determined as 0.718. There are 4 items under the implementation sub-dimension, and the overall reliability value of the dimension was determined as 0.714. There are 4 items under the orientation sub-dimension, and the overall reliability value of the dimension was determined as 0.905. It was determined that all dimension items fit well and the general reliability value of the dimensions was appropriate.

The overall reliability value of the scale was determined as 0.920. It is seen that all scale items provide the general fit value (Table 2).

All items of the scale were summed and averaged. According to the result, the overall evaluation average of the scale is 3.14 ± 0.97 . The highest evaluation is in the conflict dimension, and the lowest evaluation is in the orientation dimension (Table 3).

There is no statistically significant difference in the evaluations of the moral sensitivity questionnaire and all sub-dimensions according to the gender of the participants ($p > 0.05$) (Table 4).

Table 1: Average of the answers given to each item in the moral sensitivity questionnaire directed to the participants

		N	Average	STD. Deviation
1	My responsibility as a dentist is to be informed about the general condition of patients.	436	2.23	1.91
2	If I can't see improvement in my patients, I feel like my job has no point.	436	3.41	1.87
3	It is important for me to get a positive response from the patient in every intervention I make.	436	2.51	1.91
4	When I feel the need to make a decision against the patient's wishes, I do what I believe is most beneficial for the patient.	436	2.41	1.97
5	If I lose the patient's trust, I think my job as a physician loses its meaning.	436	3.33	1.84
6	When I have to make a difficult decision, it is always important to be honest with the patient.	436	2.31	1.93
7	I believe that good care includes respect for the patient's own choice.	436	2.65	1.93
8	If the patient lacks understanding/understanding of his illness, there is something I can do for him, even if only a little.	435	2.61	1.81
9	I often feel conflicted about how to approach the patient.	436	4.49	1.69
10	I believe it is important to have firm principles in the care of patients.	436	3.18	1.69
11	I often encounter situations where I have difficulty deciding what the ethically correct action is.	436	4.26	1.56
12	If I do not have information about the patient's personal history, I rely on standard procedures.	436	3.33	1.61
13	I believe that the doctor-patient relationship is a very important component in care/treatment practices.	436	2.32	1.90
14	I often encounter situations where the patient has to make decisions for himself.	436	3.40	1.51
15	Even if the patient objects, I always act in line with what I believe to be the best approaches.	436	3.75	1.71
16	I believe that often good care includes making decisions for the patient.	436	2.89	1.78
17	When I'm not sure what to do; I mostly act by trusting other physicians' information about the patient.	436	3.31	1.63
18	The patient's response, more than anything else, determines whether I made the right decision.	436	3.97	1.79
19	I often reflect my norms and values in my actions.	436	2.76	1.75
20	In situations where I have difficulty knowing what is ethically right or wrong; I find my own experiences more useful than theoretical knowledge.	436	3.46	1.52
21	It is important that I have a set of rules to follow when a patient involuntarily refuses hospitalization/treatment.	436	2.75	1.63
22	I believe that good care includes patient participation.	436	2.41	1.87
23	I often encounter unpleasant situations where I have to make decisions without the patient's participation.	436	3.99	1.38
24	If the patient came to the hospital against his will; I must be prepared to act against the patient's wishes.	436	3.19	1.79
25	I think it is difficult to provide good care if the patient objects.	436	2.73	1.92
26	When oral therapy is refused by the patient, there are sometimes valid reasons for threatening to give the patient an injection.	436	4.05	1.88
27	When it is difficult to decide what is right, I consult with colleagues about what to do.	436	2.73	1.80
28	When I have to make a difficult decision for a patient, I often trust my own feelings.	436	3.63	1.52
29	As a physician, I always need to know what kind of specialized care patients are entitled to receive.	436	2.67	1.70
30	Even if I am not successful in helping the patient understand his/her illness, I find my professional role meaningful.	436	2.95	1.90

Table 2: Fit values of all scales sub-dimensions

Dimensions	Item	Total Correlation	Cronbach Alpha
Autonomy	10	.495	0.806
	12	.365	
	15	.355	
	16	.680	
	21	.702	
	24	.586	
	27	.614	
Providing Benefit	2	.434	0.716
	5	.486	
	8	.552	
	25	.542	
Holistic Approach	1	.718	0.867
	6	.705	
	18	.470	
	29	.673	
	30	.582	
Conflict	9	.359	0.718
	11	.448	
	14	.424	
Application	4	.385	0.714
	17	.405	
	20	.370	
	28	.449	
Orientation	7	.726	0.905
	13	.854	
	19	.713	
	22	.858	
General Cronbach Alpha		0.920	

Table 3: Overall evaluation means of scale sub-dimensions

	N	Cover	STD Deviation
Autonomy	436	3.12	1.17
Providing Benefit	436	3.02	1.37
Holistic Approach	436	2.83	1.28
Conflict	436	4.05	1.06
Application	436	3.20	1.04
Orientation	436	2.53	1.64
Moral Sensitivity Questionnaire	436	3.14	0.97

Table 4: Distribution of means of all scale sub-dimensions by gender

		N	Cover	STD Deflection	t	p
Autonomy	Female	270	3.13	1.18	.374	.708
	Male	166	3.09	1.15		
Providing Benefit	Female	270	3.01	1.40	-.136	.892
	Male	166	3.03	1.31		
Holistic Approach	Female	270	2.87	1.30	.916	.360
	Male	166	2.76	1.26		
Conflict	Female	270	3.99	1.06	-1.422	.156
	Male	166	4.14	1.07		
Application	Female	270	3.28	1.03	1.912	.057
	Male	166	3.08	1.04		
Orientation	Female	270	2.50	1.69	-.491	.623
	Male	166	2.58	1.57		
Moral Sensitivity Questionnaire	Female	270	3.16	1.00	.476	.634
	Male	166	3.11	0.91		

Table 5: Distribution of means of all scale sub-dimensions by classes

		N	Cover	STD Deflection	F	p
Autonomy	1st grade	86	3.08	1.28	4.379	0.002
	2nd grade	87	2.78	0.97		
	3rd grade	80	3.32	1.13		
	4th grade	92	3.42	1.30		
	5th grade	91	2.99	1.03		
Providing Benefit	1st grade	86	3.15	1.59	3.102	0.016
	2nd grade	87	2.63	1.11		
	3rd grade	80	3.22	1.31		
	4th grade	92	3.21	1.47		
	5th grade	91	2.90	1.23		
Holistic Approach	1st grade	86	2.79	1.47	3.166	0.014
	2nd grade	87	2.50	1.07		
	3rd grade	80	2.82	1.32		
	4th grade	92	3.18	1.38		
	5th grade	91	2.84	1.07		
Conflict	1st grade	86	4.06	0.97	2.246	0.063
	2nd grade	87	3.93	1.20		
	3rd grade	80	3.81	0.94		
	4th grade	92	4.20	0.98		
	5th grade	91	4.21	1.16		
Application	1st grade	86	3.28	1.12	4.34	0.002
	2nd grade	87	2.86	0.97		
	3rd grade	80	3.20	0.88		
	4th grade	92	3.49	1.13		
	5th grade	91	3.17	0.97		
Orientation	1st grade	86	2.65	1.72	2.506	0.042
	2nd grade	87	2.18	1.50		
	3rd grade	80	2.66	1.73		
	4th grade	92	2.86	1.82		
	5th grade	91	2.33	1.36		
Moral Sensitivity Questionnaire	1st grade	86	3.17	1.09	4.215	0.002
	2nd grade	87	2.83	0.82		
	3rd grade	80	3.19	0.95		
	4th grade	92	3.41	1.05		
	5th grade	91	3.09	0.81		

Table 6: Evaluation of the relationship between moral sensitivity questionnaire and sub-dimensions

	Age	Autonomy	Providing Benefit	Holistic Approach	Conflict	Application	Orientation	Moral Sensitivity
Age	r	one	-.008	-.009	.047	.034	-.023	.004
	p		.862	.856	.326	.473	.631	.932
Autonomy	r	one	.701 **	.796 **	.012	.699 **	.814 **	.913 **
	p		.001	.001	.796	.001	.001	.001
Benefit Providing	r		one	.708 **	.028	.566 **	.736 **	.836 **
	p			.001	.561	.001	.001	.001
Holistic Approach	r			one	-.071	.690 **	.865 **	.903 **
	p				.140	.001	.001	.001
Conflict	r				one	.050	-.115 *	.116 *
	p					.299	.016	.016
Application	r					one	.676 **	.801 **
	p						.001	.001
Orientation	r						one	.901 **
	p							.001
Moral Sensitivity	r							one
	p							

*p<0,05; ** p<0,01 TABLO 5-6 Metinde yer almiyor

As a result of the analysis, there is a statistically significant difference based on class in the evaluations regarding the autonomy and application sub-dimensions ($p=0.002$; $p=0.002$) (Table 5).

To determine the relationship between the participants' ages and the evaluations of the moral sensitivity questionnaire and its dimensions, Pearson Correlation analysis was applied. According to the results obtained; No statistically significant relationship was detected between age and the moral sensitivity questionnaire and its sub-dimensions ($p>0.05$).

There is a statistically significant relationship between the moral sensitivity questionnaire and its sub-dimensions ($p<0.05$). The least significant relationship is between conflict and moral sensitivity questionnaire ($r:0,116$, $p:0,016$) (Table 6.)

DISCUSSION

The moral and ethical sensitivities of dentistry faculty students are of fundamental importance in their professional practices. This sensitivity is necessary to maintain a healthy patient-physician relationship, gain the trust of patients, and protect the reputation of the profession. Students' behavior in accordance with ethical values and moral principles, respecting patient rights, paying attention to confidentiality and adhering to the principle of honesty increases their social reputation as well as their professional success. In addition, dentists who act correctly and ethically perform their profession more effectively and make more positive contributions to public health. Therefore, developing and protecting the moral and ethical sensitivities of faculty of dentistry students is extremely important for both the individual's own professional life and the general health and welfare of the society.¹⁵

That studies on ethical and moral principles for dental students are limited and

there are deficiencies in the existing literature. This study aims to determine the current situation regarding the ethical and moral sensitivities of dentistry faculty students and to create an important resource to improve the content and structure of dentistry education programs according to the results of the study.

According to the findings of the study conducted using the MSQ scale in Turkey, Aydın et al. reported the moral sensitivity scale score of midwifery students as 86.81 ± 20.86 .¹⁶ Akça et al.'s study on nursing students found that the students' MSQ score was 90.1 ± 22.2 . Studies have determined that MSQ scores are at a moderate level.¹⁶ In our study, the overall reliability value of the MSQ scale was determined as 0.920. It is seen that all scale items provide the general fit value.

In a study where the ethical and moral sensitivities of medical school students were evaluated according to grades; The sensitivity scale score of 1st grade students was 89.92 ± 21.04 and the sensitivity scale score of 6th grade students was 126.72 ± 19.54 , and it was determined that the level of ethical sensitivity decreased as the grade increased.¹⁷ When studies conducted with different versions of the MSQ scale in different countries were examined, in a study conducted by Borhani et al. in Iran, it was seen that the sensitivity level of students was at a medium level, as in other similar studies. In the study conducted by Tuveesson and Lutzen in Sweden, they reported that nursing students' ethical sensitivity levels were at high and medium levels.¹⁹ According to the results of our study; there is a statistically significant difference based on grade in the evaluation of moral sensitivity ($p<0.05$). The highest evaluation was in the 4th grade with 3.41 ± 1.05 , and the lowest was in the 2nd grade with 2.83 ± 0.82 . Here, it is thought that the fact that 4th grade students start caring for patients contributes to their understanding of the importance of ethical and moral sensitivity.

In a study examining whether the gender variable has any effect on the level of ethical sensitivity, it was observed that women had a higher level of ethical sensitivity than men.¹¹ In our study, it was observed that gender did not make a significant difference on ethical sensitivity ($p>0.05$).

In a study conducted with physicians and nurses working in intensive care units in Turkey, similar to our study, it was observed that physicians and nurses experienced contradictions in their approach to patients and when making decisions.¹² According to research findings, the majority of physicians ensure the participation of the patient/family in decisions regarding inpatients. According to the results of our study; Among the answers given to each item in the moral sensitivity questionnaire directed to the participants, the highest average was 4.49 ± 1.69 , with the item "I often experience contradictions about how to approach the patient."

In our study, it was determined that dentistry faculty students showed ethical sensitivity at a general level and in the dimensions of autonomy, holistic approach, Application and orientation, especially benefit. Providing benefit is one of the most important principles of medical ethics. It is stated that physicians more often use the decision they think will be in the patient's best interest, especially in urgent decision-making situations.

It was observed that age did not play a statistical role in the answers given. In the literature, there are studies in a similar study on physicians and nurses arguing that age and years of work make a positive contribution to the evaluation.^{11,20} It is thought that the reason why the result of our study differs from the literature is due to the fact that the questionnaire was applied to student groups, the students are in similar age groups and have not yet completed their education.

When the literature is examined and according to the results of our study, the role of ethics committees within the hospital, which monitor the compliance of clinical research with ethical standards and relevant legal regulations, needs to be strengthened in order for healthcare professionals to make the right decisions when they encounter ethical problems. It is important that these boards are structured to provide consultancy services to healthcare professionals during diagnosis, treatment and care processes. Additionally, the frequency of results-related meetings needs to be increased and encouraged.

CONCLUSION

Students who begin their clinical internship at the faculty of dentistry reach an important stage in the process of caring for patients. During this period, they have the opportunity to translate their theoretical knowledge into practice and gain clinical experience. Students, who are given the authority and responsibility to intervene in real patients under supervision, learn many stages such as patient reception, examination, diagnosis, treatment planning and Application. This process is an important opportunity for students to improve their communication skills with patients, make clinical decisions and shape their professional identities. Additionally, this experience offers students the chance to strengthen their practical skills and deal with a variety of clinical scenarios they will encounter in their professional lives. This period helps students gain the self-confidence and competence necessary to safely perform their clinical practice.

This study can be seen as a step to examine ethical and moral issues in dentistry education more deeply and to make students more conscious of these issues. It will fill the gaps in the current literature and provide information and data for a better understanding of ethical and moral principles in dental education.

Ethical Approval

The research was conducted with the approval of Necmettin Erbakan University Dentistry on-Drug and Non-Medical Device Research Ethics Committee (2021/06-69).

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Conflict of Interest

The authors deny any conflicts of interest related to this study.

Author Contributions

Design: HÖ, YDF, MAİ. Data collection and processing: MAİ, YDF Analysis and interpretation: HÖ, YDF, MAİ Literature review : HÖ, MAİ. Writing : HÖ, MAİ.

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