Featured Article

Comparing Two Teaching Methods on Nursing Students' Ethical Decision-Making Level

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Abstract
Background: Health care services have become increasingly complex and led to new ethical problems, which requires strong ethical decision-making skills. This study was conducted to compare the effects of case analysis and simulation with standardized patients in a Nursing Ethics Course on students' ethical decision-making levels.
Methods: The study was designed as a quasi-experimental study. The participants were composed of 70 undergraduate nursing students. A sociodemographic data and the Nursing Dilemma Test were used to collect data.
Results: The mean pretest Nursing Principled Thinking and Practical Considerations scores of the students in the simulation group were higher than those in the case analysis group. The difference between pretest mean scores of case analysis and simulation groups was not statistically significant ($p > .05$).
Conclusion: Compared with the case analysis method, simulation by using standardized patients was found to be a more effective method to develop students' ethical decision-making skills.

Ethics education is one of the most fundamental subjects in the nursing education curriculum (AACN, 2008). Students must be able to comprehend ethical principles and codes, develop professional esteem and responsibilities, and recognize and analyze ethical problems in nursing practice (Eun-Jun, 2013). In this context, many years ago, the subject of ethics was incorporated into nursing vocational training courses in Turkey. Based on this ethics training program, the importance of making ethical decisions began to be emphasized. In addition, Turkey's endeavors toward becoming a European Union member and harmonization regarding the European Union acquis have been made, including ethical issues in nursing education imperative (Cerit & Dinc, 2013; Gorgulu & Dinc, 2007).

Appropriate preparation in line with basic nursing education is required to develop ethical decision-making skills (Gorgulu & Dinc, 2007). Cannaerts, Gastmans & Dierckx de

Casterlé (2014) asserted that ethical education should be conducted in a safe learning environment where the students can clearly reflect these values in their care practices with active training strategies. Selecting an effective teaching method during the process of training influences students' ethical decision-making skills (Park, Kjervik, Crandell, & Oermann, 2012). One of the best means to present appropriate learning experiences that allow students to obtain this skill is training through simulation with standardized patients (SPs). Harder (2018) asserted that simulation can help students learn difficult and abstract concepts and suggested using the simulation method in ethical education. Simulation-based education improves students' critical thinking and decision-making skills (Cant & Cooper, 2010; Oh, Jeon, & Koh, 2015). An assertion was made that high-fidelity simulation could improve the ethical decision-making processes of the participants (Gropell, 2010). Student nurses who participated in the study conducted by Dillar et al. (2009) reported the following: their professional roles did not develop in actual clinical settings because of the task-oriented nature of health care and simulation made making clinical decisions easier. In another study, simulation experiences were important for students to attain high levels of cognitive reasoning in applying complex skills (Berndt, 2010). When the findings of these studies are considered, an observation is that simulation-based education provides an excellent educational setting for students by presenting them with rich real-life learning experiences (Motola, Devine, Chung, Sullivan, & Barry, 2013). Today, case analysis is often used as an effective teaching model in teaching ethics but might not be the most effective model (Cannaerts, Gastmans, & Diercky de Casterle, 2014). Based on the presented review of the literature and views on simulation, this study aimed to compare the effect of using case analysis and simulation with SPs on students' ethical decision-making levels in the nursing ethics course.

Key Points
- Simulation is an effective method for students to improve their ability to make ethical decisions.
- Simulation did not have a significant effect on the level of students taking environmental factors into consideration in ethical decision-making.
- Nursing students' perceptions about the use of simulation showed positive feedback.

Purpose

This compared the effect of simulation with SPs and case analysis methods regarding students' ethical decision-making levels in the nursing ethics course.

Research Questions

- Is there a difference in the level of ethical decision-making for the case analysis group before and after the course?
- Is there a difference in the level of ethical decision-making for the simulation group before and after the course?

Materials and Methods

Study Design

This study was designed as a quasiexperimental study.

Participants

Ninety-one undergraduate nursing students attending their final year at the Nursing Department of a university in Turkey, who enrolled in a nursing ethics course in the 2017 to 2018 academic year, were recruited for the study. The criteria for inclusion in the research were as follows: participation in at least 90% of the theoretical part of the course, no previous participation in any other ethics training, full and voluntary participation in ethical scenarios and debriefing sessions. In addition, when determining the groups, similar age groups, similar class levels, and having completed the same education process were considered. Because 21 of these students neither volunteered nor participated in most of the theoretical part of the course, the final sample was 70 students.

Data Collection Tools

A data collection form was used to capture the descriptive characteristics, and the Nursing Dilemma Test (NDT) was used to collect the research data. Data collection forms were distributed to the students. After completion, the students submitted the forms to the researcher. The descriptive characteristics were designed to elicit three pieces of information about the students: age, gender, and whether they had ever received ethics training.

Nursing Dilemma Test
This test was originally developed by Crisham 1981 and adapted to the Turkish language by Cerit (2010). The NDT contains six scripted ethical dilemmas. Each dilemma includes three parts. This study used the second part of the test for evaluation. In the second part, Nursing Principled Thinking (NP) and Practical Considerations (PC) scores related to ethical decision-making were calculated.

The second part of the test presents six items for the scenarios that incorporate moral dilemmas. These items are used to assess the scenario and the approach to solve the

problem. The students' order of importance rankings were used to calculate the NP and PC scores. NP is used to assess the emphasis placed on taking moral principles into consideration while making moral decisions in nursing. PC measures the emphasis placed on environmental factors by nurses such as the number of patients, number of resources, organizational policies, and physician's control in making decisions about ethical issues. The NP and PC scores were obtained separately for each dilemma and then combined to determine total NP and PC scores. The range of NP and PC scores that can be obtained from the tests is 18 to 66 and 6 to 36, respectively [Cerit (2010)].

Feedback Form
This form was created by the researchers to evaluate students' feedback on the simulation practices. The form comprises two open-ended questions that inquire into what the students perceive and learn about simulation practice.

Data Collection

Data collection tools were applied to students, who took the nursing ethics course and volunteered to participate in the study, in three stages: pretest, during the theoretical and practical parts of the course, and posttest.

First Stage (Pretest)
At this point in the process, students were given the following information: participation in the study was voluntary and would not affect course grades. The participating students were then randomly divided into case analysis study and simulation groups. Data collection forms were distributed to students as a pretest because the nursing ethics course had not yet begun. They were asked to fill out the forms completely and submit them to the researchers. To prevent students from taking notes or deliberately keeping the scale items in mind, the students did not know that the same test would be provided again as posttest.

Second Stage (Course Implementation)
In the second phase of the study, students were taught for 2 hours per week for 11 weeks (total 22 hours). The students were theoretically taught about the concept of ethics, bioethics, ethical principles and codes, subdisciplines of ethics, human dignity, autonomy, moral consciousness, ethical problems, ethical dilemmas, ethical theories that guide ethical decision-making, ethical decision-making processes, models used in ethical decision-making, and ethical problems frequently encountered in nursing practice.

The framework, developed for ethical decision-making process by Devlin and Magill (2006), was used as a guide for ethical decision-making. After the theoretical part of the course was completed, different procedures were used for the case analysis and simulation groups in the practical part of the course (Figure).

Simulation Group
Ethical scenarios were practiced by using SPs. "Teenage Pregnancy," "The Impaired Nurse," "Withholding Treatment," and "The Neonatal Intensive Care Unit" scenario, developed by Greenawalt, O'Harra, and Little (2017), were used to allow the students to practice how to apply ethics in nursing care. Simulation and case analysis groups were taught by using the same ethical scenarios.

In each scenario, two students, from the simulation group, were asked to play the part of nurses. A total of 18 simulations were performed (at least four performances for each scenario) to ensure that all 35 students from the simulation group had participated in at least one simulation. Researchers prepared a flowchart for the simulations. Practices for the simulation group were completed in 2 days. Each simulation was completed on average in 15 minutes, and a debriefing session was finished in approximately 30 minutes. In the simulation group, students, who had completed their scenarios and participated in the debriefing session, were asked about their ideas regarding the simulation experiences and the contributions of the simulation. To prevent interactions among the students in the simulation group, different cases were used.

After each simulation, a debriefing session was held in a private room. Further interactions were limited by ensuring that students left the debriefing room without interacting with their friends after each debriefing session. The plus/delta method was used in the debriefing session.

Case Analysis Group
After completing the theoretical training, practical training was completed by using the case analysis technique in the classroom setting. The simulation group was not included and did not participate. The students were divided into four subgroups of eight or nine individuals each. Each group was provided with the same cases used by the simulation group. The students were expected to analyze the cases according to, for example, ethical principles, ethical dilemma features and related laws, and international conventions. The groups discussed these case studies by using interactive training methods and techniques in the classroom and answered the questions provided by the researchers. At the end of the discussion, each group shared their views with other students. Both researchers and students provided feedback on the sharing.

Third Stage
After the practical implementations were provided to the simulation and case analysis groups, data collection forms were provided again as the posttest.
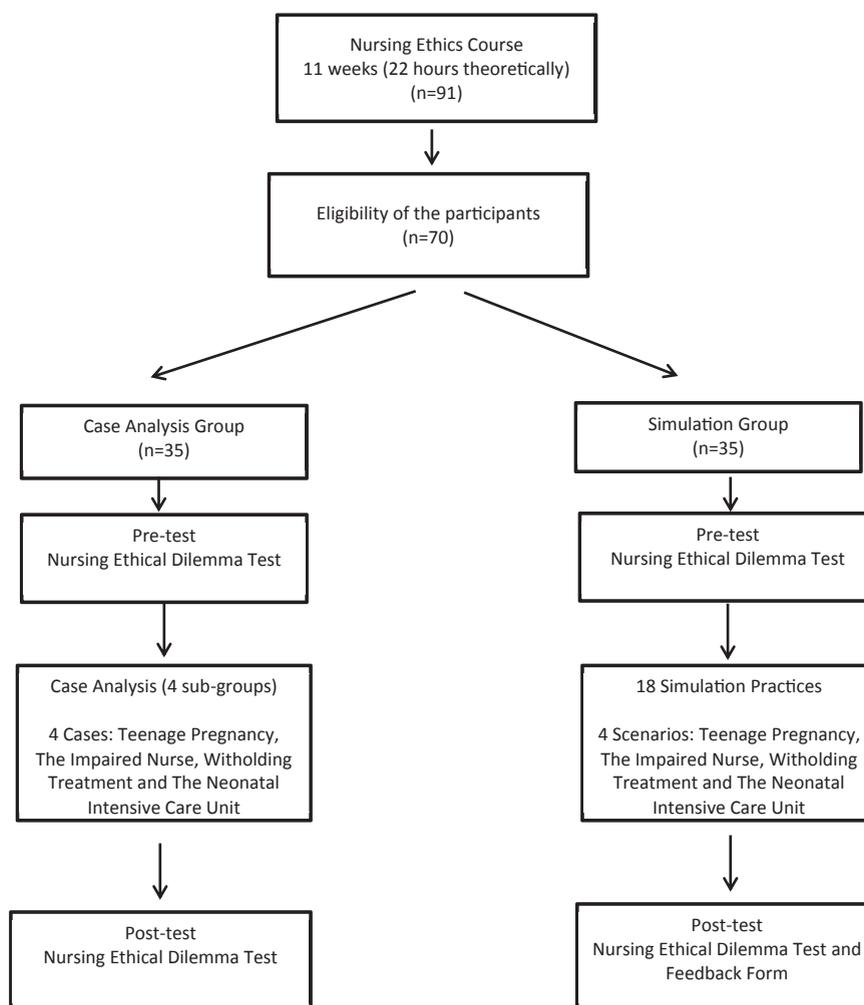
Figure   Flowchart of the study design.

Data Analysis

Data were analyzed by using the Statistical Package for Social Sciences package 21.00 program. Numerical and percentage values were used to assess data related to descriptive characteristics of students. Mean and standard deviation values were used in determining students' ethical decision-making scores. A paired sample t test was used to determine the difference between students' pretest and posttest ethical decision-making scores. An independent t test was used to determine whether there was a difference between the case analysis and simulation groups' pretest and posttest ethical decision-making scores.

Ethical Consideration

Written permission was obtained from the ethics committee and the university where the study was conducted (protocol number: 2018/57). Participants provided verbal informed consent. To use the scripts developed by Greenawalt et al. (2017), a permit was obtained from the corresponding author through e-mail. After explaining the purpose of the study to all the students, the students who volunteered to participate were included in the research.

Results

Regarding the sample of students included in the case analysis group, 88.6% were female, 11.4% were male, and their mean age was 21.71 (SD: 1.07). Regarding the sample of students in the simulation group, 74.3% were female, 25.7% were male, and mean age was 21.66. All the participants reported that they took ethics education in the framework of nursing history and deontology class in their third year, but this training was not in-depth, and they did not participate in any further training events related to professional ethics.

Table 1 presents the comparison of the ethical decision-making level mean scores for students in the case analysis and simulation groups. According to Table 1, pretest NP and PC mean scores of students in the simulation group

Table 1   Between-Groups Comparison of Pretest and Posttest Ethical Decision-Making Scores of Students in Case Analysis and Simulation Groups

Groups	n	X	SD	t	p	Total Score
NDT pretest						
NP						
Case analysis	35	51.60	5.57	−0.877	.383	18-66
Simulation	35	52.80	5.87			
PC						
Case analysis	35	15.54	3.18	−0.701	.486	6-36
Simulation	35	16.11	3.63			
NDT posttest						
NP						
Case analysis	35	51.83	5.39	−0.278	.002[*]	18-66
Simulation	35	55.60	4.15			
PC						
Case analysis	35	16.37	3.30	0.755	.453	6-36
Simulation	35	15.80	3.03			

Note. NDT = Nursing Dilemma test; NP = nursing principled thinking; PC = practical considerations.
[*] $p < .05$.

were higher than those in the case analysis group. The difference between pretest mean scores for the case analysis and simulation groups was not statistically significant (t: −0.877, p: .383, t: −0.701, p: .486, respectively).

Posttest NP mean scores for the students in the simulation group were higher than those obtained for the case analysis group, and the difference was statistically significant (t: −3.278, p < .05). This finding shows that the simulation method is an effective method for students to improve their ability to make ethical decisions.

Posttest PC mean scores for the students in the simulation group were lower than those for the case analysis group, and the difference was not statistically significant (t: 0.755, p > .05). This finding shows that the simulation method did not have a significant effect on the level of students taking environmental factors into consideration in ethical decision-making.

Table 2 presents the comparisons of the mean scores for the pretest and posttest ethical decision-making levels of students in the case analysis and simulation groups. Accordingly, the difference between the NP and PC pretest and posttest mean scores of the students in the case group was not statistically significant (respectively, t: 0.244, p > .05; t: 1.600, p > .05). This finding shows that the case analysis method is not effective in the development of students' ability to make ethical decisions.

Posttest NP mean scores of students in the simulation group were found to be higher than their pretest mean scores, and the difference was statistically significant (t: 2.728, p < .05). This finding shows that the simulation method is effective for the students to learn the ability to make ethical decisions. Posttest PC mean scores of the students were lower than their pretest mean scores, and the difference was not statistically significant (t: 0.522; p > .05).

This finding demonstrates no effect of the simulation method on the levels of students taking environmental factors into consideration in ethical decision-making.

Table 3 presents the simulation group students' perceptions about the use of simulation. The majority of students in simulation group expressed their opinions as "*It was easy to comment on the topics we discussed in the theoretical lectures; it was easy for me to say I could or could not do something specific. Simulation provided us with a better understanding of ethical situations and showed how I could behave when managing a specific ethical situation*".

Discussion

We found that simulation with SPs developed ethical decision-making skills and helped nursing students to consider moral principles at higher levels when making ethical decisions. Notably, the posttest NP mean scores of students in simulations with SPs were found to be higher than their pretest scores with a statistically significant difference. Similar results were found in a study by in Greenawalt et al. (2017). They found that significant improvements were observed in simulation group students' ethical decision-making skills when student skills in ethical cases were analyzed. Analyses in the literature that have examined PC levels of nursing students have demonstrated that students' NP mean scores were lower than the mean scores obtained in this study (Kucuk et al., 2017; Yılmaz-Kurt, Atay, & Arıkan, 2013; Yurttas, Kara-Kaşıkçı, Agacdiken, Kavuran, & Sirin, 2014).

In displaying a moral standing while making decisions that involve ethical problems, ethical principles provide guidance. Therefore, NP is critical for the decision-making

Table 2   In-Group Comparison of Pretest/Posttest Ethical Decision-Making Scores of Students in Case Analysis and Simulation Groups

Groups	n	X	SD	t	p	Total Score
Case analysis—NDT						
NP						
Pretest	35	51.60	5.57	0.244	.809	18-66
Posttest	35	51.83	5.39			
PC						
Pretest	35	15.54	3.18	1.600	.119	6-36
Posttest	35	16.37	3.30			
Simulation-NDT						
NP						
Pretest	35	52.80	5.87	2.728	.010[*]	18-66
Posttest	35	55.60	4.15			
PC						
Pretest	35	16.11	3.63	0.522	.605	6-36
Posttest	35	15.80	3.03			

Note. NDT = Nursing Dilemma test; NP = nursing principled thinking; PC = practical considerations.
 * $p < .05$.

process followed in resolving problems in situations requiring ethical decisions (Cerit, 2010). Nursing students experience disillusionment, frustration, stress, and powerlessness when managing ethical dilemmas in their clinical practice without proper ethical training (Krautscheid, 2017). Ethics education is critical in reducing these negative feelings and helps nursing students make appropriate decisions in their future professional roles. The literature has also emphasized that education has a positive impact on ethical decision-making (Gul, Asiret, Kahraman, Devrez, & Buken, 2013; Park et al., 2012; Sari, Baysal, Çelik, & Eser, 2018) and that using student-

Table 3   Simulation Group Students' Feedback on Simulation Practices

Feedback	n[*]
It was easy to comment on the topics we discussed in the theoretical lectures; it was easy for me to say I could or could not do something specific. Simulation provided us with a better understanding of ethical situations and showed how I could behave when managing a specific ethical situation. Simulation also allowed us to assess our behaviors and gain something from them.	10
Simulation taught us to be calm and what to do when we encounter actual ethical issues. I have learned the importance of honesty.	3
I realized that I had no experience with ethical dilemmas. I did not know how to react in the scenario. In the debriefing session, I was more aware of some of the things that I was not aware of before.	5
Simulation made me fully experience the actual moment of ethical dilemma. It showed me what I did right or wrong in the case of an ethical dilemma.	3
Simulation showed that nurses can experience ethical dilemmas and how difficult it was to make decisions. I wish simulation was used in each course.	4
Simulation was more effective and useful than all the lessons I have ever taken. Being fully involved in the case made me look at dilemmas from different angles.	1
I realized that what I thought and what I did contradicted one another.	3
I realized the importance of communicating with patients and their relatives, the importance of patient autonomy, and the importance of laws on decision-making.	2
I realized how passive I was when I was involved in situations.	2
I realized that I could perform some ethical violations when faced with a dilemma.	1
I had difficulty in leaving my own values and thoughts in the background.	3
Simulation allowed me to empathize.	1
Simulation allowed us to express ourselves.	1
Simulation breaks the monotony of education and training. It provides different experiences.	2
Simulation is very useful in preparing us for our future professional roles.	4

 * n folded.

centered approaches during ethics training is the best method to support the acquisition of ethical decision-making skills (Park et al., 2012).

Using simulation during ethics training provides students with the opportunity to rehearse, probe, and analyze the process until they can minimize the negative feelings they experience and gain the courage to demonstrate the appropriate approach in clinical practices (Krautscheid, 2017). The high NP levels and positive impact of simulations using SPs on students' ethical decision-making skills in this study may be indicators that nursing students will consider ethical principles in their clinical practice and in solving ethical dilemmas while performing their professional roles. An explanation for this result is that simulation-based education is student centered and provides personal and individualized experiences.

This study determined that the impact of environmental factors for students in the case analysis and simulation groups on making ethical decisions was below average. Although the impact of environmental factors on making ethical decisions for the simulation group was lower than that of the case analysis group, this difference was not statistically significant. An examination of the results in literature shows that PC mean scores of nursing students were above average and that these results are different than the findings of this study (Kucuk et al., 2017; Yılmaz-Kurt et al., 2013; Yurttas et al., 2014). Based on the findings of this study, an assertion is that nursing students consider environmental factors and pressures less when making ethical decisions. This result is critical to show that when nursing students become professional nurses and work actively in the field, they will be able to make autonomous decisions when managing ethical issues rather than considering environmental factors and increase their ethical decision-making levels.

According to a review of the literature, cultural structure is a critical factor affecting the decision-making process (Cerit & Dinc, 2013; Husted & Allen, 2008; Lamba & Ozdasli, 2015). Although the patriarchal and collectivist Turkish culture has a large influence on nurses' quality of care and professional behavior, it has been reported that physicians shaped the hierarchical structure in hospitals and were dominant in the decision-making process (Cerit & Dinc, 2013; Erkus & Dinc, 2018). Moreover, an assertion is that there is a common gender perception and a large power gap in Turkey. As a result, differences and inequalities in the distribution of the power negatively reflected on the health services and adversely affected nurses' autonomy and decision-making (Baykara & Sahinoglu, 2014). However, with the development of communication tools, the ease of accessibility, and the widespread use of communication, it has been reflected in the cultural dimension of globalization while providing globalization in many areas (Kivilcim, 2013).

Cultural globalization has led societies to global thinking and increased the mutual communication and interactions of societies. Therefore, Turkey is significantly affected by globalization (Kivilcim, 2013). When considering the prevalence of communication tool use among young individuals, intercultural interaction may be inevitable. In this context, based on Turkish cultural characteristics, students are expected to feel the pressure of environmental factors while making ethical decisions and be more autonomous in decision-making with the reflection of the dominant individualism in Western culture.

Autonomy and individual entrepreneurship in individualism are essential characteristics. As a critical criterion in the ethical decision-making process, individualists are willing to have control over their actions and take responsibility for their actions and the resulting consequences (Cerit, 2014). In this context, considering that environmental impacts reflect on the professional behaviors of students as future nurses, a prediction is that they can effectively participate in the decision-making process, provide a health care service that is more autonomous and consistent with ethical principles and professional values, perform the role of patient advocacy effectively, and improve the quality of care with patient satisfaction.

Studies that have assessed the effectiveness of ethics education in nursing have emphasized that in addition to objective measures, determining how students and instructors perceive the method of education is crucial (DeSimone, 2016). Examination of the simulation group students' perceptions about the use of simulation showed positive feedback. Experiencing ethical dilemmas through the use of simulations provide students with a learning environment to make ethical decisions and opportunities to determine their own perspective and position when managing ethical dilemmas. In this study, nursing students became aware that ethical principles, rights, and legal issues influence their ethical decision-making skills. These findings show that simulation contributes to developing student competence in ethical decision-making.

Limitation

This study has limitations related to the following. First, the study was conducted with students from one nursing school and only four scenarios were presented to the students; thus, the results are limited to the prepared theoretical content and scenarios. Although students generally have Turkish culture in common, differences in the geographical regions may have been influential in the participants' ability to perceive and decide on ethical issues. Turkey is a large country geographically, and different geographic regions have different cultural values. Although patriarchal values are observed predominantly in the eastern regions of the country, a more egalitarian tendency is observed in the western regions. In this respect, students from the eastern regions have the ability to perceive and decide regarding ethical problems. The patriarchal structure of the traditional

society can determine the rules for men, and women can adopt these rules and act accordingly; therefore, gender inequality, inequality in the distribution of power, and autonomy can occur during their ethical decision-making process (Baykara & Sahinoglu, 2014; Erkus & Dinc, 2018; Gunes, 2016). The reflection on the egalitarian and individualist approach for students from the western regions may make them more autonomous in the decision-making process (Dagistan, 2016; Ozdemir, 2014).

Conclusion

Compared with the case analysis method, simulation practice by using SPs was found to have a positive effect on students' ability to make ethical decisions; therefore, this method is a more effective teaching method than the case analysis method.

In addition, the positive feedback on this teaching method from the students in the simulation group is critical. This feedback shows that the study's desired results were obtained as follows: The quality of education was improved with the use of a student-centered approach, and the benefits can be reflected in patient care practices.

Based on research results, a suggestion is to extend the use of simulation as a teaching method in ethics education and conduct further research to determine the effectiveness of simulation in improving the decision-making skills of nursing students managing ethical dilemmas.

Acknowledgment

References

American Association of Colleges of Nursing. (2008). *Essentials of a baccalaureate education for nursing practice*. Washington, DC: AACN. Retrieved from http://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf

Baykara, Z. G., & Sahinoglu, S. (2014). An evaluation of nurses' professional autonomy in Turkey. *Nursing Ethics*, *21*(4), 447-460. https://doi.org/10.1177/0969733013505307.

Berndt, J. (2010). The ethics of simulated nursing clinical experiences. *Teaching and Learning in Nursing*, *5*, 160-163. https://doi.org/10.1016/j.teln.2010.03.004.

Cannaerts, N., Gastmans, C., & Diercky de Casterle, B. (2014). Contribution of ethics to the ethical competence of nursing students: Educators and students perceptions. *Nursing Ethics*, *21*(8), 861-878. https://doi.org/10.1177/0969733014523166.

Cant, R. P., & Cooper, S. J. (2010). Simulation-based learning in nurse education: Systematic review. *Journal of Advanced Nursing*, *66*(1), 3-15. https://doi.org/10.1111/j.1365-2648.2009.05240.x.

Cerit, Y. (2014). Sınıf öğretmenlerinin iş doyumunun örgütsel kollektivizm ve bireyselcilik ile ilişkisi [The relationship between classroom teachers' job satisfaction and organizational collectivism and individualism]. *Education and Science*, *39*(173), 55-66.

Cerit, B. (2010). Hemşirelik Etik İkilem Testi'nin geçerlik-güvenirlik çalışması ve hemşirelerin etik karar verebilme düzeyi [A study of validity and reliability of Nursing Dilemma Test and nurses' level of ethical decision-making]. *Hacettepe University Faculty of Health Sciences Nursing Journal*, *17*(2), 47-67.

Cerit, B., & Dinc, L. (2013). Ethical decision-making and professional behaviour among nurses. A correlational study. *Nursing Ethics*, *20*(2), 200-212. https://doi.org/10.1177/0969733012455562.

Crisham, P. (1981). Measuring moral judgement in nursing dilemmas. *Nursing Research*, *30*(2), 104-110.

Dagistan, U. (2016). Yönetim biliminde sosyo-kültürel bağlamın önemi [The importance of socio-cultural context in management science]. *Cumhuriyet Universitesi İktisadi ve İdari Bilimler Dergisi*, *17*(1), 1-16.

DeSimone, B. B. (2016). *Curriculum Design to Promote the Ethical Decision-Making Competence of Accelerated Bachelor's Degree Nursing Students*. USA: Sage Open, Sage Publications. (pp. 1-10). https://doi.org/10.1177/2158244016632285.

Devlin, B., & Magill, G. (2006). The process of ethical decision making. *Best Practice & Research Clinical Anaesthesiology*, *20*(4), 493-506.

Dillar, N., Sideras, S., Ryan, M., Carlton, K. H., Lasater, K., & Siktberg, L. (2009). A colloborative Project to apply and evaluate the clinical judgment model through simulation. *Nursing Education Perspectives*, *30*(2), 99-104.

Erkus, G., & Dinc, L. (2018). Turkish nurses' perceptions of professional values. *Journal of Professional Nursing*, *34*(3), 226-232. https://doi.org/10.1016/j.profnurs.2017.07.011.

Eun-Jun, P. (2013). The development and implications of a case-based computer program to train ethical decision-making. *Nursing Ethics*, *20*(8), 943-956. https://doi.org/10.1177/0969733013484489.

Gorgulu, R. S., & Dinc, L. (2007). Ethics in Turkish nursing education programs. *Nursing Ethics*, *14*(6), 741-752. https://doi.org/10.1177/0969733007082114.

Greenawalt, J. A., O'Harra, P., & Little, E. (2017). Undergraduate nursing students' ability to apply ethics in simulated cases. *Clinical Simulation in Nursing*, *13*(8), 359-379. https://doi.org/10.1016/j.ecns.2017.04.007.

Gropell, T. M. (2010). Using active simulation to enhance learning of nursing ethics. *Journal of Continuing Education in Nursing*, *41*(3), 104-105. https://doi.org/10.3928/00220124-20100224-09.

Gul, S., Asiret, D. G., Kahraman, B. B., Devrez, N., & Buken, O. N. (2013). Etik dersi alan ve almayan hemşirelik öğrencilerinin etik karar verebilme düzeylerinin incelenmesi. [Investigating ethical decision-making levels of nursing students who did and did not take ethics courses]. *Hemşirelikte Araştırma Geliştirme Dergisi*, *1*, 23-31.

Gunes, H. N. (2016). Erkeğin ataerkil rejime entegrasyonu: Yabancılaşma ve uyum [Integration of male to patriarchy: Alienation and adjustment]. *Akademik Bakış Dergisi*, *58*, 266-284.

Harder, N. (2018). The value of simulation in health care: The obvious, the tangential, and the obscure. *Clinical Simulation in Nursing*, *15*, 73-74. https://doi.org/10.1016/j.ecns.2017.12.004.

Husted, B. W., & Allen, D. B. (2008). Toward a model of cross-cultural business ethics: The impact of individualism and collectivism on the ethical decision-making process. *Journal of Business Ethics*, *82*, 293-305. https://doi.org/10.1007/s10551-008-9888-8.

Kivilcim, F. (2013). Küreselleşme kavramı ve küreselleşme sürecinin gelişmekte olan ülke türkiye açısından değerlendirilmesi. [Globalization and evaluation of globalization process ın developing country Turkey]. *Sosyal ve Beşeri Bilimler Dergisi*, *5*(1), 219-230.

Krautscheid, L. C. (2017). Embedding microethical dilemmas in high-fidelity simulation scenarios: Preparing nursing students for ethical practice. *Journal of Nursing Education*, *56*(1), 55-58. https://doi.org/10.3928/01484834-20161219-11.

Kuçuk, S., Uysal, N., Çalbayram, Ç. N., Kahriman, I., Altundag, S., & Gonenc, I. (2017). Hemşirelik öğrencilerinin etik karar verme düzeyleri ve etkileyen faktörlerin belirlenmesi [Determination the ethical decision-making process levels of nursing students and the factors that effect them]. *Acıbadem Universitesi Sağlık Bilimleri Dergisi*, *8*(3), 157-162.

Lamba, M., & Ozdasli, K. (2015). Influence of social culture on decision-making manner in Turkey: An analysis with the structural equation model. *Anthropologist*, *19*(2), 341-353. https://doi.org/10.1080/09720073.2015.11891667.

Motola, I., Devine, L. A., Chung, S. H., Sullivan, J. E., & Barry, S. I. (2013). Simulation in healthcare education: A best evidence practical guide. AMEE guide No. 82. *Medical Teacher*, *35*(10), e1511-e1530. https://doi.org/10.3109/0142159X.2013.818632.

Oh, P. J., Jeon, K. D., & Koh, M. S. (2015). The effects of simulation-based learning using standardized patients in nursing students: A meta-analysis. *Nurse Education Today*, *35*(5), e6-e15. https://doi.org/10.1016/j.nedt.2015.01.019.

Ozdemir, A. A. (2014). Kültür, benlik saygısı ve girişimcilik eğilimi: Amerikan ve Türk üniversite öğrencilerinde karşılaştırmalı bir çalışma [culture, self-esteem and entrepreneurial intention: A comparison study between American and Turkish university students]. *Istanbul University Journal of the School of Business*, *43*(2), 351-367.

Park, M., Kjervik, D., Crandell, J., & Oermann, M. H. (2012). The relationship of ethics education to moral sensitivity and moral reasoning skills of nursing students. *Nursing Ethics*, *19*(4), 568-580. https://doi.org/10.1177/0969733011433922.

Sari, D., Baysal, E., Çelik, G. G., & Eser, I. (2018). Ethical decision-making levels of nursing students. *Pakistan Journal of Medical Sciences*, *34*(3), 724-729. https://doi.org/10.12669/pjms.343.14922.

Yurttas, A., Kara-Kaşıkçı, M., Agacdiken, S., Kavuran, E., & Sirin, M. (2014). Hemşirelerin ve hemşirelik öğrencilerinin etik karar verme düzeylerinin karşılaştırılması [Comparison of levels of nurses and nursing students' ethical decision-making]. *Turkiye Klinikleri Journal of Medical Ethics*, *22*(1), 1-8.

Yılmaz-Kurt, F., Atay, S., & Arıkan, D. (2013). Hemşirelik öğrencilerinin etik karar verebilme düzeyi [The level of ethical decision-making of nursing students]. *Turkiye Klinikleri Journal of Medical Ethics*, *21*(2), 79-87.