

# Factors Affecting Professional Integrity in Nurses: A Qualitative Content Analysis

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## Abstract

**Background:** Integrity is one of the professional values mentioned in the ethical codes of the Professional Nursing Association. It is defined as a commitment to the five fundamental values of integrity, trust, equality, respect, and accountability. This study aims to explore factors affecting professional integrity in nurses.

**Methods:** A descriptive content analysis was carried out by 17 interviews with Iranian nurses who were chosen through purposive sampling. The data collection instruments were semi-structured interviews and observation. The interviews were recorded and transcribed word by word; then, they were coded and analyzed by Graneheim and Lundman qualitative content analysis method. For the trustworthiness of the study, Guba and Lincoln's criteria were used.

**Result:** After analysis, the latent meanings formulated into one theme, "keeping up confident beliefs," which consists of "religious beliefs," "inner call," "philanthropic sense," "empathetic care" and "divine rewards" categories.

**Conclusion:** Many factors are heading to internalizing professional integrity in nurses in Iran. Authorities, managers, and faculty members should pay special attention to the internalization of professional integrity and ethical values, such as altruism, conscience, empathy, and the presence of God in life to decrease the mistakes and promote quality of care.

**Keywords:** Nurse, Integrity, Spirituality, Qualitative research

## Introduction

Professional values are standards for action accepted by the professional groups and experts, which provide a framework for evaluating values and beliefs that affect behavior<sup>1</sup>. These values are the basis of nursing practice

and guides nurses' interactions with patients, colleagues, other professionals, and the public<sup>2</sup>. Values provide a framework for commitment to patient well-being and guide them to ethical behaviors in the provision of humanitarian and safety care<sup>3</sup>.

The American Nursing Association has identified a set of ethical values and behaviors specific to the nurses. Nurses are needed to internalize these values in order to maintain and develop their profession. These values include respect for human dignity, accountability, compassion, trust, and professional integrity<sup>4</sup>.

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Professional integrity, as a profound individual phenomenon and as a part of professionalization, provides a connection between actions on the one hand, and beliefs and principles, on the other hand<sup>5</sup>. It is defined as a commitment to the five fundamental values of integrity, trust, equality, respect, and accountability<sup>4</sup>, besides referring to the acceptance of principles plus ethical standards and practices based on ethical codes<sup>6</sup>. The value systems of a person form the basis of professional integrity<sup>7</sup>.

A struggle for maintaining professional integrity in a care challenging environment can lead to moral distress and consequently leaving the profession<sup>6</sup>. Moral distress with deleterious effects on mental health is followed by anxiety and failure in nursing care<sup>8</sup>. In the case of vulnerable, the negative effects are expressed as anger, worthlessness, depression, and discomfort<sup>9</sup>. Determine factors affecting professional integrity in nurses are very important. However, the factors affecting professional integrity in nurses are unknown and no study has been conducted in this field to reveal these factors. Few studies in this field have been mostly quantitative and have considered only one aspect of professional integrity. For example in a study in Iran, Which has been done in a cross-sectional descriptive method, has only examined the level of professional honesty in nurses and in the recommendations section of this study, it has been suggested a study should done for identifying factors can reduce or increase the rate of professional integrity<sup>10</sup>. On the other hand, quantitative study cannot answer complex and less known issues, with a qualitative study can be discovered, deep description and explanation of unknown or less known phenomena<sup>11, 12</sup>. Qualitative studies in the field of professional integrity have also focused on other aspects of this phenomenon that are different from the purpose of the present study besides these research were done in other countries which are different in the context and culture<sup>13,14</sup>. Such as a study in USA aimed to explore local experiences of professional integrity in pre-registration nurse education. This study investigate meanings of professional integrity ,how professional integrity may be developed through pre-

registration education by grounded theory that objective of this study, research method and also participants of this study are different with our study<sup>15</sup>. Therefore, this study aims to investigate factors affecting professional integrity in Iranian nurses.

## Materials and Methods

This study is a qualitative content analysis driven from a Ph.D. thesis carried out from April to October in 2019. The research environment was the educational hospitals affiliated to Golestan University of Medical Science (North of Iran). By a purposive sampling approach, 17 participants were enrolled. Participants were nurse practitioners, head nurses and faculty members. Data collection instruments were semi-structured interviews and observation. The interview lasted from 25 to 90 minutes, depending on the participants. Interviews were held in a calm room according to the nurse's suggestion. Two interviews were held in the faculty of nursing and midwifery and the rest in their wards. All interviews were conducted face-to-face by one researcher (first author) and audio-taped. The interview began with tow general questions: "Can you please describe professional integrity in nursing?" and based on your opinion, what factors are affecting to professional integrity in nurses. Participants were also asked to expand on their responses. Then, more questions were asked depending on the answers of the participants. Each interview transcript verbatim in the first 24 hours, coded within 48 hours by one researcher (Ph.D. candidate), and checked by the rest of the authors. In addition to interviews, the researcher wrote 14 field notes from his observations in teaching hospitals. Observations were purposive and based on interviews data analysis. All observations which were in 19 shifts (eight in the morning, seven in the afternoon and four in the night shift) were written. MAXQDA10 software was used for managing the data.

## Data Analysis

Data analysis was performed by the Graneheim and Lundman qualitative content analysis method<sup>16</sup>. The researcher transcribed the interviews and observations

verbatim and read them all several times to obtain immersing sense of the data. Paragraphs, sentences, or words were taken as a meaning unit; they were coded according to their underlying concepts. In the second step, these codes were compared based on their similarities and differences; then, they were assigned specific labels and come to specific subcategory. After deep reflection on subcategories content, subcategories were merged into a category based on their similarity. Finally, similar categories with the same meaning merged the main theme. In addition of interviews several observations has done in various shifts to enrich the data analysis. Observation notes were coded and these codes merged with interview code index. In analyzing observations, the researcher was review what was witnessed and recorded. Then researcher arranged them by converting all the data into a text format. The next step was organizing observations by going back to research objectives and then organizing the data based on the questions of research. After organizing they coded by the first author. In coding stage categorizing and assigning properties and patterns to the collected data was done. Ultimately, codes were used in data analysis process.

### **Trustworthiness**

For the validity and reliability of the study, Guba and Lincoln's criteria were used. It has four criteria including credibility, dependability, conformability and transferability<sup>17</sup>. The researchers tried to fulfill the credibility by engaging with the participants and the data collection process for a long period and checking the transcripts with the participants. Dependability was established by performing the process of step-wise, as well as auditing reviews by supervisors (second and third authors), consultants (third and fourth authors), and other experts. Conformability was improved over reviewing the study by checking the analyses process by supervisors. To achieve the transferability of this study,

the researchers tried to provide an accurate report of the participants' statements for the feasibility of findings in other contexts.

### **Ethical Consideration**

The study was approved by the Research Deputy and Research Ethics Committee of Golestan University of Medical Sciences (Project number: 970405058, Ethics Code: ir.goums.rec.1397.032). Information included aim of the study, the voluntary nature of the participation, their right of confidentiality as well as right to withdraw from the study at any time were explained to the participants. additionally, permission for voice recording was taken from the participants. The participants then signed an informed consent form.

### **Results**

17 participants were interviewed, 17 interviews were overall held, seven of whom were male and the rest female. From the job position, three participants were head nurses (HN), two of them were a faculty member (FM) and the rest were clinical nurses (NP). Age ranges of participants were 23 to 53 years with a work experience of 6 months to 30 years.

### **Theme and categories**

After deep reflection on the data transcripts (interviews, observation notes), 1583 initial codes were extracted; by the merging of similar codes, 686 primaries were extracted, these codes were categorized in 19 subcategories and consequently merged to the five categories according to their similarities and differences. After analysis, the latent meanings were formulated into one main theme, "keeping up confident beliefs," which consists of "religious beliefs," "inner call," "philanthropic sense," "empathetic care," and "divine rewards" categories (Table 1).

**Table 1. Theme, categories and subcategories emerged from data analysis.**

Theme	Categories	Subcategories
keeping up confident beliefs	Religious beliefs	God's observation on acts", "considering God in care affaires", "acquiring Halal income", "trust in God" and "acquiring God's satisfaction".
	Inner call	"Inner persuasion to do the best for patients", "job conscience "and" inner call for having integrity in care".
	Philanthropic sense	"Being interested in serving the people", "cherishing the existence of humans", "Feeling the need to help people" and "loving the profession".
	Empathetic care	"Consider myself as a patient", "Consider relatives as a patient" and "Empathy with patients".
	Divine rewards	"God returns the result of honest care, " "having God's blessings," " low worthiness of profession financial aspect," and " tranquility in life"

## 1 (Religious Beliefs)

These categories were labeled on "God's observation on acts," "considering God in care affaires," "acquiring Halal income," "trust in God," and "acquiring God's satisfaction" subcategories. Almost all participants disclosed the role of God in internalization of professional integrity. One of the most important factors which influenced their care quality was their beliefs about God. They were believed that God is always observing their acts, record them and return the result of their acts to them.

1.1. God's observation on acts: participant 2 said: *"What I see, God is watching everything; we do our care, may nobody see what I am doing, but I'm sure that God is always watching our activities"* [P2].

1.2. Acquiring God's satisfaction: one of the participants said: *"we have to acquire God satisfaction by doing our best for patient's wellness [P12]."*

1.3. Considering God in care affaires: Another one emphasized that *"we do what asked by the doctor; besides these, God asks us to do the right thing for patients. Situations in which nobody is present, you are yourself and God. May patient does not know what you*

*are doing exactly. It is integrity based on which, for example, a medication that should be injected is injected properly"* [P5].

1.4. Trust in God: The third participant said: *"Every day, I start my work keeping trust in God. Before going to work and after prays, I say to God: please help me to have a chance helping patients and not being shameful in front of them."*[P3].

1.5. Acquiring Halal income: Two participants said that *our income has to be earned in a Halal way (the right way); so, we must consider integrity in our professional affairs* [P1, P5].

## 2) Inner call

The inner call is assumed as an appropriate title for "inner persuasion to do the best for patients," "job conscience," and "inner call for having integrity in care" subcategories. Some participants had a sense of hearing a voice that pushes them to do their care accurately. Most of them call this inner voice as "conscience," and some call it "inner force feeling." They know it as a strong force, which is not ignorable. They revealed that if they ignore it or make a mistake in care affaires due to clinical challenges, they get disturbed; in some cases,

they also involved with bad feelings, such as “a doom of conscience” or “sorrow” after work at home.

2.1 Inner persuasion to do the best for patients: Another one said: *I'm a responsible person. If someone asks something to do, I have to do my best; if I do not, a doom of conscience comes to me. I have to complete my responsibility. I try not to harm anybody; if a bad event is going to happen, I prefer it to happen to me, not to others* [P7].

2.2 Job Conscience; Participants 6 said *I always remind myself that as a head nurse I have some responsibilities which is important for improving the quality of care delivering by nurses who work in the ward* [P6].

2.3 Inner call for having integrity in care: One of the participants disclosed: *“Conscience is with me everywhere. Whatever I do, my conscience is with me. Yesterday evening it happened, I said to myself that I do not check the temperature of patients today. It was in the morning; I checked their symptoms in the morning. I checked the temperature. Patients were not febrile; I decided to only check the blood pressure in the afternoon. I feel I can't do it”* [P8].

### 3) Philanthropic Sense

The philanthropic sense was labeled on “being interested in serving the people,” “cherishing the existence of humans,” “feeling the need to help people,” and “loving the profession” subcategories. All study participants except the last one (contrary case) adored their profession and helping others. It gave them a great energy for overcoming many challenges that exist in clinical setting.

3.1 Being interested in serving the people: participant 5 said: *“Interest is very important. I terribly love my job. If I go backward, I will choose this job again. I love working with sick persons. When I do something for a patient, and he/she says God bless you or God forgives/ bless your parents, it's very valuable for me”*. [P5].

3.2 cherishing the existence of humans: Participants

1 said: *“All humans are valuable in my opinion. We are gathered to help each other and I think helping others is the philosophy of human existence”* [P1].

3.3 feeling the need to help people: participant 10 stated that: *“I chose to work as a nurse here to meet the patient's needs I feel happy when the patients' condition improves. as a matter of fact, I have a need to help others to feel more happiness in my life.”*[P8]

3.4 Loving the profession: Another participant disclosed: *“I love nursing. I like to continue my education. If I have a choice for a job again, I will choose to be a nurse practitioner. Even if I continue studying for the Master or Doctoral level, I will never leave the clinical practice”* [P14].

### 4) Empathetic care

Empathy was one of the prominent characteristics of all study participants. The item subcategories consist of “consider myself as a patient,” “consider relatives as a patient,” and “empathy with patients.” All participants emphasized that when they are taking care of patients, they consider patients as themselves or relatives, such as their parents or children. They disclosed that as they won't anybody take inappropriate care from their relatives, they are careful about patients to prevent mistakes.

4.1. Consider myself as a patient: Participant 3 said: *“I've tried to think from first that my family or I am lying on this bed. Right or wrong, I do not know, maybe it's a bit too hard to imagine. I always consider that, for example, a young one who is patient lying on the bed is my brother. I won't anything bad happen for my brother, so I do my best to care appropriately and prevent mistakes”* [P3].

4.2. Consider relatives as a patient: Another one said: *since I do not want any nurse to harm my family when they are sick by their carelessness or irresponsibility, I try to do my job with responsibility and integrity* [P15].

In the observation period, sometimes we encountered with dishonesty in taking care. For example; patient's

participant referred to the nurse station and asked her to visit his patient, she said I will come but did not do that. When the researcher asked the reason of her neglecting, she replied” we have many works to do in the shift especially patient’s file recording. If we go several times on patient’s bed, we have no time for recording files and other jobs. Based on participants declarations there are many challenges a heading of clinical nurses, which decline their motivation for taking care, based on integrity such as organizational and managerial affaires, high workload, lack of facilities, low income and etc. For example, one of them complained of challenges and said:” *you also know our burdens, we have any support from the nursing organization.in this system even a patient’s companion is more valuable than me as a nurse. It happened that a one of them insulted me but the supper visors did not support me. There are many examples like this. Why I scarified myself for this system (nursing)?*”[P17]

#### 4.3. Empathy with patients:

One of the participants stated that:” *Sometimes patients may complain of pain or problems. I try hard to understand her and take immediate action to reduce or alleviate her pain*” [P2].

### 5) Divine rewards

Study participants strongly believe that the financial aspect of their job did not affect their integrity. They believe that God returns the result of their honest care in their life in another way. This category was the outcome for the empathetic care for main participants and raises from “God returns the result of honest care,” “having God’s blessings,” “low worthiness of profession financial aspect” and” tranquility in life” subcategories.

5.1 Low worthiness of profession financial aspect: One of them saied: *I cannot say that the financial aspect is not important for me at all. It’s far from reality, but from the bottom of my heart, I do not care much about it. I believe that if I do my job with integrity, God will help me more than money in life. Money is a small part of life* [P11].

5.2 God returns the result of honest care: Another one says: *you may hear from some nurses that “they don’t pay enough money based on our work hardship, so why we should devote ourselves for patients, “ but I am totally disagree with this thought because the patient should not pay a fine for it. God will give us more than money.”*[P10].

5.3 Tranquility in life: *The same participant stated that: “I have tranquility in my life; it’s more valuable than money for me*” [P10].

5.4 Having God’s blessings: Participant 5 says:” *I worked nearly twelve years as a nurse in this ward and nine year as a head nurse. In both position I did my best for patients. I passed several hard situation in my life that I understand its just for God’s blessing in result of my professional integrity.* [P5].

## Discussion

The aim of present study was explaining the factors affecting professional integrity in nurses. Based on the result of this study, many factors included religious beliefs, inner call, philanthropic sense, empathetic care, divine rewards, were effective to internalizing professional integrity in nurses in Iran.

The religious beliefs is the first category in this study. Religious values and beliefs are the most widely documented personal influencers of ethical beliefs among health professionals. Participants discussed religious beliefs about God and his influence in their actions. Religious beliefs are recognized as a tangible expression of spirituality and the affirmation of higher power<sup>18</sup>. These beliefs affect one’s ethical decision-making. Religious beliefs affect the performance of nurses. This is confirmed in a British study based on which, nurses’ spiritual beliefs contribute to their attitude towards patients’ suicide<sup>19</sup>. The experiences of participants reveal that their beliefs influence their actions, similar to the previous study. Study participants mention beliefs about God’s presence in their life, Halal income, and attempt to acquire God’s satisfaction. These thoughts strongly affect their actions and prevent

them from ignoring integrity in their professional roles. Professional integrity involves one's conscience, and when his/her belief systems differ with a situation, it can cause conflict with the decision-making<sup>20</sup>.

The second category is inner call. Participants mentioned inner call as a main reason for internalizing professional integrity. The current study participants show feelings, such as "a doom of conscience" or "sorrow" after incompatibility due to deviating from integrity in care affairs. They were believed that working according to the integrity help them feel tranquility in their occupation. Nurses confront situations that require ethical consideration and judgment on routine affairs. When they can meet their expectations under certain care conditions and their moral decisions are in accordance with their conscience, they are at a lower risk of suffering from the feel of sin or mind disturbance<sup>21</sup>. Another study confirm the influence of conscious and inner feelings of moral obsession on their care roles. When nurses are unable to balance their moral integrity with ethical issues, the result can be moral distress<sup>22</sup>.

Philanthropic sense is the third category. Caritas's idea, love, and affection are the core of all nursing care. According to Ericsson, the ability to love is the true humanity that is nurtured in the form of caring. Loving care indicates unselfishness and altruism; "altruism is selfless concern for the welfare of others"<sup>23</sup>. Loving the profession is one of the prominent factors in all study participants. They emphasize that they really love helping others. They devote themselves in spite of difficulties in nursing profession in the country, such as issues mentioned by Farsi Z et al. as low levels of respect, low income, heavy workloads, high patients' expectations, managerial issues, lack of staffs' resources in the healthcare system<sup>18</sup>. In our study, some declare even they spend a part of their wage to help patients, and some do nursing for some poor patients at home free.

Another category is empathetic care. In this study main participants who were nurses qualified by professional integrity revealed empathetic care in clinical setting in spite of many challenges. Based on

experiences, empathy with patients has a very effective and accelerating role, in other words, nurses' empathy with patients provides a shortcut to communication with patients. Based on another study in Iran, nurses' empathy with patients is the core of the interaction between nurses and patients and causes nurses to understand the conditions, needs and feelings of patients in performing nursing intensive care and take steps to meet their needs<sup>24</sup>. In confirmation of the results of our research, empathy is defined as, "the ability to understand and share the feelings of another." It is the capacity to put one's self in another's shoes and feel what that person is going through and share their emotions and feelings. It is the recognition and validation of a patient's fear, anxiety, pain, and worry<sup>25</sup>. Besides of finding our study, result of a review study demonstrated empathetic also care lead to enhancing quality of care, eliminating of errors, and an increasing satisfaction of patient and nurse<sup>26</sup>.

Divine rewards is the last category. Based on experiences of our study, God returns the result of honest care, having God's blessing, low worthiness of profession financial aspect and tranquility in life are main sub- categories of this category. Based on a study nurses emphasized that many of the prayers of the patients' companions lead to inner rewards for them, which include keep our nurses healthy and strong in all areas of their lives. Protect their families, their marriages, their children, bless them with so much compassion that it spills effortlessly into their patients' lives, which are consistent with our research findings<sup>27</sup>. However, in a qualitative study which is done in Netherlands nurses placed more emphasis on external rewards, which in that research three main reward categories were derived: financial, non-financial and psychological rewards. These differences may be due to the role of different religions in care as well as different cultures and contexts<sup>28</sup>.

## Conclusion

This study shows that many factors are effective to internalization of professional integrity in nurses. Keeping up confident beliefs is as a main theme that

contain all of them. It a great role in acting in nursing according to the principles and in many cases it is beyond their responsibilities (we can call it self-devotion). This study is carried out in Iran; however, professional integrity has no boundary and it may be different in other countries and other cultures, thus, it can be investigated in all nurses and other allied health care professions in the all of world. Authorities, managers, and faculty members should pay special attention to the internalization of ethical values, such as altruism, conscience, empathy, and the presence of God in life to decrease the mistakes and promote quality of care.

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