

IMPACT OF NURSES' WORKLOAD ON CARING BEHAVIOUR: AN ASSESSMENT USING THE CBI-24 AT BAHAWAL VICTORIA HOSPITAL, BAHAWALPUR, PAKISTAN

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ABSTRACT

Background: Caring behavior is a fundamental component of quality of care. It is rendered to patients and their families with courtesy and respect by nurses in all health care systems. It is significantly affected by the work environment of nurses. However, excessive workload may affect the behaviors of caring and give rise to negative attitude towards patients and their families. It is contrary to patient centered care.

Objective: To find out the extent of Caring Behaviors of the nurses and to determine the relationship between the workload of nurses and their Caring Behaviors in the various departments of Bahawal Victoria Hospital, Bahawalpur.

Methodology: This quantitative study used cross-sectional correlational design to investigate the extent of caring behaviors displayed by the sample of nurses from Bahawalpur Victoria Hospital, and to examine if there is any relationship between their reported workload and their displayed caring behaviors. A total of 180 qualified nurses on duty at the time of data collection were approached to complete a copy of the structured questionnaire. The Caring Behaviors Inventory-24 (CBI-24) was used to measure the level of caring displayed by participants. The data were analyzed using a variety of statistical analyses including descriptive statistics, Pearson's correlation, chi-square test and hierarchical multiple regression.

Results: The caring behaviors of participants were found to be very high with average score of 4.91 ± 0.68 on 5-point Likert scale. The mean score of 5.12 ± 0.64 on 5-point Likert scale was obtained for Knowledge and Skill of caring behaviors. Significant negative correlations were found between patient load ($r = -0.321$, $p < 0.001$) and perceived workload ($r = -0.426$, $p < 0.001$) and study variables. The findings of study revealed that workload explained an additional 16.4% of variance in study variables ($\Delta R^2 = 0.164$). The findings of study further revealed that perceived workload was the strongest predictor ($\beta = -0.332$, $p < 0.001$) of study variables.

Conclusion: The findings of this study highlight how higher workloads can impede the nursing staff in general, and in particular those in high acuity departments. It is hoped that the findings of this study will be used to inform hospital management on ways to manage the workload of the nurses to enable them to carry out their role of caring for their patients.

Keywords: Nurses; workload; caring behaviours; CBI-24; nursing care

Introduction

Nursing care is a fundamental component of nursing practice and there are many patients with different needs and demands. Physical care is not the only form of care given by the nurse to the patients, and a number of behaviors of empathy, respect, assurance and positive connection are also delivered to them. These caring behaviors are very important and need to be measured so that healthcare can be improved. In order to assess the caring behaviors given by the nurse to the patients, a tool has been developed by Wu et al. (2006) and it is known as Caring Behaviors Inventory-24 (CBI-24). CBI-24 consists of 24 items that are categorized under four dimensions of caring behaviors. These four dimensions of caring behaviors include: 1) assurance of physical human presence, 2) knowledge and skill, 3) respectful deference, and 4) positive connectedness. This tool has been used by many researchers in various clinical settings and cultures. The CBI-24 has good reliability and validity for both patients' and nurses' perceptions of caring behaviors (Khaletabad et al., 2023; Kang et al., 2021). Studies have indicated that the four dimensions of caring behaviors are also correlated with other professional behaviors and patient outcomes such as, nurses' and patients' empathy and compassion, and the quality of the nurse-patient relationship (He et al., 2013; Fenizia et al., 2019).

The work environment of a nurse can be a very influential factor in a nurse's expression of his/her or her caring behaviors. The amount of a nurse's workload is considered to be a very influential factor, physical, cognitive, and emotional, in the care of increased numbers of patients with acutely ill patients and dealing with many other clinical duties while working with an inadequate number of staff members. Shift lengths and number of shifts worked by a nurse in a week can affect the quality of care a patient receives, causing decreased quality of care and put patient's safety at risk, especially when a nurse is working long hours without adequate rest between shifts of work (Bae 2021). The work environment can also cause a nurse to experience burnout, be absent from work, and even leave the nursing profession. The burnout of a nurse can cause decreased safety of

patients, decreased patient satisfaction with care, and decreased quality of care (Li et al. 2024). Many patient outcomes are influenced by levels of staffing and the workload of a nurse, for example, number of medication errors, hospital acquired infections, mortality, etc. (Assaye et al. 2021; Twigg et al. 2021).

The study was conducted in the public health care sector of Pakistan, where health care delivery system is challenged by serious shortages of health care workforce and several organizational barriers to optimal health care delivery. Workload of nurse is one of many challenges a nurse faces in delivering care to her patients. Many studies have been conducted in Pakistan to determine the impact of nurses' workload on safety and quality of patient care. However, the majority of the studies have highlighted the structural problems faced by health care workforce in Pakistan. A recent systematic review and meta-analysis of studies conducted on Pakistani nurses found high levels of burnout in the nursing workforce. There are few studies conducted in individual hospitals of Pakistan that investigated the relationship between nurses' workload and their caring behaviors. The aim of this study was therefore to evaluate the relationship between nurses' workload and their caring behaviors as measured by CBI-24 in a public sector hospital of Bahawalpur city. The study would assist the nursing administrators and health care policies makers of hospital to identify the barriers to practice of caring behaviors and to develop strategies for nurses' management and work environment that could enhance their caring behaviors for delivering quality patient care.

Research Objective

To determine the relationship between nurses' workload and their caring behaviours, as measured by the Caring Behaviors Inventory-24 (CBI-24), at Bahawal Victoria Hospital, Bahawalpur, Pakistan.

Research Methodology

Research Design and Setting

The study is quantitative, cross-sectional, and correlational in nature. It seeks to establish relationship between nurses' workload and their

caring behaviors for patients. For this purpose, study is conducted inside a major health care facility i.e. Bahawalpur teaching hospital, a tertiary-care teaching hospital where BVH stands for, (Bahawalpur Victoria Hospital). This is a large health care facility for tertiary care with very extensive and comprehensive health care services for huge and very diverse patient population. Thus it becomes a very appropriate clinical setting to measure the workload of nurses and their caring behaviors for their patients.

Study Population and Sampling

The study population for this quantitative study consisted of all registered nurses currently employed at BVH, Bahawalpur, who were involved in direct patient care. The non-probability convenience sampling approach was used to select participants for the study. In all, 180 Registered Nurses from a variety of clinical departments from BVH, Bahawalpur, were participants in this study.

Eligibility Criteria

This group would include all of the RGNs who are working as front line staff in all of the clinical areas of BVH and have more than six months post registration experience of clinical practice. The following groups of staff would be excluded from this study: all nursing administrators and all nursing supervisors. In addition, the following groups of staff would be excluded from this study: All people who are fully employed and are only undertaking administration or academic work; All people who are on leave at the time of data collection; All RGNs who are not currently working as front line staff in clinical areas of BVH Hospital and are not currently using their nursing skills in their role of employment.

Research Instrument

The data for the study were collected through a structured questionnaire, consisting of two parts. Part I included a number of questions regarding the participants' socio-demographic characteristics, their professional lives, etc. There were questions about the age, gender, nursing qualification, number of years of clinical experience, the name of the clinical unit where

they worked, their shift patterns, their patient load and working hours. The second part of the study consisted of 24 items of the Caring Behaviors Inventory-24 (CBI-24) developed by Horta and Carvalho (2015). The CBI-24 is a tool to assess the frequency of caring behaviors among registered nurses, in four different domains, namely: Assurance of Human Presence (8 items), Knowledge and Skill (5 items), Respectful Deference to Others (6 items), and Positive Connectedness (5 items). The items were scored on a six-point Likert scale, ranging from 1 'Never' to 6 'Always'. The higher the score on the CBI-24 the more often the participant displayed the different caring behaviors.

Validity and Reliability

Validity and Reliability of Instrument: The instrument for the study was a validated tool for measuring caring behaviors. The tool was reviewed by seven experts for validity purposes including a researcher, professor of nursing, three practicing clinicians and two administrators of health care. The Scale-Level Content Validity Index (S-CVI/Ave) of the tool was .87. The tool was also pilot tested on 32 participants to check for its clarity, feasibility and to assess the reliability of the tool. The results of the Caring Behaviors Inventory-24 (CBI-24) was found to be excellent with overall reliability of .92 (α). The average reliability for the four domains was .84 to .88 (α).

Data Collection Procedure

Once BVH administration had approved the study and relevant institutional review board had granted a study number, all eligible staff were approached in breaks or on their shift. Participants were first given information about the study and then were provided with a consent form to sign. The questionnaires were then collected from the participants and checked for completeness. Participants were coded anonymously to ensure that data remained confidential. Questionnaires were stored safely until data entry.

Data Analysis

Data entry and analysis were done by using IBM SPSS Statistics software, Version 26.0. Descriptive statistics, such as frequencies, percentages, means

and standard deviations, were calculated to provide the characteristics of the research participants and data. Correlation was used to assess relationship between the variable of nurses' workload and variable of their caring behaviors. Multiple linear regression was used to assess predictive value of the variable of nurses' workload for variable of their caring behaviors. The level of significance for all analyses was set at $p < .05$.

Ethical Considerations

The study was carried out with the approval of Institutional Review Board of Faculty of Health Sciences. Administrative approval was granted from administration of BVH, Bahawalpur. The rights of participants to keep confidentiality, to remain anonymous and to withdraw from study at any stage without any discrimination were honored.

Results

Table 1: Socio-Demographic Characteristics of the Respondents (N=180)

Variable	Category	Frequency (n)	Percent (%)
Gender	Female	165	91.7
	Male	15	8.3
Age (Years)	20–29	88	48.9
	30–39	68	37.8
	40–49	20	11.1
	≥50	4	2.2
Marital Status	Single	70	38.9
	Married	102	56.7
	Divorced/Widowed	8	4.4
Educational Qualification	Diploma RN	79	43.9
	Post-RN BSN	63	35.0
	BSN	34	18.9
	MSN	4	2.2
Clinical Experience	<2 years	38	21.1
	2–5 years	75	41.7
	6–10 years	45	25.0
	>10 years	22	12.2
Working Department	Medical Ward	42	23.3
	Surgical Ward	40	22.2
	Emergency	36	20.0
	ICU/HDU	29	16.1
	Paediatrics	18	10.0
	Gynaecology & Obstetrics	15	8.3
Duty Shift	Morning	82	45.6
	Evening	60	33.3
	Night/Rotating	38	21.1
Working Hours per Shift	8 hours	121	67.2
	12 hours	53	29.4
	>12 hours	6	3.3
Workload Level	Low	23	12.8
	Moderate	77	42.8
	High	80	44.4

Sample comprised 180 nurses. The majority of participants were females (91.7%) who were aged 20–29 years (48.9%) and married (56.7%). The majority of participants held a Diploma RN qualification (43.9%) and had 2–5 years of clinical experience (41.7%). In terms of workplace

settings, the majority of participants were based in the medical wards (23.3%). They worked shifts that commenced in the morning (45.6%), worked 8 hour shifts (67.2%) and reported having a high (44.4%), moderate (42.8%) or low (12.8%) workload.

Table 2. CBI-24 Caring Behaviour Scores by Domain (N = 180)

CBI-24 Domain	Items (n)	Mean (M)	SD	Level
Assurance of Human Presence	8	4.76	0.77	High
Knowledge and Skill	5	5.12	0.64	High
Respectful Deference to Others	6	5.03	0.69	High
Positive Connectedness	5	4.75	0.80	High
Overall CBI-24	24	4.91	0.68	High

The average score for overall caring behavior by nurses was high at $M = 4.91$, $SD = 0.68$. The highest score for the four domains was for Knowledge and Skill, $M = 5.12$, $SD = 0.64$ for their respective dimension of caring behavior. This score was very close to the score for Respectful Deference to Others of $M = 5.03$, $SD = 0.69$ for

their respective dimension of caring behavior. Scores for the two remaining domains for measuring nursing caring behavior were also high with both the Assurance of Human Presence, $M = 4.75$, $SD = 0.77$ and the Positive Connectedness, $M = 4.75$, $SD = 0.80$ for their respective dimensions of caring behavior.

Table 3. Relationship Between Workload and Caring Behaviour (N = 180)

Variables	Patient Load	Perceived Workload	Overall CBI-24
Patient Load per Shift	1.000	.472**	–.321**
Perceived Workload	.472**	1.000	–.426**
Overall CBI-24	–.321**	–.426**	1.000

Note. $p < .01$ (two-tailed). CBI-24 = Caring Behaviors Inventory-24.

Staffs' workload was found to be negatively related to their caring behaviors. The correlation between staffs' reported workload and their CBI-24 scores in total was moderate and negative ($r = -.426$; $p < .001$). In addition, the correlation between patient

load and CBI-24 scores in total was negative ($r = -.321$; $p < .001$). Thus, higher levels of workload were found to be associated with lower scores on the CBI-24.

Table 4. Hierarchical Multiple Regression Predicting Overall Caring Behaviour (N = 180)

Predictor	B	SE	β	t	P
Model 1: Control Variables					
Nursing Qualification	0.121	0.047	.152	2.57	.011
Clinical Experience	0.031	0.011	.196	2.82	.005
Morning Shift	0.174	0.071	.168	2.45	.015
Model 2: Workload					
Nursing Qualification	0.097	0.045	.122	2.16	.032
Clinical Experience	0.025	0.010	.158	2.50	.013
Morning Shift	0.136	0.068	.131	2.00	.047
Patient Load per Shift	–0.041	0.014	–.188	–2.93	.004
Perceived Workload	–0.301	0.072	–.332	–4.18	<.001

Model Statistics	R ²	Adjusted R ²	ΔR^2	F-change	P
Model 1	.142	.127	—	9.70	<.001
Model 2	.306	.286	.164	20.68	<.001

The results are presented after controlling for the nurses' qualification, clinical experience and shift. The results of the regression are presented below. The patient load ($\beta = -.188$, $p = .004$) and the nurses' perception of their workload ($\beta = -.332$, $p < .001$) both negatively predicted the levels of

caring by nurses. The additional variables of workload to the model accounted for a further 16.4% of the variance in the level of caring by nurses ($\Delta R^2 = .164$). These measures of workload alone accounted for 30.6% of the variance in levels of caring by nurses.

Table 5. Association Between Clinical Department and Workload Level (N = 180)

Clinical Department	Low n (%)	Moderate n (%)	High n (%)	Total
Medical Ward	9 (21.4)	20 (47.6)	13 (31.0)	42
Surgical Ward	6 (15.0)	18 (45.0)	16 (40.0)	40
Emergency	3 (8.3)	11 (30.6)	22 (61.1)	36
ICU/HDU	2 (6.9)	9 (31.0)	18 (62.1)	29
Paediatrics	2 (11.1)	11 (61.1)	5 (27.8)	18
Gynaecology & Obstetrics	1 (6.7)	8 (53.3)	6 (40.0)	15
Total	23 (12.8)	77 (42.8)	80 (44.4)	180

The clinical department of work ranked by nurses to high was the ICU/HDU (62.1%) and Emergency (61.1%), followed by a moderate workload ranked by 61.1% of the Paediatrics Department, with a significant difference between the clinical departments of work ranked by nurses ($\chi^2 = 22.64$; $df = 10$; $p = .012$).

Discussion

The primary aim of this study was to explore the socio-demographic characteristics of a sample of hospital-based nurses (N = 180). The principal aim of the study, however, was to describe their levels of reported caring behaviors (CB) and to examine the relationship between three metrics of their reported workload and the levels of CB that they reported. The average reported levels of CB reported by this sample of hospital-based nurses ($M = 4.91$, $SD = 0.68$) were very high. The average reported levels on all five of the CBI-24 subscales also were very high. The two highest scored CBI-24 subscales were Knowledge and Skill ($M = 5.12$, $SD = 0.64$) and Respectful Deference to Others ($M = 5.03$, $SD = 0.69$). These results provide strong evidence that these 180 hospital-based nurses are very competent in their practice of nursing and

that they also view themselves as being very respectful and courteous in all of their interactions with others. The average reported levels of the relational domains of Assurance of Human Presence ($M = 4.76$, $SD = 0.79$) and Positive Connectedness ($M = 4.75$, $SD = 0.82$) also were very high. These findings are very similar to the findings of Labrague and colleagues (2018) and Pajnkihar and colleagues (2017). In both of these studies, the average reported levels of the relational domains were lower than the average reported levels of the non-relational domains. The non-relational domains were very high, which indicated that the participating nurses reported practicing normal nursing in a normal nursing environment reported practicing at very high levels of caring. It also was established that, in heavy operational constraint environments, nurses report prioritizing life-sustaining task-oriented care over psychosocial time-intensive care.

Nurses' workload in terms of both objective and subjective measures influenced their caring behaviors in negative ways. The patient load per shift ($r = -0.321$, $p < 0.001$) and the nurses' perception of their workload ($r = -0.426$, $p < 0.001$) both negatively correlated with the total

CBI-24 scores. The results of the hierarchical multiple regression also supported this finding as the two workload variables explained an additional 16.4% of the variance in the caring behaviors of the nurses, after the variances accounted for by the nurses' professional characteristics had been removed ($\Delta R^2 = 0.164$; total $R^2 = 0.306$). Specifically, the perceived workload of the nurses was found to be the strongest negative predictor of their caring behaviors ($\beta = -0.332$, $p < 0.001$). This finding is supported by the existing research which found that high levels of workload, cognitive and physical demands of nursing work lead to decrease in holistic caring behaviors and interfere with nurses' ability to provide optimal nursing care (Aiken et al., 2014; Sarafis et al., 2016). Although the nurses are able to manage and complete their tasks efficiently and effectively, they lack time and resources to devote time to patients and provide supportive care through effective communication, and patient-centered practices (Recio-Saucedo et al., 2018; Roche et al., 2015).

The study found that there was a significant association between the participating clinical department and reported workload ($\chi^2 = 22.64$, p -value = 0.012). The results of the study indicated that the high reported workload by nurses working in general clinical wards such as Paediatrics (61.1%) in contrast to the reported workload by nurses working in critical care areas and Emergency Department such as ICU/HDU (62.1%) and ED (61.1%) respectively. High workload in critical care and emergency environments is attributed to the nature of work including continuous patient monitoring, sudden changes in patients' clinical condition, urgent interventions and complex clinical decision making required by nurses working in these environments (Al-Dweeri et al., 2022; Cho et al., 2019). Such high reported workload by nurses in critical care and emergency environments would require targeted strategies to reduce their workload, including but not limited to appropriate staffing of nurses to patient ratio, flexible staffing models in critical care areas, equitable distribution of workload and effective workforce planning to ensure high standards of caring and patient-

centered practices in clinical environments (Shin et al., 2018).

Conclusion

The study concluded that nurses demonstrated a high level of caring behaviour; however, increased workload, particularly higher patient load and perceived workload, was significantly associated with reduced caring behaviours. Workload was also notably higher in Emergency and ICU/HDU settings, highlighting the need for targeted workload management. It is recommended that hospital administration strengthen nurse staffing according to patient acuity, maintain appropriate nurse-to-patient ratios, optimize shift allocation, and regularly monitor workload levels. Adequate staffing and supportive work environments should be prioritized to preserve nurses' capacity to provide consistent, patient-centred and compassionate care.

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