First of all, I appreciate reviewersfor their valuable comments:

We are very excited to have been given the opportunity to revise our manuscript. We revised the manuscript in accordance with reviewers' advice and carefully considered reviewers' comments to minimize English language, errors and revised title page.

We hope that these revisions improve the paper such that you deem. Again, we appreciate the opportunity to revise our work.

Here below is one-by-one response to reviewer comments:

|  |  |  |
| --- | --- | --- |
| **Title of the article**: **Professional ethics training for nursing students using games for ethics** | | |
| Reviewer1 | Response | corrected |
| 1. Title can be modified as impact or effect of teaching ethics through games on moral sensitivity as that seems the major objective | Revised title of manuscript page 1 | Impact of teaching ethics using games on Iranian nursing student’s moral sensitivity |
| 1. Not sure if measuring moral sensitivity using a moral sensitivity questionnaire is same as Professional ethics as professional ethics seems as one of the components of the questionnaire used. As described by the authors the questionnaire has other dimensions such as communication skills, professional knowledge etc. so not just ethics | Added to  Introduction page 3  Yellow Highlighted | [Dehghani](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dehghani%20A%5BAuthor%5D&cauthor=true&cauthor_uid=26354119) and etal in study as title "Factors affecting professional ethics in nursing practice in Iran: a qualitative study" express " Professional ethics refers to the use of logical and consistent communication, knowledge, clinical skills, emotions and values in nursing practice" This definition is consistent with the definition of the moral sensitivity of the studies such as  Kim lutzen and etal ( 2008) in article as title “**Developing the Concept of Moral Sensitivity in Health Care Practice”** express  “Moral sensitivity can be described, as an ‘attention’ to the moral values involved in a conflict-laden situation and a self-awareness of one’s own role and responsibility in the situation. Moral sensitivity is not only a matter of ‘feeling’ (ie relying on emotions to identify a moral conflict) but a personal capacity, acquired by personal experience, to ‘sense’ the moral significance in a situation.18 According to Tymieniecka,16 moral  sensitivity as a personal capacity is necessary in order for the process of moral deliberation to begin. The capacity to be able to distinguish moral problems from other  problems is not only a matter of having theoretical knowledge.  Other studies such as Schluter an etal in article astiltle *“*NURSES’ MORAL SENSITIVITY AND HOSPITAL ETHICAL CLIMATE:A LITERATURE REVIEW also express a definition of moral sensivity same as lutzen study.  Previous studies also reported that the ethics training for nursing students was aimed to develop moral sensitivity and promote their professional ethics. Moral sensitivity is the basis of ethics in nursing to enable them for effective and ethical care of their patients. Moral sensitivity makes the nurse susceptible to ethical issues in their professional environment and enable them to make moral decisions for their patients  Hashmatifar and etal "Barriers to moral sensitivity: viewpoints of the nurses of educational hospitals of Sabzevar.  Bostani and etal "Strategies to Promote Professional Ethics in Nursing Education System" [Weaver K](https://www.ncbi.nlm.nih.gov/pubmed/?term=Weaver%20K%5BAuthor%5D&cauthor=true&cauthor_uid=17425144). Ethical sensitivity: state of knowledge and needs for further research Other studies that use ethics training to create ethical sensitivity, such as  Baykara and etal (2014)" The effect of ethics training on students recognizing ethical violations and developing moral sensitivity" this study showes  However, it is expected that the moral sensitivity of a nurse based on professional ethic values and professional  responsibilities should be developed |
| 1. To check grammatical/ spelling errors | Checked grammatical/ spelling errors | Determined by Track Changes |
| 1. All tables need to be modified to add S.no, Variable and p value in the last column (check with conventional journal articles) | All of table modified | - |
| 1. Fig 1 does not reflect the objective of the study. What is the rationale for showing a trend in the moral satisfaction over a 17-week period? | Figure 1 , deleted | - |
| **Rewire 2** |  |  |
| 1. Discussion on results needs more elaboration on positive aspects; shortcomings of the study should form a separate paragraph | We changed all of  discussion page 11,12,13  also, Limitation presented in separate paragraph page | The new discussion was written with an emphasis on the games and ethical issues used in this study and compared with other studies |
| 1. No significant discussion to show the effects of training in hands-on care- of nursing students, that is- how the positive impact helped them in bedside care. It is evident that the academic impact of the intervention is assessed using accepted methods while the impact in ‘actual’ nursing care is ambiguous. This limitation seems to arise from the fact that the post-intervention period to assess the impact on hands-on care is inadequate. And this and the plan to rework the entire project based on feedback need to be mentioned more clearly | Corrected and added to discussion page 15 | In the present study, the purpose of ethical education through the game was to prepare nursing students to deal with the ethical situations in the clinical environment. For this reason, we simulated real life situations using games for students to improve their awareness, and learn how to deal with moral difficulties in the context of nursing practice. In line with our results, another study conducted by Baykara et al and DeSimone also reported that by changing the curriculum of nursing students and expressing examples of moral defects and correcting them, we can increase awareness and ability of nursing students and prepare them for clinical environments to distinguish ethical defects and make ethical decisions. In the game of ‘’types of physician-nurse-patient communication models’’ through the role play of communication with patients, other nurses and physicians have taught the nursing students to enable them to speak and defend their decisions ethically difficult situations. In addition, nursing students enter the clinical environment from their second semester and encounter ethical dilemmas in situations and are always looking for answers to these ethical difficulties. The strength point of this study was to use the experiences of the students from their clinical environment to think about the ethical difficulties. In Zoe study, a game (card sorting game) with high satisfaction among students was used along with student experiences. In this game, the students wrote the ethical problems that they have encountered in the clinical environment as a case study on the cards. They also wrote the trained moral principles that should be followed in dealing with those cases on the other side of the cards, and they discussed about the correctness of these principles in their small groups and practiced the correct principles under guidance from the educators. In line with our findings, Chang et al. study also showed that the card game can simulate clinical-based scenarios and teach various skills such as communication, teamwork and technical skills. Playing the card game encourages participants to unite and try to respond to scenarios. These cards are not limited to the simulated scenario and can be used for each group of participants [29]…. |
| 1. Time period of the study should be given in the section on design of the training itself and need to mention the rationale of the selection of the time period. Time period mentioned is January 2016 to May 2017 and in conclusion it says one semester | Corrected and added to design and subject page 5  Yellow Highlighted | Based on the curriculum approved by the Ministry of Health, the duration of nursing course is four years in Iran, and the nursing students have the professional ethics lesson in their second year of study in the fourth semester. Therefore, at the time of the study, only students who were studying in the fourth semester and had a professional ethics course could participate in this study. In Iran, in the fourth semester, 1.5 units of professional ethics course are presented to nursing students theoretically and practically. Nursing students enter the clinical education in the second semester and the practical courses are taught alongside theoretical courses. Therefore, they have encountered ethical challenges in the clinic environment. For this purpose, they have to learn the necessary background for professional ethics. This study was conducted on nursing students in one semester of their university and its results could be used in future studies. |
| 1. Also no mention as to whether the teachers and students were aware of the specificities of cultural context. A discussion on whether the western theories were modified depending on the context and if not, the authors’ take on it. | Added to discussion  Page 16  Yellow Highlighted | Differences in the Iranian cultural values as an Islamic country and those of the Western world have made it necessary to formulate a new set of ethical codes for nurses and other health care providers in Iran in order to offer culturally appropriate patient care, especially in a gender-segregated health care system where male and female nurses are assigned to male and female patients, respectively.  Joolaee et al. (2010) published the only Iranian study on the professional codes of ethics,  which merely presented a series of discussions with a group of experts examining ethical codes  from different countries.  The global community of researchers has used ICN as their main source of reference. Different procedures have been suggested for adoption and revision of the nursing ethical  codes. In this study similar to those by Lin et al. (2007) and others, researchers have used a comprehensive multistage approach to identify ethical issues for Iranian nurses and develop a set of ethical codes to be proposed for adoption by the Iranian Ministry of Health.  Shahriari M, Mohammadi E, Fooladi MM, Abbaszadeh A, Bahrami M. Proposing codes of ethics for Iranian nurses: A mixed methods study. Journal of Mixed Methods Research. 2016;10(4):352-66.  These differences are considered in Iranian Nursing students curriculum. Also , in this study , we conducted games on Iranian nursing students curriculum. So you can see Table 1  Based on the professional ethics curriculum table 1, No. 16, " Professional nursing ethics codes", which was conducted by Field visits/educational visits game.  Nursing ethics codes that should be implemented by nurses in Iran are approved by the Ministry of Health in 2012. These codes are written based on the international codes of ethics, including the Canadian Nurse Association (CAN) and the American Nurses Association (ANA), which has been modified according to the Iranian culture. Ethical codes have been developed as a practical guide of nursing care and they are the reference of decisions, which are taken by the nurses in the nursing care process [31-33].  Other studies show code of ethics for Iranian nurses  Zahedi and etal " The Code of Ethics for Nurses", Iranian J Publ Health 2013.  Shahriari and etal .Proposing Codes of Ethics for Iranian Nurses: A Mixed Methods Study. Journal of Mixed Methods Research 2015.  Also, in Table 1, No 11 and 12, which deals with moral and legal issues in nursing, state ethical rules that compare moral laws in Iran and other countries, and cultural differences are expressed in student ethics. \* Educator and students are aware of these cultural differences \* All materials are taught to the students through the game and the educator's explanations |
| 1. It is also not clear whether the Iranian education/research has any institutionalized ethics programmes and if it exists, how that is already in practice there. What is mentioned is a general state in most of the non-western educational institutions all over the world | Added to discussion  Page 16  And added to  Design and subjects page 5  Yellow Highlighted | This comment is explained in Comment 4  Added to design and subject  Based on the curriculum approved by the Ministry of Health, the duration of nursing course is four years in Iran, and the nursing students have the professional ethics lesson in their second year of study in the fourth semester. Therefore, at the time of the study, only students who were studying in the fourth semester and had a professional ethics course could participate in this study. In Iran, in the fourth semester, 1.5 units of professional ethics course are presented to nursing students theoretically and practically. Nursing students enter the clinical education in the second semester and the practical courses are taught alongside theoretical courses. Therefore, they have encountered ethical challenges in the clinic environment. For this purpose, they have to learn the necessary background for professional ethics. This study was conducted on nursing students in one semester of their university and its results could be used in future studies.  Added to discussion  Nursing ethics codes that should be implemented by nurses in Iran are approved by the Ministry of Health in 2012. These codes are written based on the international codes of ethics, including the Canadian Nurse Association (CAN) and the American Nurses Association (ANA), which has been modified according to the Iranian culture. Ethical codes have been developed as a practical guide of nursing care and they are the reference of decisions, which are taken by the nurses in the nursing care process [31-33]. |
| 1. It is not clear whether the training projects was assessed by any external member other than the teachers. What is the role of the researchers? Are they part of the teaching faculty? External observers? Participant observers? Not clear. | Added to Intervention page 8 | The educational content was taught by one of the ethics educators at the Faculty of Nursing, where the study was conducted. The educators were selected by the College's Ethics Committee who had a history of teaching in nursing ethics. The content was provided to the educators and their task was to teach nursing students throughout the study. The educators were not aware of the research purposes. The researchers did not affect the teaching process. The researchers provided questionnaires for nursing students before and after the training. |
| 1. Not clear: language used in nursing education in Iran and also in this training project using games; whether adequate consideration was granted while adaptation to Iranian culture was made for the western tools and techniques. | Corrected and added to Moral Sensitivity and Intervention page 6- 8 | In so much as nursing education in Iran is taught in Persian, the 12 selected games from the Moral Games for Teaching Bioethics were translated into Persian. Then, in a panel with the members of the Ethics Committee of the Faculty of Nursing, the educational content of the games was scientifically examined and moderated according to the Iranian culture. These panels were held in three sessions of two hours.  The educational content was taught by one of the ethics educators at the Faculty of Nursing, where the study was conducted. The educators were selected by the College's Ethics Committee who had a history of teaching in nursing ethics. The content was provided to the educators and their task was to teach nursing students throughout the study. The educators were not aware of the research purposes. The researchers did not affect the teaching process. The researchers provided questionnaires for nursing students before and after the training.  The Moral Sensitivity Questionnaire in Iran has been translated into Persian and adapted to Iranian culture. Its validity and reliability have been measured in Iranian studies by Abbas Zadeh et al., Karimi Noghondar et al. Cronbach's alpha coefficient of this questionnaire has been reported in Iranian studies as α = 0.7.  Karimi Noghondar M, Tavakoli N, Borhani F, Mohsenpour M. Ethical sensitivity: A comparison between the nursing students and nurses of Azad University. Iranian Journal of Medical Ethics and History of Medicine. 2016;8(5):69-76.  Abbaszadeh A, Borhani F, Nematollahi LM. The comparison of the level of moral sensitivity in nursing students and nursing staffs in Kerman in 1389. Medical Ethics Journal. 2016;4(12):39-54.  \* Since Iranian students unable to communicateinEnglish fluently, all the tools have been translated and scientifically approved by the Ethics Committee of the Faculty of Nursing |
| 1. Tables and figure need better standardized presentation to readers who are not social psychologists. | corrected | All of table corrected and figure 1 , deleted |
| 1. While it is mentioned that the content of the course material was shared by teachers through social media, was it available for the public? What was the medium? More clarity is needed on the mode and process of sharing | Corrected and added to intervention page 7 | The purpose use of social media was the use of mobile devices that were sent to the students' mobile before teaching the content of the teacher through the teacher, so that during the games, if they needed, they would go to the educational content.  Added to article  If the students needed to review previously taught content during the game, they could refer to the educational content on their mobile device. |
| 1. Keywords to be reassessed. | Check by Mesh | Education, Student, Nursing, Ethics, Teaching |
| 1. Title needs to reflect the nature of the study like the specific locale-Iran | Iran added in title | Impact of teaching ethics using games on Iranian nursing student’s moral sensitivity |
| 1. No mention whether a ‘ready- to-use’ guide leaflet for patient care may be evolved from such an experiment which goes beyond academic use | Added to conclusion  Page 18 | The researchers suggest that another study to follow the present study should be conducted. In this regard, in the production of the game, we can provide educational catalogs for the use of clinical principles, especially the clinical scenarios, and we can also use the 'ready-to-use' guide leaflet to enforce ethical principles in patient care. |
| 1. Restructuring of the article-like introduction of sample comes much before when the division of the class as groups is mentioned; it comes in the result section now | Corrected and division of the class as groups mentioned in intervention page7 | Next, 30 nursing students participated in this study consisted of 14(53/3%) women and 16(46%) men which… |
| 1. Introduction, discussion on results and conclusion and presentation of tables and figures need to be restructured in order to make sure that a smooth flow of the entire ideas is ensured | Introduction, discussion on results and conclusion corrected base on reviewers' comments | manuscript with changes highlightedin yellow and a point-by point response to the reviewers*'* comments in this table |
| 1. Usual editorial tasks for grammar, clarity of sentences and ideas are considered indispensable. | Edited grammer | Determined by Track Changes |