

Dilemmas within the Context of Nursing: A Concept Analysis

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Abstract: Nurses encounter numerous dilemmas, throughout their professional lives, that can become topics of heated discussion. Given the increased complexities in medical technology, laws and dynamics of professional work, dilemmas in nursing need to be examined from a fresh perspective. Thus, the purpose of this paper, using Walker and Avant's approach to concept analysis, was to examine, within the context of nursing, the concept of dilemma. A literature search was carried out using a variety of sources, including: CINAHL-Nursing and Allied Health; ScienceDirect; and, psychological, sociological and nursing administration literature. Key words used in the search were: dilemmas in nursing; ethical decision-making; and nurses' code of ethics.

Regarding the presence of dilemmas in nursing, ethical, moral and legal dilemmas were found to be discussed and often used interchangeably throughout the literature. Five defining attributes of dilemmas in nursing identified included: 1) involvement, engagement or commitment; 2) equally unattractive alternatives; 3) need for a choice; 4) awareness of alternatives; and 5) uncertainty of action. Antecedents of the concept were noted to be: knowledge and experience with the situation at hand; power to engage in a situation; and, a situation in which a dilemma is present. Two outcomes of a dilemma identified during the analysis were: inability to perform professionally, at an optimal level, due to feelings/emotions; and, three levels (immediate, intermediate and deliberate) of decision-making. To demonstrate the presence/absence of the concept, various cases (model, borderline, related and contrary) were used. Analysis revealed several quantitative and qualitative studies of dilemma, but only four actual quantitative instruments for measuring the concept within nursing. The results demonstrate a need for more research on the affect dilemmas have regarding nurses' decision-making process.

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Background

With the advent of increased litigation and professional accountability in today's healthcare system, it is not surprising nurses experience ethical-legal conflicts while providing care. Facing a variety of difficult situations is part of nurses' daily practice that requires them to decide whether to act in regards to those situations. Because nurses' decisions depend

on their ethical or moral beliefs, how they make decisions is the essence of ethics. Being morally accountable and responsible for one's judgments and actions is central to a nurse's role as a moral agent.¹ When nurses are unable to translate their moral choices

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into action, moral distress can occur. Although nurses routinely confront many ethical issues in practice, ranging from subtle to dramatic, they all can produce moral distress.²⁻⁴ Often nurses cannot act according to their own personal values and norms which, in turn, can generate internal moral distress that has a negative impact on both them and their respective patients.⁵ Nurses in moral distress have reported the presence of anger, sadness, frustration, anxiety, withdrawing from or going along with the dilemma-producing situation, and avoiding the patient involved in the dilemma-producing situation.⁶⁻⁹

Given dilemmas are central to nursing practice, and that there has been increasing complexity in medical technology, laws and the dynamics of nurses' professional work, the concept dilemma needs to be re-examined from a fresh perspective. Therefore, the purpose of this paper was to analyze, within the context of nursing, the concept of dilemma.

Method

Walker and Avant's approach to analysis was used and involved the process of examining the concept in regards to: definitions; defining attributes; cases (model, borderline, related and contrary); antecedents; consequences; and, empirical referents.¹⁰ In preparation for the analysis, a literature search was carried out using a variety of sources, including: CINAHL-Nursing and Allied Health; ScienceDirect; and, psychological, sociological and nursing administration literature. Criteria used in selection of publications included: empirical studies published in English; and, articles on dilemma published between 2000 and 2010. Publications were excluded if they were not within the context of nursing or aspects of healthcare. The search resulted in 22 appropriate publications that described 20 separate studies. The studies were conducted in the United States of America (n = 14), Canada (n = 4), and Australia (n = 2). Key words used in the search were: "dilemmas in nursing," "ethical decision-making," and "nurses' code of ethics."

Analysis of Dilemma within the Context of Nursing

Definition and usage of the term, dilemma:

Dilemma is defined by Webster's Third New International Dictionary of the English Language, unabridged as: "an argument that offers an opponent a choice between two or more alternatives, but is equally conclusive against him/her no matter which alternative he/she chooses; a situation involving choice between equally unsatisfactory alternatives or a difficult problem seemingly incapable of a satisfactory solution; and, an argument that contains a premise consisting of conjunctive affirmation of two hypothetical propositions and a disjunctive premise."¹¹ (pp. 633)

The American Heritage Dictionary of the English Language defines dilemma as: "a situation that requires a choice between options, usually equally unfavorable or mutually exclusive."¹² (pp. 240) Dilemma also is defined by Longman Active Study Dictionary as: "a situation in which you have to make a difficult choice between two possible actions."¹³ (pp. 182) In addition, the Merriam-Webster Dictionary Online provided the following paraphrased definitions of dilemma being: a) an argument presenting two or more equally conclusive alternatives against an opponent; b) an usually undesirable or unpleasant choice or a situation involving an undesirable or unpleasant choice; and, c) a problem involving a difficult choice or a difficult/persistent problem.¹⁴ As can be seen, these various definitions illustrate the multiplicity of meanings that can be found for "dilemma." Various authors have identified dilemmas from different perspectives.¹⁵⁻¹⁸ However, they seldom present how to resolve the specific dilemma to which they are referring.

Review of literature revealed three types of dilemmas, in the nursing profession, tend to exist, including: ethical, moral, and legal. All three types of dilemmas were found to be defined somewhat differently, yet often used interchangeably. In reference to ethical dilemma, the term "ethics" is

defined by the *American Heritage Dictionary of the English Language* as: “a principle of right or good conduct, or a body of such principles; a system of moral principles or values; the study of the general nature of morals and specific moral choices; and, the rules or standards governing the conduct of members of a profession.”^{12 (pp. 291)} In regards to the term, “dilemma,” Davis and Aroskar defines ethics as: a difficult problem seemingly incapable of a satisfactory solution; or, a situation involving choice between equally unsatisfactory alternatives.”^{19 (pp. 6)} Using the terms, “ethical” and “dilemma”, together, Mitchell states that an ethical dilemma is a circumstance that arises from fundamental conflicts between ethical beliefs, duties, principles and theories.²⁰ Therefore, the term, “ethical dilemma,” tends to be defined as a situation in which conflicting moral claims give rise to such questions as: “What should I do?; “What is the right thing to do?”; and, “What harm or benefit could result from this decision or action?”

Chinn has indicated that nurses working with clients face ethical dilemmas and know when they need to do or say something.¹⁶ However, often they do nothing and continue on with their various work-related actions, albeit a vague sense of uneasiness, until the next dilemma occurs and the process repeats itself. Eckberg noted in the article, “The Continuing Ethical Dilemma of the Do-Not-Resuscitate Order,” that if the use of the do-not-resuscitate order remains confusing, nurses will continue to be bombarded with ethical dilemmas surrounding the situation.¹⁷ Since it is known to be difficult for healthcare providers to make decisions when confronted with ethical issues surrounding euthanasia,²¹ it has been suggested that educational strategies, drawing on approaches used by experienced clinicians, be used to create an atmosphere that enables healthcare providers, with divergent beliefs, to discuss this difficult subject.²²

Regarding a moral dilemma, the *American Heritage Dictionary of the English Language* defines “moral” as: “concern with the judgment or instruction of goodness or badness of character and behavior;

conforming to established standards of good behavior; arising from conscience; having psychological rather than tangible effects; and, based on likelihood rather than evidence.”^{12 (pp. 541)} By comparison, the *Longman Active Study Dictionary* defines “moral” as: “based on the principles of what is right and wrong; and, something you learn from a story or from something that happens to you.”^{13 (pp. 428)} Based upon these definitions of “moral”, and the definitions previously provided regarding “dilemma,” one could define “moral dilemma” as a situation involving conformity to established standards of good behavior. There also are authors who see a moral dilemma as a conflict between values. For example, Klagsbrun describes moral dilemmas as those posed by requests that tap into a value system, and indicates a moral dilemma occurs when there is a conflict between different values inherent in the person.²³ Thus, a moral dilemma, according to Klagsbrun, is a special type of dilemma in that the solution is always unwanted (i.e. a choice between two unwanted alternatives).

Regarding a legal dilemma, the term “legal” refers to a system of rules and guidelines, usually enforced through a set of institutions.²⁴ Thus, by combining the terms and meanings of “legal” and “dilemma,” a legal dilemma refers to a situation that involves making a difficult decision, between equally unsatisfactory alternatives, in relationship to or required by the law of the land. According to Kelly and Joel, nurses often are confronted with legal dilemmas as they deliver patient care, along with other health care providers, to people in various stages of illness.⁶ Ethical dilemmas, as a result of licensure requirements and the public’s expectations for nurses’ practice, can become legal dilemmas.²⁵ Compounding this issue is the fact that nurses have their own moral and ethical beliefs that are influenced by the bureaucracy in which they work. These bureaucracies are, in turn, affected by rapidly changing rules, regulations, laws and economic pressures. Legal dilemmas often play an important part in ethical decision-making which is not surprising given legal and ethical standards may

develop within the same historical, cultural and philosophical climate.⁶ Thus, legal and ethical issues are related to each other and sometimes viewed as interchangeable. Therefore, it is crucial for nurses to gain an in-depth understanding of the concept of dilemma, in order to act appropriately when facing situations involving decision-making.

It became apparent, during review of the literature, that there is a tendency for authors to use the terms “moral” and “ethical” interchangeably.²⁶⁻³⁰ As a result, “moral” and “ethical” are not clearly differentiated and often used synonymously when referring to ethical dilemmas, but not necessarily moral dilemmas. This leads to confusion regarding which type of dilemma the authors are referring. One must keep in mind that when using the terms, ethical and moral, “ethical” refers to codified professional standards (i.e. nurses’ code of ethics) and “moral” makes reference to personal values. In addition, a situation may have a combination of moral, ethical and legal ramifications that make it difficult to clearly differentiate whether the situation is a moral dilemma, an ethical dilemma or a legal dilemma. No doubt this is one reason authors have so freely interchanged the use of the terms, “moral,” “ethical” and “legal” when referring to a specific dilemma.

Defining attributes: Critical attributes assist in differentiating a concept, under examination, from other similar or related concepts. Defining attributes or characteristics may change as understanding of the concept improves or as the concept changes over time.¹⁰ Review of the definitions and literature regarding “dilemma,” within the context of nursing, revealed the following five attributes:

1. Involvement, engagement or commitment: Knowingly taking part in or confronting a situation that requires a choice of options that are unfavorable or mutually exclusive. One has to be involved in the situation. Otherwise, one can escape from the situation or not even recognize it exists.

2. Equally unattractive alternatives: There must be two or more alternative options regarding

resolution of a difficult situation. All available options are unwanted, equally unfavorable or unattractive, with the choice being wanted and the results unwanted.

3. Need for a choice: One has to make a decision and choose one of the available alternatives or options.

4. Awareness of alternatives: In order to see a situation as a dilemma, the professional agent must be aware of alternatives. If he/she lacks the knowledge and/or experience of differentiating alternatives, the dilemma most likely will not be recognized.

5. Uncertainty of action: The choice is difficult because one does not know the real consequences of the choice or the consequences are unwanted, but unavoidable. As a result, one does not know, precisely, the right thing to do.

Cases: Presentation of exemplary cases (model, borderline, related and contrary) allows for the provision of clarity in terms of what does or does not constitute the presence of the concept under examination.¹⁰ Model cases are examples of the concept that demonstrate all the defining attributes of the concept, while a borderline case contains most of the defining attributes. Related cases demonstrate ideas similar to the concept under examination, but are different when examined closely, while contrary cases are clearly an example of what the concept is not.

Model case 1 – Ethical dilemma: Mrs. S is a 12 weeks pregnant and has been diagnosed with malignant cervical cancer. She has been hospitalized for vaginal bleeding. A physician has told Mrs. S that having a malignancy during pregnancy is extremely complex. Mrs. S’s decision on what to do regarding her pregnancy will be influenced not only by her beliefs and values (i.e. religious, cultural, financial and psychosocial), but also by those of her significant others. These beliefs and values may complicate treatment decisions. Mrs. S must decide what is best for her and her fetus, and should be the sole decision-maker in choosing to accept or refuse treatment. Mrs. S is in a difficult situation because of potential conflicts between her family’s hope and dreams for the future, and the

reality of the diagnosis of a potentially terminal illness.

This model case demonstrates all five attributes of a dilemma. It shows the dilemma that both Mrs. S and her health care provider face. When Mrs. S received a diagnosis of malignancy, she was confronted with the alternatives of giving life, the fear and uncertainty of possibly losing her own life, if no treatment was provided, and concern about the effect treatment would have on her body and that of her fetus. The dilemma for Mrs. S involves a decision either to terminate her pregnancy or to engage in treatment, with the possibility of harming the fetus. For her, both alternatives are unwanted.

For Mrs. S's health care provider, the dilemma involves who should be the primary focus of treatment, the mother or the fetus. Issues surrounding the treatment of cancer, during pregnancy, are highly complex, because both maternal and fetal health may be compromised.^{15, 31, 32} This may be compounded by the indicated course of treatment, which may impose a greater risk to the fetus than does the malignancy. The uncertainty of delaying treatment, however, may increase Mrs. S's psychological stress, as well as risk of her life.

Model case 2- Moral/legal dilemma: Mrs. D is a mother of two small children and a devoted wife. She has been admitted to the hospital, for the fifth time in one year, with metastatic breast cancer. She is experiencing severe chronic pain. To control her pain, Mrs. D receives high, frequent doses of intravenous morphine. Unfortunately, the morphine is not always effective in controlling her intense pain.

Ms. T, Mrs. D's close friend, is a professional nurse in charge of the night shift on the oncology unit where Mrs. D is hospitalized. As Ms. T is finishing the night shift report, she decides to drop in for one last visit with Mrs. D before leaving at the end of her shift. She knocks and opens the door, only to find a horrible situation. Mrs. D has opened the compartment of her intravenous infusion pump and re-calibrated the pump so as to allow the morphine to infuse very rapidly. Mrs. D tells Ms. T, in a despairing voice,

“Please, turn around, leave and pretend you never saw this. I want to be free from this horrible pain.”

This model case has both moral and legal ramifications, and demonstrates all five attributes of a dilemma. Nurses are increasingly confronted with patients who demand to make independent judgments about their own fate, just like Mrs. D attempted to do. Many oncology nurses reach similar situations everyday when caring for dying patients.^{21, 33} Nurses may be unaware of an alternative to stop suffering by ending the patients' life or to allow patients to suffer unmanageable pain. However, as both a close friend and professional nurse, Ms. T is faced with a dilemma. What is the right thing for Ms. T to do? Her dilemma is she endorses Mrs. D's decision to end her uncontrollable pain and watch her die, or she attempts to save Mrs. D's life. By saving her life, Ms. T would be upholding the nurses' code of ethics. However, endorsing Mrs. D's decision to end her life would be supporting her friend's wishes to end her uncontrollable pain once and for all. Neither proposal seems morally or legally acceptable.

Model case 3- Legal/ethical dilemma: Ms. Y is an attractive 27 year old who has enjoyed all the excitement and advantages that life can offer. She has a successful law career, has traveled extensively and participates in sports (i.e. skiing and scuba diving). Ms. Y has just begun to plan her wedding with her fiancé, Mr. J, who also is a successful lawyer. Ms. Y and Mr. J were traveling together when they were involved in a serious car accident. Unfortunately, Ms. Y was not wearing her seat belt and sustained a cervical (C4) spinal cord injury that caused her to be paralyzed from the neck down. Ms. Y presently is hospitalized on a rehabilitation unit.

Mr. J received only minor injuries and was able to return to work soon after the accident. Initially, Mr. J maintained regular contact with Ms. Y. Although he experienced considerable guilt and regret regarding his part in the accident, Mr. J gradually became detached from Ms. Y and became involved with someone else. Ms. Y considers her situation and

concludes she has nothing left to live for and, therefore, states she wishes to die.

Not wanting to compromise anybody else, Ms. Y decides the best way (in view of her circumstances) is to commit suicide by refusing all nutrition. Ms. M, a newly graduated nurse, is in charge of Ms. Y's care and tries to persuade her to accept food and treatment. However, Ms. Y screams at Ms. M that her wishes for non-intervention should be respected. Ms. M goes to the head nurse and says she has a dilemma concerning Ms. Y. Ms. Y has both physiological and psychological problems, which have been worsening. Ms. M does not know how to deal with her.

This case illustrates a dilemma because all five attributes have been met. The case involves uncertainty of action. Ms. M's uncertainty comes from lack of knowledge and/or experience of what to do. Although most health care providers agree that a patient could choose to refuse treatment, they feel that, once begun, withdrawing treatment is equally considered unethical and probably illegal. It is also thought that nutritional support and hydration always will have to be provided for Ms. Y.

Borderline case: Mrs. W is a nurse on the rehabilitation unit and is working with Ms. Y, whose story is told under the model 1 case – ethical/legal dilemma (listed above). Mrs. W dislikes her job and does not feel involved when it comes to her patients. She comes into Ms. Y's room one morning and finds Ms. Y extremely angry and saying she will not follow her rehabilitation program any longer because she has nothing left in life. Mrs. W's response is: "Fine with me, because I can finish my job faster. However, by not taking part in your rehabilitation program your condition can worsen."

This is a borderline case because it addresses only some of the attributes of the concept, dilemma. All defining attributes are present, with the exception of the attribute of involvement, engagement or commitment. Mrs. W fails to see the situation, at hand, as a dilemma because she lacks involvement and commitment with Ms. Y.

Related case: The nurse, Ms. G, is going to give an insulin injection to a patient who has diabetes mellitus. She has two types of syringes from which to choose, a regular syringe and a syringe designed specifically for insulin injections. Ms. G knows insulin dosages must be drawn accurately, so she chooses the syringe designed specifically for insulin injections.

This is a related case because it appears to present a situation that is similar to the concept, dilemma. However, after close examination it is obvious the situation presented is not a dilemma. Ms. G must make a choice about the right thing to do, but she does not have a dilemma because she does not have a problem making a choice, nor is there an issue regarding uncertainty about her chosen action.

Contrary case: Mr. R was discharged, last week, from the cardiac intensive care unit and sent to the cardiac rehabilitation unit. Ms. C is the nurse responsible for Mr. R's care and helps him follow his rehabilitation program. Mr. R never refuses treatment, frequently smiles and tells Ms. C she has a very professional manner. He demonstrates appreciation for everything Ms. C does for him.

This is a contrary case because it clearly is an example of a situation that is not a dilemma. None of the defining attributes of dilemma are present. There is no problem present, no required choice of unattractive alternatives, no awareness of the presence of alternatives and no uncertainty about any actions to be taken.

Antecedents: Antecedents are events that need to take place prior to the occurrence of the concept.¹⁰ The concept, dilemma, has three antecedents: knowledge and experience related to the situation at hand; power to engage in the situation at hand; and, presence of a situation in which a dilemma can occur.

Consequences: Consequences are the outcomes or events that take place as a result of the presence of the concept.¹⁰ Two outcomes identified during the analysis of the concept, dilemma were: inability to perform professionally, at an optimal level, due to feelings/emotions; and, three levels (immediate,

intermediate and deliberate) of decision-making.

Unresolved dilemmas can affect the ability of nurses to perform at their optimal professional levels. The impact of distress, as a result of a dilemma on nurses, has been found to account for 13% of them leaving their positions and 15% leaving the profession.² Wellard points out that a dilemma often is followed by unresolved feelings or emotions.³⁴ These feelings or emotions (i.e. uneasiness or discomfort), undoubtedly, have an impact on one's ability to optimally perform.

The three levels of decision-making noted during the analysis included the: immediate level, in which there is no time for reflection; intermediate level, in which there is some time for explanation and reflection; and, deliberate level, in which there is enough time to get information, think and consult so as to be able to make a rational decision. Kelly and Joel indicate the deliberate level of decision-making probably is the most commonly used level.⁶

Since even simple ethical problems are seldom easily resolved, nurses involved in decision-making need all the assist they can get. The model cases presented above are indicative of such difficulties. The guidance of an ethics consultant or ethics committee can help nurses reason out possible alternatives, along with others who are involved in the situation. Strategies that enhance nurse-physician collaboration and reduce ethical conflicts in patient care are necessary and best dealt with at both the national and organizational policy level.²

Empirical referents: The final step of concept analysis involves determining empirical referents. Empirical referents are classes or categories of actual phenomena that demonstrate the actual occurrence of the concept.¹⁰ During the analysis process, a number of studies that examined the presence of dilemma were found that used both quantitative^{28, 35-37} and qualitative^{17-20, 38-41} methods. However, for the purpose of this paper, only instruments available for measuring the presence of dilemma are presented.

Hansen's "Occupational Therapy Dilemma Test" examines five types of dilemmas: deciding the

most appropriate type of intervention; disagreeing with the referring professional on appropriate intervention methods; disagreeing with other health care team members about the appropriate intervention; constraints due to the type of facility; and, disagreeing with the client (or client's family) about the appropriate intervention methods.²⁹

1) Crisham's "Nursing Dilemma Test" measures nurses' responses to real-life and hypothetical moral nursing dilemmas.³⁵

2) McAlpine, Kristjanson and Poroeh's "Ethical Reasoning Tool" measures ethical reasoning of nurses about practical dilemmas.³⁶

3) Penticuff and Walden's "Nursing Ethical Involvement Scale" explores the relative contribution of the practice environment characteristics and nurses' personal and professional characteristics on perinatal nurses' willingness to be involved in activities to resolve clinical ethical dilemmas.³⁷

Conclusion

This analysis resulted in identification of three types of dilemmas within the context of nursing, specifically: ethical, moral, and legal. Although definitions exist for each type of dilemma, the terms, "ethical" and "moral", were found to be used interchangeable throughout the literature. In addition, since a specific dilemma may have any combination of ethical, moral or legal ramifications, confusion exists regarding usage of all three terms.

Five defining attributes, three antecedents and two consequences related to the concept, dilemma, were presented. In addition, to better understand dilemma, a variety of cases (model, borderline, related and contrary) were presented to demonstrate the presence/absence of the concept. Although a number of studies were reviewed regarding the examination of dilemma, only four quantitative instruments measuring the actual concept were found.

Dilemma was found to be a highly abstract concept that is not easy to measure. However, given that dealing with dilemma requires levels of decision-making, it is recommended that research be conducted to examine the association between how nurses make decisions, in regards to dilemmas, and, then, how they behave in practice. This may be best examined by way of a qualitative approach.

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Dilemmas within the Context of Nursing: A Concept Analysis

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ความขัดแย้งในบริบทวิชาชีพการพยาบาล: การวิเคราะห์แนวคิด

จันทร์ทรา เจียรณัย

บทคัดย่อ : ในแต่ละวันพยาบาลเผชิญกับประเด็นความขัดแย้งมากมาย และประเด็นความขัดแย้งนั้นก็เป็นที่ถกเถียงกันอย่างกว้างขวางในวงการวิชาชีพสาธารณสุข ยิ่งความยุ่งยากและซับซ้อนในด้านเทคโนโลยีทางการแพทย์มีมากเพียงใด กฎหมายทางการแพทย์ก็ยิ่งซับซ้อนขึ้นเป็นเงาตามตัว สิ่งต่างๆ เหล่านี้ได้เปลี่ยนแปลง รูปแบบและระบบการทำงานของพยาบาลวิชาชีพไปด้วยเช่นกัน ดังนั้นจึงมีความจำเป็นอย่างยิ่งที่จะต้องมีการปรับเปลี่ยนมุมมองประเด็นความขัดแย้งในวิชาชีพการพยาบาลให้มีความเป็นปัจจุบันอยู่เสมอ ในการวิเคราะห์แนวคิดผู้วิจัยใช้แนวทางการวิเคราะห์ของของวอคเกอร์และเอแวน โดยมีวัตถุประสงค์เพื่อนำเสนอการวิเคราะห์แนวคิดเกี่ยวกับความขัดแย้งในบริบทของวิชาชีพพยาบาล ผู้วิจัยได้ดำเนินการศึกษาค้นคว้า วิเคราะห์ และ สังเคราะห์ การนำแนวคิดของความขัดแย้งไปใช้จากแหล่งข้อมูล และวรรณกรรมที่หลากหลาย ได้แก่ CINAHL-Nursing and Allied Health, ScienceDirect, วรรณกรรมทาง จิตวิทยา, สังคมศาสตร์, และวรรณกรรมทางด้านการบริหารการพยาบาล

จากการวิเคราะห์ ผู้วิจัยพบว่ามีการใช้ คำว่า จริยธรรม คุณธรรม และกฎหมาย ในประเด็นความขัดแย้งทางการพยาบาล และคำเหล่านี้มีการใช้แทนกันในบางสถานการณ์ จากการวิเคราะห์แนวคิดความขัดแย้งประกอบด้วย 5 องค์ประกอบสำคัญ ได้แก่ 1) การมีส่วนร่วม ความผูกพัน หรือการมีค่านิยมสัญญา 2) มีทางเลือกอันไม่พึงประสงค์ทั้ง 2 ทางเลือก 3) ความจำเป็นต้องเลือกทางเลือกใดทางเลือกหนึ่ง 4) การรับรู้ถึงทางเลือกนั้นๆ และ 5) ความไม่แน่นอนของปฏิกิริยา

แนวคิดประเด็นความขัดแย้งนั้นประเด็นสำคัญคือบุคคลที่กำลังเผชิญกับความขัดแย้งต้องมีความรู้ ประสบการณ์ ตลอดจนมีส่วนร่วมในสถานการณ์ความขัดแย้งที่เกิดขึ้น จากการวิเคราะห์แนวคิดความขัดแย้ง ผู้วิจัยสามารถจำแนกผลลัพธ์ของความขัดแย้งเป็น 2 ประการ ได้แก่ ผลของความขัดแย้งทำให้พยาบาลไม่สามารถปฏิบัติบทบาทหน้าที่ตามขอบเขตวิชาชีพ มีสาเหตุมาจากอารมณ์ ความรู้สึก อันส่งผลกระทบต่อความสามารถในการตัดสินใจ ทั้ง 3 ระยะ (ทันทีทันใด, ค่อยเป็นค่อยไป, และแบบช้า) เพื่อความกระจ่างชัดผู้วิจัยได้นำเสนอกรณีกรณีตัวอย่าง (Model case) กรณีใกล้เคียง (Borderline case) กรณี Related case และ กรณีตรงกันข้าม (Contrary case) ของแนวคิดความขัดแย้ง นอกจากนี้จากผลการวิเคราะห์พบว่ามิงงานวิจัยทั้งเชิงปริมาณและเชิงคุณภาพที่ศึกษาเกี่ยวกับประเด็นความขัดแย้งในบริบทของวิชาชีพพยาบาล ก่อนข้างจำกัด กล่าวคือ ผู้วิจัยพบว่ามิงงานวิจัยเชิงปริมาณเพียง 4 เรื่องเท่านั้น ที่มีเครื่องมือวัดประเด็นความขัดแย้ง ดังนั้นจึงจำเป็นอย่างยิ่งที่จะต้องมีการศึกษาวิจัยเกี่ยวกับประเด็นความขัดแย้งที่มีผลต่อกระบวนการตัดสินใจของพยาบาล

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คำสำคัญ: การวิเคราะห์แนวคิด, ความขัดแย้ง, การปฏิบัติการพยาบาล, Walker & Avant's approach

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