

## Ethical Problem in Nursing Practice

### ปัญหาเชิงจริยธรรมในการปฏิบัติการพยาบาล

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#### บทคัดย่อ

โลกาภิวัตน์ส่งผลให้มีการเคลื่อนย้ายของประชาชนจากต่างประเทศจำนวนมากมาอาศัยอยู่ในประเทศไทย พยาบาลไทยจึงต้องให้การดูแลผู้ป่วยชาวต่างประเทศที่มาจากหลากหลายประเทศซึ่งมีความเชื่อ วัฒนธรรม และวิถีการดำเนินชีวิตที่แตกต่าง ในการปฏิบัติการพยาบาลทุกวัน พยาบาลต้องเผชิญกับปัญหาจริยธรรมและแก้ไขข้อขัดแย้งด้านจริยธรรมเกี่ยวกับผู้ป่วยระยะสุดท้ายในประเด็นของการยืดชีวิตผู้ป่วย หรือคุณภาพชีวิตผู้ป่วยที่อยู่ในระยะสุดท้าย พยาบาลตอบสนองปัญหาเหล่านี้โดยการแก้ไขปัญหายจริยธรรมอย่างกระตือรือร้น พยาบาลต้องใช้หลักจริยธรรมในการปฏิบัติการพยาบาล และกระบวนการตัดสินใจเชิงจริยธรรม รวมทั้งสมรรถนะทางวัฒนธรรมร่วมกันในการแก้ไขปัญหาที่เกิดขึ้น

**คำสำคัญ** ปัญหาเชิงจริยธรรม กระบวนการตัดสินใจเชิงจริยธรรม การปฏิบัติการพยาบาล

#### Abstract

As a result of globalization, there are a lot of people from oversea move to live in Thailand. Thai nurses might give nursing care to foreign patients who have different beliefs, cultures and life-styles. Nurses have to face ethical problems and deal with moral conflicts especially in everyday practices, whether it is end-of-life issues such as extending life, or quality of life for people with terminal illness. Nurses have responded to solve ethically problematic situations by active acting. Dealing with ethical problems nurses must blend the principles of ethics in nursing practice, an ethical decision making model and cultural competence.

**Key words:** Ethical Problem, Decision Making Process, Nursing Practice

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## Introduction

Nurses are professionals who function independently in Healthcare roles. Nurses have to be knowledgeable and responsible for making complex decisions concerning the care of patients and their families as well as implementing their decisions. However, nurses also collaborate with other healthcare multidisciplinary teams in order to reach the best outcome for their patients. Importantly, in the decision making process to ensure the best nursing care for patients, sometimes nurses are faced with conflicting situational contexts and judgments. At the moment, many nurses very often have to deal with moral conflicts, which they may not recognize, especially in everyday practices, whether it is end-of-life issues such as euthanasia or extending life, or quality of life for people with terminal illness (Grace, 2009). As a result, nurses may feel tension and frustration in their clinical practice due to their interactions with patients (Gutierrez, 2005). Furthermore, ethical problems in a healthcare setting are common for nurses which often need to be confronted in their daily practices. So, ethical decision making is a vital important skill in helping to resolve difficulties and conflicts. For example, providing contraceptive information to a woman whose religious beliefs are not concordant with family planning. In other words, it is desirable that nurse professionals try to achieve the best possible and moral-justifiable resolutions while prioritizing patient's interests (Kim, 2011; Park, 2012). Furthermore, as a result of globalization, people are able to move around the world and settle abroad either to work, study or retire and Thailand is very popular destination for expats

and emigrants. Thai nurses might have to give nursing care to foreign patients who have different beliefs, and come from different cultures and life-styles. This could lead to cross cultural conflicts.

The purpose of this article is to describe possible ethical issues that nurses may encounter and are able to resolve problems in their professional setting using a decision making model. The principles of ethics in nursing practice and an ethical decision making model will also be reviewed.

## **The principles of ethics in nursing practice.**

Burkhardt & Nathaniel (2008) claimed that "ethical principles are basic and obvious moral truths that guide deliberation and action. It is vital for nurses to understand ethical principles and be adaptable in applying them in a meaningful and consistent manner". In addition, ethical principles: autonomy, beneficence and non-maleficence, justice, confidentiality, veracity and fidelity guide decisions in nursing practice (Burkhardt & Nathaniel, 2008; Fry & Johnstone, 2002).

According to Burkhardt & Nathaniel (2008) and Fry & Johnstone (2002) autonomy leads to self-governance. The term autonomy means having the freedom to make choices about issues that affect one's life. Also, autonomy can be closely linked to the necessity of respect for people and is an important principle in cultures where all individuals are considered to be unique and valuable members of society. The principle of beneficence and non-maleficence requires nurses to carry out or promote positive nursing care or act in ways that benefit patients and also to act in such a manner as to avoid



causing harm. Justice is related to fair, equitable and appropriate treatment in light of what is due to or owed to persons, recognizing the worth of individuals and the fair distribution of goods and services. The principle of confidentiality requires nondisclosure of private or secret information with which one is entrusted. For example, a nurse who is aware of a man who is HIV positive but refuses to inform his partner of his status. Veracity is defined as the obligation to tell the truth and not to lie or deceive others. In many cultures, truthfulness has long been regarded as fundamental to the existence of trust among individuals. For instance, administering a blood transfusion to a Jehovah's Witness who refuses this procedure on religious grounds. The last principle; fidelity is often related to the concept of faithfulness and the practice of keeping promises. Society has granted nurses the right to practice nursing on the conditions of training, license and certification. All nurses are bound by ethical standards to make decisions and follow standards determined by the legal constraints of nursing practice (Burkhardt & Nathaniel, 2008; Fry & Johnstone, 2002).

### **Ethical decision making in everyday nursing practice**

Grundstein - Amanda (1993) defined ethical decision making as a process of creating a choice leading to an action. This process is influenced by the relationship between professionals and patients, where consultations have taken place and decisions are made leading to the correct outcome. Moreover, Toren & Wagner (2010) noted that the practice of ethics is the Northern star that guides professional nurses in decision

making. Ethics plays an important role in guiding nurses to carry out beneficial nursing care and protect their patients from risk and harm. (Hawley, 2007) However, ethics does not tell nurses exactly what to do; nurses engender respect in their everyday practices by their accountability and moral beliefs resulting in good patient care (Fletcher & Spencer, 1997). Sometimes, problems and conflicts often culminate in ethical dilemmas which require nurses to participate in an ethical decision making process in order to find practical solutions.

Ethical decision making is a critical skill for nurses and an essential practice due to the fact that it is a complex process requiring nurses to identify and evaluate possible alternative actions as well as the consequences in order to determine what they ought to do (Erlen & Sereika, 1997). Patients' safety and well-being are dependent on a nurse's accountability and responsibility and the ability to make an ethical decision is vital. Regardless of the level of excellence in clinical knowledge and skills, a nurse professional who has low or non-existent ethical standards should be considered unfit for practice. All in all, for responsible healthcare, nurse professionals have to be competent in ethical decision making.

A valuable tool used to help nurses analyse and resolve dilemmas or ethical issues in their practice is called an ethical decision making model. This model can be divided into five steps and criteria to enable sound processing. (Ketefian, 1985; Catalano, 2000; Fry & Johnstone, 2002; Smeltzer *et. al.*, 2008). In the first stage, data collection, nurses should address the



situation at hand and define the root cause of the problem. In the second stage, identification of ethical dilemmas, nurses should judge and emphasize the uniqueness of each conflict or difficulty. In the third stage, identification and analysis of alternatives, nurses should determine the appropriate intervention by considering the advantages and disadvantages of the effects of each solution. The next stage, making the decision and implementation, nurses must choose the best option for their patients and family based on personal interests, cultural backgrounds, beliefs and attitudes. In the final stage, evaluation, having made a decision and acted on it, nurses must assess the outcome of the action taken to solve the conflicts.

### **Case study 1**

Mr. P was a 79 year-old American man who lived with a Thai-wife in Thailand after his retirement. He had two daughters who both lived overseas. The doctor told the family that his estimated life expectancy was no longer than six months. He had signed a disclaimer that he did not wish to be put on life-support and refused to have tubing inserted. Unfortunately, one evening Mr. P went into a coma. His wife took him to a nearby community hospital and his wife decided the best option to help him live longer was to put him on a ventilator and put him on life-saving mode. She wanted him to meet his daughters one last time before he died.

### **Case study 2**

This study involves a 14 year- old Thai school girl who had chronic epistaxis. One day, she had such severe epistaxis that her teacher

had to take her to the hospital. After investigation, the patient was diagnosed with terminal leukemia. During her admittance, her mom asked the nurse, who gave her daughter nursing care; to kindly not tell her daughter the diagnosis so that she could live her life like other normal teenagers. This was reinforced by other family members who did not want to let her know about the symptoms and treatment.

Each case study had conflicts for making ethical decisions. One involved culture and autonomy while the other involved beneficence, justice and confidentiality. What should the nurse have done? When the nurse made the decision they had to ask two questions: 1) Whose interests were more important? and 2) Which was the best practice for the patient or the family? These are the difficult questions that nurses have to continually ask themselves and they are certainly do not have one correct answer. Luckily, nurses could generate the difficulties and looking for alternative solution by using ethical decision making model. First of all, when nurses recognize ethical issues, they will define and judge a basis of problem. Fortunately, nurses do not work alone, they could inquire more information from other healthcare professional members (e.g. head nurse, doctors, social worker, psychologists or ethic committee etc.) After collecting considered data in all aspects (physical, mental, psycho-social and spiritual) as well as prognosis and goal of treatment, nurses might predict the outcome within difference situation. Then, nurses must choose the best nursing action based on a consequence and accountability which focusing on the values of patients and family members





(ANA, 2001). Finally, follow up evaluation is an important thing that nurses must explore how the implementation was worked and fitted in the situation and resolved the conflicts. If the chosen implementation was misses, the continuing action might be taken again (Cohen& Erickson, 2006).

During a conflict situation, nurses quite often feel like being a good nurse who might save a person's life. As a result in nursing curriculum, nurses did not want to do something wrong and harm to patients' lives or made some misunderstanding and create grief to patients' family member or significant person. Nurses also must respect the cultural beliefs and value of others not just only think about it is the right thing to do or does necessary to make it happen. Both case study, nurses in Thailand might concern with families' decision making because family's members and care givers are the most important people in Eastern culture.

## Conclusion

In both case studies, the nurse was required to apply ethical principles as part of the care of the patients and their families, making appropriate decisions leading towards the best solutions. In addition, nurses often find themselves in dilemmas conflicting with their individual beliefs and the interests or needs of patients and family. Occasionally, unidentified and unresolved conflicts or difficulties in daily practice could lead to feelings of uncertainty,

frustration and suffering among nurses, sometimes as a resulting in burn out and dissatisfaction in nursing jobs (Cohen & Erickson, 2006)

To help with these situations nursing institutions and health care workplaces should be promoting good teaching of ethics. Nursing education curricula must offer ethics as part of their course content to enable trainee nurses, to become more knowledgeable and sensitive in nursing issues. As both Scott (1997) and Fry & Johnstone (2002) have indicated, nursing education must encourage new nurses to develop moral vision and imagination. Also, novice nurses must learn to integrate their personal values and beliefs with the knowledge of ethical concepts, approaches to ethics and standards for ethical behavior. Nursing administrators should enhance the ethical decision making abilities of their practice nurses by using role models or mentorship programs in training courses to recognize ethical dilemmas and promote discussion and resolution of any identified issues and cultural competence. According to Cohen & Erickson (2006) all nurses should converse with their peers, health care providers and administrators regarding issues concerning moral distress in nursing colleagues. Such actions will demonstrate that nurses can be active and equal partners with their health care teams in upholding ethical practice and constructive solutions to complex ethical difficulties.



## References

- Burkhardt, M., & Nathaniel, A. (2008). *Ethics and Issues in Contemporary Nursing* (3rd ed.). Clifton Park, NY: Thomson Delmar.
- Catalano, J.T. (2000). *Nursing now: Today's issues, tomorrow's trends* (2nd Ed). Philadelphia: F.A. Davis.
- Cohen, J.S & Erickson, J.M. (2006). Ethical dilemmas and moral distress in oncology nursing practice. *Clinical Journal of Oncology Nursing*, 10(6), 775-780.
- Erlen, J.A. & Sereika, S.M. (1997). Critical care nurses, ethical decision-making and stress. *Journal of Advanced Nursing*, 26 (5), 953-61. Retrieved from: [ebscobhost.com/ehost/pdfviewer/pdfviewer?sid=e510f319-5221-471d-9502-36605dded556%40sessionmgr198&vid=2&hid=102](http://ebscobhost.com/ehost/pdfviewer/pdfviewer?sid=e510f319-5221-471d-9502-36605dded556%40sessionmgr198&vid=2&hid=102).
- Fletcher, J. C., & Spencer, E. M. (1997). Ethics services in healthcare organizations. In J. C. Fletcher, P. A. Lombardo, M. F. Marshall, & F. G. Miller (Eds.)
- Fry, S., & Johnstone, M.J. (2002). *Ethics in nursing practice: A guide to ethical decision making* (2nd ed.). International Council of Nurses. Oxford, UK: Blackwell Science.
- Grace, P. J. (2009). *Nursing ethics and professional responsibility in advance practice*. Sudbury, MA: Jones and Bartlett Publisher.
- Grundstein-Amado, R. (1993). Ethical decision-making processes used by health care providers. *Journal of Advanced Nursing*, 18(11), 1701-1709.
- Gutierrez, K.M. 2005 Critical care nurses' perceptions of and responses to moral distress. *Dimensions of Critical Care Nursing*, 24 (5): 229-41. Retrieved from: <http://eds.a.ebscobhost.com/ehost/detail?sid=ec1a67d9-e662-4f61-b0bb-436f68edc765%40sessionmgr4001&vid=1&hid=4211&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#db=r>
- Hawley, G. (ed.) 2007. *Ethics in Clinical Practice – an Interprofessional Approach*. England: Pearson Educated Limited.
- Ketefian, S.(1985) Professional and bureaucratic role conceptions and moral behavior among nurses. *Nursing Research*. 34, 248-253.
- Kim, Sanghee. (2011) Development and initial psychometric evaluation of nurses' ethical decision making around end of life care in Korea. Ph.D dissertation fulfillment. William Connell school of nursing. Boston college.
- Park, E. (2012). An integrated ethical decision-making model for nurses. *Nursing Ethics*, 19(1), 139-159
- Scott, P.A. (1997) Imagination in practice. *Journal of Medical Ethics* 23, 45-50.
- Smeltzer et.al. (2008) *Brunner and Suddarth's textbook of medical-surgical nursing*. 11th ed. Philadelphia : Lippincott Williams & Wilkins
- Toren, O. & Wagner, N.. 2010 Applying an ethical decision making tool to a nurse management dilemma. *Nursing Ethics* 17(3), 393-402.





# วารสาร พยาบาลสาร

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