Review Article

Ethical Issues and Dilemmas Encountered in Nursing Practice in Turkey

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Abstract

Nowadays it is seen that there's a very great need in nurses that can provide ethically sensitive and morally approvable care. Health care issues are seen between health care workers, patients, families, and individuals form the society. It should be considered that nurses' workload could increase and some problems caused by excessive workload could occur when nurses undertake the other health care workers' tasks due to the absence of the desired quality of provided health care services in our country and to the inadequacy of the current number of nurses and midwives in institutions. As much as the importance of the collaboration inside the health care team, to protect own areas of each proffesion, when evaluated in terms of the value of the proffesion and of proffesional ethics to guide the members of the profession for the solutions of possible ethical issues, to create a professional identity are also important to protect the professional status and to improve the social prestige of the profession. Nurses are required to have ethical knowledge of their profession to make ethical decisions regarding to their profession or to participate the ethical decisions about the patients under their care. Nurses and midviwes should use their knowledge as a key in their working lives in order to deal with the ethical issues. Therefore, effective and continuous service trainings are necessary after the graduation.

Key Words: Ethical Issues, Dilemmas,   Nursing

Introduction

Each member of the profession in the team should take their own profession's responsibilities and fulfill their duties in order to the smooth functioning of health services. Health policies should be arranged in this way with considering of each individual has a right to access the health care services.

Nowadays it is seen that there's a very great need in nurses that can provide ethically sensitive and morally approvable care. Health care issues are seen between health care workers, patients, families, and individuals who form the society. Occuring some value issues due to the advances in science and technology gradually increases the importance of the ethics in health. (Potter and Perry 2009, Karaoz 2002, Burkhardt ve Nathaniel 2013). Potter and Perry emphasize that education, which is one of the most important elements of professionalization process, is also crucial for professional competence that is an element of professional autonomy(Potter and Perry ,2009) . They also stated that individuals' professional knowledge and skills should be adequate to make professional decisions and to take the responsibilities of these decisions. Butts and Rich stated that nurses could realize ethical problems and learn ethical awareness just with ethical education; thus they need to get adequate education in their both fundamental professional training programs and postgraduate training programs(Butts and Rich,2005).Nichols and Chitty explained on their reviews that as well as nurses' professional trainings, who has master's and doctoral level education, are an essential criterion for professionalization; it's also important for professional autonomy that nurses' with professional competence decisions should be autonomously and independently (Nichols and

Chitty,2005). Rafferity et al evaluate nurse's making decisions with his/her professional identity as professional autonomy's acceptance by other health care workers in the team (Rafferıty, Ball and Aıken,2001). Emotional charge (weakness and incompetence) that encountered during the professional nursing practice also causes confrontations between personal and professional values, and ethical dilemmas (Craven and Hırnle 2009,Fry 2006,Weston 2008). Ethical dilemma occurs with the confrontation of patient values and expectations during the care/treatment, and nurse/physician values and expectations from themselves. Dinc emphasizes in his review the relation between patient and nurse, making moral judgments about the individuals who recieving care, need to be analyzed of possible outcomes of decisions or inability to decision, and nursing care as a fact that has a moral dimension and that requires to take a moral responsibility (Dinç, 2009). A nurse who has a continuous contact with the patient could notice an ethical issue much easier (Erdemir 2001, Burkhardt ve Nathaniel 2013, McCarthy ve Friedman 2006). In the countries where nursing is advanced, team collaboration was adopted instead of hierarchical structure. In this case, a nurse cannot be hindered while making decisions on professional practice and implementing these decisions by other health care workers. Thus, it could be provided to a nurse to provide a more autonomous care (Nancarrow 2005, Weston 2008).

Facilities could measure the ethical sensitivity of nurses when they encounter an ethical dilemma were not developed in our country. Two tests of which validity and reliability were done are available. First of these is "Moral Sensitivity Questionnaire" developed by A. Kim Lutzen), which was translated to Turkish as "Ahlaki Duyarlilik Anketi-ADA" scale by Hale Tosun with doing its validity and reliability studies(Lutzen 2000,Tosun 2005). The other sensitivity scale is Ethical Sensitivity Test for Nurses. This test is a tool that was developed in United States by Byrd in order to measure the ethical sensitivities of nurses. This test's

reliability and validity were made by Orgun in our county(Orgun, 2009).

Issues Associated with Tasks and Fulfillment of Tasks of the Health Care Team

Baykara defined that health institutes providing health care services tend to do a lot of work with a few health care workers; and that institutes benefit cheap manpower with paying les fees to nurses than physicians, therefore transform the physician-nurse relation to a competition where competitors get a share of the pie (Baykara,2010). Therefore in Baykara's review, it was emphasized that the system creates an alienation of individuals and professions with its substantially nature of creating a competition environment. Furthermore, in the study, it was evaluated that although the society, health care institutes, professional organizations, and professional ethical principles charge nurses providing care in accordance with science and technology as a task, professional autonomy of nurses remain inadequate to perform this obligation and cause severe ethical issues(Burkhardt and Nathaniel 2013 ,Cutts 2000). Health necessities are not considered with Health Reform- The Health Transformation Program, and a system is being created that information about drugs in order to obtain more profit, consequently health is comodified (Agartan 2010,Alpar 2008).As a result of this system, facility to reach a fair and equal health care service gradually become difficult.

Nurses stated that unspecified job descriptions might affect the professional autonomy negatively (Baykara,2010). Health care institutes may request non-professional responsibilities from nurses which they normally do not have to do due to this legal gap. Unal and Seren's studies showed that 27.2% of nurses do secretarial work, 22.1% of nurses do laboratory work, and 3.9% of nurses do purchasing and invoicing works(Unal and Seren,2010). Making the job description will clarify the authorities and responsibilities of members of the profession; therefore it will be

the determinative of making "which" decision according to "what". Making decisions related to profession is difficult for a professions of which job description is not made (Baykara 2010,Fry 2006). Making a decision brings along the obligation to bear the decision's responsibility . Therefore, if a nurse's job is not clarified with regulations, it may cause his/her avoidance from using his/her otonomy for any subject about his/her profession and from taking on this decision's responsibility (Baykara 2010,Weston 2008). Altun emphasized that such ethical issues require national policies and institutional regulations rather than individual forces (Altun,2012).

Until 2007, nurses have taken office according to the Nursing Law formed in 1954; however they have never had a regulation or a charter where their responsibilities are itemized (Ulker 2009,THD 2009). Until recently, it has been forbidden for nurses to make applications alone except smallpox vaccine, and they have had to make applications except smallpox vaccine under physician supervision according to the 1954 Nursing Law . Nowadays, nurses do many attempts in application areas. While fulfilling this responsibility, laws often support nurses. With the modifying of Nursing Law in 2007, nurse and his/her responsibilities were redifined (Yildirim 2014, THD 2009). Health care workers should be sufficient to administer for providing quality care, and should universalize their universal roles (Altun, 2012).

The number of nurses per patients in our country is insufficient. Besides this, due to taking on the other health care workers' (such as physicians, dieticians, laboratory technicians, cleaning stuff) responsibilities by nurses and midwives, their workload increase more. In order to solve this problem, nurses should work in accordance with professional ethics, and they might collaborate with senior management(THD 2009,Tosun 2005). Unal and Seren found in their studies that using nurses as a "bumper member" in institutes,

and forcing them to work in many units except their tasks prevent their fulfillment of their responsibilities (Unal and Seren,2010). Consequently, nurses are not able to evaluate their patients to make a care decision, even they decide they may not able to achieve this care. In the same study, when its reason was asked to the manager nurses, it was stated that manager nurses remained under pressure of senior management and policies because of issues about using their professional autonomy.

In a review by Ekici, it was stated that in developed countries, nurses' (who take office inside the health care team) job descriptions' limits are clear(Ekici 2013,ICN 2006).

Educational Reasons

Education which is one of the most important components of professionalization process is also significantly important for professional competence which is a component of professional autonomy (Potter and Perry ,2001). It was also stated that professional knowledge and skills should be sufficient in order to making professional decisions and taking on these decisions' responsibilities (Potter and Perry,2001). Chitty emphasized that only basic professional education is not sufficient for competence on professional practice, but also training of nurses specific to their area is significant (Chitty, 2005).

Tasocak, listed basic elements that exist in philosophy of "Contemporary Nursing Education" below it was stated that each person has his/her own value and these values are significant for human life. In the same review, it was defined that health is a human right for every human being, and therefore nurses' main purpose is human, and they take responsibility of providing care everywhere and supporting human rights(Tasocak,2001).

Standardization of basic education of profession at university level is the leading of these challenging forces . Standard level of education

profession reached is the most important guarantee of safety. Nursing extends back to ancient times, and its basic education in our country is still tried to be standardized. Although education was based on license level with the regulation of Nursing Law modified in 2007, trends on providing professional formation with secondary education programs remained. Nurses, with such struggles, try to maintain efforts for creating and developing profession-specific areas in health care system (Bılazer et al. 2008,THD 2009 . Without investigating reasons for leaving the profession and providing their reintegration to the profession, losses are tried to be corrected with young new graduated students educated at short term education programs and this will long term affect the public health negatively (Yildirim 2014, THD 2009,ICN 2006). In a study performed by Duygulu and Korkmaz the reason for 48.3% of nurses who think about leaving the profession was heavy working conditions (Duygulu and Korkmaz, 2010). In another study, it was determined that institutes that giving different responsibilities to nurses outside their professional practice prevent their implication of professional practice (Birol,2009). In Turkish Nurses' Association's study in our country , number of patients per one nurse works at clinics determined as 12, and this number is much more less in developed countries(THD,2009). For instance, Gunninberg stated at the ethics congress organized in our country that number of patient per one nurse in Sweden was two (Gunninberg ,2012). Unfavorable working conditions of nurses affects their private lives negatively as well as their professional lives. In a study performed by Bilazer et al. with the support of Turkish Nurses' Association, it was defined that unfavorable working conditions cause problems on nurses such as exhaustion, amnesia, dispersal of attention, not to feel safe, reduction in the power struggle, anxiety, personal development opportunities restrictions(Bılazer et al. 2008,THD 2009). Workload, lack of material and personnel, stress at the working areas, and anxiety cause

problems on nurses such as reduction in working desire, in attention and in power struggle, and not allocating time for personal development. Ecker emphasizes that nurses who are sufficient in professional practice and have qualified features should not have other jobs except their own professional work, and institutes should not expect other jobs from nurses except their professional practices (Ecker,2009). Kocaman established an article on account of nursing week, and stated that nurses' working desires and power struggles reduce and they suffer from exhaustion, and this situation causes leaving their jobs or their retiring early (Kocaman,2006). According to Yildirim, nowadays reasons for lack of nurses and midwives numbers are not protecting nurses' autonomies and their employment at the wrong areas(Yildirim, 2011). In addition, nurses face with two options due to not having legal basis of their practices that they do in accordance with professional development. According to Yildirim, these two options are: "limited working defined by in accordance with laws", and "exhibiting professional behavior in accordance with the professional developments". In the same review, it was stated that nurses does not fulfill their professional and ethical responsibilities with applying the first option, but this option would not drive nurses to the wall; also with the second option, nurses have professional and ethical responsibilities but laws often do not support nurses while fulfilling their responsibilities(Yildirim 2014,THD 2009).

Professional Reasons

In a study, nurses stated that another factor affects professional autonomy in nursing negatively is institutes' unfavorable working conditions and the workload(Chitty,2005). Nurses also stated that they do not have enough time for making decisions related to professional practice and for carrying them into practice due to institutes' policies and lack of equipment and personnel (McCarthy and Friedman, 2006). In Baykara's study, nurses defined that they spend

their time for many other jobs outside their professional practice such as secretarial work, equipment counting etc., and they lack of time for their main nursing practice Works (Baykara,2010).

Yildirim stated in his review related to "Professional Organizing" that one of the factors affects professional autonomy in nursing is insufficiency of professional organizing (Yildirim,2014). Members of a profession with the same thoughts and beliefs should come together and get organized in order to strengthen the profession (Erdemir *et al.,*2001). There exist powerful organizations such as American Nurses' Association, Canada Nurses' Association, England Nurses' Association in the world. The leading organization on nursing in our country is Turkish Nurses' Association (ANA 2001,THD 2009,ICN 2006)

Nurse, and his/her responsibilities were redefined with the modification of Nursing Law in May 2007 (54). However, according to Yildirim , the new regulation will be required to control whether the institutional regulations are applied; and trainer, administrator and practitioner will need to fulfill their responsibilities with adopting the terms of the regulation (Yildirim,2014). Ay stated "determinating the limits of the working area of a profession is a task of its own members". However, in our country, such responsibility is very difficult to fulfill in terms of nursing (Ay,2008). Nursing have given the most challenging effort to determine and administrate the functions involved in the application area, and still is giving this effort.

In another study performed in 2001 by Erguner et al. , it was found that 59.7% of nurses practice with 20 patients or more. This number is two times of the number determined at World standards(Erguner *et al.* 2001) . When ratio of participating trainings and/or a scientific program regarding to ethics were analyzed, 66.7% of nurses got a training about ethics during their

professional education process. Although nurses encounter many problems in their relations with patients, physicians, and other health care workers, they cannot realize this ethical problems and they may mistake these as other problems. Naturally it's not possible to produce the right solution without knowledge of the source of the problem. In addition to these problems, nurses' attitude as completing the other health care workers' jobs also increase their workload and cause more ethical problems(Baykara,2010).

Nowadays during providing health care, health care workers encounter more intensively and commonly their ethical dilemmas at all health care areas, especially at insensive care units. At these units, ethical dilemmas and conflicts regarding to informed consent, deciding responsibility, sharing of resources equally, violation of providing benefit or nonmaleficence are the most encountered problems. In the study of Korkmaz and Gorgulu, it was found that nurses pay attention with "moral and spiritual values" at most with 28% ratio; and only 13.9% of nurses pay attention with "ethical principles" (Korkmaz and Gorgulu, 2010). Aslan et al found in their investigations regarding to determine operating room nurses' approachs to ethical problems that nurses utilize from ethical principles at 28.2% ratio for the solutions of ethical problems (Aslan and Unal, 2005). In the study performed by Gul *et al.*, it was stated that persons' knowledge of ethical codes and their ability to use them, clinical experiences, academic knowledge, individuals' ability to predict existing outcomes are effective for acting in accordance with professional ethics on the decision making in ethical sensitivity uncertain situations occur during the care(Gul *et al* .,2013). In this context, Karaoz emphasizes principles and guidelines which we may evaluate at the universal scale based in giving the highest worth to human life and honor during nursing practice(Karaoz ,2007). Yildirim emphasizes that each patient has health care right even he/she

does not have a health care insurance, and these rights exist in the international decisions which our country has also confirmed (Yildirim,2014). In this context, in the decisions made at the Europe Nursing Conference organized in Vienna in 2000, it was emphasized that health inequalities are unacceptable in terms of political, social and professional settings, and that the situation directly concerns nurses and midwives; therefore current nursing roles and trainings should be checked. Nurses' and other health care workers' common responsibility is towards individuals/patients who recieving health care (Barker *et al*.,2002,Young 2009,Weston 2009). However, a nurse encounters ethical dilemmas during providing this care and works at an area where negligence of duties exist will not be able to fulfill this responsibility.

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