

ORIGINAL PAPER

Ethical Problems Encountered by Nurses in Turkey

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Abstract

Background: Nurses are having some ethic problems in giving quality care in health care system.

Objective: The aim of the study is to define the ethical problems nurses in Turkey encounter.

Methods: A total of 171 nurses, who are working in a military hospital in Turkey, participated in the study. The study is a descriptive one. The questionnaire form, which is used as a means for data acquisition, is developed by the researchers, as the result of a literature review. Questionnaire forms were filled up by the nurses, who accepted to participate in the study.

Results: Most of the nurses participating in the study stated that they realize they are facing ethical problems when conflicts on patient requests break out. The majority of the nurses stated that the greatest ethical problem met is the priority of using sources. Organ donation is shown as the ethical problem least encountered. Nurses answered the question regarding the resources used in resolving ethical problems as superiors in 75.27 % and as colleagues in 65.2%.

Conclusion: Definition of ethical problems nurses encounter during practice, will be guiding in determining what to do in order to put up with those problems during nurses' training and practices.

Key words: ethical problems; nurses; clinical practice.

Introduction

Awareness on ethics in nursing has increased because of changes in health care and society (Casterle, Izumi, Godfrey, & Denhaerynck, 2008). Nowadays nurses are having difficulty in giving quality care in constantly changing health care environment. Health services are in a continuous change like increase in the usage of technology, shortening of staying times in hospitals, usage of electronic patient records, and increase in information levels of patients (Casterle et al., 2008; Schluter, Winc,

Holzhauser, & Henderson, 2008). In parallel to these changes nurses confronted with ethical dilemma and conflicts in an increasing manner as a result of disputes between professional values and institutional values (Goldman, & Tabak, 2010).

Close relation with patients creates an opportunity for nurses to observe ethical problems carefully. The codes of ANA are a moral foundation for nursing. These codes regulate expectations on professional nursing behavior in addition to offering a framework and

information flow for ethical decision making (Wood, 2001). Patient wellness and security mostly depend on ethical decisions of professionals (Park, 2012). Ethical dilemmas and conflicts of nurses would result with disappointments, exhaustion, decrease in work satisfaction, and even quitting (Goldman, & Tabak, 2010; Włodarczyk, & Lazarewicz, 2011). It is highly important to create positive ethical environment within hospital both for health staff and patients. The data that will be obtained through an investigation on ethical dilemmas/problems that are confronted by nurses would support hospital management and managerial nurses in creating positive ethical environments by applying required arrangements. So as to, the aim of this study is to find ethical problems that are confronted by nurses, and to determine types and frequencies of ethical problems that affect health care and how nurses solve ethical problems.

Methods

The study was conducted as descriptive and cross-sectional survey among nurses. This study was performed at a military education and research hospital in Ankara in Turkey. The study was conducted between March and April in 2007.

A total of 171 nurses who volunteered to participate in the study and provided informed consent made up the study group. The data of the study were obtained through the use of a data collection form developed by the authors based on review of literature. Pilot testing of the questionnaire was carried out with a sample of ten nurses and revisions were made in regard to administration and clearness of the questionnaire. The study was implemented after obtaining the permission of the nursing department of the military education and research hospital. The study was carried out by administering the survey questionnaire to the volunteer nurses after informing them about the aim of the study and the procedures to be followed.

Statistical analysis

The SPSS 15.0 (Statistical Package of Social Sciences Inc. Chicago, IL, USA) package program was used to evaluate data. Mean (\pm sd) for continuous data, frequencies and percentages for nominal data were used for descriptive statistics.

Results

All of the nurses participating in the study were women. The mean age of the nurses was 34.32 ± 6.06 years (minimum, 24; maximum, 50). The distribution of factors that led nurses to understand that they are confronted with ethical problems was shown in Table 1.

According to this, conflicts that nurses have ordered as conflicts with patient demands ($n=32$; 31.1%), with their ethical knowledge/values ($n=24$; 23.8%), and with rules and regulations of their institution

In Table 2, types and frequencies of ethical problems that nurses have encountered were shown. Nurses informed that they have ethical problems in priority of usage of resources at most ($n=124$; 78.0%, "sometimes"). Other ethical problems were ordered as communication with patient ($n=116$; 75.3%, "sometimes"), and erroneous practices of doctors ($n=116$; 74.8%, "sometimes").

In addition, 73% of nurses ($n=116$), expressed that personal conflicts within and practice differences between colleagues, sometimes, create ethical problems. More than half of the nurses have problems with application of a useless cure and telling the truth to patients. Donation of organs and euthanasia were listed as least confronted ethical problems.

The participants expressed the resources that are used in the solution of ethical problems as superiors with a ratio of 75.27% ($n=84$) and colleagues with a ratio of 65.2% ($n=75$) in table 3. For the solution of ethical dilemmas, 41.2% of nurses are using procedures and regulations and 24.2% of nurses are using ethical committee of hospital time to time.

Discussion

Nurses are struggling with ethical problems. In addition the difficulties are getting bigger in an environment where nurses are trying to give care under pressure and complex ethical problems (Ulrich et al., 2010). The results of this study explains nurses' awareness on ethical problems that they have confronted in the military hospital where the study was conducted and type, frequency, and solutions of the ethical dilemmas that they had. It has been thought that the results would contribute to the development of a positive ethical climate.

Table 1. Order of frequencies of factors that let nurses to be aware of an ethical problem

Issues	1		2		3		4		5		6		7		8	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Conflict with patient demands	32	31.1	22	21.3	14	13.6	6	5.8	12	7.0	8	7.8	8	7.8	1	1.0
With my ethical knowledge	24	23.8	21	20.8	17	16.8	17	16.8	11	10.9	4	4.0	7	6.9	-	-
When there is a conflict with regulations	23	22.5	22	21.6	24	23.5	21	20.6	4	3.9	7	6.9	1	1.0	-	-
When I feel discomfort	6	6.4	10	10.6	11	11.7	12	12.8	9	9.6	22	23.4	24	25.5	-	-
When there is a conflict with my beliefs	5	5.2	8	8.3	11	11.5	15	8.8	20	20.8	22	22.9	15	15.6	-	-
Depending on my experiences	4	4.2	5	5.3	4	4.2	16	16.8	22		16	16.8	28	29.5	-	-

Table 2. Type and frequency of ethical problems that nurses confronted

Issues	Always		Sometimes		Never	
	n	%	n	%	n	%
Priority of usage of resources	19	11.9	124	78.0	16	10.1
Nurse patient communication	21	13.6	116	75.3	17	11.0
Erroneous practice of doctors	3	1.9	116	74.8	36	23.2
Personal conflict between colleagues	24	15.1	116	73.0	19	11.9
Differences between practices of colleagues	16	10.1	116	73.0	27	16.9
When there is a conflict between institutional requirements and patient requirements	33	20.8	115	72.3	11	6.9
Insufficient physical conditions	14	9.1	113	73.4	27	17.5
Application of a useless cure	4	2.5	110	69.6	44	27.8
Telling the truth to patient	8	5.0	110	69.2	41	25.8
Unjust treatment of patients because of bureaucracy	15	9.7	103	66.5	37	23.9
Erroneous applications of colleagues	2	1.3	95	62.1	56	36.6
To show respect to privacy of patient	15	9.6	91	58.0	51	32.5
Not following treatment priorities	19	12.0	91	57.6	48	34.0
Application of alternative treatments	4	2.5	88	55.3	67	42.1
Protecting the rights of people who are weak or in need of help	17	10.8	81	51.6	59	37.6
Protecting patient information	9	5.7	75	47.2	75	47.2
Organ donation	7	4.5	49	31.6	99	63.9
Demand for euthanasia	4	2.5	42	26.6	112	70.9

Table 3. Resources that are used in solving ethical problems

Issues	Always		Sometimes		Never	
	n	%	n	%	n	%
Superiors	18	16.2	84	75.7	9	8.1
Colleagues	37	32.2	75	65.2	3	2.6
Spouse/family members	6	6.1	42	42.4	51	51.5
From rules and regulations	8	8.2	40	41.2	49	50.5
Lawyers	1	1	21	21.4	76	77.6
Ethical committee	1	1.1	23	24.2	71	74.4
Religious man	1	1.0	5	5.2	91	93.8

In this study nurses emphasized that they realize the existence of an ethical dilemma first, in case of a conflict with patient demand; second, in case of a conflict with existing rules, and third, in case of an ethical problem. Similar to our study, other studies showed that nurses are having ethical dilemmas about patient autonomy (Ulrich et al., 2010; Sorta-Bilajac, Bazdaric, Brozovic, & Agich, 2008). In addition nurses are having ethical dilemmas when they are required to do practices that they think not ethical (Gutierrez, 2005). Similarly, nurses start to feel guilty, because they think they did not apply quality care, when they are obstructed through not to apply their own decisions in patient care (von Post, 1998).

Most of the nurses think that there are obstacles on ethical practice. Most important ethical problem was defined by nurses as priority of usage of resources. In similar studies nurses and doctors emphasized that sources of the ethical conflicts about organization were limited and improper usage of resources (Gutierrez, 2005; Gaudine, LeFort, Lamb, & Thorne 2011). The ethical problems that nurses confronted show

differences depending on clinical areas where they work. For instance, while intensive care nurses emphasize aggressive therapies as source of ethical conflicts most administrative nurses emphasize insufficient resources and pediatric nurses emphasize protection of rights of children (Redman, & Fry, 2000). Mostly, administrative nurses are having ethical dilemmas about announcement of medical errors, performance evaluation, discomfort from behaviors of doctors, and resource management (Katsuhara, 2005).

Justice Principle, which is one of the professional ethical codes, is an important idea that aims to guarantee that individuals receive equal service. Usage of scarce resources in health care is one of the common problems within the context of justice. Methods of logical resource usage may ease this difficulty. As a result, it was indicated that it would be effective to use less expensive but more productive resource usage and to adopt decision making processes based on cost/benefit analysis in the solution of the problem (Reeder, 1989).

Communication with patient and health staff is very important in improving patient care quality

as well as sustaining patient safety. In our study most of the nurses had ethical dilemma about communication with patients. In support of this result another dilemma that nurses had is about telling the truth to patients. Studies indicate that nurses had ethical dilemma when doctors convey incomplete and erroneous information to patients and patient relatives (Gutierrez, 2005).

Another ethical dilemma among nurses who work in surgical clinics is how to give information to patients and relatives of patients about possible health problems after discharge without harming their hopes (Torjuul, & Sorlie, 2006). Doctors, as another member of health team, had similar ethical dilemma about telling the truth to patients (Sorta-Bilajac et al., 2008). The principal of fidelity requires nurses to be sincere, honest, and keep their words to patients. At the same time nurses must inform patients about their care and treatment in a right, adequate, and understandable manner within the framework of autonomy and respect to personality.

Our study showed that nurses are depending on their superiors and colleagues in the solution of ethical problems. Studies indicated that nurses have a tendency to use institutional rules and norms in a traditional way instead of creativity and critical thinking in the solution of ethical problems. Conformist practice (that follows tradition instead of good for patient) is an important obstacle over appropriate ethical actions within the nurses who lack creativity and critical thinking.

There is a need for initiatives to support ethical development of nurses in ethical practice (Casterle et al., 2008). Ethical committees, the experts of bioethics, and experienced nurse consultants are required to prevent losses from ethical difficulties. Health institutions are required to determine ethical problems faced by nurses. At the same time the effect of ethical problems on stress of nurses and care given by nurses must be evaluated. Ethical support given by ethical committees, the experts of bioethics, and experienced nurse mentors is important to overcome ethical difficulties faced by nurses. Fewness of nurses is another factor that affects patient care quality and that results ethical problems in ethical committees (Schluter et al., 2008; Ulrich et al., 2010). However in order to improve the level of ethical sensibility of nurses

and thus to recognize and solve ethical problems, it is suggested to plan postgraduate and continuous education programs (Basak, Uzun, & Arslan, 2010).

Conclusion

There happens a positive ethical environment if patient care targets coincide with institutional targets (Goldman, & Tabak, 2010). Positive ethical environment is an important factor in giving quality health care. To construct this kind of an ethical environment it is important to determine problems. There are important responsibilities for nurse leaders and managers in development of positive ethical climate.

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