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Research Article

Ethical Decision-Making Level of Intensive Care Nurses

Yoğun Bakım Hemşirelerinin Etik Karar Verme Düzeyleri

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Abstract

Aim: A crucial skill for nurses is the understanding of ethics and ethical dilemmas, which enables them to make ethical decisions. This study aimed to assess the ethical decision-making abilities of intensive care nurses employed at a university hospital. **Materials and Methods:** In this descriptive study, the population comprised 265 nurses employed in the hospital's intensive care units. The sample for the study, on the other hand, consisted of 56 intensive care nurses. Data were collected using a "Nurse Information Form" and the "Nursing Dilemma Test". **Results:** It was found that the average scores of intensive care nurses in Principled Thinking (29.95 ± 10.34) and Practical Thinking (17.79 ± 4.73) were at medium levels. The study indicated that these nurses were acquainted with dilemmas similar to those in the Nursing Dilemma Test (15.71 ± 4.47). **Conclusion:** The most common ethical dilemmas faced by intensive care nurses included the conflict between true procedures that should be done and the physician's request, the decision not to perform cardiopulmonary resuscitation, and telling the truth to the patient. It was concluded that intensive care nurses tried to take ethical principles into account when making decisions about ethical dilemmas, but that they did not make use of ethical principles adequately and were affected by environmental factors.

Öz

Amaç: Etik ve etik ikilemlerin bilinmesi, hemşirelerin etik kararlar alabilmesi için temel bir gerekliliktir. Bu çalışma, bir üniversite hastanesinde çalışan yoğun bakım hemşirelerinin etik karar verme düzeylerini belirlemek amacıyla yapılmıştır. **Gereç ve Yöntem:** Tanımlayıcı tipteki bu araştırmanın evrenini bir hastanenin yoğun bakım ünitelerinde görev yapan 265 hemşire, örneklemini ise 56 yoğun bakım hemşiresi oluşturmuştur. Araştırmanın verileri "Hemşire Bilgi Formu" ve "Hemşirelik İkilem Testi" kullanılarak toplanmıştır. **Bulgular:** Yoğun bakım hemşirelerinin ilkesel düşünme (29.95 ± 10.34) ve pratik düşünme (17.79 ± 4.73) puan ortalamalarının orta düzeyde olduğu bulunmuştur. Araştırmada yer alan yoğun bakım hemşirelerinin Hemşirelik İkilem Testindeki ikilemlere benzer durumlara aşına oldukları belirlenmiştir (15.71 ± 4.47). **Sonuç:** Yoğun bakım hemşirelerinin en sık karşılaştıkları etik ikilemler arasında yapılması gereken doğruların çatışması, kardiyopulmoner resüsitasyon yapmama kararı ve hastaya gerçeğin söylenmemesi yer almaktadır. Yoğun bakım hemşirelerinin etik ikilemlerle ilgili karar verirken etik ilkeleri dikkate almaya çalıştıkları ancak etik ilkelere yeterince yararlanmadıkları ve çevresel faktörlerden etkilendikleri sonucuna varılmıştır.

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INTRODUCTION

Ethics refers to the moral principles or values that guide the conduct of an individual or a profession. To enhance the quality of nursing care, nurses should possess up-to-date knowledge and skills, be sensitive to the human and ethical aspects of care, continuously improve their professional competence, and provide services in accordance with professional ethics (1).

In the nursing profession, many cases related to clinical ethics are encountered, and dilemmas are common because it is difficult to choose the ethical principles to be followed in practice during the decision-making process (2).

Ethical decision-making is the systematic process of determining the most morally appropriate course of action when faced with conflicting options. It involves logical reasoning and a thoughtful consideration of ethical principles (3). In a situation where an ethical decision has to be made, the conflict between two values causes ethical dilemmas. Nurses encounter ethical dilemmas when they are indecisive between their values and judgments while deciding on a situation that may be beneficial for the patient. Ethical dilemmas are situations with unknown correct answers, and there are no definite rules that provide a solution for dilemmas (4).

Intensive care units (ICUs) are specialized clinics staffed by a multidisciplinary team that provides comprehensive care to critically ill patients. The primary goal of an ICU is to facilitate the recovery of patients by offering advanced medical care and constant monitoring of their vital signs. These units are equipped with state-of-the-art technology to support patient care effectively. One of the critically important members of this multidisciplinary team is intensive care nurses (5). In this context, intensive care nurses are more likely to encounter complex and unexpected problems as they are the first to detect changes in a patient's condition and to make quick decisions within the team in emergencies (6). Ethical issues constitute an important part of these problems. Therefore, ethical decisions are an inevitable part of critical care environments such as ICUs (7). In the context of intensive care units (ICUs), ethical decision-making is often required for a variety of complex issues. These include medical decision-making, obtaining informed consent,

resuscitation decisions, determination of brain death and organ transplantation, initiating and managing life support measures, fair allocation of medical resources, and considerations around euthanasia or end-of-life care. These issues require careful ethical deliberation to ensure the best possible outcomes for patients while respecting their autonomy and dignity (8-10). Nurses frequently encounter various ethical problems in their practice. These include differing approaches by team members and the institution regarding patient care and treatment, ensuring patient rights are protected, providing care for patients in terminal stages, managing life-threatening situations, obtaining informed consent, allocating limited resources, utilizing expensive equipment, and addressing unethical behaviors among colleagues (11,12). To solve the ethical problems that intensive care nurses face, they must first be able to distinguish the ethical problems they face and make appropriate decisions (5, 12).

Having knowledge of ethics and ethical dilemmas is a fundamental requirement for nurses to make ethical decisions (13). Timely and accurate ethical decisions by nurses can enhance patient outcomes and reduce healthcare costs. Conversely, inappropriate decisions made at the wrong time may impede the patient's recovery and diminish the quality of health services (11).

Therefore, it is expected that intensive care nurses possess not only professional knowledge and skills but also ethical knowledge and skills. In this context, this study was designed to assess the ethical decision-making levels of nurses working in ICUs.

MATERIALS AND METHODS

Research Design: A descriptive design was used in this study

Population and Sample: The study population comprised 265 nurses employed in all intensive care clinics of a university hospital in Izmir. The study sample consisted of 56 nurses actively working in intensive care clinics who volunteered to participate. As our goal was to include all nurses working in the hospital's intensive care clinics, no other sampling method was employed. A total of 209 nurses who declined participation or incompletely filled out the questionnaire were excluded from the study, leaving a sample of 56 intensive care nurses.

Data Collection Tools

The Nurse Information Form: The questionnaire consisted of 12 questions in total. It included six questions related to the socio-demographic characteristics of nurses, such as age, gender, job unit, total work experience, and total intensive care clinic experience. Additionally, six questions addressed topics related to ethics, ethics education, and ethical dilemmas.

The Nursing Ethical Dilemma Test: The Nursing Dilemma Test, developed by Patricia Crisham in 1981, was translated into Turkish by Cerit in 2010. The scale consists of three sub-dimensions: principled thinking (PT), practical considerations (PC), and familiarity (F). The test comprises six dilemmas related to nursing practices: the practice of initiating resuscitation to a newborn with an anomaly, the practice of initiating medicine by force, an adult's request to die, the orientation process of a nurse starting a new clinic, reporting a medication error, and not informing patients about their terminal illness. Each dilemma consists of three parts. In the scenario presented in the first part (A) of each dilemma, the nurse is asked what to do and to mark one of the three options. In the second part (B), the nurse is asked to rank the six-item statements from important to unimportant by considering the ethical dilemma scenario. The answers given in this section are used to determine nurses' PT and PC scores. Principled thinking indicates the importance given to ethical principles when making an ethical decision in nursing. The lowest PT score that can be obtained in the test is 18, and the highest is 66. Higher scores in this section signify an increased importance given to ethical principles. Practical considerations measure the importance nurses attach to environmental factors when making decisions on ethical issues. The lowest PC score that can be obtained in the test is 6, and the highest is 36 points. As the score obtained from this section increases, it is considered that nurses are more influenced by environmental factors when making decisions on ethical issues. In the third part (C), the situation of nurses encountering a similar dilemma before is evaluated with a 5-point Likert-type scale, and the familiarity (F) score is determined. In the familiarity section, 6-17 points indicate familiarity with a similar ethical dilemma, while 18-30 points

indicate unfamiliarity (3).

Statistical Evaluation of Data

The statistical analysis of the data obtained from the research was conducted using the IBM SPSS Statistics 22 program. Percentage, mean, and standard deviation values were utilized in the analysis of data concerning descriptive characteristics.

Ethical Considerations

At the outset, ethics committee approval (date: 19/02/2020 and issue: E.56341), the permission of the institution where the research would be conducted, and permission of the author who conducted the Turkish validity and reliability study of the Nursing Dilemma Test were obtained. After explaining the study's content, consent was obtained from the participating nurses.

RESULTS

The descriptive characteristics of the nurses working in intensive care are presented in Table 1. Nearly all of the nurses in the sample (96.4%) were female, with a mean age of 30.21 ± 6.11 . The average intensive care nursing experience was 4.68 ± 5.52 years. All nurses had completed an ethics course, and the majority of them indicated that they acquired their knowledge of ethics during their nursing education (92.7%).

Nearly half of the nurses had experienced ethical dilemmas in their professional life (42.9%). The most common dilemmas included conflicts between the physician's request and proper procedures ($n=8$, 33.3%), the decision not to perform cardiopulmonary resuscitation (CPR) ($n=3$, 12.5%), and informing the patient of the truth ($n=2$, 8.3%) (47.1%) (Table 1).

In the data obtained from the first part of each scenario of the Nursing Dilemma Test, 46.4% of the nurses stated that a newborn with an anomaly should be administered resuscitation, while one-third (32.1%) were undecided. In the second scenario, 41.1% of the nurses thought that medication should be administered by force despite the patient's refusal, while 42.9% were undecided. In the third scenario, the majority of the nurses (78.6%) stated that they would give respiratory support to a patient who had an inoperable tumor and did not want any medical intervention.

Table 1. Descriptive characteristics of intensive care nurses (n=56)

| Descriptive characteristics | X±SD | |
|--|--|-------|
| Mean age | 30.21±6.11 (min: 22- max:44) years | |
| Total work experience as a nurse | 6.71±5.95years | |
| Total work experience as an intensive care nurse | 4.68±5.52years | |
| | n | % |
| Gender | | |
| Male | 2 | 3.6 |
| Female | 54 | 96.4 |
| Unit | | |
| General surgery intensive care | 19 | 33.9 |
| Anesthesia intensive care | 11 | 19.6 |
| Internal medicine intensive care | 9 | 16.1 |
| Pediatric intensive care | 6 | 10.7 |
| Neurology intensive care | 5 | 8.9 |
| Gynecology intensive care | 4 | 7.1 |
| Cardiovascular surgery intensive care | 2 | 3.6 |
| Have you studied ethics? | | |
| Yes | 56 | 100.0 |
| Where did you get it? | | |
| Undergraduate education | 51 | 92.8 |
| Scientific meetings | 2 | 3.6 |
| Undergraduate education and scientific meetings | 2 | 3.6 |
| Have you experienced any ethical dilemmas in the clinic? | | |
| Yes | 24 | 42.9 |
| No | 32 | 57.1 |
| Total | 56 | 100.0 |
| What was the dilemma you experienced?* | | |
| The conflict between true procedures that should be done and the physician's request** | 8 | 33.3 |
| Decision not to perform CPR** | 3 | 12.5 |
| Telling patient the truth** | 2 | 8.3 |

CPR: cardiopulmonary resuscitation.

*P Percentages were calculated considering 24 and the most common ethical dilemmas.

**Three most common ethical dilemmas

The fourth dilemma involved the orientation of a new nurse starting to work in a pediatric clinic by a nurse already working in the clinic instead of spending time to care for babies, despite limited resources. While more than half of the nurses (53.6%) supported allocating enough time for the nurse to adjust, 35.7% were undecided. In the fifth dilemma, most of the nurses (91.1%) thought that medication errors should be reported. In the sixth scenario, regarding a patient with a terminal illness who wants to receive information about his/her diagnosis but whose family

and physician do not approve it, 44.6% of the nurses stated that they were undecided, while 28.6% stated that the patient's questions should be answered (Table 2).

After evaluating the data from the second part of the Nursing Dilemma Test, the scores for PT, PC, and familiarity were calculated for intensive care nurses. The mean PT score was 29.95±10.34 (min.: 18-max.: 55), and the mean PC score was 17.79±4.73 (min.: 8-max.: 28), indicating that both scores were close to the average. The mean familiarity score was 15.71±4.47 (min.: 6-max.: 26), indicating that the nurses were familiar with comparable dilemmas (Table 3).

Table 2. Intensive care nurse's responses to part A of the Nursing Dilemma Test (n=56)

| Dilemmas | What should the nurse do? | n | % |
|--|---------------------------|----|------|
| The practice of resuscitation initiation to a newborn with an anomaly should be applied. | Yes | 26 | 46.4 |
| | Undecided | 18 | 32.1 |
| | No | 12 | 21.4 |
| The practice of initiating medicine by force should be applied | Yes | 23 | 41.1 |
| | Undecided | 24 | 42.9 |
| | No | 9 | 16.1 |
| Adult's request to die should be agreed. | Yes | 44 | 78.6 |
| | Undecided | 9 | 16.1 |
| | No | 3 | 5.4 |
| Time should be allocated for the orientation process of a nurse starting a new clinic. | Yes | 30 | 53.6 |
| | Undecided | 20 | 35.7 |
| | No | 6 | 10.7 |
| Medication errors should be reported. | Yes | 51 | 91.1 |
| | Undecided | 4 | 7.1 |
| | No | 1 | 1.8 |
| Patients with a terminal illness should be informed about their illness. | Yes | 16 | 28.6 |
| | Undecided | 25 | 44.6 |
| | No | 15 | 26.8 |

DISCUSSION

Intensive care units are environments where ethical problems are frequently encountered due to their dynamic structure and the blurred boundary between life and death (14). Furthermore, factors such as the challenges of communicating with patients undergoing consciousness changes, the provision of technology-supported services, the necessity of making rapid decisions, urgent interventions, and the severity of patients' health problems contribute to the emergence of ethical dilemmas in ICUs (15).

The most sensitive issues that healthcare professionals commonly face in ICUs, requiring ethical contemplation and decision-making, encompass obtaining informed consent, protection of patient safety, privacy and autonomy (10, 16), CPR application, pain management (10, 17,18), treatment decisions, organ transplantation, equitable allocation of medical resources, disclosure of diagnosis and treatment processes to patients, care of patients in the terminal period, protection of patient rights, and euthanasia (10).

Table 3. Mean scores of intensive care nurses from the Nursing Dilemma Test (n=56)

| Nursing Dilemma Test | X±SD | Min | Max |
|-------------------------|-------------|-----|-----|
| Principled thinking | 29.95±10.34 | 18 | 55 |
| Practical consideration | 17.79±4.73 | 8 | 28 |
| Familiarity | 15.71±4.47 | 6 | 26 |

Incomplete participation of nurses in decision-making processes and moral disagreements between doctors and nurses regarding specific decisions or practices contribute to ethical challenges (16, 17, 19). In this study, consistent with the literature, the most common ethical problems faced by nurses working in intensive care were identified as conflicts between proper procedures and the physician's requests, deciding not to administer CPR, and informing patients about diagnosis and treatment processes (Table 1).

The evaluation of intensive care nurses' responses to the scenarios on the scale showed that nurses tended to prioritize the principles of autonomy and utility, supporting life rather than strictly following patient autonomy and improving quality of life. Moreover, when nurses were undecided in certain scenarios, the examination revealed a dilemma between the principles of autonomy and utility (Table 2). It was observed that nurses leaned towards being subjective in advocating for patients' rights and preferred traditional behaviors over embracing autonomy when making ethical decisions. The findings of the present study align with those of previous research conducted with nurses (3, 20, 21). In practice, a nurse lacks the competence to determine what is best for patients during the evaluation process. However, it is suggested that nurses' sensitivity to the principle of autonomy may be affected because the conditions of intensive care patients undermine their status as "autonomous individuals." When examining studies

on the ethical decision-making levels of intensive care nurses, it was noted that they consider ethical principles in their decision-making processes (20, 22). Certainly, prompt ethical decision-making by nurses is crucial for improving patient outcomes, reducing healthcare expenses, and enhancing the overall quality of health services. Nurses' ability to navigate ethical dilemmas ensures that patients receive the best care possible while also promoting efficient use of resources and maintaining ethical standards in healthcare delivery (23).

Principled thinking highlights the significance of moral principles in making ethical decisions in nursing. In this study, it was found that the mean PT scores of intensive care nurses were close to the average (29.95±10.34) (Table 3). This result suggests that nurses' consideration of ethical principles in the face of ethical challenges was not at the desired level. A literature review revealed variations in PT scores across studies, with some reporting scores above the average (20, 22, 24-27) and others below the average (28, 29). These differences may stem from the studies being conducted in different countries, participants belonging to diverse units, variations in the perception of team collaboration and job roles, managerial support, the influence of institutional procedures and policies, and differences in professional experience. Nurses need to be well-versed in ethical theory and principles to navigate ethical decisions effectively. Without ethics education, nurses may lean towards behavior influenced by environmental factors and personal ethics rather than following established ethical principles (30). In this context, it becomes crucial to support ethics education not only in undergraduate programs but also through ongoing scientific initiatives and in-service training.

On the other hand, PC measure the importance that nurses assign to environmental factors, including the number of patients, the availability of resources, institutional policies, the perceived support from management, and physician control, when making decisions regarding ethical issues. In this study, it was found that the mean PC score of intensive care nurses was close to the average (17.79±4.73) (Table 3).

Based on these findings, it can be inferred that nurses are influenced by various environmental factors when determining solutions to ethical dilemmas.

Nurses frequently encounter pressure from various environmental factors, including conflicting hospital

policies, the need to comply with physician requests, time constraints, resource allocation challenges, uncertainties regarding professional authority and responsibilities, and diverse expectations from patients, managers, and colleagues. Therefore, in the process of integrating their values, life experiences, ethical sensitivities, and reasoning skills into ethical decision-making and subsequent actions, nurses are often influenced by a multitude of environmental factors (3, 20, 31, 32). The mean PC scores identified in this study align with those obtained in previous research (20, 22, 24, 33).

Nurses can navigate ethical decisions by engaging in discussions about new ethical problems, generating appropriate solutions for the problem, and relying on familiarity. When nurses are unfamiliar with ethical dilemmas, they may encounter challenges in making ethical decisions. Conversely, familiarity with ethical dilemmas can contribute to nurses' practical considerations and facilitate ethical decision-making (3). In our study, the mean familiarity score of intensive care nurses was 15.71 ± 4.47 , suggesting that they may have encountered similar ethical dilemmas in their clinical practice and were familiar with these situations (Table 3). In this context, the findings from studies conducted with nurses also indicated that nurses faced similar dilemmas in their clinical practice (3, 22, 24). However, it is essential to recognize that familiarity with ethical dilemmas and relevant knowledge alone is not sufficient for an effective ethical decision-making process and resolving dilemmas (3).

Limitations of the Study: The findings of this study should be interpreted in the context of certain limitations. Firstly, the study was conducted with a limited number of intensive care nurses, which weakens the generalizability of the results to all intensive care nurses in the country. Additionally, due to challenges faced by our colleagues during the pandemic and the substantial number of incomplete questionnaires resulting from heavy workloads, the entire intended sample for the study could not be reached, and data collection had to be conducted online.

CONCLUSION AND RECOMMENDATIONS

In conclusion, it is observed that intensive care nurses commonly face ethical dilemmas, particularly those related to conflicts between the physician's request and the appropriate procedures, decisions regarding CPR, and disclosure of information to the patient. The study revealed that the level of consideration of

ethical principles by nurses when making decisions about ethical dilemmas was approximately average, indicating a need for improvement in adhering to ethical principles. Furthermore, nurses were found to be influenced by environmental factors in the decision-making process, and they demonstrated familiarity with ethical dilemmas.

To enhance the consideration of ethical principles in decision-making about ethical dilemmas, intensive care nurses should be encouraged to identify the ethical challenges they encounter. Collaborative efforts with other healthcare professionals can facilitate nurses' participation in ethical decision-making processes. Additionally, there is a need to enhance nurses' knowledge and skills in the ethical decision-making process by providing support for ethics education during undergraduate studies through in-service training. Nurses can further enhance their ethical decision-making skills by integrating the knowledge acquired through education with their practical experiences.

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