Ethical Issues in Nursing

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Abstract

This research aims to identify prevalent ethical issues in nursing and the implications they have on nursing practice. Ethical decisions made in the healthcare field greatly affect patients, and it is imperative that an integrated decision-making model be put in place to simplify the difficult process. This model can be applied to ethical issues related to end-of-life care and do-not-resuscitate conditions, especially in critical and intensive care settings. Clear, effective communication of nurses, doctors, patients, and families is also an essential element when ethical, life-changing decisions are being made. When nurses receive adequate training and use the appropriate tools, good ethical decision-making can benefit individual patient outcomes and overall organizational functioning.
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Park (2012) states, “regardless of his or her excellence in clinical knowledge and skills, a healthcare professional who has low or non-existent ethical standards should be considered unfit to practice” (p. 139). Healthcare professionals’ ethical decisions affect patient safety and overall well-being (Park, 2012), therefore it is essential for nurses to have adequate ethical decision making skills. The purpose of this paper is to deliver current, relative information about ethical issues in nursing and its’ application to the nursing field, including a model for ethical decision-making, the importance of effective communication, care in the end-of-life, and specific information related to intensive care nursing.

Nurses experience ethical problems in a variety of situations where patients cannot speak for themselves (Pavlish, Brown-Saltzman, Hersh, Shirk, & Rounkle, 2011). Many healthcare related ethical issues are associated with decision-making, communication, staff policies, family conflict, and hierarchical problems (Fernandes & Moreira, 2013; Pavlish et al., 2011). These “ethical problems are broad in nature, they concern many different professionals and they take time to resolve” (Fernandes & Moreira, 2013, p. 73). Nurses that are involved in complex ethical situations are more likely to experience hopelessness and burnout in their career (Pavlish et al., 2011) when they do not have adequate ethical education.

With the increasing complexity and rapidly changing healthcare environment, the ability to make ethical decisions is becoming harder and harder (Park, 2012). It is important for nurses to apply an integrated ethical decision making model to any ethical situation that may arise. Park (2012) incorporated many theories for the following six step model: “(1) the identification of an ethical problem; (2) the collection of additional information to identify the problem and develop solutions; (3) the development of alternatives for analysis and comparison; (4) the selection of
the best alternatives and justification; (5) the development of diverse, practical ways to implement ethical decisions and actions; and (6) the evaluation of effects and development of strategies to prevent a similar occurrence” (p. 139). After implementation of this process, “the quality of ethical decision making should be evaluated in terms not only of its conclusion but also the process of decision making” (Park, 2012, p. 139). Because nurse expertise and personal beliefs vary widely, this systematic model can improve the ethical decision-making process overall. Female nurses tend to value ethics of caring, while their male counterparts put more value on ethics of justice (Fernandes & Moreira, 2013). Younger, novice nurses place more weight on physical aspects, while older, more experienced nurses concentrate on psychosocial features of decision making (Fernandes & Moreira, 2013). With different levels of knowledge and personal traits, a clear and methodical technique of ethical decision-making is more likely to facilitate better quality decisions and patient outcomes by looking at the situation holistically (Fernandes & Moreira, 2013; Park 2012). While looking at a holistic view of the situation, with patient information included, may assist good decisions, nurses may feel restless or uneasy when they realize that their decision could lead to additional suffering and distress for the patient (Fernandes & Moreira, 2013).

Although ideal situations allow time for identification and deliberation, some critical decisions have to be made in an instant without adequate knowledge about what all is going on (Fernandes & Moreira, 2013). These types of situations do not allow for deliberation or time to develop a holistic picture of the patient. Nurses who work in units that frequently have intense, time-sensitive situations, like the intensive care unit (ICU), need more ethical education and managerial support to prevent moral regret (Pavlish et al., 2011). Fernandes and Moreira (2013) state, “the development of training programs in the area of ethics in health-care practice is a
problem-solving strategy, allowing the problems experienced by nurses and their values to be discussed” (p. 73). Education and training regarding ethical situations proves to be critical for individual nurses and organizational functioning (Fernandes & Moreira, 2013). This structured, formal training needs to include learning based off previous experiences, but it also needs to incorporate scientific knowledge that can back up ethical decisions (Fernandes & Moreira, 2013). Park, Kim, and Kim (2011) conclude that ethical decision-making education should be integrated in undergraduate studies for medical and nursing majors, so that increased exposure will decrease future ethical and death situations. While ethical dilemmas cannot be completely avoided, education and training nurses to develop their moral reasoning abilities will lessen the effects of difficult ethical situations (Pavlish et al., 2011).

In addition to decision-making skills, effective communication is needed to resolve ethical conflicts. Communication with patients, families, co-workers, and authority proves to be a daily problem for nurses, especially when an end-of-life situation occurs (Fernandes & Moreira, 2013). According to relatives of patients who experienced death in a hospital, “nurses expressed themselves in a selective and vague manner and kept information from them” (Lind, Lorem, Nortvedt, & Hevroy, 2012, p. 670) even though they thought the patient received thorough, compassionate care. Some relatives also noted how desperately they wanted proper conversations in such a lonely experience (Lind et al., 2012). Using vague communication with families can leave relatives feeling like they are missing an essential element of comprehensive care. Patients and families want to be told the truth about what is really going on so that appropriate decisions can be made. There is also a great possibility that trust is broken down without clear communication (Lind et al., 2012). Nurses need to be able to “recognize ethically
important end-of-life communication with families as a nursing topic and improve their practice in this field” (Lind et al., 2012, p. 673) and adapt this to the individual family involved.

In intensive care settings, the value system and ethical decision-making process are slightly altered. “End-of-life decisions, communication, hierarchical problems, and social problems” are highlighted as the major ethical issues of intensive care professionals (Fernandes & Moreira, 2013, p. 73). Because of the clinical complexity of critical care, end-of-life situations can be completely unexpected or easily predicted, so these nurses have immense responsibility in providing continuous care for the family and the patient (Lind et al., 2012). ICU nurses are in a different atmosphere, where patients can quickly deteriorate and visitation is restricted, than nurses who regularly have time for communication with the patient and family (Park et al., 2011). “Nurses consider that both the therapeutic obstinacy and the DNR decision occur because” (Fernandes & Moreira, 2013, p. 75) intensive care nurses are usually trying to do everything in their power to save a life, and this may not be the case. Healthcare professionals often have different morals and values, and this can turn into conflicting care options, which can also cause tension and other issues on the unit (Fernandes & Moreira, 2013). Patients in an intensive care environment frequently are in an impaired state where they cannot make decisions for themselves, so nurses accept significant responsibility to carry out ethical care that is appropriate for each patient (Lind et al., 2012).

Effective communication during end-of-life situations is essential for nurses, doctors, patients, family members, and whoever else is involved in care. One of the tough decisions during these types of situations is whether or not to implement a do-not-resuscitate (DNR) order for a patient. One of the main ethical concerns with this implementation is quality of life (Pavlish et al., 2011). A decision to make a patient DNR should be made with the patient’s,
when possible, and family’s wishes (Park et al., 2011). Over 70% of nurses in Park et al.’s study (2011) stated that they family should be able to decide if aggressive treatment like mechanical ventilation and cardiopulmonary resuscitation (CPR) is to be used, even after a DNR has been implemented. It is even more difficult when the patient has documentation of certain wishes and the family has differing wishes. Because critical care nurses often face situations where DNR is a possibility, they need to be thoroughly educated about the process so they can support and help the patient and family in any way possible (Park et al., 2011). The ultimate goal is to respect the patient’s autonomy, but some may be in compromising states and cannot communicate effectively (Fernandes & Moreira, 2013), so an ethical dilemma may occur. Nurses play an important role in cases with possible DNR decisions because they have to pay close attention to the spiritual and emotional needs of the family (Park et al., 2011). They also “try to induce patients’ and family members’ ethical decision making through continuous communication and preparatory information” (Park et al., 2011, p. 809).

Implementation of a DNR for patients can also be difficult for nurses to handle. Because of the different wishes between clients and families, “nurses often question the benefits and burdens of aggressive medical treatment, especially at the end of life” (Pavlish et al., 2011, p. 388). This is where a holistic view and following organizational policies will help the nurse. Nurses also have a hard time when they are not included in the decision-making process. Often families and doctors actively participate in DNR decision-making; nurses feel like they are not playing their role of patient advocate in this situation (Park et al., 2011). Although they may not be involved in the decision, nurses can uphold their patient’s dignity by continuing to complete activities like daily hygiene, tracheal suction, infection controls, and management of skin-line devices (Park et al., 2011). Privacy is another ethical issue that nurses often face. With the
presence of the Health Insurance Portability and Accountability Act (HIPAA), nurses have to make discretional decisions on how to protect the patient’s confidentiality and respect their intimacy (Fernandes & Moreira, 2013). In addition to common ethical problems, nurses often experience internal ethical conflicts with decisions they are making or carrying out for others.

Pavlish et al. (2011) stated, “most improvements pertained to increased adherence to patient-expressed wishes, better team communication with patient and family, and a clearer treatment plan” (p. 389). In conclusion, ethical situations in nursing can prove to be trying and complicated, but with education, experience, good communication, and an integrated decision-making model, nurses will be more at peace with ethical decisions and patients will have better outcomes. Because I plan to work in a critical care environment, I learned a lot through the researched information regarding the prevalence of ethical dilemmas in ICUs. I also learned the steps to make an ethical decision from the integrated model. I plan to use this process if and when a situation occurs that I may not be comfortable with.
Reference


