



Ethical dilemma in nursing practice – a qualitative investigation

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Abstract

The holistic approach that is the hallmark of nursing entails an ethical responsibility to uphold and respect the person's integrity and dignity. As a result, nursing is infused with moral and ethical considerations. In the course of their work, nurses make moral judgements regarding less pressing matters as well as those involving life and death. In this study, Qualitative approach is used where individual interviews were conducted as part of a qualitative descriptive design for the study. The data was collected from 15 nurses working in selected hospitals of Pune city. Thematic analysis was done where the failure to do a known or likely good or no harm, as well as conflicting duties and/or dual professional commitments, emerged as the two key themes. Patterns and subthemes were also identified. Nursing officers reported their feelings like getting "caught in the middle," either between the doctor's orders and the patient care. The overwhelming sentiment was that the ethical difficulties they faced were peculiar to their position as nursing officers and that talking about them with someone who understood the details ideally another nursing officers would be the most beneficial.

Key words: ethics, nursing practice, hospital, patient, dilemma.

Introduction

Patient routes are improving in efficiency and cost-effectiveness as nursing practise develops quickly. Due to recent advancements in technology and medicine, the logic of production that permeates contemporary hospital cultures, the healthcare environment has become more complicated as per **Walker (2021)**.The holistic approach that is the hallmark of nursing entails an ethical responsibility to uphold and respect the person's integrity and dignity. As a result, nursing is infused with moral and ethical considerations. In the course of their work, nurses make moral judgements regarding less pressing matters as well as those involving life and death.

When making moral decisions, nurses who are driven by the ideal of care and a desire to "do good" rely on their ethical awareness and go through a laborious process of observing, analysing, and thinking through all of the possible consequences.

A circumstance where a decision must be made between conflicting ideals and, regardless of the decision made, it will have consequences is referred to as an ethical dilemma. Therefore, a nurse may face a dilemma if she is required to pick between alternatives that are equally good or bad. A dilemma may also arise if the nurse is required to compromise with or go

against her own professional ideals as per **Haahr et al, (2020)**. Clinical nurses frequently have to compromise their personal and professional convictions in order to find solutions to ethical difficulties since they include conflicting values. This compromise also affects the nurses' capacity to deliver compassionate, high-quality care.

Methodology

In this study, Qualitative approach is used where individual interviews were conducted as part of a qualitative descriptive design as conducted by **Doyle et al, 2020**. In a chosen hospital in Pune, access to a large population of nurses was made possible by a non-probability, convenience sampling method. The sample to saturation technique was used, with recruitment continuing at the same time as data processing until the researcher detected few new themes emerge after 15 interviews. As a result, after hiring 15 people, it was stopped. 3 men and 4 women nurses in all participated in the in-depth interviews.

Data was gathered in a few hospitals in Pune between December 2 and December 23, 2022. The process of gathering data involves seeing the subjects in person at a predetermined time and place, as well as conducting an interview using a semi-structured schedule and four open-ended questions. An in-depth interview typically lasted 65 minutes over the course of two days.

Demographic profile of the participants:

Participating nurses (n = 15) acknowledged having encountered ethical difficulties while undergoing clinical experience. Most of them (71.4%) worked in inpatient settings and were female (57%). 14.3% of the workforce has more than 10 years of experience.

Objective

The aim of this study is to describe and discuss ethical dilemmas experienced by nurses in clinical practice today.

Research methods

Participants were interviewed in-depth to elicit their descriptions of the ethical problems they faced using a qualitative descriptive technique as conducted in a study by **Jones (2020)**. We used two seasoned healthcare officers to conduct the interviews because we wanted to unearth first-hand experiences with ethically difficult and delicate circumstances. The investigators created a well-organized guide that was applied. Transcribing and recording audio from interviews was done. The investigators employed reflexivity throughout the process and carefully considered their presumptions so as not to impose them on the results. In order to create the semi-structured individual interview methodology, we sought the advice of a qualitative research specialist.

Recruitment of participants

Candidates had to be willing to discuss a period when they had to make a moral choice while doing their duties as a nurse in order to be accepted for enrolment. We sought out nurses with at least a year of experience. Out of a total of 18, who had been pre-screened, only 15 were enrolled. Only one candidate was eliminated

because of a lack of skill. In order to obtain their confidence and consent for their participation in the study, the subject information sheet was explained.

Data collection

A semi-structured interview guide with open-ended questions was used with the participants to gather detailed descriptions of their experiences in the positions and environments in which they served as nursing officers. To gather more information, interviewers used probing questions like asking about cases they found ethically troubling and inquiries about their role and key tasks.

Data analysis

After doing an initial analysis of the transcripts and audio recordings, the team landed on the concept of data saturation. Large groupings of comparable codes were combined as the investigation went on. Finding categories made it easier to identify themes and subthemes, which helped to provide a thorough description of the topic, specifically the nature of the ethical problems nursing officers encounter. The group applied inductive reasoning iteratively. The approach involved a group of the experts reducing, sorting, and examining the data both together and individually. Due to significant overlap, themes were clarified, and certain subthemes were merged. With the help of specialists, a team approach was used. Inter-rater reliability was achieved through debates and evaluations. Two scientists worked on the final coding independently. With the exception of four

comments, which were further reviewed and categorised, they were in agreement on almost all of the coding.

Findings

Seven nursing officers were hired from the Pune hospital of choice. Women dominated the outpatient settings where they worked. Over 10 years of experience were represented by 14.3%. (Table 1). Conflicting obligations and/or dual professional commitments as well as failure to do a known or expected good or no damage appeared as the two main themes. Additionally, patterns and subthemes were found (table 2).

Table 1. Demographic variables (n = 15).

SN	Variable	N	%
1	Gender		
	Male	7	46.7
	Female	8	53.3
2	Highest degree		
	UG	10	66.7
	PG	4	26.7
	PhD	1	6.7
3	Experience (years)		
	<5	8	53.3
	5–10	5	33.3
	11–15	1	6.7
	>15	1	6.7
4	Employed as		
	RN	14	93.3
	Educationist	1	6.7
5	Area of work		
	IPD	12	80.0
	Teaching	1	6.7
	OPD	2	13.3

Table 2. Summary of themes and theme components.

Theme	Components
Absence of a known, likely good, or	Feeling powerless over care decisions. Worrying

do no harm explanation	about how well-informed the participant is about the research. Fostering hope against realistic expectations. Ethical role of the nurse as "gatekeeper".
Disputed obligations, dual or numerous professional obligations, or sometimes even both	Being "caught in the middle" of a conflict between being a patient advocate and following the orders.

Theme 1: Absence of a known, likely good, or do no harm explanation

Primary elements of theme 1- the incapacity to do no harm or supply a known or likely good were the inability to enrol someone in a study and/or provide anything that could be helpful to them and apprehension about doing so. Examples of this theme's manifestations include helplessness when the nursing officers are unable to carry out a doctor's order which was potentially harmful.

Testimony 1: I was the charge nurse in OT. I had a patient who was posted for surgery under general anaesthesia. But due to a domestic emergency, the anaesthesia technician had to leave. The surgeon came as per scheduled case in OT. I told the surgeon regarding the whereabouts of the anaesthetist for which she refused to cancel the surgery. She insisted on operating under local anaesthesia. I refused to assist her, but she threatened me of eviction from my job. I was forced to assist her but the patient faced intra-op complications. Though a week later the patient was recovering, I was shook with the surgeon's attitude towards the patient and the hospital protocols. I lodged a complaint thereafter.

In several instances, the nursing officers was torn between believing that the intervention would benefit the patient and being apprehensive that the individual might be receiving an overdose. The feeling of "being a gatekeeper" was another motif that commonly surfaced from nursing officers, sometimes accompanied by an inherent ethical responsibility and conflicting emotions. The following interview extract provides

an example of one of the parts of theme 1: the inability to stop a procedure that might be potentially hazardous:

It has gotten considerably more upsetting not being able to say 'no' to a doctor's order can put the nurse under inquiry just because he didn't want the patient to suffer. Nursing officers also reported stress about internal conflicts they had with regards to questioning if patient's life would be at risk.

Theme 2: Disputed obligations, dual or numerous professional obligations, or sometimes even both

The second main issue dealt with conflicting allegiances with specific aspects of carrying out the treatment as well as personal identification (being a nurse first) and professional commitments associated with that role (patient advocacy). Being a nurse first was a common theme in the interviews, and occasionally the primary responsibility of putting "nurses first" appeared to conflict with specific components of protocol execution.

One participant gave the following

Testimony 2: I am an RN working in the female orthopaedic ward. I had a patient who was on treatment with Inj. Vancomycin for 7 days. But due to an emerging infection in his wound site, the drug was continued till further orders. It was the 20th day of the drug Vancomycin. I asked the doctor whether to stop the drug. But the doctor did not respond to my question. The drug continued for 9 more days and the patient started showing side effects of the drug. I was in dilemma whether to confront or to accept the

example: "You're a nurse, and you're constantly trained to be a patient advocate and caretaker."

Protection and advocacy for patients during the treatment. The nurse could have responded saying that '...my responsibility is to see to it that the correct things are done for the patients.'

According to nursing officers, they regularly felt "stuck in the middle," either between the patient's care and the doctor's directions. A few nurses also shared their experiences with developing strong bonds with their patients and questioning if the course of therapy is in their patients' best interests.

The interview excerpts that follow show how the many conflicting responsibilities that come with the nursing officer position can lead to feelings of conflicted loyalties and moral dilemmas. Because we nurses genuinely want to concentrate on the care-related issues, it is challenging from an ethical standpoint.

Interviews also revealed how nurses dealt with and/or managed the stress brought on by moral dilemmas. The common conclusion was that they would prefer discussing the issue with another nursing officer who "gets" them because their work and challenges are so different from those encountered by traditional nursing professions. Some had turned to the resources available at their place of employment or the official ethics committees. Some people relied on their own stress-relieving techniques, such as taking a beach walk, listening to music, or spending time with friends and family.

All agreed that the ethical issues they encountered were particular to their position as nursing officers and that it would be better to talk about them with someone who knew about the details, ideally another nursing officer.

Discussion

The interviews performed for this study revealed an unexpected connection between the ethical challenges nursing officers encounter and their role as nurses in a hospital environment. Additionally, they are relationship-based and emphasise both the duties performed by the nurses as well as their obligations to the participant. Participants in the interviews had similar worries about the specialised field of clinical nursing, posing the possibility that some of the duties of nurse officers would leave them feeling "caught in the middle." Although a nurse has several responsibilities, one of the most crucial ones is advocating for patients. Patient protection is crucial because it's possible that the nursing officers are the only ones who interact directly with the subject during the research. In any situation, the nurse is in charge of this.

In settings when they are delivering clinical care, nurses may not regularly meet these problems, and they may therefore feel unprepared or unfamiliar with them. A large majority of participants in two studies that examined the professional difficulties faced by nurses emphasised the need for support with regard to ethical issues as well as for specialised education and training. The nurse could feel unprepared for situations encountered in this speciality practise due to a lack of support for new ethical

concerns and specialised training, **Haugom (2019)**.

Conflicting allegiances to a variety of stakeholders (to the patient vs. superior's orders, to the individual vs. Collective good) may lead to both internal and external difficulties. Dual loyalties was frequently displayed by study participants. Point of view **Alzubi (2022)** has been expressed by other authors as well. Despite our expectations that they won't fully disappear, proactive and encouraging actions may help to lessen, manage, and process any long-term moral fallout or adverse consequences on nursing officers that may arise, either emotionally or professionally. The development of the nursing officer function as a specialised practise has resulted in the formation of a community of nursing officers, who now have access to forums that are both encouraging and educational.

Moral anxiety, alienation, and other negative results could occur from unresolved ethical problems. It has been shown that moral distress and moral lingering cause alienation and attrition in the nursing field. Nursing officers are the primary contact for patients, thus any ethical dilemmas they have may have an impact on a patient's experience. To effectively prevent and/or resolve them by offering targeted help, resources, and education, it is essential to understand the ethical challenges that occur at the workplace as per **Siregar (2022)**.

Limitations

There are some limitations to the study. The nursing officers had to meet the inclusion criteria that they had encountered an ethical dilemma at work, which could

have lent bias, but this requirement was crucial given the methodology of the study. The subjectivity of the researchers' data analysis is another flaw in this methodology. A larger sample size could provide a more full knowledge of coping and mitigating strategies as well as greater insight into the details of ethical challenges faced by nursing officers. The choice of the study's n (n = 12) was made after the data were saturated.

Despite being aware of the harmful effects of the treatment, the conflict occurred because of the need to follow the directions. Many staff nurses were concerned about denial to accept ignorance because they frequently encountered such circumstances.

Recommendations

It would be especially helpful to assess their prevalence among nursing officers as well as within a specific nursing officer's experience in order to more fully comprehend the causes and development of these ethical issues. Putting patients' interests first is a major goal shared by all members of the study team, including nurses who see patient advocacy as a core job (physicians, physician assistants, etc.).

Conclusion

It is possible to conceptualise preventive and/or corrective tools and solutions with a better awareness of the frequency, nature, and causes of ethical difficulties in nursing practice as well as practical techniques to overcome such challenges. By making these resources easily accessible to them, it may be possible to increase the nursing officers' capacity to contribute to patient care efficiently.

Conflict of Interest: NIL

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Ethical Clearance: Ethical committee of Symbiosis College of Nursing has provided the ethical approval. Before the data collection informed consent was taken from the participants and information regarding the research where also provided. The collected data was kept confidential.

References

1. Walker, D. (Ed.). (2021). *The better hospital: Excellence through leadership and innovation*. MWV.
2. Haahr, A., Norlyk, A., Martinsen, B., & Dreyer, P. (2020). Nurses experiences of ethical dilemmas: A review. *Nursing ethics*, 27(1), 258-272.
3. Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2020). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, 25(5), 443-455.
4. Jones, C. (2020). Qualitative interviewing. In *Handbook for research students in the social sciences* (pp. 203-214). Routledge.
5. W. Haugom, E., Ruud, T., & Hynnekleiv, T. (2019). Ethical challenges of seclusion in psychiatric inpatient wards: a qualitative study of the experiences of Norwegian mental health professionals. *BMC health services research*, 19, 1-12.
6. Alzubi, E., & Al-Adamat, O. (2022). Mindfulness and Its Relationship to Moral Anxiety among Adolescents in Jordan. *Dirasat: Human and Social Sciences*, 49(4), 390-399.
7. Siregar, A., Moelier, D. D., & Asyrafunnisa, A. (2022). Anxiety And Depressive Disorders Toward The Main Character In Paula Hawkins' Novel The Girl On The Train. *Humaniora: Journal of Linguistics, Literature, and Education*, 2(1), 01-08.
8. Anand, S. Vijay, And G. Dhanalakshmi. "Pre-Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Therapeutic Communication Among Staff Nurses Working In Psychiatric Hospitals Chennai." *International Journal Of Medicine And Pharmaceutical Sciences (Ijmps)* 7.2 (2017): 13-18.
9. Naganandini, R. "Effectiveness Of Structured Teaching Programme On Knowledge Regarding Selected Adolescent Behavioral Problems And Its Prevention Among Students." *Nursing (Tjprc: Ijpn)* 2.1 (2016): 1-8.
10. Cecily, H., And Akram Omoush. "Efficacy Of Problem Based Learning (Pbi) Over Lecture Method In Enhancing The Critical Thinking Skills And Problem Solving Ability Among Nursing Students In Ksa." *International Journal Of Educational Science And Research* 4.5 (2014): 1-8.
11. Chavan, Roma, D. Sudarsana Murthy, And T. Narayan Reddy. "Measuring Burnout Levels & Its Relationship On Work Life Balance Among Corporate Hospital Doctors." *International Journal Of Human Resource Management And Research (Ijhrmr)* Issn (P): 2249-6874.
12. Rajalaxmi, V., G. Sperjan, And G. Yuvarani. "To Compare The

Effectiveness Of Kinesio Taping And Exercise In Patients With Shoulder Impingment Syndrome." *Tjprc: Journal Of Physiotherapy & Occupational Therapy (Tjprc: Jpot)* 1 (2015): 35-42.

13. Abbas, Hamed Jadooda, And Jawad Mohammad Ismail. "Association Of Adiponectin Levels In Iraqi Patients With Type 2 Diabetic And Prediction Of Cardiovascular Complications." *Tjprc: International Journal Of Diabetes & Research (Tjprc: Ijdr)* 2 (2016): 1-8.