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PREVIEW

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Ethical problems in nursing

Haddad, Amy Marie, Ph.D.

The University of Nebraska - Lincoln, 1988

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PREVIEW

ETHICAL PROBLEMS IN NURSING

by

Amy Marie Haddad

A DISSERTATION

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PREVIEW

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ETHICAL PROBLEMS IN NURSING

Amy Marie Haddad, Ph.D.

University of Nebraska, 1988

Adviser: James A. Thorson

Today more than ever, nurses must keep pace with the technological revolution in patient care. Ethical concerns are inseparable from nursing concerns about the quality of patient care and treatment. This study examined ethical problems from the perspective of nurses in a variety of clinical settings and geographical locations. The specific objectives of this correlational/comparative study were to: 1) compare and contrast the responses of nurses in a randomly selected sample in the following areas - perception of the degree of difficulty and the frequency of selected ethical problems in clinical practice, demographic data, education, clinical experience, specialty, and position, factors influencing ethical decisions, job satisfaction, and type, size and location of employing institution, 2) determine the extent and nature of relationships between the responses of nurses in the aforementioned variables, and 3) develop differential descriptions of selected subgroups in the study regarding the aforementioned variables.

Data were collected utilizing a 52-item questionnaire. Three hundred and fifty-two nurses completed the survey

questionnaire. Statistical analysis included mean averages, correlation coefficients, analysis of variance and qualitative identification of descriptive categories of data.

Significant findings of the study were as follows: religious influence and family were most frequently cited as influences on code of ethics; most have never had to compromise ethical standards; most were afraid of harming a patient or being ashamed of themselves if they had to compromise ethical standards. The majority of the respondents had been involved in an ethical problem within the last year. There were significant low level, negative relationships between education, years of experience, factors influencing ethical choice, age, position, job satisfaction, and degree of difficulty and incidence of ethical problems. Narrative responses to the final question were categorized into six descriptive types of ethical cases. The most frequently cited type of case dealt with quality of life issues and decisions to resuscitate the terminally ill.

Can you tell me, Socrates, whether
virtue is acquired by teaching or practice;
of if neither by teaching or practice,
then whether it comes to man by nature
or in what other way?

-Plato

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CHAPTER ONE

The Problem

Today more than ever, nurses must keep pace with the technological revolution and radical new treatment modalities of patient care. Nurses are also faced with ethical dilemmas that are the result of recent demographic, environmental and social changes.

There are choices now in health care that no one has been required to make in the past.

Individuals can be kept alive mechanically almost indefinitely; fetal abnormalities can be detected in utero with abortions as an alternative to raising a child with tragic abnormalities that cannot be treated; and there is increasing government intervention in the allocation and rationing of health care resources and decision-making in clinical areas (Aroskar, 1985, p. 29).

The nurse and nursing is involved in all of these ethical issues but primarily at the level of individual nurse/patient relationships. A brief case example attests to the fact that modern health care can place patients, families, nurses, and physicians in hopelessly complicated ethical dilemmas. A 75-year-old man was hospitalized for four months with "his hands frequently tied. . .his abdomen and legs were scarred by the operations that had drawn him back from the brink of death. . . wounds became infected. . . the bill for that care and agony came to \$250,000" (Selby, 1985). The man

finally died in spite of the aggressive care that he had not wanted in the first place.

Cases such as this abound in nursing practice, so much so that ethical concerns are almost inseparable from nursing concerns about the quality of patient care and treatment.

The diversity of nursing practice makes it difficult to characterize its nature but it does seem to embody the twin concepts of action and reflection. The action is the practice of nursing in whatever setting; the reflection is the heart-searching concerning the action part of the nursing process (Sheehan, 1985, p. 331).

The heart-searching in nursing involves ethics. Nurses reflect on their roles and responsibilities in a variety of settings and situations including the establishment of criteria for organ transplantation (Dracup, 1987); the exchange of information among providers, patients, and families; the determination of the proper person to decide about the use or nonuse of various medical and nursing treatments (Benoliel, 1983); and the use of high technology (Bandman, 1985).

Questions of purpose -- "does it work?", or, "work for what?" -- beg the more important "what is the good of this technology," and "under what conditions and for whom should it be used?" Sometimes high technology is not good and should not be used. Where is the line between the good use of technology for good ends and the use of technology for ends that are not beneficial? (Bandman, 1985, p. 482).

If nursing is to develop a science which promotes health and well-being in the face of a myriad of ethical

issues, then critical, rigorous establishment of a body of knowledge concerning ethics and values is needed. There are as yet few empirical data which identify systematically the ethical problems faced by practicing nurses.

The primary purpose of this research project is to describe ethical problems from the perspective of practicing, registered nurses and analyze selected factors that may influence nurses' abilities to identify and resolve ethical dilemmas. By examining specific ethical incidents and their frequency in the clinical experience of individual nurses, we can piece together a more complete picture of the types of ethical dilemmas common to nursing practice.

This project will attempt to answer, at least partially, the questions: Are there any constants in the types of ethical problems encountered in clinical nursing practice? How often do ethical problems occur? Which ethical issues do nurses find most problematic? What influence does formal coursework in ethics have on the ability to identify and resolve ethical problems? What other factors might influence ethical decision making?

Registered nurses will be randomly selected from four states: New York, Tennessee, Illinois, and California for a total sample of approximately 1,000

registered nurses. These four states were selected for the following reasons: 1) geographical representation of the four regions in the United States: North, South, East and West, and 2) the urban/rural population split that is representative of the nation as a whole.

Demographic data on: age, sex, religion, years of clinical practice, type and size of employing institution, size of community, and nursing specialty and position will be collected using a survey questionnaire completed by the subjects.

Data regarding the influence of education on the ability of the subjects to identify and resolve ethical problems along with the subjects' perception of the degree of difficulty of selected ethical problems and the frequency of their occurrence will be collected with the same questionnaire.

Purposes of the Study

The specific purposes of this correlational/comparative study are to:

1. Compare and contrast the perception of the degree of difficulty of selected ethical problems in a group of nurses;
2. Compare and contrast the perception of the frequency of occurrence of selected ethical problems in a group of nurses;
3. Determine the nature and extent of relationships between the subjects' perception of the difficulty and frequency of selected ethical problems and
 - a) demographic data,
 - b) education,

- c) factors influencing ethical choice,
 - d) clinical experience,
 - e) clinical speciality,
 - f) clinical position,
 - g) job satisfaction, and
 - h) type, size, and location of employing institution in a group of nurses;
4. Identify implications for nursing practice;
 5. Identify implications for nursing education, and
 6. Develop differentiated descriptions of selected subgroups in the study regarding the aforementioned variables.

Hypotheses

Ten hypotheses were formulated for testing in this correlational/comparative study. Hypotheses one through four will be tested for significance by using Pearson product moment correlation/coefficients. Hypotheses five through twelve will be tested for significant differences between subject groups by Analysis of Variance. The hypotheses of this investigation are:

1. Education (ethics and formal education) has a positive correlation to the subject's perception of the degree of difficulty and the frequency of selected ethical problems.
2. Clinical experience has a positive correlation to the subject's perception of the degree of difficulty and the frequency of selected ethical problems.
3. Factors influencing ethical choice have a positive correlation to the subject's perception of the degree of difficulty and the frequency of selected ethical problems.
4. Age has a negative correlation to the subject's perception of the degree of difficulty and the frequency of selected ethical problems.

5. Subjects with some form of education in ethics will identify a significantly higher incidence of ethical problems in practice.
6. Subjects with more formal education will identify a significantly higher incidence of ethical problems in practice.
7. There is a significant difference in the perception of the difficulty of ethical problems between the different geographic regions in which the subjects practice.
8. There is a significant difference in the perception of the frequency of ethical problems between the different geographic regions in which the subjects practice.
9. There is a significant difference in the perception of the difficulty of ethical problems between the different size communities in which the subjects practice.
10. There is a significant difference in the perception of the frequency of ethical problems between the different size communities in which the subjects practice.
11. There is a significant difference in the perception of the difficulty of ethical problems between the different types of institutions in which the subjects practice.
12. There is a significant difference in the perception of the frequency of ethical problems between the different types of institutions in which the subjects practice.

Delimitations

This correlational/comparative, hypothesis-testing study of the type and frequency of ethical dilemmas in nursing practice will be limited to an investigation of selected ethical dilemmas commonly encountered in

nursing practice. Investigation of ethical dilemmas will be limited to: (a) patient's right to know diagnosis and refuse treatment, (b) quality of life issues and decisions to resuscitate terminally ill patients, (c) truth-telling and informed consent, (d) difficulty in working with physicians, (e) issues of standards of care, and (f) distribution of resources. Investigation of influencing factors will be limited to demographic data, education, factors influencing ethical decisions, clinical experience, clinical specialty, clinical position, job satisfaction, and the type, size and location of employing institution. Subjects will be limited to a randomly selected sample of registered nurses in the following four states: New York, Tennessee, Illinois, and California. Subjects' names and addresses will be obtained from the respective State Boards of Nursing lists of currently licensed registered nurses.

Although the ability to perceive ethical dilemmas necessarily reflects one's values, this study will not deal directly with those values nor the extent to which individuals engage in ethical analysis in arriving at their judgements about the degree of difficulty of the ethical problems presented in the questionnaire.

Assumptions

Assumptions basic to the study are as follows:

1. Making judgements and then acting upon those

judgements is essential to the practice of nursing (Sigman, 1979, p. 37).

2. Each day nurses make innumerable decisions and some are involved with truly moral problems (Stevens, 1969, p. 47).
3. A nurse may avoid a moral issue that plagues and perplexes others but no competent nurse can completely escape the necessity of making responsible ethical decisions.
4. The perception of ethical problems in clinical practice is influenced by a multiplicity of factors, some of which can be measured, observed, and arranged into categories.
5. The nurse occupies a strategic position in relation to the patient, family, physician and others in resolving ethical problems.

Nominal Definitions

The following nominal definitions will be used in the study:

1. Competence -- is the knowledge, attitudes and skills necessary to deliver safe, adequate care. Knowledge includes an understanding of the relevant biological and social sciences; attitudes include interest and proper regard for the recipient of care; and skills include psychomotor and social skills (Sheehan, 1985, p. 332).
2. Ethics -- a disciplined study devoted to rational analysis and justification of moral principles which provides knowledge and insight regarding what we ought to do in order to attain the most of what is best in human life (Chinn, 1979, p. v).