

# Ethical dilemmas experienced by nurses in providing care for critically ill patients in intensive care units, Medan, Indonesia

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## Abstract:

Ethical dilemmas experienced by nurses in providing care for critically ill patients in intensive care units, Medan, Indonesia

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*The purpose of this hermeneutic phenomenological study was to describe ethical dilemmas experienced by nurses in providing care for critically ill patients in intensive care units in Medan, Indonesia. Ten participants from two public teaching hospitals in Medan were involved in this study. The data collection process was performed from December 2001 to March 2002. Data were collected by in-depth interviews. Colaizzi's method was modified for data analysis. The findings were as follows:*

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The general meaning of ethical dilemma was described as: (1) how to choose between two choices, and (2) a problem that cannot be resolved. Ethical dilemmas experienced by intensive care unit nurses were described as: (1) continue or stop treatment, (2) who should get the ventilator, (3) want to take an action but beyond authority, (4) tell or not to tell the truth, and (5) act as patient advocate versus maintaining relationships with the health team. Participants' feelings when they faced ethical dilemmas were: (1) confusion, (2) discomfort, (3) uncertainty, and (4) powerlessness.

The findings of this study provide important information regarding ethical dilemmas experienced by nurses in providing care for critically ill patients in intensive care units in Indonesia. This information can be used as baseline data to improve ethical decision-making skills of nurses. It can be used by nurse educators as baseline data in teaching ethics for students or nurses and can also provide data for future research to develop tools to assess ethical dilemmas in nursing in Indonesia.

**Key words:** ethical dilemmas, nurse's experience, critically ill patients

### บทคัดย่อ:

การวิจัยเชิงปรากฏการณ์วิทยาแบบเฮอริเมนิวติกในครั้งนี้มีวัตถุประสงค์เพื่อบรรยายประเด็นขัดแย้งทางจริยธรรม จากประสบการณ์ของพยาบาลในการดูแลผู้ป่วยในหอผู้ป่วยหนัก เมดาน ประเทศอินโดนีเซีย ผู้ให้ข้อมูลประกอบด้วยพยาบาล จำนวน 10 คน ของโรงพยาบาลรัฐบาลสองแห่งในเมดาน เก็บข้อมูลโดยการสัมภาษณ์แบบเจาะลึก ระหว่างเดือนธันวาคม พ.ศ. 2544 ถึงเดือนมีนาคม พ.ศ. 2545 วิเคราะห์ข้อมูลโดยประยุกต์ขั้นตอนของโคไลซี ผลการวิจัยสรุปได้ดังนี้

ผู้ให้ข้อมูลให้ความหมายของประเด็นขัดแย้งทางจริยธรรมใน 2 ลักษณะ คือ (1) จะเลือกอย่างไรระหว่างสองทางเลือก และ (2) เป็นปัญหาที่ไม่สามารถแก้ไขได้ สำหรับประเด็นขัดแย้งทางจริยธรรมที่ผู้ให้ข้อมูลประสบ คือ (1) จะยึดหรือยุติการรักษา (2) ใครควรได้รับเครื่องช่วยหายใจ (3) ต้องการที่จะช่วยเหลือแต่เกินอำนาจหน้าที่ (4) จะบอกความจริงหรือไม่บอกความจริง และ (5) การทำหน้าที่แทนผู้ป่วยกับการคงสัมพันธ์ภาพกับทีมสุขภาพ ผู้ให้ข้อมูลบอกถึงความรู้สึกเมื่อเผชิญประเด็นขัดแย้งทางจริยธรรมใน 4 ลักษณะ คือ (1) สับสน (2) ไม่สบายใจ (3) ไม่แน่นอน และ (4) ไร้พลังอำนาจ

ผลการศึกษาครั้งนี้ให้ข้อมูลที่สำคัญเกี่ยวกับประเด็นขัดแย้งทางจริยธรรม และการแก้ไขเมื่อเผชิญประเด็นขัดแย้งทางจริยธรรม จากประสบการณ์ของพยาบาลในการดูแลผู้ป่วยในหอผู้ป่วยหนัก ประเทศอินโดนีเซีย ข้อมูลดังกล่าวสามารถใช้เป็นข้อมูลพื้นฐานสำหรับการพัฒนาทักษะการตัดสินใจเชิงจริยธรรมของพยาบาล และใช้ในการสอนจริยศาสตร์แก่นักศึกษาพยาบาล รวมทั้งใช้สำหรับการพัฒนาเครื่องมือวิจัยเพื่อประเมินประเด็นขัดแย้งทางจริยธรรมในการปฏิบัติการพยาบาล

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### Introduction

Nurses are confronted with ethical dilemmas in many areas of nursing practice on a daily basis. Dilemmas may arise when nurses deliver nursing care to patients, when they work together with physicians (health care members) or when they work with other nurses. Nurses who work in a hospital encounter ethical dilemmas when they are faced with multiple, conflicting obligations to which they must simultaneously respond.<sup>1</sup>

Intensive care unit nurses also face ethical dilemmas. They often face issues requiring ethical considerations in their daily practice. Technological advances and consumer demands for high quality nursing service may put nurses in conditions that induce dilemmas. Conflicts can arise in an intensive care unit for many reasons. For example, in caring for terminally ill patients, nurses frequently face the situation of whether to prolong life with ventilator assistance or to prolong the dying process, which prolongs suffering for the

patients. In an intensive care unit (ICU), ethical dilemmas faced by nurses can arise from withholding of information and truth telling, withholding and withdrawing of treatment, advanced technology application, allocation of scarce resources, and violation of patient confidentiality.<sup>2, 3</sup>

Although some ethical dilemmas are dramatic and some are subtle, they all produce moral distress.<sup>4</sup> Confronting an ethical dilemma will create feelings of discomfort or uneasiness. Moral conflicts in critical care are often managed inadequately and can lead to feelings of powerlessness, anger, and frustration.<sup>5</sup> A study by Wilkinson<sup>6</sup> on moral distress in nursing practice, experience and effects among 24 nurses (12 from an ICU), showed that moral distress reduced nurses' feelings of wholeness, and had a negative impact on patient care. She found that all subjects reported that moral distress produced a variety of strong, negative feelings (predominant ones were anger, frustration and guilt). Impacts on nurses' wholeness included loss of self-worth, effect on personal relationships, various psychological effects, behavioral manifestations, and physical symptoms.

There are no previous studies addressing ethical dilemmas experienced by nurses practicing in intensive care units in Indonesia, even though nurses encounter them in their daily practice. Since ethical dilemmas are a personal experience and depend on a nurse's interpretation, the researchers used a hermeneutic phenomenological approach to go to the essence of ethical dilemmas experienced by ICU nurses, including meanings and feelings.

## Materials and methods

Hermeneutic phenomenology was used in this study in order to best answer the research questions. Hermeneutic phenomenology is seen as a means for arriving at a deeper understanding of ethical dilemmas experienced by intensive care nurses.<sup>7</sup> Thus, it provides the essence of nurses' experiences about ethical dilemmas.

Ten participants, from two hospitals in Medan, Indonesia, were selected based on the inclusion criteria and their willingness to participate in this study and they all signed a

consent form before the interviews were conducted. Nine participants were female and one was male. Their ages ranged from 30 to 41 years and their mean was 34.9 years. Five participants were Muslim and the other five participants were Christian. They had worked in an ICU for 1 to 10 years and the mean ICU working experience was 6.1 years. All participants were diploma graduates. Six participants were staff nurses while four participants were head nurses. None of them had training in ethics after they graduated with diploma from nursing schools.

Data collection was conducted from December 2001 to March 2002. In-depth interviews with tape recording were used to collect the data. Before starting the interview, the researcher asked for permission from participants by giving a full explanation to them concerning the purposes of the study, assurance of subject's anonymity, the voluntary nature of participating in the study, freedom to withdraw from the study at any time, and the benefits of the findings for the nursing profession. Each participant signed a consent form before data collection began. Each interview lasted 60 to 90 minutes, and was conducted in the Indonesian language. The participants were encouraged to express their feelings, opinions, and experiences. The interview ended when data saturation was achieved, which took about 2 sessions.

Data Analysis was performed simultaneously when the first transcription was done. The raw data were transcribed verbatim. Colaizzi's method was modified to analyze the data. This method is one common method of data analysis recommended for phenomenological study.<sup>8</sup> The process of data analysis included reading all transcripts to acquire a feeling from them, extracting phrases or sentences that directly pertained to the phenomena, formulating the meaning of each significant statement, organizing the aggregate formulated meaning into clusters of themes, integrating the results in exhaustive description, and formulating an exhaustive description to gain insight of the lived experience.

Prolonged engagement with the situation, member checks, providing rich description of information, note-taking, as well as validation of data with experts, were conducted throughout the process of the study in order to maintain the trustworthiness of the study.

## Results

### 1. Meaning of ethical dilemma

Two themes of the meaning of ethical dilemma according to the participants were identified: (1) how to choose between two choices, and (2) a problem that cannot be resolved.

#### (1) How to choose between two choices

As a nurse, the participant was in conflict when she was confronted with two difficult options to choose between. Eight participants described the meaning of ethical dilemma as how to choose between two choices. They perceived that when dealing with a situation which they called an ethical dilemma, they had two choices to choose between. However, they were uncertain which choice was better. As one participant stated:

*It is an uncertain situation when facing a difficult problem. It means difficulty to make decision from two choices which can produce good and bad outcomes.*

(Participant J)

#### (2) A problem that cannot be resolved

Two participants described the meaning of ethical dilemma as "a problem that cannot be resolved" because they thought that ethical dilemmas were a big issue which needed much effort to deal with. The most critical part was that there were no clear guidelines for nurses to make a right decision. In addition, they felt lack of power and lack of knowledge regarding ethics and ethical decision making. When they were asked to describe the meaning of ethical dilemma, one participant stated that:

*An ethical dilemma is a problem which cannot be overcome and can be a risk for others. It is a problem that cannot be resolved and causes negative impact. I studied ethics many years ago and my knowledge was inadequate to deal with the problem.*

(Participant D)

### 2. Ethical dilemma

Five themes of ethical dilemmas experienced by nurses in intensive care units were identified: (1) continue or stop treatment, (2) who should get the ventilator, (3) want to take an action but beyond authority, (4) tell or not to tell

the truth, and (5) act as patient advocate for patients versus maintaining relationships with the health team.

#### (1) Continue or stop treatment

Five participants stated "continue or stop treatment" was an ethical dilemma they experienced in intensive care units. They perceived that there was a conflict between their responsibility to help patients and the moral obligation not to take human life. They felt that when a patient's family wished to discontinue his or her treatment because the family could not afford the cost of care, they were in a dilemma. One participant reported a case of discontinuation of treatment which came from the need of the patient's family. She had a conflict between continuing the treatment which she believed was good for the patient and discontinuing of the treatment as desired by the patient's family, which she believed was not beneficial for the patient. She stated that:

*A severe asphyxia patient was in ICU for a couple days and there was no progression. Patient's family knew that the patient was still alive because of ventilator assistance. The family decided to stop the ventilator. "Let the patient die. We could not afford for the cost." It was a dilemma for me. I believed the treatment must be continued because I had duties to help the patient to survive. If the patient would die, it was not our will. But, I had to follow the patient's family. Why didn't they want to continue the treatment? Even though the possibility of surviving for the patient was low, I did not want to disconnect the tube. It seemed like I killed the patient.*

(Participant D)

#### (2) Who should get the ventilator?

Five participants perceived "who should get the ventilator" as an ethical dilemma when they took care of critically ill patients in intensive care units. This dilemma resulted from the limited number of ventilators in the intensive care units. When two patients each needed two ventilators but only one was available, participants were forced to make a decision as to which patient would receive the ventilator. They thought that every patient had a right to receive good treatment and all should be treated equally. One participant reported:

There were two patients, head injury and brain tumor patients, admitted to ICU. Head injury patient was coma, had high level of PCO<sub>2</sub>, and RR 32 times per minutes. Brain tumor patient was also coma, RR 26 times per minutes, and sometimes he had apnea attack. They needed ventilator at the same time. We just had only one ventilator. At that time, it was difficult to decide which patient should get the ventilator. Which patient I had to help first?

(Participant C)

(3) Want to take an action but beyond authority.

Four participants perceived "want to take an action but beyond authority" as an ethical dilemma when providing care for critically ill patients in intensive care units. Participants felt that they had a professional obligation to save the life of their patient who was in an emergency situation; however, sometimes they found themselves in a difficult position to initiate any action to save their patient because of a lack of authority. One participant reported:

*I had a situation when the patient's blood pressure was dropped and I wanted to take action to help the patient immediately but I could not do it without reporting to doctor first...I had to wait for order from doctor because it was beyond my responsibility.*

(Participant F)

(4) Tell or not to tell the truth

To tell or not to tell the truth was another ethical dilemma experienced by four participants during their work in intensive care units. They had a conflict: if they told the truth, some truth was bad news which could harm the patients, if they did not tell the truth they felt guilty because of conflict with personal values. One participant reported:

*A patient's husband asked me not tell his wife that their baby died during caesarian section. He was afraid it would make his wife's condition worse. So at that time it was difficult for me to make a decision. Then his wife came to me and asked about her baby. It was difficult whether or not to tell the truth to her. Her husband asked me not to tell her. He wanted to tell his wife at their home. If I didn't tell her, I felt guilty because it conflicted with my values. Meanwhile, doctor also suggested not to tell the patient because he was worried that she would be shock and it would affect her condition.*

(Participant A)

(5) Act as patient advocate versus maintaining relationships with the health team

Three participants perceived "act as patient advocate versus maintaining relationships with health team" as an ethical dilemma they had experienced when they took care of critically ill patients in intensive care units. Sometimes they thought that the treatment that was prescribed by other health team members was inadequate for their patients. Participants perceived that they had to promote their patient's best interest or safeguard a patients' right to quality health care. At the same time, they felt that if they did not carry out the treatment already prescribed by doctors, it would produce a risk of poor relationships with other health professionals. One participant reported:

*...patient was poor and could not afford the prescribed drug. I was in a difficult situation whether I administered the drug or not. If I didn't administer it, it was doctor's order and he might be angry with me and it would produce bad relationship with him. I needed to talk to doctor about this and asked him to prescribe another drug that could be afforded by the patient, but I was afraid...*

(Participant J)

### 3. Feelings of nurses when facing ethical dilemmas

The four themes of feelings experienced by nurses in intensive care units when they faced ethical dilemmas were: (1) confusion, (2) discomfort, (3) uncertainty, and (4) powerlessness.

(1) Confusion

When confronting ethical dilemmas in taking care of their patients, five participants felt that the situation made them confused. They were confused in making a decision because they had to choose between options but they were unsure which one was the best choice for their patients. One participant stated:

*I was confused. What should I do? I was confused to make a decision, to choose an option which was the best for my patient.*

(Participant F)

(2) Discomfort

Four participants were uncomfortable when dealing with ethical dilemmas. When ICU nurses were in a dilemmatic situation, sometimes they did not know what to

do. This situation made them uncomfortable, especially when a decision had to be made promptly in an emergency. They were uncomfortable because they were expected to carry out some intervention to help the patient, but they did not take action. They did not want to break rules by performing an action without a doctor's order, but they wanted to help the patient. One participant reported:

*A patient with respiratory failure admitted to ICU. Lab result showed that PCO<sub>2</sub> level was high and it was indication for ventilator assistance. Doctor could not be contacted. It was an emergency situation and I wanted to take an action to save the patient's life. Nurses were not given authority to perform ETT insertion. I was uncomfortable: performing an intervention beyond my authority or letting the patient die.*

(Participant B)

### (3) Uncertainty

Three participants felt uncertainty when confronted with ethical dilemmas in intensive care units. The feelings of uncertainty had many causes. As ICU nurses, they are supposed to work in a quick, precise manner in order to handle critical conditions of the patients appropriately. However, because of a lack of authority, sometimes they were in a difficult situation whether or not to take an action which was beyond their responsibility. Another reason why the participants felt uncertainty was a lack of clinical guidelines to guide them in making decision. This put them in an uncertain situation. One participant reported:

*A terminal cancer patient was referred to ICU from the medical ward. I thought that the patient should be brought close to his family, not admitted to ICU. It would give more burden and stress to his family and also the cost was high, if admitted. But doctor suggested transferring him to ICU. There was no written clinical guideline for admission of patient to ICU. I felt uncertainty. I wanted to refuse but I could not.*

(Participant B)

### (4) Powerlessness

Powerlessness was another feeling experienced by three participants when confronting ethical dilemmas. Participants were powerless when the resolutions of the

dilemmas were not within the nurse's ability to perform. One participant stated:

*I took care of a severe asphyxia patient. After one week, there was no improvement. The family asked to bring the patient home. I thought the patient still needed critical care in ICU. I felt powerless because I could not help the patient anymore in ICU since the family has a right to bring the patient home.*

(Participant C)

## Discussion

In this study, intensive care unit nurses who provided care for critically ill patients encountered many ethical dilemmas. When they were asked to describe the meaning of ethical dilemma, they described it as a problem that cannot be resolved and how to choose between two choices. Their meanings of ethical dilemma were similar to the definition of ethical dilemma defined by David and Aroskar,<sup>1</sup> who defined ethical dilemma as a situation involving conflicting moral claims and giving to rise to such questions as "what ought I to do?", "what is the right thing to do?", and "what harm and benefit result from this decision or action?" Similarly, Ericksen, cited in Common and Balwin,<sup>9</sup> defined an ethical dilemma as a problem of two moral claims. Two or more ethical principles, personal values or responsibilities are in conflict.

Issues of withholding and withdrawing of treatment in an ICU are commonly found. The decision not to employ measures or discontinue treatment is always difficult and stressful for ICU nurses because it involves life. Life can be viewed through a lens of each religion. Islam has a rule about human life. The Qur-an teaches acceptance of life, not rejection or withdrawal. The Qur-an says:<sup>10</sup>

"Nor take life-which Allah has made sacred-except for just cause. And if anyone is slain wrongfully, we have given his heir authority (to demand Qisas or to forgive): but let him not exceed bounds in the matter of taking life; for he is helped."

The participants were confronted with this dilemma when the family asked them to stop or discontinue treatment



for the patient but the participants disagreed. A family frequently asks to stop treatment in the ICU because seriously ill and dying patients often do not have the capacity to make decisions for themselves. An adult patient who no longer can make a decision has the same right to refuse or withdraw treatment by proxy.<sup>11</sup> Clarke<sup>12</sup> also stated that decisions concerning treatment options are left to the parents or a surrogate to make when in fact no real choice exists. In Indonesian culture, this is not surprising because the family has a strong influence on any patient decision. Therefore, the family assumes responsibility for ensuring that the patient receives appropriate care. It creates a dilemma for nurses in intensive care units when they believe that the family wishes will potentially harm the patient.

Another ethical dilemma experienced by nurses in intensive care units was "who should get the ventilator." In the two hospitals where this study took place, the availability of facilities in the ICU was limited; much of the equipment was malfunctioning and there was only a limited budget for new equipment. In this study, participants had a dilemma concerning how to allocate a ventilator in the fairest way to patients who needed it. They believed that, based on principles of justice, patients have a right to be treated fairly and justly. They considered this principle to determine which patient deserved to get the ventilator based on the clinical criteria and on the most benefit. This finding is similar to Bunch's<sup>13</sup> study which found that resource allocation was also perceived as an ethical dilemma by nurses in intensive care units in Norway. Post<sup>14</sup> reported similar findings in her study of 124 perioperative nurses, where 12 nurses perceived allocation of scarce resources as an ethical dilemma. In Borawski's<sup>15</sup> study of ethical dilemmas for nurse administrators, of 103 respondents, 75% stated that they encountered allocation of scarce resources as an ethical dilemma when they worked in nursing administrator positions.

Participants stated that "want to take an action but beyond authority" was an ethical dilemma they experienced in intensive care units. They felt that they became a nurse in order to help patients and they had a professional duty towards their patients. However, in certain situations they encountered a dilemma when the intervention they had to perform

was not their responsibility. Nurses have both independent and dependent roles in the ICU. Many nurses' roles in the ICU are dependent roles, such as administering medicines or performing invasive procedures like ETT insertion. Nurses had a dilemma when a critically ill patient needed prompt intervention to save his or her life, but which was a dependent role of the nurse and beyond their authority.

Participants stated that they faced such dilemmas because there were no clinical guidelines for many procedures which were needed in critical situations. Not having written clinical guidelines could induce a dilemma because nurses were unsure of when or how to initiate an intervention for a critical patient. They were in doubt and in conflict whether or not to take action. Findings from a study conducted by Redman and Fry<sup>16</sup> tend to support this finding. They found that institutional constraints, such as lack of institutional policy, created a conflict for nurses. That is why most nurses demonstrated their feeling as confusion, discomfort, uncertainty, and powerlessness. Therefore it is recommended, as Erlen<sup>17</sup> suggested, that policies and procedures need to be written that clearly demonstrate lines of authority and the agency's scope and standards of nursing practice also need to include statements about ethical practices in nursing.

Truth-telling is another common ethical dilemma experienced by nurses in intensive care units. Because of intense interaction with patient and family, and also as the coordinator of care in the ICU, nurses frequently have a lot of information about their patients. The participants perceived a conflict between the principles of veracity (truthfulness) and beneficence (doing good). They believed that lying to patients was against the basic ethical principle of veracity, but they were sometimes forced to tell a lie because it benefited the patient and prevented harm. This may be related to religious influence, because believers in the Islamic religion are taught not to tell a lie to anybody. The Muslim is truthful with all people as the Holy Prophet taught his believers to absorb and implement the Islamic values, which encourages truthfulness. The Holy Prophet said:<sup>18</sup>

"It is obligatory for you to tell the truth, for truth leads to virtue and virtue leads to paradise, and the man who continues to speak the truth and endeavors to tell the truth is

eventually recorded as truthful with Allah, and beware of telling of a lie, for telling of a lie leads to obscenity and obscenity leads to Hell-Fire, and the person who keeps telling lies and endeavors to tell a lie is recorded as a liar with Allah."

This statement shows that truth telling is an important and serious matter for Muslims. It can create suffering for a person who tells a lie, such as feelings of guilt or shame. Some participants felt guilty and restless when they did not tell the truth to their patients even though their intention was to prevent harm to the patient. These findings were congruent with a study conducted by Gold, Chamber and Dvorak<sup>19</sup> which found that withholding of information and truth telling was an ethical dilemma experienced by nurses in their practice. Similarly, a study of Chaowalit, Suttharangsee and Takviriyanyun<sup>20</sup> also found that truth telling versus withholding the truth was an ethical problem experienced by nursing students in southern Thailand.

The final major ethical dilemma experienced by nurses in intensive care units in this study was "act as patient advocate versus maintaining relationships with the health team." ICU nurses work together as a team with other health professionals. In order to deliver high quality nursing care for their patients, good relationships with other health professionals are very important. Participants in this study frequently encountered this dilemma in their practice, related to doing good for their patients versus maintaining good relationships, especially with physicians. Nurses serve as patient advocates. As a patient advocate, the nurse becomes the instrument of the patient, and acts to fulfill the patient's wishes and desires.<sup>21</sup> Nurses also have to promote the best interests of the patients to the best of their nursing ability.<sup>22</sup> This finding is consistent with Redman and Fry's<sup>16</sup> study, which found that 7% of participants perceived doing good for patients versus maintaining relationships with physician or other nurses as an ethical conflict.

This study showed that ICU nurses in Medan, Indonesia, inevitably encounter ethical dilemmas in their daily practice. In order to make sound decisions that are appropriate clinically and ethically, ICU nurses need to equip themselves with knowledge of ethics and skills of decision making. It is

expected that nurses with clinical and ethical skills will provide accountable and high quality nursing care. It is recommended that an ethics course should be included in the training of new critical care nurses and ethical considerations as a part of the nursing process should be emphasized.

## Conclusion

**The findings of this study reflected the real experience of nurses facing ethical dilemmas when working in the ICU. The meanings and five issues of dilemmas highlighted the importance of situations that administrative nurses should take into consideration and immediately respond to before nurses suffer ethical distress and burnout. A code of ethics, ethical theories or principles, and continuing study in ethics courses are needed to provide a way for nurses to refresh and improve their skills in dealing with ethical dilemmas. Ethical decision-making models should be included in such courses since they can guide nurses to obtain the most appropriate solution for each situation.<sup>22</sup> For further research, all themes of this study should be used as a framework for the development of an ethical dilemma scale to assess ethical dilemmas encountered by ICU nurses in Indonesia.**

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