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Nurses´ experiences of ethical decision making in nursing

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Jenna Leppänen
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Laurea University of Applied Sciences **Abstract**
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Nursing profession requires ability to perform ethical decisions. Purpose of this Bachelor´s Thesis was to describe nurses´ experiences of ethical decision making in nursing. The background theory of ethical decision making presented first includes presentation of ethical concepts and introduction of general ethics theory. One aspect of nursing is caring and it is included in the theoretical part. Also laws, guidelines and theoretical tools for decision making process and recent studies performed in acute setting nursing were introduced.

Nurses´ experiences were researched using interview as a method. The interviews were conducted in acute nursing setting with four informants. The informants were divided in two groups and the interview was performed as a group interview of two nurses. The interview question was: Please describe your experiences about ethical decision making in nursing? The results were analysed with inductive method.

Based on interviews the findings were categorized into three categories: certain type of patients or groups of patients which were seen more challenging, societal or organizational perspective and as a third category **nurses´ own professional behavior and the responsibility and compliance of instructions**. The findings of the thesis might give insight to plan further education of ethical decision making in acute nursing.

ethics, ethical decision making in nursing, nurses´ experiences

Laurea University of Applied Sciences **Abstrakti**
Degree Programme in Nursing
Opinnäytetyö

Leppänen, Jenna

Sairaanhoitajien kokemuksia eettisestä päätöksenteosta hoitotyössä

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Sairaanhoitajan työ vaatii kykyä tehdä eettisiä päätöksiä. Opinnäytetyön tarkoituksena oli kuvailla sairaanhoitajien kokemuksia eettisestä päätöksenteosta sairaanhoitajan työssä. Eettistä päätöksentekoa koskeva teoriaosa esitellään ensin ja se kattaa eettiset käsitteet sekä etiikan yleisesti. Hoitotyöhön liitetään usein myös välittämisen käsite, jota on esitelty myös teorian kautta. Myös lait ja ohjeistukset sekä teoreettiset apuvälineet eettisen päätöksenteon tueksi on esitelty. Teoriaosan lopussa esitellään viimeaikaisia tutkimuksia akuuttihoidon puolelta.

Opinnäytetyössä sairaanhoitajia haastateltiin eettisen päätöksenteon kokemuksistaan ja haastattelukysymyksenä oli: Kerro kokemuksistasi eettisestä päätöksenteosta sairaanhoitajan työssä? Haastateltavia sairaanhoitajia oli yhteensä neljä. Haastattelun informantit jaettiin kahteen ryhmään ja haastattelu suoritettiin kahden hoitajan parihaastatteluina. Tulokset analysoitiin induktiivista metodia käyttäen.

Haastatteluiden tuloksena jaettiin kolme kategoriaa sairaanhoitajien kokemuksille: tietynlaiset potilaat tai potilasryhmät, jotka koettiin haastavampina, organisaation tai yhteiskunnan perspektiivi sekä sairaanhoitajien oma ammattimainen käyttäytyminen ja vastuu sekä ohjeiden noudattaminen päivittäisissä toimissa. Tulokset voivat tarjota näkökulmia eettisen päätöksenteon koulutuksen suunnittelulle.

etiikka, eettinen päätöksenteko, sairaanhoitajien kokemukset

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1. Introduction

The purpose of this thesis was to describe nurses´ experiences of ethical decision making in nursing. Four nurses were interviewed. In the interviews conducted in collaboration with the nurses there were several experiences of ethical decision making. Three groups were created as a result: certain type of groups of patients which were seen more challenging, the societal or organizational perspective and as the last group the daily nursing and the compliance of rules in daily practices.

Interviews were conducted in acute nursing setting. As Finnish researcher Lauri (2007, 46-47) has said the area where the vital functions are secured is the most demanding area of nursing. This means that there needs to be decisions and concrete actions to happen. This is why ethical decision making is important area in nursing expertise. If the ethical decision making is not successful it can also lead to cause moral distress for the nurses and there is a possibility that high turn-over rates of nurses might occur. This can be very costly for the hospital. (O'Connell 2014, 33, 35) When nurses are educated to work with practices that are safe this also leads to more virtuous nursing. With education moral reasoning can be improved and the decision making improves with the experience. (McLeod & Sordjan 2014, 478, 480)

One benefit of this study is that it shows very broadly the topics and the situations which nurses need to encounter in their daily practices. When these challenging situations and the subjects seen challenging in these situations can be defined it is easier to educate nurses to be prepared. The need of education can be defined as well as recommendations for further study can be made according to the results presented.

2. Theoretical background

2.1 Ethics and moral problems

Ethics and moral problems are often confused as the same thing. Ethics is a science which examines morality. The word moral comes from a latin word "*mos, mores*" which means habits and "*moralis*" is something concerning habits. Ethics does not take part in moral discussion but it is trying to find what morality is. Ethics is a part of philosophy as a science and its roots are back in the Ancient Greece. The difference between meanings of ethics and moral is good to know even though the use of the words is usually synonymous. (Pietarinen & Poutanen 2005, 12-14) The word ethics in this thesis is used to imply mostly to rules and practices which guide the nursing practice.

Ethics can be divided in many ways theoretically. One way isto divide it to separate normative and descriptive ethics. Normative ethics are the "norms" which tell us what we should do in the situations. Descriptive ethics "describe'" and tell what we actually need to do in these situations. It also depends about the science which approach is used. Philosophy mostly focuses on normative ethics. These both approaches are used in health care ethics as well. Normative ethics tells us about for example the decision made about the care (normative = how it should be given). The descriptive approach describes how the treatment is given in practice. Philosophers and nurses usually focus more on the normative decision making. The medical ethical model usually approaches the ethics at descriptive way. (Tschudin 2003, 46-47) That is why it is important also to understand that also medical and nursing ethics differ.

Normative ethics is usually divided in teleological ethics, deontological ethics and utilitarianism. Shortly explained teleological ethics is about making good through human actions. The deontological ethics is about making a good decision by following a rule or rules which are seen morally good. Utilitarian view of ethics focuses in things which are seen useful. (Sundman 2000, 52-53)

Decision making is a rational process, which includes phases of decision making. It also requires cognitive activity. (Cerit & Ding 2012, 201) Nurses must then have the capability to think cognitively and evaluate the outcomes of the care. In theory about moral development by Kohlberg the moral development of a person is divided in to four stages. The first two stages in the human development are superficial stages where the decisions are made by example or following simple rules. In the stages three and four the moral evaluation becomes more mature. The social maturity develops in peer interaction. Beyond childhood the "socially expanded" perspective of different people is beneficial for getting to the stage 4. This includes understanding of the different views and points. (Gibbs 2003, 37-48) Nurses must have the capability for ethical decision making in them since according to Cerit and Ding (2012) "Studies report that nurses increasingly confront ethical problems in nursing practice". These also point out that "the relationship between nurses´ ethical decision-making levels and their professional conduct is also well acknowledged."

Ethical decision making depending on the situation can be demanding. That is why in nursing there has been development of ethical decision making models to support the rationalizing process. In this thesis two models which were easily accessible in the literature were chosen to be presented. Tsudin (2003, 111) presents the ´DECIDE´- model developed by Ian Thompson & al. 2000, 280-281. In this model decision making is made through six steps presented by the six letters in the ´DECIDE´. The basic idea is to define the problem, review it ethically, think the options, think the outcomes, decide the actions and evaluate the results. The model is presented better in the chapter Ethical decision making. The other model introduced in this thesis is the model by Seedhouse (1999, 164) where the decision making process is shown by Ethical Grid. In the Ethical Grid there are different layers and boxes which are used as a tool for thinking the decisions. It includes factors related to patients, outcomes of the care, resources, laws and ethics and virtues of the healthcare staff.

2.2 Teleology, utilitarianism and deontology

As mentioned in the chapter “Ethics and moral problems” ethics is most commonly divided in three categories. One of those is teleological ethics. This is based on the Aristotle writings in the Ancient Greece. Aristotle claimed that in human life the purpose is to direct towards certain goal. The goal is referred by a term “telos”. For Aristotle the goal of human life was happiness. This lead to an idea that human’s purpose is to use intellectual and moral virtues. Virtues on the other hand were about decency. These virtues were found in person and those were seen as the guiding factors to moral decisions. For Aristotle the virtue based actions were possible only in community and those actions shared important function in the society.(Pietarinen & Poutanen 2005, 164, 170 Teleologists can be described also by using terms as “consenquentialists” or “utilitarians”. (Thompson & al. 2000, 21)

Utilitarianism is usually the most mentioned consequential ethic. The two other forms of consenquentalism are altruism and egoism. The difference between the different forms of theories is the difference between what is seen as desirable outcomes. In self-interest theory (usually talked as egoism) the most beneficial outcome is the one which is best for the individual him/herself. Altruism on the other hand describes that the decision made is beneficial for others as well. The difference between utilitarianism and altruism is that utilitarianism is taken a little further and the decision is made based on an assumption which is supposed to lead to best result for everyone. Jeremy Bentham (1748- 1832) thought that the best possible action maximises the happiness for everyone. He “called the property of the act that produces happiness utility, and hence utilitarianism is the name given to this particular ethical theory.” Bentham also had a view that the happiness can be counted quantitatively. The other supporter of the utilitarianism was John Stuart Mill who thought that the qualitative method was applied to the counting process. (Thompson & al. 2000, 21) (Rumbold 2003, 57-65, quote 64)

Deontological ethics comes from a word "*deon*". It means duty. This view is about principles and following the moral duties. It is very largely based on ethics presented by Immanuel Kant who argued that moral duty goes before the results. Kant´s famous sentence "Act only on that maxim that you will to be a universal law". It is also pointed out that if this would be implied straight it would cause problems in the health care. (Thompson & al. 2000, 21) (Rumbold, 2003, 73) Generally it is important to know the differences in order to make better decisions.

2.3 Caring as an ethical concept in nursing

In ethical decision making in nursing the decisions are about the patient receiving the best care possible. In patients' and nurses´ views the term of the good care is very often defined also as caring. Caring is not an easy term to define but some definitions are made to make more visible what the concept of caring might mean.

In nursing the ethics is often attached with the concept of caring. Caring was defined by Meyeroff (1972) as something that requires certain aspects. These aspects can be divided into knowledge which simply means that nurses need knowledge to be caring. Knowledge can be both verbal and nonverbal. Another aspect is "Alternating rhythms" There the past and the present form different frameworks where the activity splits into doing and not doing. In doing and not doing there is the caring involved in both. Nurses need to know when to do and not to do. (Tschudin 2003, 5-6)

One important aspect of caring is patience since the healing of the patient might take time. One important character of the nurse is honesty which includes openness. According to Tschudin this is seen important to nurses themselves and the patient. With honesty there is also the importance of trust and that includes the appreciation. "Trusting also means that we have confidence in our ability to help." (Tschudin 2003, 6) Humility is also mentioned as an important factor related to caring and it means that the nurse is open to situations and persons. Hope and courage are seen as acts of caring also. There is the courage needed since nurses don't know what is ahead. Hope makes caring possible. (Tschudin 2003, 6-7) Nurse-philosopher Roach (1992) has also defined "The five Cs" of caring. In her theory the caring is about compassion, competence, confidence, conscience and commitment. (Tschudin 2003, 9-13)

In research performed with the mental health nurses Armstrong (2007, 18) brings out the importance of nurse-patient relationship. In his view certain

virtues make the care a patient-centered care. In this study conclusions were made where nurses themselves think that the nurse-patient relationship needs to be valued more higher than any clinical procedures done for the patient. It was also presented that the important themes in nursing were not just the relationship but having certain characters such as kindness, patience and honesty. Armstrong thinks that caring is not easily defined and that caring is actually something which "*represents an attitude about someone or something in the world*." (Armstrong 2007, 139)

2.4 Ethics and law in nursing

In Finnish health care there are many laws to cover the patients` rights and laws defining healthcare professionals. It is very well regulated who can participate to the care and the hospital world has hierarchy of tasks performed by different professionals. In this chapter of the thesis it is not meant to explain every law in detail but give some examples about the laws covering the patient. Also the ethical guidelines are presented although those are not the laws but rather norms about the ethics for the nurses` everyday life.

In Finnish healthcare only those who have completed nursing degree can use the name registered nurse. The term is covered by law and supervised by VALVIRA and nurses need to apply the rights to be able to work as registered nurses. The law about the professional staff in the healthcare is also there to provide the needed recommendations for the skills and education required in order to work as a nurse. The professionalism is protected with "Laki terveydenhuollon ammattihenkilöistä" (28.6.1994/559) meaning the law about professional healthcare employees and with "Asetus terveydenhuollon ammattihenkilöistä" 28.6.1994/564 meaning the act of professionals in healthcare. As an example the law defines that a student who has conducted a 2/3 of the degree can work as a substitute in the field where he/she is studying. The law is made to supervise that the care what patients receive has good quality and the methods in use are conducted by professionals.

Patients´ rights in nursing (and in health care generally) are covered by law. The law for patients' rights was set in 1993. The law was one of the first patients´-laws in the world. (Sundman 2000, 23) There are laws about patients´ status and rights, mental health law and law about medical research, law covering patients´ rights in case of accident and law about person's information. The basic principle is that patients have the right to good care and self-determination during the care. This includes also the procedures done in the care. (Sundman 2000, 26) One of the most central

concepts is the right for self-determination. According to Sundman (2000) this means that patients have right for inner and outer freedom, right for competence and right for power. Sundman points out that if simplified it means that patients have rights to physical freedom, to take actions about her/his care and the power to take the care into legal evaluations if necessary. (Sundman 2000, 30-31)

Other concept defining patients' rights is right to privacy. This includes not just the procedures in the wards in the hospital but also the handling of the personal information and the compliance of the professional confidentiality. The uniqueness of the patient is also one of the things which health care professionals need to take into consideration. Everyone has the right to be as they are and respected. It is about proving good care for everyone. The person who looks after patients´ rights is called patient ombudsman. The role of the ombudsman is to give information, guide and be part of making the new guidelines. (Sundman 2000, 30-33)

There are different ethical guidelines published for the nurses. In UK the main codes for ethical nursing are The International Council of Nurses (ICN) Code of Ethics for Nurses and NMC Code of Professional conduct (2002). The NMC is normative and assumes nurses already having basic education about ethics. (Tschudin 2003, 72,79) ICN is more known and used. This also provides well summarised nursing ethics and is recommended for the students and nurses in practice to be familiar with the ethics. The ICN was first time conducted in 1953.The latest version was conducted in 2012.(ICN code of ethics, http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/)

ICN Code of Ethics for Nurses describes four nursing responsibilities. These responsibilities are: *"to promote health, to prevent illness, to restore health, and to alleviate suffering*" (Tschudin 2003, 72) The code itself is divided in parts such as: "*Nurses and people*", "*Nurses and practice*", *Nurses and the professions*" and "*Nurses and co-workers*".

The code of “Nurses and people” is shortly about providing care taking in account the environment where “*the human rights, values, customs and spiritual beliefs of the individual, family and community are respected*”. Nurses responsibility is also to make sure that the patient knows about the treatment and that the treatment has consent. The nurses´ role as a trustworthy worker is also mentioned. In the code there is also nurses´ role as an active member of the society by suggesting that nurses should take “*iniative and support action to meet the health and social needs of the public*”. The social justice and economic possibilities to everyone are also mentioned as something what nurses should advocate. In the revised version in 2012 (previous was published in 2002) there is a line added: “*The nurse demonstrates professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity*” (ICN code of ethics 2012, (Tschudin 2003, 73)

The Finnish guidelines (1996) can be found from Sairaanhoitajaliitto pages written in both languages: Finnish and English. The guidelines are very similar to ICN code of ethics. The guidelines are divided into six parts if compared to ICN guidelines. The basic principles are similar. The Finnish guidelines translated in English are found as an attachment in the end of this thesis.

2.5 Ethical decision making tools

There are tools to support the ethical decision making. The ethical decisions are not necessarily easy to perform. There are also dilemmas. Dilemma means that there are two or more solutions which are all seen as bad options. The choice needs to be made between only bad choices. (Tschudin 2003, 123) There are ethical decision making tools which can help to perform the ethical decision making.

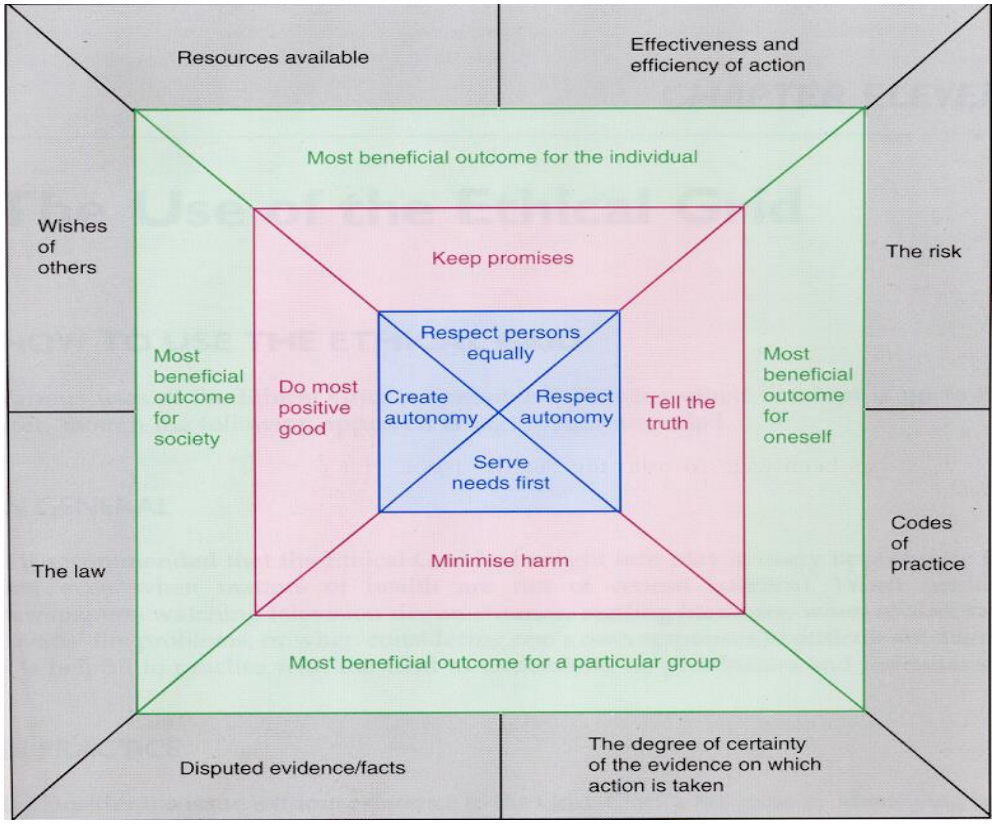
The first model introduced in his thesis is the "DECIDE"- model created by Ian Thompson & al. 2000. The letters in the word Decide imply to rule which can help to remember the steps for the decision making process. The letter D implies to Defining the problem as a first step. It is pointed out that the first step seems very easy but it is very important also while thinking about the caring. It points out that the nurse is there in the situation. This phase includes listening everyone´s opinion and taking into account every event leading to the need of care. When the process is carefully done the step 2 can be taken. (Tschudin 2003, 111-112)

The next letter is E which implies to Ethical review of the problem. The question is now about what should be done in the future. Here one possible tool is to use the teleological, deontological or utilitarian, egoistic or altruistic viewpoints in order to analyse the situation and decision to be made. It is also a phase where the honesty and truthfulness should be present. (Tschudin 2003, 114-117)

The letter C implies to taking the options in consideration. In this phase the implementation of the decision (which should have risen in second phase) should be put in to practice. Letter I implies to investigating the outcome and D to deciding about the action. The last E is to evaluate the results of the process. If many people have been involved to the evaluation process all of those people should be there to evaluate the outcome in order to see if they failed in something or if something was successful. (Tschudin 2003, 120-121)

The other model is the model created by Seedhouse (2009). Seedhouse does not suggest that the model should be used in all cases but for those who are not familiar with the ethical decision making it can work as a good tool. (Seedhouse 2009, 143) The model consists of different coloured boxes which each have their own meaning. The core boxes in the middle are about the patient and healthcare professional roles. The red boxes consist of duties and motives. The green layer on the other hand is about teleological ethics and the best possible outcomes. The black layer represents "*level of external considerations*" (Seedhouse 2009,168-172). Seedhouse thinks in this model that the patients` autonomy is the core foundation. (Seedhouse, 146-149)

The blue boxes in the middle. Red boxes in the second. Green boxes the third layer. Black boxes the outer layer. The Ethical Grid (Seedhouse 2009)



2.6 Previous studies of the ethical decision making in nursing

Research conducted in Portugal (Fernandes, Moreira 2012, 78- 79) presents a list of strategies and resources which ICU (intensive care unit) nurses use to support their problem solving in everyday practice. There is two categories in the results which include personal domains and team domains. The subcategories for personal domain are personal and moral development, emotional distance, relational strategies, training (education), sharing experiences with relatives and friends and as the last one the reflection. The team domain includes moral development, training, sharing experiences and joint decision making/team work. It is well seen from the subcategories that nurses value team work and sharing the experiences. Also the concept of caring was again also in this research brought out. Research shows that helping a person in the ICU and caring at the same time is not easy for the nurses to perform. Nurses also experienced that because of the fact that physicians did not seem to have standard ways to work in situations it caused problems in the work. Also taking consideration the clinical status was sometimes hard because of the lacking knowledge. This was seen as a factor affecting the ability to see the long term options and make decisions by taking those into account. The lack of discussion with other healthcare members or significant others of the patient were also seen as a threat to patient autonomy by the nurses. Nurses experienced that science-based training would help them make decisions. In this research there was no moral distress which is usually associated in the ethical decision making situations if decision making is not clear. Also ethical issues by gender were found. The male nurses saw the justice as the most important factor related to good care but women though that caring was primary. (Fernandes, Moreira, 80)

The research about moral distress and gender of ICU nurses (O'Connell 2014, 38) showed that there is more moral distress to occur in women employees compared to male colleagues. Moral distress can be defined with three different categories of moral difficulty. First one is moral uncertainty, second moral dilemma and the third moral distress. In the research it was also

pointed out that if nurses experience moral distress in their work it is very costly for the hospitals. Nurses´ turnover rates increase if there is moral distress. It is also pointed out that it is not only harmful economically but also for the patient if the nurse starts to avoid the care due to the moral distress. (O'Connell 2014, 33, 35)

It is also studied that millennium nurses, meaning the nurses who have graduated in millennium, "*do not advocate patients or assert themselves during moral conflicts*" (McLeod-Sordjan 2014, 473-474). It is claimed that ethicality in nursing practice is the same as professionalism. It is shown that if nurse is educated to a safe level practice it is more likely that the professional acting is more virtuous. In the research it is brought out that nursing students´ moral reasoning is not just to know the codes of ethics but also about having the skills to reflect feelings, intuitions and experiences. Moral reasoning develops with time and education improves reasoning skills. Moral reasoning brings better decision making in clinical work. (McLeod & Sordjan 2014, 478, 480)

In one of the researches done in Cyprus (Papastavrou & al. 2014) the objective was to explore nurses´ experiences and perceptions about how to prior tasks, omissions and rationing of bedside nursing care. Many of the nurses were worried about need of take the responsibility of the doctors as information givers due the lack of resources and because they spend more time in bedside. It was pointed out that many factors affecting the work problems were from the work environment and could affect the decision making. The biggest affecting factors were seen as lack of staff and lack of materials and resources. (Papastavrou & al. 2014, 589 - 599)

As studies presented in this chapter show there are many challenges in nursing affecting the work and ethical decision making. The decision making process in nursing is not just about being rational since the work affects also the other team members and the patients.

3. The research question and the interview question

The purpose of this thesis is to describe nurses´ experiences of the ethical decision making in nursing.

The research question is what kind of experiences nurses´ have of ethical decision making in nursing?

The interview question is “Please describe your experiences about ethical decision making in nursing?”

4. Research methods

4.1 Qualitative approach

This study was conducted by using qualitative approach. Other option would have been quantitative approach. Biggest difference between qualitative and quantitative research is that qualitative can easily be defined with the absence of quantification. The qualitative method is usually used to interpret the social world and experiences. (Hammersley 2012, 2) Qualitative method is the best method when the experiences are in focus. In this thesis nurses´ experiences are central and therefore qualitative method was chosen. In short the origin of the word "*qualitas*" comes from a word from latin language meaning the qualities or the features. Term "*quantitas*" prefers to amount (Hammersley 2012, 3). Usually qualitative study can refer to several different kind of researches. Qualitative research has been used increasingly after 1960´s. The interviews and questionnaires had been used already before 1960´s but after that time the qualitative was labeled as one form of research and formally seen as scientific. The benefit of using qualitative research is that it is possible to do research in the real world situations. It is also possible to observe the respondents and it also gives respondents their own voice during the interviews and makes possible to study certain context-related issues. (Hammersley 2012, 9-10)

The other benefits of qualitative research are that when the data is handled and analyzed later on the task is to "create categories" based on the material. Data-analyzing and the structure is not decided beforehand. Also the use of recorded material is common. The qualitative research is also always subjective. This is because the researcher always brings own views to the process and it is impossible to eliminate the researcher from the process. It is important to describe the study phases carefully to make sure the validity. Qualitative research usually researches small numbers of cases instead of large groups. (Hammersley 2012, 12- 13)

4.2 Collecting the data and informants

Thesis was started in the April 2015. After finding a topic the data search for the theory part began. Contacting the wards in order to get informants to participate started. Several wards were contacted and one positive answer was received in November 2015. More accurate thesis plan with theory part was created. After forming and sending the thesis plan for approval the permit for the research from the hospital came in April 2016 and the interviews were conducted in May and June 2016.

The study was conducted by using qualitative approach and pair-interviewing. There were two groups which both had 2 informants. Four nurses were needed for the interview. The time for the interviews was 60 minutes for one group. Informants needed to be registered nurses. The nurses` participation was completely voluntary. The wish for the nurses participating was that they had already been working as registered nurses for few years and had experience of ethical decision making situations. Informed consent was asked from each of the informants before the interview. The interview consisted of one open question and the interview was recorded. Acute nursing environment was preferred as the source for the interviews since most of the previous studies are also conducted in acute nursing settings. Finnish researcher Lauri (2007, 46 – 47) presents several researches which are conducted in Finland which state that the most demanding area of nursing is the one where the vital functions need to be secured. With critically ill patients there is need for concrete actions and decision making done by the nurse.

This thesis was conducted using interview method. The time for the interviews was 60 minutes for one group (2 informant groups x 60 min). Interviewing is the best way to approach if topic is about how things are experienced. (Brinkmann 2013, 47) Experiences are often researched by interviewing and very often these can be very unstructured and conducted in a relaxed environment. The interview should also be conducted in the

informants own terms. (Hammersley 2012, 54) The interview was conducted in the ward. This also minimized the costs when the time is only used in the interviews and not to transferring from a place to another. In this study the research question was open and the nurses had the right to discuss freely from their own experiences. In the interviewing recommendations there is suggested that the person doing the interview should also beforehand decide whether the style is "receptive" or "assertive". (Brinkmann 2013, 60) In this case since the interview was not structured the style was receptive in order to let the experiences come from the nurses.

The open question in this research was:

> Kerro kokemuksistasi eettisestä päätöksenteosta sairaanhoitajan työssä?
>
> Please describe your experiences about ethical decision making in nursing?

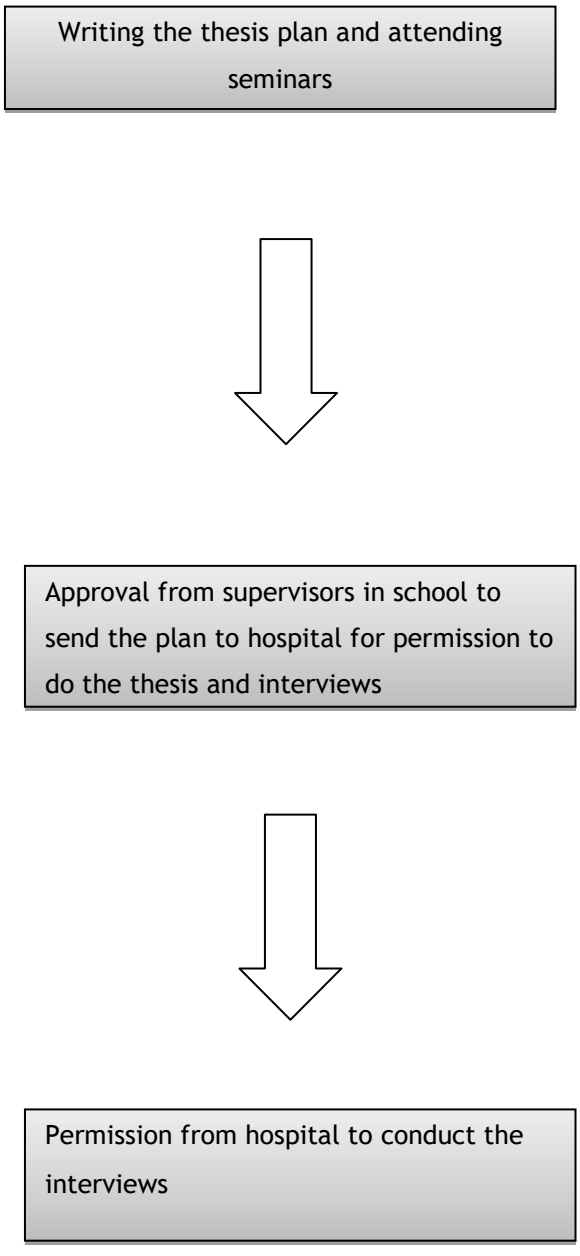
Very often the problems arise because people are not willing to talk in the interviews. The reason can be for example that the topic is found to be embarrassing. This is why qualitative interview demands a lot from the interviewer. Researchers should be able to minimize the affecting factors. (Hammersley 2012, 52 -53) This is the reason why this interview was done in pairs of nurses. It was seen helpful for the situation to be more relaxed and gave the nurses opportunity to discuss with each other.

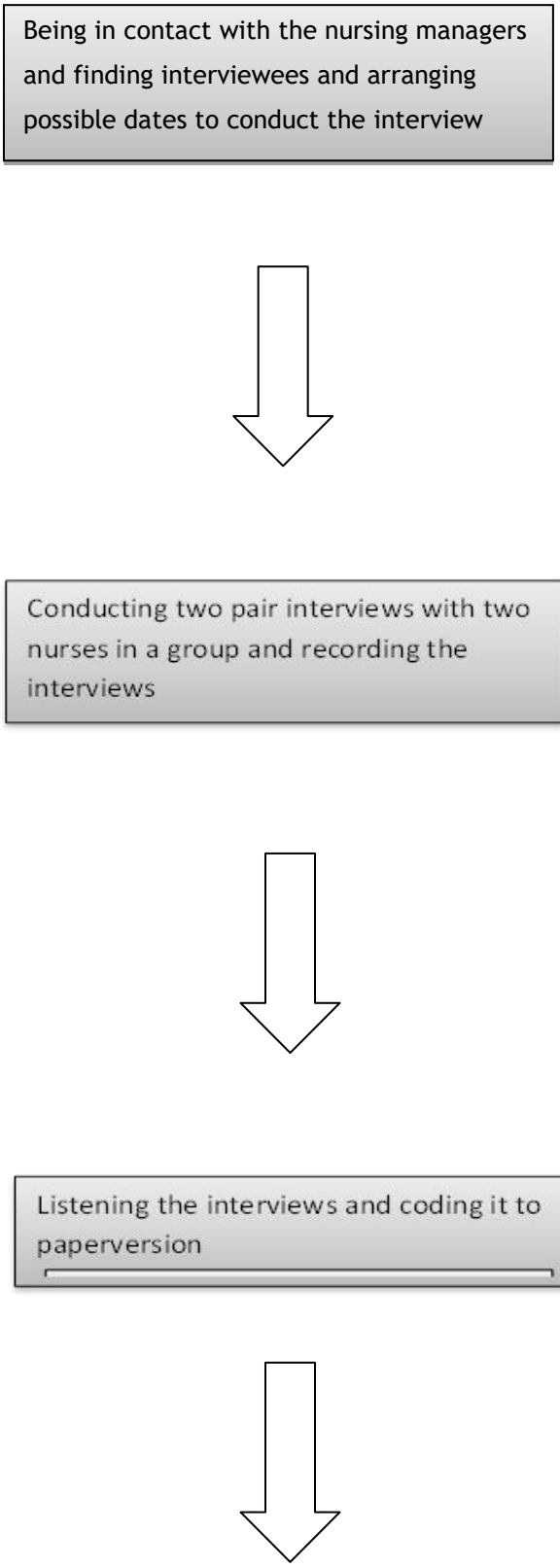
Leading questions were used to clarify the topic and to start the conversation. These were "What do you think ethical decision making is in your work?" "What in general do you understand if talked about ethical decision making?", "How does the process go with the ethical decision making or have you had any problems or how do you manage to make the decision whether it is good or not, how is the decision made and how is the process or network in the

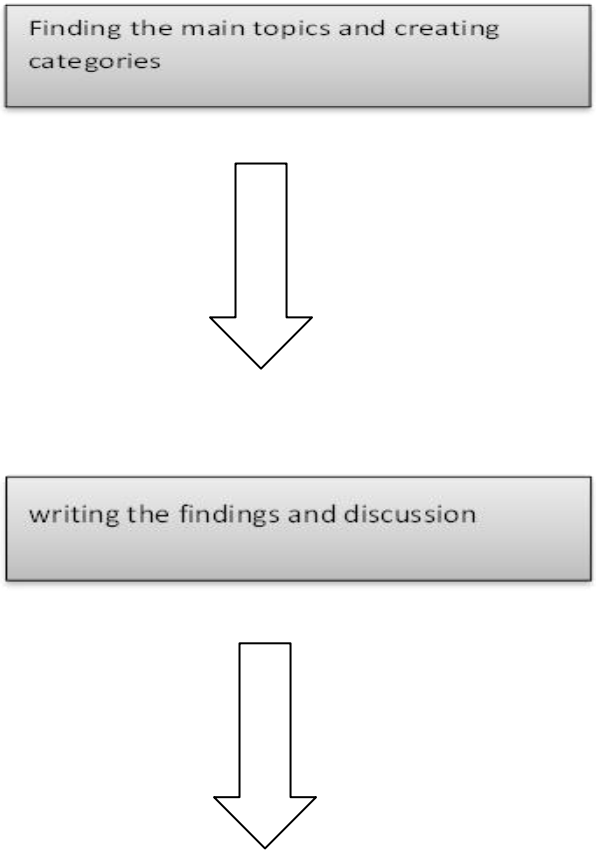
decision making?“ and also “What are the related factors to ethical decision making?”. Later on in the interview there was clarifying questions such as: “What is the kind of group which gets the good treatment or what is the basic easy patient which is the kind of who makes the feeling of success in the decision making?” (in relation of nurses explaining about certain kind of groups themselves first). Later related to the same issue there was a question about: “There are factors which make the decision making more difficult that is how I see it?” which was used in order to clarify if the interviewee had understood right the previous discussion. Also specifying questions were asked in order to find better solutions in issues where the nurses saw that the decision making was not correctly done. The questions were “What is the biggest thing how you would improve, so if something would happen even after there still should be some kind of fix or at least a try, what would that be?” Also as clarifying: “Do you mean your own perception of the good, that what is good care or in another level something else?” “Do you feel that you have the skills in the hard situations, do you feel like you should be educated to those or do you have education on those?” “You said that in a team, does it mean with a doctor?” “So how does the patients’ path in the hospital go?” and related to same issue there was a question that who does the decision of patient being able to go home. When talked about the organizational perspective there was also a question to clarify if it was rightly understood that there was a conflict between what was expected from the nurses and what was felt possible. These were the only questions asked during the interview and tried to be kept on a very general level without giving any certain direction keeping the aim only to be clarifying or asking if they wished some improvement.

In qualitative research the data, methodology and theory formulate the findings. All of these three need to be included in order to gain a good research. Theory gives guidance to data handling and also “*theory without data is seen empty*”. Good research also includes the discussion. (Brinkmann 2013, 92 - 93) The full process is described in the next page in Table 1.

Table 1. The process in charts after the decision of the topic and literacy researches:




Being in contact with the nursing managers and finding interviewees and arranging possible dates to conduct the interview
Conducting two pair interviews with two nurses in a group and recording the interviews
Listening the interviews and coding it to paperversion



PRESENTING THE THESIS

PUBLICATION OF THE THESIS

4.3 Analyzing the data

The data analysis was done after the interview using qualitative inductive method. In inductive method there are individuals analyzed and the results are generalized to a certain group. This means that inductive research method is not completely valid since there always can be exceptions. (Brinkmann 2013, 53) If there were any hypotheses to be tested the deductive method would be used. Inductive and deductive methods are both used in researches but in this one the inductive was the choice. (Brinkmann 2013, 54) Some researchers have argued that in order to understand people everything happening in the interview should be documented by using details. On the other hand it is argued that people know themselves better than any outsider could meaning that if there is self-analysis it is possible to get in touch with the motives and thoughts. (Brinkmann 2013, 92 - 93) When the research is done it is possible to generalize the answers to show generalized picture of the one group of nurses. The content analysis is done by first writing the interviewed data down to the paper and then used the inductive method to find similarities and central thoughts from the data. This method includes coding of the data. In this phase the data is coded and categories formed. (Brinkmann 2013, 62)

As a result of the interviews there was a lot of material and the nurses talked broadly about ethical decision making experiences and the factors affecting ethical decision making with each other. Interviewer did not need to ask many questions. The interviews were translated to text versions. Both interviews were printed and there was 13 pages of material from each interview which was analyzed. After reading the interviews these were carefully read and the subjects discussed were marked into the margins. This was done to both of the interviews which were now translated paper versions. From the margin markings there were all the subjects gathered to another paper and organized in groups by similarities between the subjects. After this process translations to subjects presented were made from English language to Finnish language.

5. Findings

Both groups interviewed started with defining the ethical decision making since the question was broad and they also wanted to specify about what they supposed they should talk about and if they were understanding the question right. One of the nurses said in the beginning of the interview that:

“Eli hoitotyön etiikassa hoitotyössä mietitään sitä mikä on hyvää ja pahaa potilaalle, mikä on merkityksellistä ja potilaan hyvääkin tässä periaatteessa niin kun haetaan eli mä ymmärrän sen niin..”

”So in nursing ethics in nursing is about thinking what is good and what is bad for the patient what is meaningful and the patients good is the one which in principle is searched so that is how I understand it..”

Throughout the interviews there were three subjects which were discussed and categories formed based on those themes: first one was the certain groups or certain type of patients which were seen more challenging when performing the ethical decision making and second the societal or organizational perspective to ethical decision making which included for example the resources of the work and the justice of care. The third was the nurses own professional behavior and the responsibility and compliance of instructions.

Related to all three categories one broadly discussed theme was the nurses own ethics and the comparison of the own ethics and working behavior. This was mentioned in both groups when discussed about the compliance of the rules and also when discussed about the resources of the work. The topics discussed were very practical experiences of situations. There might have been option to create more categories but the decision to keep it in the simplest categorizing was made in order to keep the categorizing as simple as possible to create clearest outcome. Three main categories formed are listed below (Table 2). In other table (Table 3) is an example of two pages of interviews and the themes those pages included. It is to show the process. The transla-

tion process is shown as an example and the final category for the theme is presented in the last column of the table. The final category was formed after analyzing the whole interviews and doing the categorizing based on the results. No hypotheses were used when categorizing the results and the third category is therefore a result of analyzing the data through.

Table 2. The three main categories

The first category	The second category	The third category
Certain groups or certain type of patients	Societal or organizational perspective	Nurses´ own professional behavior and the responsibility and compliance of instructions

Table 3. Example table of the two pages of interviews making the topics and categorizing them later on. Example includes language translation and example to show the process of translation. Inductive method was used meaning that the third box and the categories were formed based on the whole interview results using inductive method.

conversation topics in Finnish	conversation topics in English	Placed under category formed in the end
eettiset ongelmat saattohoitopotilaiden hoidossa	**ethical problems with dying patients**	**certain groups or certain type of patients**
lastensuojeluilmoituksien tekemiseen liittyvät eettiset ongelmat	ethical problems related to reporting to child welfare	certain groups or certain type of patients

mielenterveysongelmaiset potilaat ja ongelmat eettisessä päätöksenteossa	mental health patients and problems in the ethical decision making	certain groups or certain type of patients
eettisen päätöksenteon helpottuminen kokemuksen kautta	ethical decision making becomes easier with experience	nurses´ own professional behavior and the responsibility and compliance of instructions
verensiirroista kieltäytyvät potilaat	the patients refusing to have blood transfusions	certain groups or certain type of patients
lait määrittämässä eettistä päätöksentekoa esimerkiksi puhelimen kautta annettavassa tiedossa	the laws defining the decision making for example in the information given over the phone	societal or organizational perspective to ethical decision making
alkoholistit, jotka tulevat uudestaan ja uudestaan	alcoholics coming over and over again	certain groups or certain type of patients
potilas, joka haluaa kaikki mahdolliset tutkimukset	patients´ who want all the laboratory test possible	certain groups or certain type of patients

The first category: Certain groups or certain type of patients

The groups of patients and situations what nurses had encountered in more challenging setting were numerous. The mentioned ones were: treating the dying elderly patients whose significant others disagreed with the line of care, Alzheimer patients or elderly with bad memory problems, treating patients who had small children and were hospitalized for some reason that could be harmful for the children and they needed to report to the child welfare, mental health patients, patients who did not want to get blood transfusion when it was needed because of the religion forbidding, alcoholics and drug users harming themselves, refugees and foreign patients, patients who wanted all the laboratory tests without a reason, badly behaving patients, demanding significant others, parents with under aged children who themselves already have the right to decide and be the only ones to be informed, severe disabled persons who were not able to communicate normally, unconscious patients and as a big group due to many reasons: the violent patients who were aggressive verbally or physically towards the nurses. The nurses talked about laws guiding the decision making in these events and about knowing the right decisions but the implementations were sometimes hard or there was other restricting factor which made the work stressful or made the nurses feel unappreciated. All thought they mentioned that also the challenging decision making events brought feeling of success when I asked if they had experiences about very successful decision making. All of the groups are presented in Table 4.

One of these groups were for example the mental health patients who had been treated already maybe tens or hundreds of times according to nurses and they kept coming back to acute settings since “the system” as the nurse referred to it had no good solution for this. The nurse mentioned that it was making the work less meaningful to treat the same patient all over who did not take responsibility of him-or herself and wanted the health care professionals to take care of the problem. This was seen as a group of patients who are constantly taking resources in the system. As mentioned also in the begin-

ning the nurses felt that “the system” does not work efficiently since this can happen. Even though they felt like doing the right decision by guiding the patient to mental health units this for some reason had no effect. The alcoholics and drug users had the same problem with coming back after treatment and the nurses thought that it was frustrating to treat the patients who self - harmed themselves just after being saved.

Same thoughts were raised with the violent patients. Violence was described as weekly (mostly verbal) and the nurses felt that it was hard sometimes to try to help violent patients/clients and the moral discussion about the nurses` role to be understanding in the violent situations was discussed. One of the nurses described:

“—että missä niinkun se tavallaan se sietämisen raja menee, että mihin asti tavallaan hoitajana tai hoitotyössä pitää sietää, että onko se niin kun sellainen ikuisuus “Florence Nightingale”, joka ikuisesti vaan sitä voi potkii, lyödä, purra, hakata sitä ei koskee mitkään lait, ei säädökset. Se on niin kun vapaata riistaa, mutta sitä toista osapuolta ei odota yhtään mitään ja sitä jopa pitää ymmärtää koska se kävelee sairaalan ovista sisään, että se on sitten sairas.”

”--- so where does the sort of the line for tolerance go, at what point sort of as nurse or in nursing profession just need to deal, that is it like this forever “Florence Nightingale” who just forever but it can be kicked, bited, beated it cannot be touched by any laws, no regulations. It is like open quarry but that other party is not waited by anything and it even needs to be understood because it walks in from the hospital doors, that it is sick then.”

These were seen as emotional situations which raised many feelings and discussion about the ethicality of the care also other way around where also the nurses` rights were brought out.

In the child welfare cases where they needed to fill in report the nurses felt like that the filing of a report was easy and it was easy to know what is the

right thing to do but the telling to the patient/client about doing it and the timing for telling it and the consequences to the care situation were more difficult to handle. They still needed to do nursing to the patient after giving the information.

The refugees were also seen as a new group which was seen ethically challenging. Language problems were mentioned. One of the nurses also reported as a new thing encountering blamed racist when not treating the patient immediately since there was more sick patients/clients who needed the treatment first.

Table 4. 1st category: The patient groups or certain type of patients and the ethical problems related to these,

The patient groups	The ethical problems related
treating elderly patients	-the wishes of significant other vs. own personal will to decide
Alzheimer or elderly with memoryproblems	-communication -difficulties in care
adults in care who had children → reports to children welfare	-whether to do the report or not if the child is almost 18 year old and capable -when to tell to the patient in care that it has been done → the reactions
mental health patients	-problems with treating mental health patients, not having the right resources -patients not taking responsibility→ waiting for the health care to take responsibility -patients coming over and over again

	to acute side
religious patients	-blood transfusions are not allowed in all of the religions → taking this in account -what if the child is under aged, who decides?
alcohol and drug users	-people harming themselves but still needing help -treating the patient and then the patient don't change the behavior and come back again
refugees and foreign patients	-language problems -cultural differences -societal perspective with paying the expenses -being blamed for racist when not being able to offer the care right away
persons wanting lab tests for no reason	-treating for people who are not necessarily sick in acute setting
badly behaving patients	-patients who have no compliance for general rules -the nurses´ job to try to do good for the people who see everyone as an enemy → nurses see a challenge
demanding significant others	-demands when the significant others demand something when the nurses disagree → patients can use even threats towards the nurses
underaged children with parents	-parents coming to the room and waiting to be explained when the child has the right to decide of own matter and keep own information

	personal
severe disabled patients	-communication problems: how to know if medication is affecting?
unconscious patients	-who to report that the person is in the hospital -how to know the will of the patient
violent patients	-nurses experiencing violence while trying to help the patient → patient is sick and should be understood and treated but it is found to be hard and causes mixed feelings → reflects to the feeling of being safe in the job or after leaving the job

The second category: The societal or organizational perspective to ethical decision making

In the organizational perspective there was mentioned the sometimes long waiting time for the patients to receive the care. This was also linked with the need to ethically prioritize the tasks. All thought it was mentioned that everyone does get the care. There was also discussion about the fact that in Finland the health care is available and in the other countries the care is necessarily not available. Waiting for the care sometimes was described causing problems with the significant others who saw that their significant other was sick but did not see the other patients´ situations as the nurses did. This was challenging for the nurses in these situations and both interviewed groups mentioned this. Although one of the nurses in other group thought that if explained nicely these people usually tended to understand. The one thing mentioned about the decision making process in general was that in the acute settings the situations were usually fast. There was not seen any specific pro-

cesses, instead the situations just came. Those were dealt based on the individuals capacity to solve those problems and that was the factor which the decisions were made in the situations. Although it is good to remember that all the nurses being interviewed had been nurses already for a longer time. They also said that there was no daily ethical pondering about the situations and thinking did they do everything right. The decision making about the patients was made in teams. One of the nurses also commented that when going home all the work thoughts are left in the hospital so that it is possible to do the work. Also keeping patients´ side and rights were mentioned as one factor which was seen as something what was ought to do but in reality sometimes was found difficult since it could create conflicts to the nurse later on if the patients´ rights were strongly defended. The nurses of the other group also mentioned that sometimes there was a need to push the doctor to for example take some test which they felt like were necessary for the patient. With some doctors due to these kind of reasons they felt like the patient was not getting the kind of treatment they should have be gotten and they felt that nurses role was also to defend the patient´s rights in these situations.

The change of the role of the nurse and the change of society was discussed. The nurses´ felt that the nursing role had changed in time so that the basic nursing where there was time to nurse the patient and be with the patient had decreased since there was now more measurement of efficient care. Health care was seen more defined by economic factors. This was seen also as a possible problem in the future health care renovation that if there was going to be competitive setting in health care it might mean that money defines the care more than wellbeing. It was also seen that the society changing into more rapid and individualistic meant that in the health care everything was expected by patients to happen within 15 minutes. The nurses also felt that the professional name nurse probably soon would be changed to health care expert. This change in the need of being productive which one of the nurses described as working in a factory. Change in expectations was seen to create “moral bad feelings” about not being able to perform in a way that was seen morally right in a personal moral. This was also described creating morally

bad feelings since there was no opportunity to work as morally in the current health care system. It was mentioned that in the future it would be possible to do the work by either forcing the own moral perceptions to change or by changing profession to do something else than nursing.

One nurse also felt that the own ethical perception affected the work and they saw a difference in personal ethics and in work ethics and them affecting each other. There was also the fear that something might happen to patient or patients and there was a suggestion to try preventing this beforehand but having the fear that something might happen due the current situation. This was talked in an abstract level and not specified what it means. The difference between expectations of the organization and the ability to perform in reality was seen challenging. Inequality of the private and the public health care was seen big and seen unequal as well as the care depending about the place lived in due the different structure of the health care. There was discussion about the elderly who were often send home since it was the preferred choice even though it could be that they were not maybe able to cope there with the help of the homecare. There was pondering whether the current line in society to keep elderly people at home as long as possible was good for the patients after all.

The laws were discussed in both groups when talked about giving information about the patients to outsiders for example in the phone. They had instructions that any information cannot be given for example to the police without them having the permission and the nurses felt that it was not always easy to decide about the phone calls and giving information if it was the right thing to do. The laws in generally were seen often impractical and as a grey area in a way that there was many ways to understand those. Even though one of the nurses said that they had received some training from the police about the matters but still giving information was sometimes seen as hard choice. Also in the cases where there was under aged child who was already almost adult and was there with parents and the parents just came with without asking the child if they can come or get the personal information. In these cases the

children were already grown up. There was also general discussion about functioning in unexpected events related to safety: The nurses were not quite sure if there was for example violent patient or client and they needed to protect the other patients or clients that how much info they were able to give in the situation to other patients. What was according the law the right thing to do in a serious situation? One discussion was also kept about sometimes needing to restrain the patients by binding them to beds which was seen sometimes needed and the ethicality about the procedure. Topics discussed are presented in Table 5.

Table 5. Topics under the 2nd category. Societal or organizational perspective to ethical decision making.

Long waiting times for the care	**Organization moral vs. own moral**	**Change in society**
Practices in the hospital	**Laws covering the treatment**	**Inequality in the health care system**

The third category: The nurses´ own professional behavior and the responsibility and compliance of instructions

The compliance of rules and daily nursing performance was discussed broadly in other of the groups since it was seen as part of the ethical decision making in daily practices. They thought that nurses shared responsibility about acting polite towards patients by being friendly and customer-service oriented. Also the compliance of the hygienic rules was seen as personal responsibility in such cases as catheterization where there is a big risk to cause infection by doing the procedure unethically against the nursing guidelines. Also the use of needle designed for glass ampullas to prevent the possible glass ending up to patients veins was discussed that it was also seen as ethical choice. When

preparing very expensive medication they also said that it was ethical to make sure not to prepare it wrong because of the costs. The cleaning of the skin before inserting iv-line was mentioned and being specific with the medications and also filing reports about medication errors, needle accidents or violence towards the health care staff. They discussed that part of the procedures in the filing the report for example with needle accident was so time taking that maybe all the nurses did not always file the reports. The same thing was with confronting violence that they both remembered that they had many times forgotten to file the report. These were something what are told in the education or the guidelines but the ethical decision making in the situations is in the hands of the nurse. There was also discussion about going to the exam about the medicines used in acute settings where everything needed to be memorized since after a while it was probably forgotten already and the information was always found on Pharmaca Fennica. Nurses wondered that it might be better to have the information about where to find the information instead of memorizing.

Meeting the client with respect was mentioned as part of being ethical. One of the nurses said that she was also strict about using formal addressing especially with elderly patients. In the other group they also thought that already the voice of the speaking person can address the patient about the nurses` mood. Also the respect for colleagues was mentioned when talking about the ethical decision making in such that the persons who you are working with should be also taking into account by being nice and supportive. This enables results in ethical decision making also in a way that everyone should be able to ask if they have not previously done already something or if there is uncertainty about doing something. In the other group this was also mentioned in an example where the patients care was depending about the courage to communicate with someone who someone might have been afraid of because being nasty before. There was also discussion about doctors who did not have good Finnish language skills and the communication had been unclear. All together communication was seen important. Topics discussed are presented in Table 6.

Table 6. Topics under the 3rd category. Nurses` own professional behavior and the responsibility and compliance of instructions.

Being polite towards patients and customer orientation	**compliance of the hygiene rules**
preparing the medication right	**filing the reports as those should**
respect for the colleagues; being nice and supportive	**good communication**

6. Discussion

6.1 Discussion of the findings

The nurses´ experiences of ethical decision making were largely focused on situations they had encountered and less to the process how the decision was made. Nurses did confront situations for ethical decision making in daily basis. If compared to the introduction and the claim that "Studies report that nurses increasingly confront ethical problems in nursing practice" the results in this research confirms it. The nurses mentioned several groups of patients which were seen challenging. As new groups nurses mentioned for example the refugees and badly behaving clients. As they brought out, since nursing is about working with people the changes in the society also bring changes to the work and the demands.

This thesis started with theoretically presenting the ethics which is about the altruistic and deontological views. In the interviews the nurses did not clearly talk about the theories or using any tools in the decision making. The decision making was seen as something what happens with having experience and is made on a team. This view is in line with the thought presented in the chapter where the previous researches were presented: "Moral reasoning develops with time and education improves reasoning skills. Moral reasoning brings better decision making in clinical work" (McLeod & Sordjan 2014, 478, 480).The use of the ethical decision making tools were not mentioned in the interviews.

Previously tools for ethical decision making were presented. These were the DECIDE-model which is very applicable for working in teams and making the steps together from D to E to have a good decision making process. The other tool presented was Ethical Grid (Seedhouse, 2009) which could also be very applicable in to real-life-working situations. Now it was so that nurses in the interviews gave examples about the situations and the problems which they faced but the problems presented were seen from some angles but not presenting the whole picture or plan for the action.

Research conducted in Cyprus (Papastavrou & al. 2014, 589 - 599) where the lack of resources was seen as a one affecting factor to ethical decision making. The same thoughts were brought out in this interview by one of the nurses who clearly stated about the conflict with own values and working environment values related to efficiency needs and told about the "bad ethical feeling" which it caused. In another study mentioned before already there was stated that moral distress among nurses increased the turnover rates in the ward among ICU nurses (O'Connell 2014). This could be a good topic for further research done in bigger scale. Since there are changes coming to the social - and health sector the nurses` voices should be heard when arranging the working conditions for future use. If the resources on daily basis are good there might be also more time for ethical pondering which can be made by using the decision models. Also the problem mentioned with the change in the work of nurses and relation to caring and the moral bad feelings which were caused to the nurses were mentioned. In earlier research it was showed that caring which is usually related to nursing is not easy to perform in acute (in that research ICU) setting (Fernandes & Moreira 2012, 78- 79).

The daily functions were also brought out by nurses acknowledging the importance of small ethical solutions in the catheterization and the cleaning of the skin before iv-line. These were factors which are good to be discussed since these are the small nurses` everyday tasks which can alter the patients/clients health.

The laws were mentioned in the interviews also in both groups and the nurses knew how to obey the laws but they saw these partly as a "grey zone" as they were calling it since the laws did not necessarily brought any clear solutions to their ethical problems. It seemed that nurses did knew the laws but these were not always as easy to apply to situations.

ICN- Code of ethics was mentioned in the theory part and the topics the nurses discussed reflected well the topics on the code. The classification of the code was: "*Nurses and people*", "*Nurses and practice*", *Nurses and the*

professions" and "*Nurses and co-workers*". In the classification which was the result after analysing the interviews there was three groups which were: *the certain groups or certain type of patients, societal or organizational perspective to ethical decision making, nurses` own professional behaviour and the responsibility and compliance of instructions*. The topics are quite similar with the Code of ethics if compared even though the categories were formed based on the results of the interview without using any premises since inductive method was used.

If thought the research question and the aim of this thesis presented in the introduction part which was to hear nurses´ experiences of daily practice situations, the thesis answered the question well and interviews were able to give the information. The processes of ethical decision making were not discussed but it came clear that through experience and team work the decisions were not hard to make but the factors relating these were more difficult to take account or to treat.

The interviews and the results of the thesis were experiences of four nurses and any conclusions about the results being applied outside the acute nursing settings cannot be drawn. It is possible to generalize the nurses´ experiences to larger group of nurses but there can also be exceptions. (Brinkmann 2013, 53)

The last phase of doing a thesis is to report. In qualitative the analyzing and reporting are very often the same thing (Brinkmann 2013, 67). In this case the report is given orally by presenting the thesis in Laurea University of Applied sciences and also reporting the research done to the place where the interviews were conducted. The final report is the thesis which is open for reading for everyone in theseus.fi –database.

6.2. Ethics and trustworthiness of the thesis

Ethical considerations and trustworthiness are always a part of research. In this thesis these were tried to take into consideration from the beginning by offering anonymity both for the ward and the nurses interviewed. Research done by interviewing should always include informed consent from the informants of the interview. Also the confidentiality should be guaranteed and the consequences taken into account. Sometimes it is possible that interview can open for example painful memories (Brinkmann 2013, 52).

In this study informed consent was gathered from the participants. It included only the signatures not the names or identifying info about the informants. In order to maintain confidentiality the name of the ward where the interviews are conducted is not mentioned in the thesis: it is just referred as an “acute ward”. This allowed the participants to speak freely. The only factor which I was not able to affect was that all the participants of the interview were searched through the wards management since the interviews were conducted during the work time of the nurses and they needed to reserve the time. This was due to the hospital practices. In the interviews the questions were tried to be formed so that these would not have been too leading. Help questions were needed in the interview and these might have led the nurses think differently about the subject. The purpose was to lead the questions to the ethical decision making process and this was taken into consideration when forming the questions. It was also good that there were helping questions since in the other interview the atmosphere at first was challenging for the interviewee and the questions opened the situation. It is also good to notice that the atmosphere during the other interview was very intense in an emotional way. It might have had some effect to the clarifying questions and to results of the thesis. In the methodology part also all the questions used were presented in order to show that the questions were tried to be kept as neutral as possible and the clarifying questions were used. The interviews were recorded and the tapes are destroyed after the research is conducted and the thesis is published. During the process the tapes were not transported

anywhere from the place where the thesis was written or given any opportunity to be seen by anyone else besides the writer of the thesis.

The material of the theory part was gathered in spring 2015 when the thesis process was started. The researches published after that have not been used and the material used is mostly international. In Finland there are few studies conducted in universities about the ethical decision making which were not used in this thesis because of the poor accessibility during the phase when the material was collected and the plan had already been executed.

In findings the results were not analyzed by sentence to sentence or the data was not shown directly in any form since it would have been unethical towards the participants and there were some clear indications where the participants could have been recognized. Most of the interview sentences might have been recognizable for the other workers for the unit since these did gave some examples of events happened which I also left out since it would have not been ethical to write those in the thesis since these could have been recognized. Also everything regarding personal information what might have been talked or given during the interview which was related to experiences was left out for covering the anonymity of the participants. These were such as explaining the experiences throughout their career or giving examples of events happened straightly to them. This was also the reason why the examples were given only in general level and not specified or repeated the things being said. Also an example of the categorizing procedure and the translations to other language was brought to findings section to show that the translations were done in general level as well and hopingly to serve as accurate as possible. It is also noticeable that all the translation work is my own from Finnish to English and I have tried to be as accurate as possible and tried to avoid any possible misunderstanding with the terms or the subjects itself. The classification of the interviews was done by using an inductive method and formulated so that it was not taken out of the context where it was said to ensure the trustworthiness.

There was also a lot of material in the interviews and there would have been other possible quotes but it was decided to choose only a few in order to keep the thesis short and more scientific. The chosen quotes were not more remarkable than the others but implemented well the issues the interviewees were concerned about. These had no value based choosing and all the topics were just as important.

6.3 Suggestions for further study

Nurses talked a lot about different groups which were seen challenging. Maybe education in for example how to treat severely disabled or mental health patients continuity of care could be taken under discussion in a hospital level to avoid situations which might cause unneeded stress. Also the reacting to violence and creating safer practices could be a good research topic for someone to improve the quality of work environment.

In the further research there could be more specified tasks to find out the process of the ethical decision making. All the participants in this research were already experienced nurses and also the research about the younger or more inexperienced nurses could be performed in order to know how they make the decisions when the aspect of experience is different. The nurses did not either talk about caring as concept in the interviews or in the patient care and that could be one area what to focus on in the future research: what does the caring mean in daily practices and how it shows and what are the perceptions related to it?

Another research suggestion could be that is there any common characteristics in acute nursing nurses or health care professionals in general and if there is do these affect the decision making somehow? One very simple study could also be conducted of the practices and compliance of the regulations in the ward in order to find out how many reports are left undone even though these should be filed and how the nurses feel that they obey the general nursing guidelines in the procedures done and if they don’t why not.

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LAUREA AMMATTIKORKEAKOULU | Yhdessä enemmän |

HAASTATTELUKYSYMYS HAASTATTELUUN

Kerro kokemuksistasi eettisestä päätöksenteosta sairaanhoitajan työssä?

Please describe your experiences about ethical decision making in nursing?

Saatekirje opinnäytetyön tutkimukseen osallistumisesta

Hyvä sairaanhoitaja!

Olen kolmannen vuoden sairaanhoitajaopiskelija ja teen opinnäytetyötäni. . Opinnäytteeni aihe on ”Nurses´experiences of ethical decision making” eli sairaanhoitajien kokemuksia eettisestä päätöksenteosta. Opinnäyte toteutetaan kvalitatiivisena haastatteluna ja tähän liittyen olen kiinnostunut kuulemaan sairaanhoitajien kokemuksista koskien eettistä päätöksen tekoa hoitotyössä. Haastattelu suoritetaan avoimena parihaastatteluna kahdessa ryhmässä ja haastateltavia sairaanhoitajia olisi hyvä olla yhteensä neljä. Kuhunkin parihaastatteluun on hyvä varata aikaa 60 minuuttia. Osallistumalla voit auttaa kehittämään osaston toimintaa.

Haastatteluun osallistuminen on sairaanhoitajille täysin vapaaehtoista ja haastateltavat haastatellaan anonyymeina. Sitoudun noudattamaan yleisiä hyviä tutkimuseettisiä toimintatapoja sekä noudattamaan vaitiolovelvollisuutta Haastattelu nauhoitetaan ja sen materiaalia käytetään vain opinnäytetyössäni, eikä luovuteta kolmansille osapuolille. Materiaali myös säilytetään erillisenä opinnäytetyöstä ja hävitetään opinnäytetyön valmistumisen jälkeen. Tulen käyttämään haastatteluja vain opinnäytetyössäni sekä analysoituna, että suorina lainauksina. Opinnäytetyö julkaistaan theseus.fi sivustolla. Allekirjoittamalla annat suostumuksesi osallistua haastatteluun.

_____

Haastateltavan allekirjoitus

Terveisin,

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Laurea Ammattikorkeakoulu, Laurea Otaniemi Metsänpojankuja 302130 Espoo

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Kaija Heikkilä, lehtori Sari Haapa, lehtori

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Saatekirje opinnäytetyön haastatteluhakemukseen

Arvoisa ylihoitaja,

Olen kolmannen vuoden sairaanhoitajaopiskelija ja teen opinnäytetyötäni. . Opinnäytteeni aihe on ”Nurses´experiences of ethical decision making” eli sairaanhoitajien kokemuksia eettisestä päätöksenteosta. Opinnäyte toteutetaan kvalitatiivisena haastatteluna ja tähän liittyen olen kiinnostunut kuulemaan sairaanhoitajien kokemuksista koskien eettistä päätöksentekoa hoitotyössä. Haastattelu suoritetaan avoimena parihaastatteluna kahdessa ryhmässä ja haastateltavia sairaanhoitajia olisi hyvä olla yhteensä neljä. Kuhunkin parihaastatteluun on hyvä varata aikaa 60 minuuttia. Tulokset analysoidaan sisällönanalyysilla induktiivista metodia käyttäen.

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Finnish Sairaanhoitajaliitto – guidelines

1 "Ethical Guidelines of Nursing

The aim of the ethical guidelines of nursing is to provide support for all nurses in their everyday decision-making concerning ethical questions of nursing. Oriented to all nurses, other personnel within health care, and the general public, these guidelines express the mission of nurses in society and the general principles of nursing.

1.1.1.1 I The mission of nurses

The mission of the nurse is to promote and maintain the health of population, prevent illness, and alleviate suffering.
The nurse helps people of all ages in different situations. The nurse serves individuals, families, and communities. The nurse aims to support and increase the personal resources of individuals and improve their quality of life.

1.1.1.2 II Nurses and patients

The nurse is responsible to her actions, first of all, to the patients who need her help and Care. The nurse protects human life and improves the individual well-being of patients. The nurse encounters her patients as valuable human beings and creates a nursing environment which takes into consideration the values, convictions and traditions of individuals.
The nurse respects the autonomy and self-determination of the patient and gives him an opportunity to participate in decisions concerning his own care. The nurse realizes that all the information given by the patient is confidential and she uses judgment in sharing this information with other people involved in nursing.
The nurse treats the patient as a fellow human being; she listens to the patient and empathizes with him. The relationship between nurse and patient is based upon open interaction and mutual trust.
The nurse exercises impartiality in her work. She treats every patient equally well according to the individual needs of the patient irrespective of the illness, sex, age, creed, language, traditions, race, colour, political opinion or social status of the patient.

1.1.1.3 III The work and professional competence of nurses

The nurse is personally responsible for her work. She evaluates her own and others' competence when receiving her assignments and when giving assignments to others. Professional nurse has an obligation to continuously develop her competence.
Nurses working in the same unit are jointly responsible for the optimal quality of nursing and the continuous improvement of the quality of nursing in their unit.

1.1.1.4 IV Nurses and their colleagues

Nurses support each other in the decision-making concerning the care of patients, and their own work capacity and professional development.

Nurses respect the expertise of other professions as well as their own. They aim at fruitful cooperation with other professionals involved in care.
Nurses see to it that no professional involved in care acts unethically toward patients.

1.1.1.5 V Nurses and society

The nurse participates in discussion and decision-making concerning the health, quality of life and well-being of people, both on national and international levels.
The nurse collaborates with the families and significant others of patients; she encourages the families' participation in the care. The nurse functions actively in empowering people in issues of health. She cooperates with volunteer workers, disabled people's organizations and patient associations.
The nurse participates in the work of international health organizations in the exchange of professional knowledge and skills. She bears global responsibility for the development of living conditions concerning health and social affairs, and she promotes equality, tolerance and joint responsibility.

1.1.1.6 VI Nurses and the nursing profession

Nurses see to it that the members of the nursing profession accomplish their mission in a dignified manner. The nursing profession supports the moral and ethical development of its members, and controls that the humane nature of nursing is preserved.
Nurses look after the well-being of the members of their profession. Their professional organization will function actively in order to secure just social and economic working conditions for its members.
Nurses are responsible for the expertise of their profession. They are active in developing a core of professional knowledge, and they enhance nursing education and the scientific base of nursing. The enhancement of nursing expertise should be reflected in the improved well-being of population.

These Ethical Guidelines of Nursing have been approved by the Assembly of the Finnish Nurses Association on September 28, 1996."

https://sairaanhoitajat.fi/artikkeli/ethical-guidelines-nursing/