Ethical Dilemmas Experienced by Nurses Working in Critical Care Units in Kenyatta National Hospital

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Abstract

This exploratory survey was conducted on 123 nurses working in three critical care areas of the Kenyatta National Hospital. The research aimed to identify the ethical dilemmas experienced by nurses working in Critical Care Units of the Kenyatta National Hospital in their everyday practice. It also aimed to explore what actions the nurses take to deal with the issues and what factors influence the decisions. Personnel records showed the nurses had varying socio- demographic characteristics which were found to influence the experience of dilemmas. Data were collected using questionnaires which were distributed to 123 nurses working in the critical care areas. The participants were selected using stratified random sampling method. The qualitative content analysis identified the following as the emerging ethical issues: end-of-life decisions (prolonging the dying process, withholding treatment, DNR orders and patients' religious values), Patient care issues (unsafe nurse- patient ratios, allocation of scarce medical resources, breaches of patients' privacy, ignoring patients' autonomy, dealing with incompetent colleagues, discriminatory treatment of patients, patient/ relatives uninformed about the patient's prognosis) and human rights issues (advance directives, informed consent, rights of pediatric patients and nursing of critically ill patients posing a risk to nurses). In resolving the dilemmas most of the participants indicated that they would report the issues to the physician. The socio- demographic factors that significantly affected the experience of ethical dilemmas included: age, professional qualification and level of knowledge of ethical issues.

The findings can be utilized as literature for further research on ethical issues.

Introduction

Ethical issues have emerged in the recent years as a major component of health care for the critically ill patients, who are vulnerable and totally depend on nurse working in the critical care unit. As the provision of care to the critically ill becomes more complex due to technological advancement, and the profession of nursing more autonomous, professional accountability becomes important.

The complex nature of the health problems faced by patients admitted in ICU coupled with extensive use of very sophisticated technology requires at times rapid decision making. Ethical dilemmas have therefore become one of the priority concerns in the nursing profession that require urgent attention in Kenya.

Ethical dilemmas confront even the most experienced. Nurses at KNH ICU are not any different particularly considering that KNH is a public hospital having the biggest ICU in the country. The ICU admits patients from various walks of life and the nurses have diverse socio- demographic factors. However their perception and magnitude of ethical dilemmas they face while working in these areas and how they resolve them have not been studied.

Study Objective

To explore ethical dilemmas experienced by nurses working in the critical care areas at Kenyatta National Hospital and factors influencing nurses' ethical decision making.

Study questions

What ethical dilemmas face nurses working in the critical care areas at KNH? How do the nurses resolve the dilemmas? What factors influence the nurses' ethical decision making process?

Materials and methods

An exploratory survey of 123 nurses working at KNH- critical care areas was conducted over a period of five weeks. Participation in the study was by written consent. Participants were nurse employees of KNH working in the critical care areas during the time of data collection and these were selected through simple random sampling. Data were collected using a questionnaire containing 40 items adapted from Fry and Duffy *Ethical issues scale*. Modification of the questionnaire was done to omit questions on personally disturbing ethical dilemmas. Distribution of questionnaires was done by 2 research assistants. Authority to conduct the study was obtained from the KNH management while clearance was sought from University of Nairobi and KNH Ethics and Research Committee.

Data management

Data was cleaned and analyzed using SPSS. Chi square test was used to assess the relationship between variables. The magnitude of dilemmas was measured using a Likert (four point) scale. Propositions and conclusions were made based on apparent patterns or relationships within the data.

Findings and discussion

80.8% of the respondents reported to have encountered ethical dilemmas in the course of their practice. Various dilemmas were identified and grouped into three broad categories: end- of – life issues, patient care issues and human rights issues.

Table 1 shows distribution of dilemmas experienced

Ethical problems reported	Number of nurses	Percentage
Prolonging the dying process	87	88
Allocation of scarce medical resource	80	80.5
Nursing critically ill patients may	67	59.2
Pose a risk to nurses.		
Violation of rights of pediatric patients	62	51.7
Withholding/withdrawing treatment.	58	53

The five dilemmas of major concern to nurses included: prolonging the dying process, allocation of scarce medical resources, nursing of critically ill patients who may pose a risk to the nurses, violation of rights of pediatric patients and withdrawing/ withholding treatment. Others included: resuscitation (DNR) orders, unsafe nurse- patient ratios and allocation of.

Ethical decision making

In dealing with the dilemmas majority of the respondents indicated that they would consult with physicians. Others would prefer reporting issues to the nursing team leaders while some would make decisions without consulting anyone. Ethical decision making process was not followed.

Factors affecting the nurses' ethical decision making process

Some socio- demographic factors were shown to influence the experience of ethical dilemmas by respondents. These included age, level of knowledge on ethical issues, professional qualification and availability of work place resources. It was noted that respondents aged below 35 years experienced more dilemmas compared to others. Respondents with knowledge on ethical issues experienced less dilemmas compared to those who with no knowledgeable. Respondents with adequate work place resources experienced fewer dilemmas.

Socio- demographic factor	p- value	Level of significance
Age	0.001	Highly significant
gender	0.530	Not significant
Professional qualification	0.011	Significant
Work experience	0.454	Not significant
Level of Ethics knowledge	0.001	Highly significant
Ethics content taught	0.069	Not significant
Availability of workplace resources	0.38	Not significant

Table 2 shows relationship between socio- demographic factors and experience of dilemmas.

Conclusion and recommendations

This study shows that ethical dilemmas are an issue of concern among the nurses working in the critical care units of the KNH. The experience of ethical dilemmas is influenced by various socio- demographic factors. In resolving the dilemmas most nurses would consult the Doctors or make decisions without consulting.

Significance of the study

Results of the study will be used to make recommendations for shaping of the curriculum for training of critical care nurses to include ethical decision- making process as this need for education on ethical issues has been identified as shown in the results. The findings can be utilized as literature for further research on ethical issues.

References

Allison H. (1990). Kant's theory of freedom, Cambridge University press, New York.

American nurses Association. (1985). Code for nurses with interpretive statements, Lippincott Williams, Missouri.

Basavanthappa B.T.(2007). Nursing research 2nd edition, Jaypee Brothers medical publishers, New Dheli.

- Betty F. et al (2000). Dignity in dying how we are meeting end- of –life issues, Journal of Nursing management, **31**(9), 52.
- Breen, C. M.et al. (2004). Conflict Associated with Decisions to Limit Life-Sustaining Treatment in Intensive Care Units, *Journal of General Internal Medicine*, (16), 283–289. (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495214, available in May 2010, Viewed on 1st march 2012).
- Chadwick R. (1992). Ethics and nursing practice a case study approach, Macmillan, London.
- Dominic L.F. (1991). Advance directives, Journal of nursing administration, 21 (11),16-19.
- Ellis R.J. (1988). Nursing in today's world challenges, issues and trends, Lippincott publishers, Philadelphia.
- Erlen and Sereika. (1997). Critical care nurses, Ethical decision making and stress, *Journal of advanced nursing* 26 (5), 953- 961.(http://www.ncbi.nlm.nih.gov/pubmed/9372400, available in November 1997, viewed on 1st march 2012).
- Ferrand E. et. al (2003). Discrepancies between perceptions by physicians and nursing staff of ICU end- of life decisions, *American journal of respiratory critical care medicine*, **167**, 1310- 1315.
- Friedman Y. (2001). Ethical issues in the critically ill patient, *current Opinions on Critical care*, 7 (6), 475- 479. (http://www.ncbi.nlm.nih.gov/pubmed/11805555, available in December 2001, viewed on 2nd March 2012).
- Fry T.S. (2002). Ethics in nursing practice, a guide to ethical decision making, Blacwell publishing, Oxford.
- Fry T.S.(2001) the development and psychometric evaluation of the ethical issues scale, *Journal of nursing* scholarships **33**(3), 273- 277. http://www.ncbi.nlm.nih.gov/pubmed/11552555, available in 2001, viewed on 2nd March 2012.
- Gantt H.L. (1974). Work, wages and profits, Hive publishing company, Pennsylvania.
- George J. B. (2002). Nursing theories the base for Professional Nursing Practice ,Prentice hall, Carlifonia.
- Hicks F.T.(2003). Critical thinking and clinical decision making in critical care, *Heart and lung Journal of acute and critical care*. **32** (3), 169- 180. (http://www.ncbi.nlm.nih.gov/pubmed/12827102, available in may 2003, viewed on 3rd March 2012).
- International Council of nurses (2006). International code of ethics for nurses , Illinois Institute of technology, Geneva.
- Jaya K. (2006). Essentials of critical care nursing, Jaypee brothers publishers, new Dheli.
- Joan M.R. (2002) Nurse executives response to ethical conflicts and choice in the workplace, Nursing Ethics Network, Boston.
- Keffer. (2001). Attitudinal patterns determining decision making in severely ill elderly patients, *International journal of nursing studies*, **38** (4), 381- 388.(http://www.springerlink.com/content/be8yerqb9ee1rc7x/, available on 3rd may 2001, viewed on 16th January 2012).
- Kirchhoff et al. (2000). Intensive care nurses experiences with end- of-life care, *American Journal of critical Care*, **9** (1), *36-42*. (obtained from http://ajcc.aacnjournals.org/content 9/1/36.abstract, available on 1st, Feb 2000, viewed on 23rd February 2012).
- Laura M. (2005), Helping the terminally ill to a good death, *American nursing journal of hospice and palliative nursing*, **7**(2),113-116. (abstract).
- Lyndsay S. (2007). Ethical decision making: How to Make Ethical Decisions in 5 Steps." Mftrou.com. (http://www.mftrou.com/ethical-decision-making.html, obtained on 21 February 2010, viewed on 3rd March 2012).
- Marcia S.D.B.(2005). Nurse executive's legal primer: Jona's healthcare law, ethics and regulation, *Journal of nursingadministration*,7(1),10-12.

(http://journals.lww.com/jonalaw/Citation/2005/01000/Nurse_Executive_s_Legal_Primer.5.aspx , available in March 2005, viewed on 29th january, 2012).
Maren E.J. 2004. Ethical issues in the Intensive Care Unit, *pulmonary disease board review manual*, **11**(3), 3-

- Maren E.J. 2004. Ethical issues in the Intensive Care Unit, *pulmonary disease board review manual*, **11**(3), 3-11. (http://www.turner-white.com/pdf/brm_PD_pre11_3.pdf, available in 2004, viewed on 5th February, 2012).
- Megan J.J. (2010). Registered and enrolled nurses experiences of ethical issues in nursing practice, *Australian journal of advanced nursing*. 22(1), 24-30. http://dro.deakin.edu.au/view/DU:30025953, available on 29th march 2010, viewed on 1st February 2012).
- Miller P.A. (2001). End of life care in ICU a challenge for nurses, *American Journal of Critical care*, (10) 230-37. http://www.ncbi.nlm.nih.gov/pubmed/11432211, available in July 2001, viewed on 2nd April 2012).
- Mugenda and Mugenda O.M.(1999). Research methods, qualitative and quantitative approaches, African Centre for Technological Studies press, Nairobi.

- Nancy B.(2001). The practice of nursing research conduct, critique and utilization, W.B. Saunders Company, Philadelphia.
- Nermin E.(2001). Turkish nurses decision on distribution of ICU beds, *Journal of nursing ethics*, **17** (87), 85-98. http://nej.sagepub.com/content/17/1/87, available in January 2010, viewed on 7th December 2011).
- Nesrin C. (2004). A qualitative analysis of ethical problems experienced by physicians and nurses in intensive care units, *Journal of nursing ethics*, **5** (11), 444 458. http://nej.sagepub.com/content/11/5/444, available in September 2004, viewed on 7th December 2011).
- Oberlek and Hughes. (2001).Doctors and nurses perception of ethical problems in end- of –life decisions, *Advanced nursing journal*, **33**(6), 707-715. http://www.ncbi.nlm.nih.gov/pubmed/11298208, available in march 2001, viewed on 6th, February 2012.
- Rebecca F.C. (2005). Nurse executive's legal primer, *Journal of nursing administration, Jona's healthcare law, ethics* and *regulation,* **7** (1), 10 -12. http://journals.lww.com/jonalaw/Citation/2005/01000/Nurse_Executive_s_Legal_Primer.5.aspx, available in may 2005, viewed on 17th January, 2012).
- Redman B.K. (2006). Clinical ethics, Review of measurement instruments in clinical and research ethics, *Journal of Medical Ethics*, **32** (3),153-156. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2564469/, available on 29th June, 2005.
- Rumbold G. (1993). Ethics in nursing practice, BailliereTindal, London.
- Thompson I.E. (2000). Nursing ethics, Churchill Livingstone, London.
- Wayne W.D.(2010). Biostatistics- basic concepts and methodology for the health science. Wiley Inc. New Dheli.
- Westphal M. Stephanie A. (2009). End of care decision making in the intensive care unit: physicians and nurses perspective, American journal of medical quality, American journal of medical quality, 24(3), 222-240. (http://ajm.sagepub.com/content/24/3/222.full.pdf, available on may 20th 2009, viewed on 11th April 2012).

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