

BIOETHICAL DECISION-MAKING IN CLINICAL NURSING PRACTICE

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Introduction: Nursing as a profession and vocation is understood as humanity, altruism and dedication. Nurses possess 4 types of responsibilities: human, legal, ethical and professional, within which protective models are oriented to the well-being of the patient. The values, rules and principles within nursing practice are regulated by codes of ethics. **Aim:** To determine the influence of knowledge, positive attitude and love for the profession, as well as practices based on high moral and ethical principles in graduate nurses on making ethical decisions in work with patients. **Material and methods:** The study was conducted among 106 graduate nurses of the Clinical Center of the University of Sarajevo. The study was descriptive, transverse according to the cross-sectional type. The study was conducted in the period from June 1, 2019 to September 30, 2019. Statistical data processing was performed using the χ^2 -test, Fisher test, Mann-Whitney U test, and other tests. **Results:** The majority of respondents (89.4%) stated that they chose nursing profession out of love and desire to help sick people. The largest number of respondents make ethical decisions independently in the implementation of appropriate health care (84%), 62.3% are considered religious, but 77.7% of them believe that religiosity does not affect ethical decision making. Half of the respondents stated that they were in a situation to act as a legal protector for patients in case they noticed that they could be harmed. The majority of respondents (84%) did not have a situation to make wrong ethical decision in their practice. **Conclusion:** Our study confirms that in order to make ethical decisions in working with patients, graduate nurses must have quality knowledge, a positive attitude and love for the profession, and a practice based on high moral and ethical principles.

Key words: knowledge, attitudes, practice, nurse, ethical decisions

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INTRODUCTION

In the last few decades, the health care system has undergone major structural changes that have affected almost every profession. Such changes have also affected the profession of nurses based on empathy and vocation. The nursing profession is slowly laying an increasingly strong academic foundation for the advancement and recognition of a distinct profession that is recognized and acknowledged in health care and the community (1).

Today, nursing is a recognized profession that no one disputes. As a profession, nursing requires strict edu-

cation with the need for further work on autonomy, and the possibility of complex education up to the doctorate degree. Nursing as a profession is in the process of professional proving and seeking greater reputation and autonomy in relation to the physician, as well as recognition of its unique role in patient health care (2).

A nurse should be a professional who has the appropriate knowledge, experience and competencies to do the job. Professionalism requires responsibility, accuracy, conscientiousness, dedication and continuous education. Although nurses who have successfully completed the education prescribed by the law of their country, passed all the necessary exams to register and

obtain approval for self-care, today they do not have support from strong interest groups, their work is undervalued, they insufficiently advocate for themselves, which suits all subjects in health care (3).

Being a nurse means having a sense of human values and desire to behave and live by social rules and moral norms. In the process of their work, nurses must combine their knowledge with science on the one hand, and morality and caring for people on the other (4). In their work, nurses should adopt principles, basic rules, and a culture of behavior, and emphasize moral norms and principles that respect human dignity and patient rights (5). Throughout the long history of nursing, the character virtues of nurses have always been emphasized. Florence Nightingale points out that the proper functioning of health care requires fulfillment of two conditions: a good knowledge of care, as well as specific medical skills, and the high moral maturity of nurses. A person who conscientiously cares for others develops and acquires specific virtues that allow them to perform that care with ease and perseverance. Love, care, sacrifice, honesty, sincerity, trust, devotion, diligence, patience, are just some of the virtues that explicate the value of caring for others (6).

The ability to make ethical decisions is a matter of moral excellence of nurses. From the very beginning of the faculty education of nurses, it is necessary to encourage students to develop a moral vision, which must provide them with the possibility of moral reflection, development of moral intuition, critical thinking and political resourcefulness. The main goal of ethical teaching is to provide all relevant information related to the morals, education, sensitivity and responsibility of nurses who must be able to make ethical decisions in practice. The second goal is to prepare future nurses to be able to identify and respond properly to ethical dilemmas in the field of health care. In order to achieve all this, it is important to encourage the integration of personal value systems with professional values, to know ethical concepts in nursing, ethical methodology, and standards of ethical behavior (7). Everything technically feasible in biomedicine does not mean that it is always ethically acceptable.

Virginia Henderson emphasizes that “the nurse is temporarily the consciousness of the unconscious, the love of life of the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the newborn, knowledge and confidence for the young mother, a voice for those too weak to speak, and so on” (8).

Until adoption of the first code, the guide for ethical behavior of nurses was an oath by Florence Nightingale, compiled in 1983 and modeled on the Hippocratic Oath (9).

The principles of ethical reasoning of deontological theory arise from the intention of the action taken by the one who makes the decision. Reasoning based on duty, law and intuition draws its frames from deontological theories. The most fundamental universal approach is respect for people (10).

Good communication is an important prerequisite for a good partnership, but also for a better work atmosphere, a positive patient attitude about their own illness, and for active patient action in their own treatment (11).

The partnership raises awareness and motivates the patient to take an active role in taking responsibility for their own health, which stems from being well informed by the nurse.

Cooperation is also important for good partnership in the field of improving the work process of the entire health care team and in the field of shaping common attitudes and interests. Part of that health team should be the patient in a special manner (12).

AIM

To determine the influence of knowledge, positive attitude and love for the profession, as well as practices based on high moral and ethical principles in graduate nurses on making ethical decisions in working with patients.

MATERIAL AND METHODS

The study was conducted among graduate nurses of the Clinical Center of the University of Sarajevo. The instrument used in the study was an original author's questionnaire, created on the basis of a review of professional and scientific literature, and experiences from clinical practice, with the help of which the knowledge, attitude and practice of graduate nurses in the process of making ethical decisions in working with patients have been identified. The questionnaire was created in Google forms. The questionnaire was available to all respondents on a personal e-mail, or e-mail of the institution in which they work.

It was not possible to find out identity of the respondents from the answers received. The study was descriptive, transverse according to the cross-sectional type. The study was conducted in the period from June 1, 2019 to September 30, 2019.

Nominal and ordinal variables in the study were analyzed by the χ^2 -test, and in the absence of the expect-

ed frequency, Fisher exact test was used. The SPSS for Windows version 22.0 software was used on statistical data analysis (SPSS Inc., Chicago, IL, USA) and Microsoft Excel version 2019 (Microsoft Corporation, Redmond, WA, USA).

RESULTS

The study included 106 employees of the Clinical Center of the University of Sarajevo, of which 16 men and 90 women working in various organizational units and disciplines. The majority of respondents knew that there was an Ethics Committee in their institution (70.5%), and there were no significant differences among different jobs or socio-demographic groups. The χ^2 -test yielded uniform answers to this question depending on the workplace of the respondents ($p=0.085$).

Respondents answered the question why they decided to choose the nursing profession. A vast majority of them (89.4%) stated that they had chosen their profession out of love and desire to help sick people. Respondents with the academic degree Master of Science somewhat more often ($p=0.001$) claimed that they were dealing with this call because they were not able to enroll another school due to difficulty of the subjects.

The questionnaire examined the system of values in the society and at the workplace. Judging by the answers of the respondents, the system of values in the society relies on „nobility and doing good deeds“ and „knowledge“, which were the answers offered by 42.5% and 35.8% of respondents, respectively.

There was no difference among different groups of respondents (Pearson's χ^2 -test, $p=0.256$), including age. Nevertheless, in the society in which the respondents live, position and power are valued, as indicated by 47.2% of the respondents.

The questionnaire examined the method and conditions of participation in ethical decision making. Table 1 shows the results of decision-making practice in ethical situations. The largest number ($n=59$) of respondents stated that they used to help patients to become familiar with their disease and cope with it, and a slightly smaller number ($n=48$) to help them alleviate pain and suffering. There were no significant differences among different disciplines, except for the case when respondents „help make decisions about treatment and health care“. Employees at the surgical and neuropsychiatric disciplines more often answered positively to this question ($p=0.040$).

The majority of respondents believed that knowledge and skills were most important for making ethical decisions, which was confirmed by 55.7% of respondents.

Table 1. Practice of respondents in the process of ethical decision-making within certain medical disciplines at the Clinical Center of the University of Sarajevo

		Medical discipline					Total
		Surgical discipline	Internalist discipline	Neuropsychiatry discipline	Discipline for gynecology and obstetrics	Unknown	
The practice of helping patients get to know their disease and cope with it	n	25	9	14	5	6	59
	%	42.4	15.3	23.7	8.5	10.2	
The practice of helping patients alleviate pain and suffering	n	27	7	2	4	8	48
	%	56.3	14.6	4.2	8.3	16.7	
Decision making practices for treatment and health care	n	22	2	6	1	8	39
	%	56.4	5.1	15.4	2.6	20.5	
The practice of communication with the patient and family, and education in order to make the right ethical decisions	n	14	3	3	0	6	26
	%	53.8	11.5	11.5	0.0	23.1	
Total	n	50	15	16	10	14	105

Somewhat less, 25.5% of them, believed that it was work experience. There was no difference among medical disciplines, but it was recorded among different jobs. Head nurses more often considered that knowledge and skills were most important (67%), while a large number of ward nurses, but not the majority, believed that it was work experience (34%).

The questionnaire sought to examine the knowledge of graduate nurses in independent ethical decision-making. The largest number of respondents stated that they made decisions independently in the implementation of appropriate health care ($n=84$), and a smaller number ($n=33$) in choosing the best method of treatment and care. There were no significant differences among medical disciplines, except for the case of indepen-

dence of decision-making in the treatment of dying patients. A significantly higher number of employees of neuropsychiatric disciplines ($p=0.005$) answered this question in the affirmative manner.

Also, this was more often recorded in male ($p=0.010$) and ward nurses ($p=0.012$).

The majority of the surveyed staff, 61.5% of them, occasionally participated in ethical decision-making. More often, head nurses were the only ones to answer

this question in the affirmative manner.

Most respondents had time to communicate with patients; 89.6% of them answered „yes“ or „partially“. Employees without academic degree had the least time to do it.

A small number of respondents confirmed that they had obstructions by doctors in making ethical decisions in the health care process (7.5%).

Table 2. Knowledge and practice related to making ethical decisions within certain medical disciplines at the Clinical Center of the University of Sarajevo.

		Medical discipline					Total
		Surgical discipline	Internalist discipline	Neuropsychiatry discipline	Discipline for gynecology and obstetrics	Unknown	
Knowledge and skills	n	29	13	9	3	5	59
	%	56.9	86.7	56.3	30.0	35.7	55.7
Competences	n	1	0	0	2	2	5
	%	2.0	0.0	0.0	20.0	14.3	4.7
Work experience	n	10	2	6	3	6	27
	%	19.6	13.3	37.54	30.0	42.9	25.5
Empathy	n	4	0	1	0	1	6
	%	7.8	0.0	6.3	0.0	7.1	5.7
Good communication	n	7	0	0	2	0	9
	%	13.7	0.0	0.0	20.0	0.0	8.5
Total	n	51	15	16	10	14	106

DISCUSSION

Fry describes different characteristics of independence. The term can refer to one's own choice, freedom of action, personal freedom, and ability to control oneself. To be independent means to determine one's own laws in terms of valid moral principles.

Respecting independence means respecting the individual's right to self-government according to a plan set by the individual and followed (13).

Nurses should respect independence, first by establishing the principles of independence as a guideline for action. For example, the nurse shows respect for the patient independent choice before beginning a procedure or treatment. The treatment offered must be the one that the patient/family would choose or that corresponds to the procedure that the patient/family would like to undergo (14).

The opinion of nurses in team work is partially respected. A very small number do not agree with this statement, and more often it was about respondents who did not work in managerial positions.

Therefore, it can be said that the nurse is an equal member of the team that participates in making ethical decisions for patients, and their opinion is sometimes respected and sometimes not.

The nurses in the team are often patient advocates. Advocacy is an active support to a significant goal. It is often used in a legal context in terms of defending the basic human rights of those who cannot speak for themselves (15).

The article says that medicine has become money, and man a wallet. Regardless of advances in medical science, nurses are expected to be empathetic, to understand and support the patient, and to be guided by high ethical principles.

Also, the same article mentions that the nurse should be subordinate to the authority of generally recognized humanistic values or the good of the patient, and not to the authority of the physician and other team members (16).

The study conducted by Markovic in 2018 through an online survey questionnaire among 872 participants

showed that 364 of them (41.7%) perceived the nursing profession as a true calling. Those who perceived the nursing profession as a true vocation were significantly older than those who perceived the profession as a profession and vocation (17).

It is interesting to note that when asked about the experience of nurses/technicians in terms of role within the business environment, as many as 536 (61.5%) participants stated that a nurse was a full member of a multidisciplinary team. The results obtained differ from Deming's study, according to which the public perceives nurses as persons dependent exclusively on doctors' orders, which ultimately leads to depreciation of the profession.

The results showed that most participants understood the importance of the nursing profession in the society and consequently believed that secondary education simply did not meet the needs of today's health care users (17-20).

In our study, the influence of religious beliefs on ethical decision-making was examined. Two-thirds of respondents were considered religious, most of them younger and middle-aged. Interestingly, more than half of the employees over the age of 54 were "partially" religious, while younger ones were more likely reluctant to answer questions of this kind. However, regardless of religiosity, most employees were not affected by ethical decision-making. A small number of respondents would not participate in a procedure that was not justified from their religious point of view. Although there were significant differences among particular socio-demographic groups of respondents, they could be directly related to the degree of religiosity, given that these are feelings that individuals have regardless of their level of education or job. Respect for personality is a special model in the nursing profession.

In a study conducted in Brazil, the lack of competence in the team was the most common source of employee moral distress, followed by disrespect for patient autonomy and insufficient working conditions, and denial of the role of the nurse in advocating for palliative patients (21).

CONCLUSION

Most of the respondents stated that they chose the nursing profession out of love and desire to help sick people, and as a system of values in the society, most of them considered „nobility and doing good deeds“ and „knowledge“.

Chief nurses-technicians believe that knowledge and skills are the most important characteristics that a graduate nurse must possess in order to be able to make competent decisions.

It should be emphasized that the majority of respondents did not have a situation to make a wrong ethical decision in their practice.

This study affirmatively responded to the set goal that in order to make ethical decisions in working with patients, it is necessary to have quality knowledge, build a positive attitude and love for the profession, and practice based on high moral and ethical principles.

Likewise, the study showed that graduate nurses in most cases (56.6%) were equal team members in the ethical decision-making process.

The bioethical principles of fairness, innocence, charity, and autonomy were assessed as insufficient to solve the problems related to use. A new principle derived from Pellegrin's philosophical propositions is the so-called principle of 'sustainable being'. This principle is appropriate for the practice that is being developed and is compatible with deontological, consequentialist, and relational ethics theories. To form a standard of behavior and a moral imperative for 'keeping beings', the term 'care' is associated with care in genetic health care. Subsidiarity is the principle by which decisions are made and problems are solved in the form of categories and at the levels at which they arise. The principle of subsidiarity refers to the determination of the ability to achieve the common good. What an individual can do alone, the society must not deny him. This principle tells us that community members have the right to help in things they cannot do, but as members, they must be protected from the domination of the community itself that surrounds them.

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SAŽETAK

BIOETIČKO ODLUČIVANJE U KLINIČKOJ SESTRINSKOJ PRAKSI

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Uvod: Sestrištvo kao profesija i poziv shvaćeno je kao humanost, altruizam i predanost. Medicinske sestre imaju 4 vrste odgovornosti i to: ljudska, pravna, etička i profesionalna, a unutar kojih se prožimaju zaštitnički modeli usmjereni na dobro bolesnika. Vrijednosti, pravila i načela unutar sestrištva prakse regulirani su etičkim kodeksima. **Cilj:** Utvrditi utjecaj znanja, pozitivno izgrađenog stava i ljubavi prema struci, kao i prakse zasnovane na visokim moralnim i etičkim načelima kod diplomiranih medicinskih sestara na donošenje etičkih odluka u radu s bolesnicima. **Materijal i metode:** Istraživanje je provedeno među 106 diplomiranih medicinskih sestara Kliničkog centra Univerziteta u Sarajevu. Istraživanje je deskriptivno, transversalno prema tipu poprečne (*cross-sectional*) studije. Istraživanje je provedeno u razdoblju od 1. lipnja 2019. do 30. rujna 2019. godine. Statistička obrada podataka učinjena je uz primjenu χ^2 -testa, Fisherova testa, Mann-Whitneyeva U testa i drugih testova. **Rezultati:** Većina ispitanika (89,4 %) izjavila je da su sestrištvu struku odabrali iz ljubavi i želje da pomažu bolesnim osobama. Najveći broj ispitanika samostalno donosi etičke odluke kod provođenja odgovarajuće zdravstvene njege (84 %), 62,3 % se smatra religioznom, međutim 77,7 % ih smatra da religioznost ne utječe na donošenje etičkih odluka. Polovina ispitanika navodi kako su bili u situaciji da se ponašaju kao pravni zaštitnik bolesnika kada primijete da bi im se mogla nanijeti šteta. Većina ispitanika (84 %) nije bila u situaciji da u svojoj praksi donesu pogrešnu etičku odluku. **Zaključak:** Rad potvrđuje da za donošenje etičkih odluka u radu s bolesnicima diplomirane medicinske sestre moraju imati kvalitetno znanje, izgrađen pozitivan stav i ljubav prema struci te praksu zasnovanu na visokim moralnim i etičkim načelima.

Ključne riječi: medicinska sestra, etičke odluke, znanje, praksa