

Opinions of nurses on the ethical problems encountered while working as a team in intensive care units

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Abstract

Background: The intensive care unit entails working as a team in rescuing patients from life-threatening conditions. The care being given by the team could also be done by nurses and other health professionals through the coordinated use of all medical practices.

Objective: To determine the opinion of nurses on the ethical problems they experienced while working as a team in the intensive care units of a university hospital.

Method: The descriptive research was conducted on nurses working in intensive care units ($n = 96$). A 56-item data collection form consisting of two parts developed by the researchers was used. Frequency (percent) and median were evaluated, and statistical calculations were used for group comparisons.

Results: Out of the 82 (85.4%) nurses who participated in the study, 65 (82.3%) were university graduates. About 52 (66.7%) of the participants were female with a mean age of 28.12 ± 5.84 ; 26 (31.6%) had intensive care certification, and 54 (65.1%) had ethical training. The internal intensive care unit nurses were less satisfied with their jobs, able to use tools, said that they had the right to refuse the patient compared to the surgical intensive care unit nurses.

Discussion and conclusions: It is a positive situation for the participants to score low with ethical problems based on suggestion as the probability of meeting with their teammates. However, it is important that the problems that affect the motivation of the nurses are different according to the intensive care unit and the employees.

Keywords

Intensive care units, nursing ethics, ethical problem, teamwork in ICU

Introduction

Intensive care units (ICUs) are a place of continuous 24 h services within the hospital, as well as a vast number of different and specialized areas where health-care workers are allocated.^{1,2} Intensive care is a unit in which a coordinated team is required for the survival of the patient.^{3,4} Recent developments in scientific and technological advances have led to increased opportunities in ICUs.^{5,6} In addition, the understanding among team members, which is an ethic of the profession, is very important in terms of ensuring the life support of the patient, especially in intensive care.⁷ However, nurses in ICUs may encounter some ethical challenges with their teammates, which unfortunately should be expected.⁸ There may be insufficient time for diagnosis and treatment decisions outside the emergency ward of the hospital, and there may not be enough

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time for those in the ICU due to the nature of the patient's illness.⁸ All possibilities, such as death or any disability, must be taken into account in a very rapid manner, and all the necessary applications must be coordinated in teams.^{5,9} In addition, teamwork and the development of ethical awareness and awareness on other issues pertaining to the patient contribute to the well-being of the patient.⁵⁻¹⁰ The opinions of employees on issues in ICUs are important both in determining the situation and in determining the solutions, because it is a complex administrative task to coordinate many health service providers and to provide rapid and effective treatment of patients in critical conditions.¹⁰⁻¹⁶ It is ethical importance to ensure human health safety and ensure that nurses work under equal conditions. In this study, the nurses working in the ICU focused on the problems that may arise in the process of verbal or non-verbal communication. The primary purpose of the study is to determine the opinions of the nurses working in the ICUs of the Mersin University Health Research and Practice Hospital about the ethical problems they experienced during teamwork. In addition, the secondary purpose is to determine the negative situations that cause ethical problems arising in ICUs and to improve powerful, affirmative working relationships.

Methods

This descriptive study was conducted after approval from the ethical committee and institution (Ethics Committee of Mersin University Social Sciences Researches, 2017/23).

This research was carried out on 96 nurses working in seven different ICUs (surgery (two rooms), internal medicine (two rooms), cardiology, children, and reanimation) at Mersin University Health Research and Practice Hospital on March 2017. Mersin University Faculty Hospital is a medical school in the Mediterranean Sea coast in Turkey. The hospital has 628 beds, 220 assistants, 317 nurses, and 260 lecturers. Target population of the current study included the group of all nurses (96) in the ICUs. There are no exclusion criteria to work. No sample size was determined in the study. However, a total of 83 nurses who agreed to fill in the survey form participated in the study. All nurses in the ICUs were contacted; however, nurses who did not agree to participate in the research were excluded. The research was performed with the data collected from 82 nurses who answered all the second and third part items. Nurses who did not answer a specific question were excluded from the analysis of this item and each item was analyzed separately. Data collection form prepared by the authors was used in the study. The form consists of 56 items. In the first part (nine items), characteristics such as gender, age,

year of graduation, school of ICU studied, ethics education, confrontation with an ethical or legal problem, whether or not he/she felt himself/herself enough were considered. For the items relating to the ethical problem which is likely to be encountered in the second part (30 items), there is a need to grade the scores between 0 and 10 according to the degree of adoption. Averages are calculated for each expression separately. In the third part (70 items), it was asked who caused the ethical problems (assistant, lecturer, nurse, trainee student, or other health worker). It was stated that more than one box could be marked. It took 15 min to fill out the questionnaire.

Statistical analysis

For the first two episodes, we used the Shapiro–Wilk test to determine whether the normal distributions were appropriate. While the variables providing the assumption of normal distribution are summarized in terms of mean \pm SD, the variables that do not make the assumption are summarized as median [25P.–75P.] (P. = Percentile). Categorical variables are summarized by number and percentage. The Mann–Whitney U test was used when the normal distribution assumption was not obtained in the two group comparisons. The Spearman correlation coefficient was used to examine the relationship between the two continuous variables. $p < 0.05$ was used as the statistical significance level. In the analysis of the data, the nurses were grouped according to the working conditions in the internal and surgical department.

Results

A total of 82 nurses participated in the study: 61 (74.4%) nurses in the internal department (children, coroner, internal medicine intensive care) and 21 (25.6%) in the surgical department. Out of them 52 (66.7%) were female participants and 26 (33.3%) were male. The average age of participants was 28.12 ± 5.84 . Of the participants, 65 (82.3%) were university graduates and 54 (65.4%) were in ethics education. Twenty-six (31.6%) of the nurses are intensive care certified. Sixteen (19.5%) participants stated that the level of knowledge would be protected from legal problems, whereas 31 (37.8%) participants stated that the level of knowledge would be protected from ethical problem (Table 1).

There is no difference in terms of gender, school of graduation, year of graduation, intensive care certificate existence, and scores given to express or not having ethics education ($p > 0.05$).

Nurses working in the internal department indicate that they are competent in the instruments, that they have the right to refuse the patient, and that they are

Table 1. Distribution of characteristics of nurses working in intensive care unit.

Parameter	N	%
Gender (N = 78)		
Female	52	66.7
Male	26	33.3
Working sections (N = 82)		
Surgery intensive care	21	25.6
Internal intensive care	61	74.4
Graduated school (N = 79)		
High school	12	15.2
University	65	82.3
Master	1	1.3
College	1	1.3
When was the ICU certificate received? (N = 82)		
Vocational education	12	14.6
After graduation	12	14.6
None	56	68.3
Before and after graduation	2	2.4
Ethics education presence (N = 82)		
Yes	54	65.4
None	28	34.6
Can your knowledge protect you from the legal problem (N = 82)		
Yes	16	19.5
No	14	17.1
Not least	52	63.4
Can your knowledge protect you from the ethical problem (N = 82)		
Yes	31	37.8
No	11	13.4
Not least	40	48.8

not satisfied with the place where they work (Table 2). There was a statistically significant relationship between age and the gender discrimination score ($r=0.240$, $p=0.033$), age of right to refuse patient score ($r=0.272$, $p=0.016$) and age and autonomy score with medical records ($r=0.267$, $p=0.017$). Gender discrimination score, rights to refuse patient score, and autonomy score with medical records increase parallel to the increase in age.

In the third part, participants rated the nurses as the most abusive person in the seven statements, such as “Occupational year discrimination,” “Discrimination according to the graduated school,” “Ignoring restriction decision,” “Ignoring the number of patients,” “No refusal of the patient,” “A problem with team awakening,” “Who has a high likelihood of experiencing an ethical or legal problem” (Table 3).

Discussion

ICU is the place where more teamwork is required compared to other places in the hospital. Due to the

nature of the patients, there are also obligations to provide uninterrupted service for 24 h a day. ICUs can be grouped as intensive and surgical intensive care because their working conditions differ according to the diagnosis and treatment of patients. Life-threatening crisis situations in the ICU are different in surgical and ICUs where complex technology, urgent decision-making responsibility, extreme stimulation environment, mobility, and agony are more common.^{12–14}

The expected mortality of patients in the internal department is higher than those in the surgical department.¹⁵ Similarly, patients with intense attention to internal problems are worse in the quality of life and in outcomes than intensive caregivers after surgery. Due to the chronic diseases suffered by patients in the internal department, the need for support, the length of hospital stay, and the number of complications, the internal intensive care workers are changing the work load according to the surgeon. The studies that have been done cause job satisfaction and satisfaction to progress in the negative direction.^{4,15,16}

In terms of characteristics of patients, there are studies in the ICU that indicate that the organ systems of internal patients should be supported more than surgery patients, the length of stay is longer, the quality of life is significantly worse, and the mortality rates are higher than expected. The intrinsic reasons for accepting the patient groups as intensive referrals was not questioned.^{4,17} Therefore, it is difficult to give a definite opinion about the differences in the views of the team between the departments, which is caused by the nature of the patients.

The comparison of our work with previous studies in the literature is limited because of differences in sample size, measurement, and analysis.

It is a positive situation for nurses working in the ICUs to score low on ethical issues that they may encounter with teammates. However, it is noteworthy that the negativities mentioned in the bilateral relations indicate that there are few discriminatory expressions regarding the features that cannot be changed like gender, profession, and school of graduation.

All through history, the medical relationship between doctors and nurses has continued in the complex structure of sex, determined by power. The traditional structure has been differentiated by nursing services through Nightingale’s efforts and the role and status of nursing have been redefined.¹⁸ The relationships between health workers and nurses working in the professional practice environment determine the quality of health-care delivery. The practice environments of health professions, like all professions, are influenced by the historical development of the general ethics of nursing and physicians’ professions and

Table 2. Distribution of problems faced by nurses working in the internal and surgical department during teamwork.

Items	Surgery intensive care (N = 21) Mean ± SD	Internal intensive care (N = 61) Mean ± SD	p
Derogatory implication	4.48 ± 3.655	5.34 ± 2.804	0.288
Verbal violence	3.67 ± 3.786	4.89 ± 2.933	0.088
Can be ignored during work	3.86 ± 3.877	4.74 ± 2.816	0.200
Increase the work load as punishment	4.90 ± 3.919	4.93 ± 3.071	0.886
Any information about the operation in the intensive care unit may not be trusted	3.15 ± 3.329	3.84 ± 2.951	0.302
The professional competence of nurse can be humiliated	4.85 ± 3.483	5.48 ± 2.838	0.570
Nursing profession is not seen as a separate profession	6.95 ± 3.471	5.95 ± 3.090	0.186
Gender discrimination	3.90 ± 3.210	4.13 ± 3.433	0.736
Occupational year discrimination	6.70 ± 3.511	6.54 ± 2.907	0.614
Discrimination according to the graduated school	3.90 ± 3.796	4.38 ± 3.241	0.453
Justice in business sharing	6.55 ± 3.268	5.38 ± 3.431	0.187
Ignoring the leadership role	4.00 ± 3.129	4.38 ± 2.911	0.598
Ignoring the decision about the patient	4.50 ± 3.301	3.51 ± 2.706	0.229
Ignoring restriction decision	2.45 ± 2.212	3.79 ± 3.184	0.123
Ignoring the number of patients	4.70 ± 3.962	6.33 ± 3.405	0.072
Business organization can be ignored	4.30 ± 3.373	5.02 ± 2.941	0.307
No refusal of the patient	8.05 ± 3.517	6.55 ± 3.447	0.038
The nurse may have problems when she/he warns her/his teammates	5.45 ± 2.781	5.20 ± 2.909	0.783
The nurse's knowledge is not trusted about the patient	4.35 ± 2.661	3.79 ± 2.945	0.353
I may have an ethical or legal problem with my teammates	5.00 ± 2.534	4.70 ± 2.565	0.824
Intensive care is the place of exile	1.15 ± 1.927	3.66 ± 3.573	0.008
The nurse has no right to decide	2.40 ± 2.644	3.51 ± 2.913	0.161
Satisfaction with work	8.85 ± 1.954	6.67 ± 3.113	0.008
I am the owner of the blue code	6.45 ± 3.395	6.13 ± 3.133	0.542
There is professional freedom	6.30 ± 3.130	5.79 ± 2.984	0.547
I have the ability to use tools	7.90 ± 1.619	6.54 ± 2.579	0.042
Problems with pharmacy unit	7.60 ± 2.664	6.03 ± 2.869	0.055
I have autonomy in medical records	7.15 ± 3.014	6.75 ± 2.797	0.482
We are in the same attitude as my colleagues in relation to patient relatives	5.45 ± 2.856	6.59 ± 2.604	0.109
When I have problems with any staff, I agree with my teammates	5.75 ± 3.076	5.98 ± 2.179	0.956

society. The time and geographical location within affects the health-care location and all health professionals.¹⁹ The fact that there is a distinction between men and women in accordance with the social norms and that there is a positive discrimination in status and graduation year might be a feature that can negatively affect teamwork. Being too fast in the decision-making process, the possibility of discrimination in a situation which unconditionally comply with the other command can lead to ethical concerns that may put the patient's life at risk. In addition, the change in the scores of the nurses' expressions with age is also expressed in terms of both the relationship within the team and the quality of the service given to the patient. Studies show that younger nurses are more affected to negative behavior than older nurses in clinical settings.^{14,19,20}

Physicians and nurses have two main components that are professionally separate from their educational

and professional responsibilities. After six years of undergraduate education in medical field, there is another educational path ranging from four to six years depending on his chosen specialty.²¹ In the nursing profession, there are graduate and doctoral education besides high school, associate degree, and license. However, there is no specialist training in the nursing profession according to the field of study. Nurses are provided with specific certificate training in their areas of specialization, such as intensive care after the vocational training.²²⁻²⁴ In our study, however, three of the nurses working in ICUs have received special certificates in intensive care. There is no certificate requirement for nurses while working in intensive care.²²⁻²⁴ There is no difference between the scores of the certificates given by the participants.

Health workers have a medical or professional ethics course in the vocational training curriculum.

Table 3. Distribution of employees in ICU according to probability of problem formation.^a

Items	Assistant physician Number (%)	Lecturer Number (%)	Nurse Number (%)	Other worker Number (%)
Derogatory implication	56 (44.8)	30 (24.0)	22 (17.6)	0
Verbal violence	48 (35.1)	21 (15.4)	34 (25)	0
Ignore ignoring	37 (31.9)	18 (15.5)	19 (16.4)	22 (18.9)
Increase workload	35 (32.1)	10 (9.2)	26 (23.8)	0
Lack of trust	44 (34.6)	27 (21.3)	24 (18.9)	0
Not being seen as a separate profession	46 (34.8)	32 (24.2)	8 (6.1)	16 (12.2)
Gender discrimination	17 (17.2)	9 (9.1)	16 (16.2)	9 (9.1)
Occupational year discrimination	25 (18.5)	24 (17.8)	48 (35.5)	24 (17.8)
Discrimination according to the graduated school	10 (10.6)	7 (7.4)	39 (41.6)	2 (2.1)
Ignoring the leadership role	35 (30)	16 (13.5)	29 (26.2)	7 (5.8)
Ignoring the decision about the patient	30 (33.7)	4 (4.5)	6 (6.7)	0
Ignoring restriction decision	27 (21.2)	15 (11.8)	40 (31.5)	0
Ignoring the number of patients	20 (17.7)	16 (14.1)	40 (35.4)	0
No refusal of the patient	31 (23.6)	28 (21.37)	48 (36.64)	0
A problem with team awakening	34 (25.6)	15 (11.3)	45 (33.8)	23 (17.3)
Who has a high likelihood of experiencing an ethical or legal problem	54 (34.6)	17 (10.9)	44 (28.2)	28 (18)
Who is not with me when I have problems	26 (19.4)	18 (13.4)	23 (17.2)	28 (20.8)

^aMore than one person is mentioned.

Participants are more likely to remember that half of them take ethics lessons, that the lessons are not theoretical, and that they are clinically based, and vocational education is also clinically based. Those who say they have education in ethics and have been certified in education tend to have more positive expressions. Certified nurses are more satisfied with working in the ICU and are more competent in using the tool. Meeting the needs of patients will be negatively affected in an environment where constant conflicts occur during health-care delivery.²⁵

When participants were asked about the ethical problems, the first was with physicians and the second problem is in teaching members. However, as a possibility of having an ethical problem, the nurses ranked their colleagues second after their assistants. It is likely that nurses are having problems with their colleagues in many patient-related situations due to differences in the year of study. This may be in the training of nurses and physicians, their roles and responsibilities, and the characteristics of the patients treated.^{8,10}

Nurses and physicians differ in terms of duration of study. The occupational environment in intensive care is a common working environment. The discovery of differences between behaviors can provide insight on improvement initiatives. Each expression can be seen as a problem to be solved and it can increase the likelihood of success by providing sustainable solutions.⁸ There are studies in the literature which report problems in teamwork between physicians and nurses. Differences in behavior within teams between

physicians and nurses may be attributed to their professional roles. Therefore, doctors and nurses must know each other's professional roles and moral responsibilities.¹⁰ The data obtained in our study support this view.

Conclusion

As a result, this study points out that there are ethical problems among the nurses and their teammates in the ICUs. In particular, the working conditions in the ICUs are related to the decision-making process in the end-of-life care. The existence of bad behavior in the intensive care can negatively affect teamwork and relationships with nurses and colleagues. It is important to remove the ethical problems that adversely affect the teamwork. For a good workplace, it is necessary to discover the ethical problems and their solutions.

Ethics approval

Ethics Committee of Mersin University Social Sciences Researches, 2017/23.

Provenance and peer review

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Data sharing statement

Because of patient confidentiality issues in this potentially sensitive area, no further data are available for sharing.

Author contributions

Oya Ögenler, Ahmet Dağ, Havva Doğan, Didem Derici conceived, designed, and did statistical analysis and editing of manuscript. Hürmüs Kuzgun, Talip Genç, Tülay Çelik did data collection and manuscript writing. Oya Ögenler and Ahmet Dağ did review and final approval of manuscript.

Declaration of Conflicting Interests

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