

## APPENDIX A

### INFORMED CONSENT

Dear participants.

My name is Jenny Marlindawani Purba. I am a master student of Faculty of Nursing, Prince of Songkla University, Thailand. I am also work as a lecture in Nursing Program, Faculty of Medicine, University of Sumatera Utara. I am conducting a research program for my master degree. The purpose of this study is to identify the frequency of ethical dilemmas, the degree of disturbance by ethical dilemmas and to examine ethical decision making of nursing students in providing care for patients with mental illness in North Sumatra, Indonesia. Information gathered will be used to write report and it will provide beneficial information for ethics education and nursing students to improve quality of care for mental illness patients.

If you agree to participate in this study, you will be asked to complete the ethical dilemmas and ethical decision making questionnaires. It will take around 45 to 60 minutes of your time. All of your answer and your identity will not be revealed. All information will only be used for purpose of this research project.

There is no risk to participate in this study. Your participant is voluntary in nature: you may withdraw from this study any time. There will no penalty or any effect of your decision to refuse to participate in this study.

If you still have question, you can contact me at the following address:

Nursing Program, Faculty of Medicine, University of Sumatera Utara

Jl. Prof. T. Maas No. 3, Medan 20155

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5. Teaching methods of ethics course (you can choose more than one choice)

(0) Lecture

(1) Discussion

(2) Case study

(3) Others (please identify) .....

6. Have you been taught ethics in caring for mentally ill patients?

(0) No

(1) Yes

## Part 2. Ethical Dilemmas Questionnaire (EDQ)

Ethical dilemma in this study is defined as a difficult situation involving a choice that seems have no satisfactory solution faced by nursing students in providing care for patients with mental illness.

- Please circle in column (number 0, 1, 2, or 3) to show how often you encounter ethical dilemmas in providing care for patients with mental illness in psychiatric hospital. Representation of each number is as follows:

0 = never                      2 = sometimes

1 = seldom                    3 = often

- Please circle the appropriate number (0, 1, 2, or 3) to represent the level of disturbance when you face with ethical dilemmas in a psychiatric hospital.

Representation of each number is as follows:

0 = not disturbed            2 = moderately disturbed

1 = slightly disturbed      3 = highly disturbed

### Example:

Dilemmas	Frequency				Disturbance			
	0	1	②	3	0	①	2	3
You felt uncomfortable when being asked to go to see movie at night								

### Interpretation:

You sometimes felt uncomfortable with slight disturbance when being asked to go to see a movie at night.

Dilemmas	Frequency				Disturbance			
	0	1	2	3	0	1	2	3
<b>I. Respect for autonomy vs. doing good for patients/others</b>								
1. Feeling reluctant when you are asked to restrain a patient even though restraining can prevent harm	0	1	2	3	0	1	2	3
2. Feeling reluctant when you are asked to restrain a patient even though restraining can prevent others from being hurt by the patient	0	1	2	3	0	1	2	3
3. Feeling reluctant to seclude a patient even though seclusion may benefit to patient	0	1	2	3	0	1	2	3
4. Having to force a patient to participate in routine ward activities which are not relevant to the patient's lifestyle/values (e.g. exercise, cleaning up the floor, arranging the room)	0	1	2	3	0	1	2	3
5. Feeling frustrated to withhold truthful information from a patient in order to avoid psychological harm to the patient	0	1	2	3	0	1	2	3
6. Feeling reluctant to help a staff nurse to force a depressed patient to take medication or to eat	0	1	2	3	0	1	2	3
7. Feeling reluctant when a restless/aggressive patient is forced undergo electro convulsion therapy (ECT)	0	1	2	3	0	1	2	3
<b>II. Professional obligation vs. protecting oneself from risk</b>								
8. Wanting to refuse caring for an aggressive patient but having professional duty to care for the patient	0	1	2	3	0	1	2	3
9. Wanting to avoid caring for an aggressive a patient but afraid that the patient will be harmed by negligence	0	1	2	3	0	1	2	3
10. Wanting to avoid caring for an aggressive patient but afraid of the hospital policy	0	1	2	3	0	1	2	3

Dilemmas	Frequency				Disturbance			
	0	1	2	3	0	1	2	3
11. Wanting to avoid interacting with paranoid patient but having to achieve interacting skill	0	1	2	3	0	1	2	3
12. Wanting to help staff nurses to restrain a violent patient but being afraid of harm	0	1	2	3	0	1	2	3
13. Having to care for a patient despite the fear of being in danger when facing severe signs and symptoms of hallucination in the patient	0	1	2	3	0	1	2	3
14. Providing or giving such nursing intervention for the potentially suicidal patient. you have not yet attended any course about such nursing intervention	0	1	2	3	0	1	2	3
<b>III. Advocating for patients vs. lack of authority</b>								
15. Willing to speak on behalf of a patient when the patient's rights are violated. but having no authority	0	1	2	3	0	1	2	3
16. Willing to advocate for a patient when the patient's needs are not responded to by the health team. but having no authority	0	1	2	3	0	1	2	3
17. Willing to help a patient/family participate in a treatment plan when the health team ignores their involvement. but having no authority	0	1	2	3	0	1	2	3
18. Being frustrated have to follow higher authority after failing to advocate for a patient	0	1	2	3	0	1	2	3
19. Being frustrated when the health team does not allow a patient/family to perform activities regarding their values/beliefs. but being unable to help them	0	1	2	3	0	1	2	3
20. Willing to help a patient when nurses did not give good quality of care. but having no authority	0	1	2	3	0	1	2	3

Dilemmas	Frequency				Disturbance			
	0	1	2	3	0	1	2	3
21. Willing to provide information regarding a patient's condition to family members when they receive inadequate information from the nurses. but having no authority	0	1	2	3	0	1	2	3
<b>V. Intradisciplinary and interdisciplinary conflicts</b>								
22. Willing to tell your colleagues (students) not to neglect a patient. but afraid of losing relationship with colleagues	0	1	2	3	0	1	2	3
23. Willing to help a patient who is neglected by your colleagues (students). but afraid of losing relationship	0	1	2	3	0	1	2	3
24. Having to comply with nurses' orders even though you do not agree with them	0	1	2	3	0	1	2	3
25. Wanting to refuse nurses' orders you disagree with. but afraid of having conflict with them	0	1	2	3	0	1	2	3
26. Wanting to ask the psychiatrist to visit a patient when needed but afraid of having conflict with the psychiatrist	0	1	2	3	0	1	2	3
27. Being frustrated when not being allowed by staff nurses to build a close relationship with a patient	0	1	2	3	0	1	2	3
28. Being frustrated when not allowed by staff nurses to provide special care for a patient	0	1	2	3	0	1	2	3
29. Having emotional conflicts when other health personnel are not concerned with a patient's needs while talking/providing care for the patient	0	1	2	3	0	1	2	3

### Part 3. Ethical Decision Making Questionnaire (EDMQ)

Please read each statement carefully and circle in the appropriate columns of each item to show how often nursing students used ethical decision making to solve the problem

0 = Never                      2 = Sometimes

1 = Seldom                    3 = Often

#### Example:

Decision Making	Frequency			
You provide special care for patients when staff nurses neglected them	0	1	2	③

#### Interpretation:

You often provide special care for patients when staff nurses neglected them.

Patient-Centered Model	Frequency			
1. You provide information and give opportunity for patients to make decisions.	0	1	2	3
2. You provide opportunity for family to be involved in decision making when a patient is incompetent.	0	1	2	3
3. You care for a patient who is ignored by colleagues.	0	1	2	3
4. You never avoid caring for a patient even though there is a risk of aggressive behavior by the patient.	0	1	2	3
5. You ask the psychiatrist on behalf of a patient when having questions regarding treatment	0	1	2	3
6. You support the patient/family to make decision to refuse ECT plan/seclusion or restraints to the patient	0	1	2	3



<b>Patient-Centered Model</b>	<b>Frequency</b>			
7. You strictly maintain patient confidentiality as requested by the family	0	1	2	3
8. You speak with the team leader on behalf of a patient when care is not provided based on the patient's rights	0	1	2	3
9. You consult with head nurse/psychiatrist about the treatment plan when the plan does not support the patient's rights.	0	1	2	3
10. You inform the patient/family substantively about the side-effects of medical treatment	0	1	2	3
11. You report to the clinical instructor when a patient's rights are violated	0	1	2	3
12. You report to the clinical instructor when colleagues avoid caring for patient	0	1	2	3
13. You maintain confidentiality of colleagues to protect the institution's image	0	1	2	3
<b>Physician-Centered Model</b>				
14. You suggest patients to ask the psychiatrist when patients have questions about their illness.	0	1	2	3
15. You report to the psychiatrist when a patient refuses medication.	0	1	2	3
16. You explain to the patient/family on behalf of psychiatrist when they are unsatisfied with psychiatrist	0	1	2	3
17. You follow the psychiatrist's treatment plan even though the plan did not correspond with the patient's needs	0	1	2	3
18. You suggest the patient to ask the psychiatrist when a patient asks about prescribed medicine	0	1	2	3
19. You insist that patients should follow psychiatrist's orders	0	1	2	3
20. You have no response to any questions of patient about the treatment plan to avoid conflicts with the psychiatrist	0	1	2	3

<b>Bureaucratic-Centered Model</b>	<b>Frequency</b>			
21. You report to the clinical instructor immediately about any problems	0	1	2	3
22. You consult with head nurse/clinical instructor before providing nursing intervention or giving advice to a patient	0	1	2	3
23. You follow every assigned duty without questions	0	1	2	3
24. You strictly comply with institution's regulations even though may not benefit the patient	0	1	2	3
25. You follow orders of higher authorities without any questions	0	1	2	3
26. You protect your institute even though the patient is neglected	0	1	2	3
27. You consult with the head nurse/clinical instructor when a patient's right is neglected by a member of the health team	0	1	2	3

## APPENDIX C

## TABLES

The frequency of ethical dilemmas showed 0, 1, 2, and 3, that indicated the intensity level of disturbance when encountering ethical dilemmas:

0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often.

Table 1

*Frequency and percentage the frequency of ethical dilemmas regarding advocating for patients vs. lack of authority (N = 176).*

<b>Advocating for patients vs. lack of authority</b>		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
1.	Willing to speak on behalf of a patient when the patient's rights are violated, but having no authority	17 (9.7)	46 (26.1)	70 (39.8)	43 (24.4)
2.	Willing to advocate for a patient when the patient's needs are not responded to by the health team, but having no authority	8 (4.5)	35 (19.9)	75 (42.6)	58 (33.0)
3.	Willing to help a patient/family participate in a treatment plan when the health team ignores their involvement, but having no authority	7 (4.0)	47 (26.7)	72 (40.9)	50 (28.4)
4.	Being frustrated have to follow higher authority after failing to advocate for the patient	11 (6.3)	65 (36.9)	65 (36.9)	35 (19.9)
5.	Being frustrated when the health team does not allow patient/family to perform activities regarding their values/beliefs, but being unable to help them	16 (9.1)	66 (37.5)	64 (36.4)	30 (17.0)
6.	Willing to help a patient when nurses did not give good quality of care, but having no authority	11 (6.3)	41 (23.3)	73 (41.5)	51 (29.0)

Table 1 (continued)

*Frequency and percentage the frequency of ethical dilemmas regarding advocating for patients vs. lack of authority (N = 176).*

<b>Advocating for patients vs. lack of authority</b>		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
7.	Willing to provide information regarding a patient's condition to family members when they receive inadequate information from the nurses, but having no authority	9 (5.1)	44 (25.0)	60 (34.1)	63 (35.8)

Table 2

*Frequency and percentage the frequency of ethical dilemmas regarding professional obligation vs. protecting self from risk (N = 176).*

<b>Professional obligation vs. protecting oneself from risk</b>		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
1.	Wanting to refuse caring for an aggressive patient but having professional duty to care for the patient	16 (9.1)	62 (35.2)	75 (42.6)	23 (13.1)
2.	Wanting to avoid caring for an aggressive patient but afraid that the patient will be harmed by negligence	12 (6.8)	55 (31.3)	72 (40.9)	37 (21.0)
3.	Wanting to avoid caring for an aggressive patient but afraid of the hospital policy	12 (6.8)	53 (30.1)	75 (42.6)	36 (20.5)
4.	Wanting to avoid interacting with paranoid patient but having to achieve interacting skill	15 (8.5)	58 (33.0)	70 (39.8)	33 (18.8)
5.	Wanting to help staff nurses to restrain a violent patient but being afraid of harm	3 (1.7)	46 (26.1)	75 (42.6)	52 (29.5)

Table 2 (continued)

*Frequency and percentage the frequency of ethical dilemmas regarding professional obligation vs. protecting self from risk (N = 176).*

<b>Professional obligation vs. protecting oneself from risk</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
6. Having to care for a patient despite the fear of being danger when facing severe signs and symptoms of hallucination in the patient	5 (2.8)	54 (30.7)	70 (39.8)	47 (26.7)
7. Providing or giving such nursing intervention for the potentially suicidal patient, you have not yet attended any course about such nursing intervention	21 (11.9)	41 (23.3)	65 (36.9)	49 (27.8)

Table 3

*Frequency and percentage the frequency of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts (N = 176).*

<b>Intradisciplinary and interdisciplinary conflicts</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
1. Willing to tell your colleagues (students) not to neglect a patient, but afraid of losing relationship with colleagues	15 (8.5)	49 (27.8)	62 (35.2)	50 (28.4)
2. Willing to help a patient who is neglected by your colleagues (students), but afraid of losing relationship	13 (7.4)	46 (26.1)	69 (39.2)	47 (26.1)
3. Having to comply with nurses' orders even though you do not agree with them	7 (4.0)	53 (30.1)	65 (36.9)	51 (29.0)

Table 3 (continued)

*Frequency and percentage the frequency of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts (N = 176).*

	<b>Intradisciplinary and interdisciplinary conflicts</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
4.	Wanting to refuse nurses' orders you disagree with, but afraid of having conflict with them	8 (4.5)	56 (31.8)	58 (33.0)	54 (30.7)
5.	Wanting to ask the psychiatrist to visit a patient when needed but afraid of having conflict with the psychiatrist	20 (11.4)	59 (33.5)	52 (29.5)	45 (25.6)
6.	Being frustrated when not being allowed by staff nurses to build a close relationship with a patient	26 (14.8)	63 (35.8)	67 (38.1)	20 (11.4)
7.	Being frustrated when not allowed by staff nurses to provide special care for a patient	12 (6.8)	75 (42.6)	64 (36.4)	25 (14.2)
8.	Having emotional conflicts when other health personnel are not concerned with a patient's needs while talking/providing care for the patient	9 (5.1)	60 (34.1)	73 (41.5)	34 (19.3)

Table 4

*Frequency and percentage the frequency of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others (N = 176).*

	<b>Respect for autonomy vs. doing good for patients/others</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
1.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent harm	7 (4.0)	60 (34.1)	96 (54.5)	13 (7.4)
2.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent others from being hurt by the patient	11 (6.3)	56 (31.8)	89 (50.6)	20 (11.4)
3.	Feeling reluctant to seclude a patient even though seclusion may benefit to patient	15 (8.5)	67 (38.1)	79 (44.9)	15 (8.5)
4.	Having to force a patient to participate in routine ward activities which are not relevant to the patient's lifestyle/values (e.g. exercise, cleaning up the floor, arranging the room)	15 (8.5)	48 (27.3)	66 (37.5)	47 (26.7)
5.	Feeling frustrated to withhold truthful information from a patient in order to avoid psychological harm to the patient	16 (9.1)	68 (38.6)	59 (33.5)	33 (18.8)
6.	Feeling reluctant to help a staff nurse to force a depressed patient to take medication or to eat	25 (14.2)	61 (34.7)	62 (35.2)	28 (15.9)
7.	Feeling reluctant when a restless/aggressive patient is forced to undergo electroconvulsion therapy (ECT)	18 (10.2)	59 (33.5)	74 (42.0)	25 (14.2)

The level of disturbance when face ethical dilemmas in a psychiatric hospital: 0 = not disturbed. 1 = slightly disturbed. 2 = moderately disturbed. 3 = highly disturbed

Table 5

*Frequency and percentage the level of disturbance of ethical dilemmas regarding advocating for patients vs. lack of authority (N = 176).*

	<b>Advocating for patients vs. lack of authority</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
1.	Willing to speak on behalf of a patient when the patient's rights are violated, but having no authority	31 (17.6)	67 (38.1)	44 (25.0)	34 (19.3)
2.	Willing to advocate for a patient when the patient's needs are not responded to by the health team, but having no authority	26 (14.8)	49 (27.8)	71 (40.3)	30 (17.0)
3.	Willing to help a patient/family participate in a treatment plan when the health team ignores their involvement, but having no authority	23 (13.1)	68 (38.6)	59 (33.5)	26 (14.8)
4.	Being frustrated have to follow higher authority after failing to advocate for the patient	34 (19.3)	48 (27.3)	62 (35.2)	32 (18.2)
5.	Being frustrated when the health team does not allow a patient/family to perform activities regarding their values/beliefs, but being unable to help them	29 (16.5)	56 (31.8)	53 (30.1)	38 (21.6)
6.	Willing to help a patient when nurses did not give good quality of care, but having no authority	22 (12.5)	56 (27.3)	73 (41.5)	33 (18.8)
7.	Willing to provide information regarding patient's condition to family members when they receive inadequate information from the nurses, but having no authority	27 (15.3)	56 (31.8)	54 (30.7)	39 (22.2)



Table 6

*Frequency and percentage the level of disturbance of ethical dilemmas regarding professional obligation vs. protecting self from risk (N = 176).*

	<b>Professional obligation vs. protecting oneself from risk</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
1.	Wanting to refuse caring for an aggressive patient but having professional duty to care for the patient	39 (22.2)	69 (39.2)	50 (28.4)	18 (10.2)
2.	Wanting to avoid caring for an aggressive a patient but afraid that the patient will be harmed by negligence	22 (12.5)	64 (36.4)	62 (35.2)	28 (15.9)
3.	Wanting to avoid caring for an aggressive patient but afraid of the hospital policy	41 (23.3)	60 (34.1)	48 (27.3)	27 (15.3)
4.	Wanting to avoid interacting with paranoid patient but having to achieve interacting skill	29 (16.5)	71 (40.3)	55 (31.3)	21 (11.9)
5.	Wanting to help staff nurses to restrain a violent patient but being afraid of harm	21 (11.9)	63 (35.8)	56 (31.8)	36 (20.5)
6.	Having to care for a patient despite the fear of being danger when facing severe signs and symptoms of hallucination in the patient	22 (12.5)	45 (25.6)	61 (34.7)	48 (27.3)
7.	Providing or giving such nursing intervention for the potentially suicidal patient. you have not yet attended any course about such nursing intervention	40 (22.7)	54 (30.7)	53 (30.1)	29 (16.5)

Table 7

*Frequency and percentage the level of disturbance of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts (N = 176).*

	<b>Intradisciplinary and interdisciplinary conflicts</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
1.	Willing to tell your colleagues (students) not to neglect a patient, but afraid of losing relationship with colleagues	35 (19.9)	68 (38.6)	40 (22.7)	33 (18.8)
2.	Willing to help a patient who is neglected by your colleagues (students), but afraid of losing relationship	41 (23.3)	58 (33.0)	47 (26.7)	30 (17.0)
3.	Having to comply with nurses' orders even though you do not agree with them	12 (6.8)	55 (31.3)	57 (32.4)	52 (29.5)
4.	Wanting to refuse nurses' orders you disagree with, but afraid of having conflict with them	18 (10.2)	53 (30.1)	45 (25.6)	60 (34.1)
5.	Wanting to ask the psychiatrist to visit a patient when needed but afraid of having conflict with psychiatrist	48 (27.3)	49 (27.8)	49 (27.8)	30 (17.0)
6.	Being frustrated when not being allowed by staff nurses to build a close relationship with a patient	44 (25.0)	63 (35.8)	46 (26.1)	23 (13.1)
7.	Being frustrated when not allowed by staff nurses to provide special care for a patient	33 (18.8)	60 (34.1)	57 (32.4)	26 (14.8)
8.	Having emotional conflicts when other health personnel are not concerned with a patient's needs while talking/providing care for the patient	9 (5.1)	75 (42.6)	61 (34.7)	31 (17.6)

Table 8

*Frequency and percentage the level of disturbance of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others (N = 176).*

	<b>Respect for autonomy vs. doing good for patients/others</b>	<b>Never N (%)</b>	<b>Seldom N (%)</b>	<b>Sometimes N (%)</b>	<b>Often N (%)</b>
1.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent harm	16 (9.1)	93 (52.8)	52 (29.5)	15 (8.5)
2.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent others from being hurt by the patient	20 (11.4)	73 (41.5)	56 (31.8)	27 (15.3)
3.	Feeling reluctant to seclude a patient even though seclusion may benefit to patient	36 (20.5)	60 (34.1)	63 (35.8)	17 (9.7)
4.	Having to force a patient to participate in routine ward activities which are not relevant to the patient's lifestyle/values (e.g. exercise, cleaning up the floor, arranging the room)	37 (21.0)	46 (26.1)	66 (37.5)	27 (15.3)
5.	Feeling frustrated to withhold truthful information from a patient in order to avoid psychological harm to the patient	30 (17.0)	57 (32.4)	57 (32.4)	32 (18.2)
6.	Feeling reluctant to help a staff nurse to force depressed patient to take medication or to eat	37 (21.0)	55 (31.3)	61 (34.7)	23 (13.1)
7.	Feeling reluctant when a restless/aggressive patient is forced to undergo electro-convulsion therapy (ECT)	34 (19.3)	54 (30.7)	50 (28.4)	38 (21.6)

Table 9

*Frequencies and percentages of ethical decision making based on the bureaucratic-centered model (N = 176).*

<b>Bureaucratic-Centered Model</b>		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
1.	You report to the clinical instructor immediately about any problems	12 (6.8)	50 (28.4)	56 (31.8)	58 (33.0)
2.	You consult with head nurse/clinical instructor before providing nursing intervention or giving advise to a patient	13 (7.4)	40 (22.7)	62 (35.2)	61 (34.7)
3.	You follow every assigned duty without questions	21 (11.9)	53 (30.1)	68 (38.6)	34 (19.3)
4.	You strictly comply with institutions regulations even though may not benefit the patient	16 (9.1)	42 (23.9)	76 (43.2)	42 (23.9)
5.	You follow orders of higher authorities without any questions	16 (9.1)	65 (36.9)	67 (38.1)	28 (15.9)
6.	You protect your institute even though the patient is neglected	23 (13.1)	56 (31.8)	63 (35.8)	34 (19.3)
7.	You consult with the head nurse/clinical instructor when a patient's right is neglected by a member of the health team	6 (3.4)	44 (25.0)	72 (42.0)	52 (29.5)

Table 10

*Frequency and percentage of ethical decision making based on the physician-centered model (N = 176).*

<b>Physician-Centered Model</b>		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
1.	You suggest patients to ask his psychiatrist when patient have questions about their illness	13 (7.4)	40 (22.7)	58 (33.0)	65 (36.9)
2.	You report to the psychiatrist when a patient refuses medication	13 (7.4)	43 (24.4)	45 (25.6)	75 (42.6)
3.	You explain to the patient/family on behalf of psychiatrist when they are unsatisfied with psychiatrist	26 (14.8)	54 (30.7)	54 (30.7)	42 (23.9)
4.	You follow psychiatrist treatment plan even though the plan did not respond patient's needs	21 (11.9)	58 (33.0)	59 (33.5)	38 (21.6)
5.	You suggest the patient to ask psychiatrist when a patient ask about prescribed medicine	18 (10.2)	51 (29.0)	65 (36.9)	42 (23.9)
6.	You insist that patients should follow psychiatrist's orders	27 (15.3)	50 (28.4)	56 (31.8)	43 (24.4)
7.	You have no response to any questions of patient about the treatment plan to avoid conflicts with the psychiatrist	33 (18.8)	57 (32.4)	52 (29.5)	34 (19.3)

Table 11

*Frequency and percentage of ethical decision making based on the patient-centered model (N = 176).*

	<b>Patient-Centered Model</b>	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
1.	You provide information and give opportunity for patient to make decisions	10 (5.7)	24 (16.5)	74 (42.0)	63 (35.8)
2.	You provide opportunity for family to be involved in decision making when a patient is incompetent	6 (3.4)	41 (23.3)	62 (35.2)	67 (38.1)
3.	You care for a patient who is ignored by colleagues	3 (1.7%)	31 (17.6)	81 (46.0)	61 (34.7)
4.	You never avoid caring for a patient even though there is a risk of aggressive behavior by the patient	12 (6.8)	49 (27.8)	86 (48.9)	61 (34.7)
5.	You ask the psychiatrist on behalf of a patient when having questions regarding treatment	29 (6.8)	68 (38.6)	56 (31.8)	23 (13.1)
6.	You support the patient/family to make decisions to refuse ECT plan/seclusion or restraints to the patient	35 (19.9)	67 (38.1)	52 (29.5)	22 (12.5)
7.	You strictly maintain patient confidentiality as requested by the family	26 (14.8)	50 (28.4)	51 (29.0)	49 (27.8)
8.	You consult with head nurse/psychiatrist about the treatment plan when the plan does not support the patient's rights	32 (18.2)	53 (30.1)	63 (35.8)	28 (15.9)
9.	You speak with the team leader on behalf of a patient when care is not provided based on the patient's rights	19 (10.8)	62 (35.2)	50 (28.4)	45 (25.6)
10.	You inform the patient/family substantively about the side effects of medical treatment	12 (6.8)	49 (27.8)	71 (40.3)	44 (25.0)

Table 11 (continued)

*Frequency and percentage of ethical decision making based on the patient-centered model (N = 176).*

<b>Patient-Centered Model</b>		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>
		<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
11.	You report to the clinical instructor when a patient's rights are violated	28 (15.9)	67 (38.1)	50 (28.4)	31 (17.6)
12	You report to the clinical instructor when colleagues avoid caring for patient	34 (19.3)	64 (36.4)	50 (28.4)	28 (15.9)
13	You maintain confidentiality of colleagues to protect the institution's image	27 (15.3)	42 (23.9)	54 (30.7)	53 (30.1)

## **APPENDIX D**

### **INTERVIEW GUIDE**

The interview guide for focus group interview are as follows:

1. Do you think the listed items of ethical dilemmas in the questionnaire are faced by nursing students while providing care for patients' with mental illness?
2. Do you think the listed items of ethical decision making are used by nursing students while providing care for patients with mental illness?
3. Is each of the listed items stated clearly? If not, what should be changed?
4. Are the listed items of ethical dilemmas/ethical decision making relevant to nursing students?
5. Are there any other items of dilemmas/decision making you want to add to the questionnaire?