CHAPTER 4

RESULTS AND DISCUSSION

This descriptive study was conducted to explore ethical dilemmas and ethical decision making of nursing students in providing care for patients with mental illness in Diploma III Nursing Program, North Sumatra, Indonesia. The results of the study are presented as follows:

1. Personal characteristics of subjects
2. Ethical dilemmas
3. Ethical decision making

Results

Personal characteristics of subjects

In this study, a total of 176 nursing students were recruited through random sampling. They were third-year students in Diploma III Nursing Program in Health Polytechnic Medan, USU Medan, Pemda Sidikalang, and Pemda Langkat.

Table 1 presents the distribution of personal characteristics of the subjects. There were more females (83.5%) than males (16.5%). The subjects' age ranged from 20 to 24 years with mean of 21.14 years (SD= .98). Over half of the subjects were Batak (63.6%) followed by Javanese (19.3%), Melayu (11.9%) and the rests were from other ethnic groups (5.1%), such as Nias, Aceh, and Minang. Most of them were Islam (52.3%), and followed by Protestant (43.2%), and Catholic (4.5%).

Most of the subjects reported that the most common method of ethics teaching was combination of lecture and discussion (39.2%). All of the subjects (100%) had been taught ethics in caring for mentally ill patients.

Table 1

Frequency and percentage of students according to personal characteristics (N = 176).

Personal Characteristics	Frequency (N)	Percentage (%)
Gender		
Male	29	16.5
Female	147	83.5
Age (Mean = 21.14 years; SD = .98)		
Race		
Batak	112	63.6
Javanese	36	19.3
Melayu	21	11.9
Others	9	5.1
Religion		
Islam	92	52.3
Protestant	76	43.2
Catholic	8	4.5
Teaching methods of ethics course*		
Lecture	32	18.2
Lecture & discussion	69	39.2
Lecture, discussion & case study	49	27.8
Lecture, discussion & self study	1	0.6
Lecture, discussion, case study & seminar	25	14.2
Had been taught ethics in caring for mentally ill patients		
Yes	176	100

*More than one item could be chosen

Ethical dilemmas

1. The levels of ethical dilemmas

Table 2 shows means, standard deviations, and levels of frequency of ethical dilemmas. All ethical dilemmas in this study presented at a moderate level of frequency. The highest mean score of ethical dilemmas of nursing students in providing care for patient with mental illness was on advocating for patients vs. lack of authority (mean = 1.86, SD = .48). Professional obligation vs. protecting oneself from risk was the second highest mean score (mean = 1.79, SD = .45). While the lowest mean score of ethical dilemmas of nursing students was respect for autonomy vs. doing good for patients/others (mean = 1.63, SD = .39).

Table 2

Means, standard deviations, and levels of frequency of ethical dilemmas (N = 176).

Ethical dilemmas	Mean	SD	Level
1. Advocating for patients vs. lack of authority	1.86	.48	Moderate
2. Professional obligation vs. protecting oneself from risk	1.79	.45	Moderate
3. Intradisciplinary and interdisciplinary conflicts	1.75	.52	Moderate
4. Respect for autonomy vs. doing good for patients/others	1.63	.39	Moderate

1.1 The levels of ethical dilemmas regarding advocating for patients vs. lack of authority

Table 3 shows means, standard deviations, and levels of ethical dilemma on advocating for patients vs. lack of authority of nursing students. The data show that two out of the seven items were at a high level, i.e., advocating for a patient when the

patient's needs are not responded to by the health team, but having no authority, and providing information regarding patient's condition to family members when they receive inadequate information from nurses, but having no authority, with mean scores of 2.04 (SD = .84), and 2.01 (SD = .90), respectively. Meanwhile, of the five items at moderate level, three items that showed the higher mean scores in respective were: (1) helping patient/family participate in the treatment plan when the health team ignores their involvement, but had no authority (mean = 1.94, SD = .84), (2) helping a patient when nurses did not give good quality of care, but having no authority (mean = 1.93, SD = .88), and (3) speaking on behalf of a patient when patient's rights were violated, but had no authority (mean = 1.79, SD = .92).

Table 3

Means, standard deviations, and levels of frequency of ethical dilemmas items regarding advocating for patients vs. lack of authority (N = 176).

	Advocating for patients vs. lack of authority	Mean	SD	Level
1.	Willing to advocate for a patient when the patient's needs are not responded to by the health team, but having no authority	2.04	.84	High
2.	Willing to provide information regarding a patient's condition to family members when they receive inadequate information from nurses, but having no authority	2.01	.90	High
3.	Willing to help a patient/family participate in a treatment plan when the health team ignores their involvement, but having no authority	1.94	.84	Moderate

Table 3 (continued)

Means, standard deviations, and levels of frequency of ethical dilemmas items regarding advocating for patients vs. lack of authority (N = 176).

	Advocating for patients vs. lack of authority	Mean	SD	Level
4.	Willing to help a patient when nurses did not give good quality of care, but having no authority	1.93	.88	Moderate
5.	Willing to speak on behalf of a patient when the patient's rights are violated, but having no authority	1.79	.92	Moderate
6.	Being frustrated have to follow higher authority after failing to advocate for the patient	1.70	.86	Moderate
7.	Being frustrated when the health team does not allow a patient/family to perform activities regarding their values/beliefs but unable to help them	1.61	.87	Moderate

1.2 The levels of ethical dilemmas regarding professional obligation vs. protecting oneself from risk

Table 4 shows means, standards deviations, and levels of frequency of ethical dilemmas regarding professional obligation vs. protecting oneself from risk.

As shown in table 4, the mean scores of six from seven items of ethical dilemmas were at a moderate level. Only one item which was wanting to help staff nurses to restrain a violent patient but being afraid of harm was at a high level (mean = 2.00, SD = .79). The top three items which mean scores reflected a moderate level were (1) having to care for a patient despite the fear of being in danger when facing severe signs and symptoms of hallucination in the patient (mean = 1.90, SD = .83). (2) providing or giving such nursing intervention for the potentially suicidal patient which students have not yet attended any course about such nursing intervention

(mean = 1.81, SD = .98), and (3) wanting to avoid caring for aggressive patient but afraid of the hospital policy (mean = 1.77, SD = .85).

Table 4

Means, standard deviations, and levels of frequency of ethical dilemmas regarding professional obligation vs. protecting oneself from risk (N = 176).

	Professional obligation vs. protecting oneself from risk	Mean	SD	Level
1.	Wanting to help staff nurses to restrain a violent patient but being afraid of harm	2.00	.79	High
2.	Having to care for a patient despite the fear of being in danger when facing severe signs and symptoms of hallucination in the patient	1.90	.83	Moderate
3.	Providing or giving such nursing intervention for the potentially suicidal patient, you have not yet attended any course about such nursing intervention	1.81	.98	Moderate
4.	Wanting to avoid caring for an aggressive patient but afraid of the hospital policy	1.77	.85	Moderate
5.	Wanting to avoid caring for aggressive a patient but afraid that the patient will be harmed from negligence	1.76	.86	Moderate
6.	Wanting to avoid interacting with paranoid patient but having to achieve interacting skill	1.69	.87	Moderate
7.	Wanting to refuse caring for an aggressive patient but having professional duty to care for the patient	1.60	.83	Moderate

1.3 The levels of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts

Table 5 presents means, standard deviations, and levels of frequency of ethical dilemmas regarding intradisplinary and interdisplinary conflicts. All items of ethical dilemmas related to intradisplinary and interdisplinary conflicts showed mean scores at a moderate level. The results present that the top three items of the ethical dilemmas which giving the highest of mean scores were (1) wanting to comply with nurses' orders even though they disagreed with them (mean = 1.91, SD = .86), (2) wanting to refuse nurses' orders that they disagree with, but afraid of having conflict with them (mean = 1.90, SD = .89), and (3) willing to help a patient who is neglected by your colleagues (students), but afraid of losing relationship (mean = 1.86, SD = 90).

Table 5

Means, standard deviations, and levels of frequency of ethical dilemmas regarding Intradisciplinary and interdisciplinary conflicts (N = 176).

	Intradisciplinary and interdisciplinary conflicts	Mean	SD	Level
1.	Having to comply with nurses' orders even though you do not agree with them	1.91	.86	Moderate
2.	Wanting to refuse nurses' orders you disagree with, but afraid of having conflict with them	1.90	.89	Moderate
3.	Willing to help a patient who is neglected by your colleagues (students), but afraid of losing relationship	1.86	.90	Moderate

Table 5 (continued)

Means, standard deviations, and levels of frequency of ethical dilemmas regarding Intradisciplinary and interdisciplinary conflicts (N = 176).

	Intradisciplinary and interdisciplinary conflicts	Mean	SD	Level
4.	Willing to tell your colleagues (students) not to neglect a patient, but afraid of losing relationship with colleagues	1.84	.94	Moderate
5.	Having emotional conflicts when other health personnel are not concerned with a patient's needs while talking/providing care for the patient	1.75	.83	Moderate
6.	Wanting to ask psychiatrist to visit a patient when needed but afraid of having conflict with the psychiatrist	1.69	.98	Moderate
7.	Being frustrated when not allowed by staff nurses to provide special care for a patient	1.58	.82	Moderate
8.	Being frustrated when not being allowed by staff nurses to build a close relationship with a patient	1.46	.88	Moderate

1.4 The levels of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others

Table 6 shows means, standard deviation, and levels of frequency of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others. In this study, all items were at a moderate level. The three highest mean scores of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others reported by nursing students were: (1) having to force patient to participate with routine ward activities which are not relevant to patient's lifestyle/values (mean = 1.82, SD = .92), (2) feeling reluctant when you are asked to restrain a patient even though restraining could prevent others from being hurt by the patient (mean = 1.67,

SD = .76), and (3) feeling reluctant when you are asked to restrain a patient even though restraining could prevent harm (mean = 1.65, SD = .68).

Table 6

Means, standard deviations, and levels of frequency of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others (N = 176).

	Respect for autonomy vs. doing good for patients/others	Mean	SD	Level
1.	Having to force a patient to participate with routine ward activities which are not relevant to the patient's lifestyle/values (e.g. exercise, cleaning up the floor, arranging the room)	1.82	.92	Moderate
2.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent others from being hurt by the patient	1.67	.76	Moderate
3.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent harm	1.65	.68	Moderate
4.	Feeling frustrated to withhold truthful information from a patient in order to avoid psychological harm to the patient	1.62	.89	Moderate
5.	Feeling reluctant when a restless/aggressive patient is forced for to undergo electro convulsion therapy (ECT)	1.60	.86	Moderate
6.	Feeling reluctant to help a staff nurse to force a depressed patient to take medication or to eat	1.53	.93	Moderate
7.	Feeling reluctant to seclude a patient even though seclusion may benefit to patient	1.53	.77	Moderate

2. The levels of disturbance of ethical dilemmas

Table 7 presents the means, standard deviations, and levels of disturbance of ethical dilemmas. The levels of disturbance of all ethical dilemmas were at a moderate level

The highest mean score was revealed by the disturbance of an ethical dilemma regarding advocating for patients vs. lack of authority (mean = 1.56, SD= .59), followed by intradisciplinary and interdisciplinary conflicts (mean = 1.52, SD = .63), professional obligation vs. protecting oneself from risk (mean = 1.47, SD = .59), and respect for autonomy vs. doing good for patients/others (mean = 1.44, SD = .49).

Table 7

Means, standard deviations, and levels of disturbance of ethical dilemmas (N= 176).

Ethical dilemmas	Disturbance		
	Mean	SD	Level
1. Advocating for patients vs. lack of authority	1.56	.59	Moderate
2. Intradisciplinary and interdisciplinary conflicts	1.52	.63	Moderate
3. Professional obligation vs. protecting oneself from risk	1.47	.59	Moderate
4. Respect for autonomy vs. doing good for patients/others	1.44	.49	Moderate

2.1 The levels of disturbance of ethical dilemmas regarding advocating for patients vs. lack of authority

Table 8 presents means, standard deviations and levels of disturbance of ethical dilemmas regarding advocating for patients vs. lack of authority.

All items presented disturbance of ethical dilemma at a moderate level. The highest mean score of the level of disturbance was on the items of willingness to help a patient when nurses did not give good quality of care, but having no authority (mean = 1.66, SD = .92), followed by willingness to provide information regarding a patient's condition to family members when they receive inadequate information from nurses, but having no authority (mean = 1.60, SD = .99), and willingness to advocate for a patient when the patient's needs were not responded to by the health team, but having no authority (mean = 1.60, SD = .94).

Table 8

Means, standard deviations, and levels of disturbance of ethical dilemmas advocating for patient vs. lack of authority (N = 176).

	Advocating for patient vs. lack of authority	Disturbance		
		Mean	SD	Level
1.	Willing to help a patient when nurses did not give good quality of care, but having no authority	1.66	.92	Moderate
2.	Willing to provide information regarding a patient's condition to family members when they receive inadequate information from nurses, but having no authority	1.60	.99	Moderate
3.	Willing to advocate for a patient when the patient's needs are not responded to by the health team, but having no authority	1.60	.94	Moderate
4.	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	1.57	1.00	Moderate
5.	Being frustrated have to follow higher authority after failing to advocate for the patient	1.52	1.00	Moderate

Table 8 (continued)

Means, standard deviations, and levels of disturbance of ethical dilemmas advocating for patient vs. lack of authority (N = 176).

	Advocating for patient vs. lack of authority	Disturbance		
		Mean	SD	Level
6.	Willing to help a patient/family participate in a treatment plan when health team ignores their involvement, but having no authority	1.50	.90	Moderate
7.	Willing to speak on behalf of patient when the patient's rights are violated, but having no authority	1.46	.99	Moderate

2.2 The levels of disturbance of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts

Table 9 shows means, standard deviations, and levels of disturbance of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts. The level of disturbance for all dilemmas represented mean scores at a moderate level.

As shown in Table 9, the highest mean score of the level of disturbance occurred for the item that concerning with had to comply with nurses' orders even though they did not agree with them (mean = 1.85, SD = .93), followed by wanted to refuse nurses' orders they disagree with, but afraid of having conflict with them (mean = 1.84, SD = 1.06), and had emotional conflicts when other health personnel were not concerned with patient's needs while talking/providing care for the patient (mean = 1.65, SD = .83).

Table 9

Means, standard deviations, and levels of disturbance of ethical dilemmas regarding intradisciplinary and interdisciplinary conflicts (N = 176).

	Intradisciplinary and interdiscipinary conflicts	Disturbance		
		Mean	SD	Level
1.	Having to comply with nurses' orders even though you did not agree with them	1.85	.93	Moderate
2.	Wanting to refuse nurses' orders you disagree with, but afraid of having conflict with them	1.84	1.06	Moderate
3.	Having emotional conflicts when other health personnel are not concerned with a the patient's needs while talking/providing care for the patient	1.65	.83	Moderate
4.	Being frustrated when not allowed by staff nurses to provide special care for a patient	1.43	.96	Moderate
5.	Willing to tell your colleagues (students) not to neglect a patient, but afraid of losing relationship with colleagues	1.40	1.01	Moderate
6.	Willing to help a patient who is neglected by your colleagues (students), but afraid of losing relationship	1.38	1.02	Moderate
7.	Wanting to ask the psychiatrist to visit a patient when needed but afraid of having conflict with psychiatrist	1.35	1.06	Moderate
8.	Being frustrated when not being allowed by staff nurses to build a close relationship with a patient	1.27	.98	Moderate

2.3 The levels of disturbance of ethical dilemmas regarding professional obligation vs. protecting self from risk

Table 10 shows means, standard deviations, and levels of disturbance of ethical dilemmas regarding professional obligation vs. protecting oneself from risk. Ethical dilemma mean scores of seven disturbance of professional obligation vs.

protecting oneself from risk subscales ranged from 1.27 to 1.77. All items of disturbance of ethical dilemma regarding professional obligation vs. protecting oneself from risk were at a moderate level.

The item with the highest mean score of disturbance was having to care for a patient despite the fear of being in danger when facing severe signs and symptoms of hallucination (mean = 1.77, SD = .99). Meanwhile, the second highest was wanting to help staff nurses to restrain a violent patient but being afraid of harm with the mean score of 1.61 (SD = .94). Additionally, wanting to avoid caring for an aggressive patient but afraid that the patient would be harmed from negligence was the third highest with the mean score of 1.55 (SD = .90).

Table 10

Means, standard deviations, and levels of disturbance of ethical dilemmas professional obligation vs. protecting oneself from risk.(N = 176).

	Professional obligation vs. protecting oneself from risk	Disturbance		
		Mean	SD	Level
1.	Having to care for a patient despite the fear of being in danger when facing severe sign and symptom of hallucination in the patient	1.77	.99	Moderate
2.	Wanting to help staff nurses to restrain a violent patient but being afraid of harm	1.61	.94	Moderate
3.	Wanting to avoid caring for an aggressive patient but afraid that the patient will be harmed from negligence	1.55	.90	Moderate

Table 10 (continued)

Means, standard deviations, and levels of disturbance of ethical dilemmas professional obligation vs. protecting oneself from risk (N = 176).

	Professional obligation vs. protecting oneself from risk	Disturbance		
		Mean	SD	Level
4.	Providing or giving such nursing intervention for the potentially suicidal patient, you have not yet attended any course about such nursing intervention	1.40	1.01	Moderate
5.	Wanting to avoid interacting with paranoid patient but having to achieve interacting skill	1.39	.90	Moderate
6.	Wanting to avoid caring for an aggressive patient but afraid of the hospital policy	1.35	1.00	Moderate
7.	Wanting to refuse caring for an aggressive patient but having professional duty to care for the patient	1.27	.92	Moderate

2.4 The levels of disturbance of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others

Table 11 presents the means, standard deviations, and levels of disturbance of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others. Considering the levels of disturbance, all ethical dilemmas regarding respect for autonomy vs. doing good for patients/others were found at a moderate level.

The item with the highest level of disturbance was on the item of feeling reluctant when a restless/aggressive patient was forced is undergo electro convulsion therapy (ECT) with the mean score of 1.52 (SD = 1.04). The second and third highest disturbing dilemma in respective were feeling frustrated to withhold truthful

information from a patient in order to avoid psychological harm to the patient (mean = 1.52, SD = .98), and feeling reluctant when you are asked to restraint a patient even though restraining could prevent others from being hurt by the patient (mean = 1.51, SD = .88).

Table 11

Means, standard deviations, and levels of disturbance of ethical dilemmas regarding respect for autonomy vs. doing good for patients/others (N= 176).

	Respect for autonomy vs. doing good for patients/others	Disturbance		
		Mean	SD	Level
1.	Feeling reluctant when a restless/aggressive patient is forced is undergo electro convulsion therapy (ECT)	1.52	1.04	Moderate
2.	Feeling frustrated to withhold truthful information from a patient in order to avoid psychological harm to the patient	1.52	.98	Moderate
3.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent others from being hurt by the patient	1.51	.88	Moderate
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)	1.47	.99	Moderate
5.	Feeling reluctant to help a staff nurse to force a depressed patient to take medication or to eat	1.40	.96	Moderate
6.	Feeling reluctant when you are asked to restrain a patient even though restraining can prevent harm	1.38	.77	Moderate
7.	Feeling reluctant to seclude a patient even though seclusion may benefit to patient	1.35	.91	Moderate

Ethical decision making

Table 12 shows the ethical decision making that was used by nursing students in providing care for patients with mental illness. All mean scores of ethical decision making based, i.e., bureaucratic-centered model (mean = 1.79, SD = .45), physician-centered model (mean = 1.74, SD = .51), and patient-centered-model (mean = 1.70, SD = .40) were at a moderate level.

Table 12

Means, standard deviations, and levels of frequency of ethical decision making (N = 176).

	Ethical decision making	Mean	SD	Level
1.	the Bureaucratic-centered Model	1.79	.45	Moderate
2.	the Physician-centered Model	1.74	.51	Moderate
3.	the Patient-centered Model	1.70	.40	Moderate

1. The levels of frequency of ethical decision making based on bureaucratic-centered Model

Table 13 shows means, standard deviations, and levels of frequency of ethical decision making based on the bureaucratic-centered model. All items on the ethical decision making based on the bureaucratic-centered model were at a moderate level.

The three highest mean scores of ethical decision making based on bureaucratic-centered model were: (1) consult with head nurse/clinical instructor

when patient's right is neglected by a member of the health team (mean = 1.98, SD = .83). (2) consult with the head nurse/clinical instructor before providing nursing intervention or giving advice to a patient (mean = 1.97, SD = .94), and (3) report to clinical instructor immediately about any problems (mean = 1.91, SD = .94).

Table 13

Means, standard deviations and levels of frequency of ethical decision making based on the bureaucratic-centered model (N = 176).

	Bureaucratic-centered Model	Mean	SD	Level
1.	You consult with the head nurse/clinical instructor when a patient's right is neglected by a member of the health team	1.98	.83	Moderate
2.	You consult with head nurse/clinical instructor before providing nursing intervention or giving advice to a patient	1.97	.94	Moderate
3.	You report to the clinical instructor immediately about any problems	1.91	.94	Moderate
4.	You strictly comply with institution's regulations even though may not benefit the patient	1.82	.90	Moderate
5.	You follow every assigned duty without questions	1.65	.93	Moderate
6.	You protect your institute even though the patient is neglected	1.61	.91	Moderate
7.	You follow orders of higher authorities without any Questions	1.61	.86	Moderate

2. The levels of frequency of ethical decision making based on physician-centered Model

Table 14 presents means, standard deviations, and levels of frequency of ethical decision making based on the physician-centered model. The results revealed that from seven items, one item was at a high level and six were at a moderate level.

The highest level was on report to the psychiatrist when a patient refused medication with a mean score of 2.03 (SD = .96). The three highest mean scores within the moderate-level items were: (1) suggest the patient to ask psychiatrist when a patient has question about illness (mean = 1.99, SD = .95), (2) suggest the patient to ask the psychiatrist when a patient asks about prescribed medicine (mean = 1.74, SD = .94), (3) insist that a patient should follow the psychiatrist's orders (mean = 1.65, SD = 1.01).

Table 14

Means, standard deviations and levels of frequency of ethical decision making based on the physician-centered model (N = 176).

	Physician-centered Model	Mean	SD	Level
1.	You report to the psychiatrist when a patient refuses medication	2.03	.96	High
2.	You suggest patients to ask psychiatrist when patients have question about their illness	1.99	.95	Moderate
3.	You suggest the patient to ask the psychiatrist when a patient asks about prescribed medicine	1.74	.94	Moderate

Table 14 (continued)

Means, standard deviations and levels of frequency of ethical decision making based on the physician-centered model (N = 176).

	Physician-centered Model	Mean	SD	Level
4.	You insist that patients should follow psychiatrist's orders	1.65	1.01	Moderate
5.	You follow the psychiatrist treatment plan even though the plan did not correspond patient's needs	1.65	.95	Moderate
6.	You explain to the patient/family on behalf of psychiatrist when they are unsatisfied with physician	1.64	1.00	Moderate
7.	You have no response to any questions of patient about treatment plan to avoid conflicts with the psychiatrist	1.49	1.00	Moderate

3. The levels of frequency of ethical decision making based on patient-centered Model

Table 15 presents means, standard deviations, levels of frequency of ethical decision making based on the patient-centered model. The results revealed that three items were at a high level and ten items were at a moderate level.

The three items at a high level were: (1) care for a patient who is ignored by colleagues (mean = 2.14, SD = .87), (2) provide information and give opportunity for a patient to make decisions (mean = 2.08, SD = .86), and (3) provide opportunity for the family to be involved in decision making when a patient is incompetent (mean = 2.08, SD = .86).

Among of the moderate-level items, the top three highest mean scores were: (1) informing the patient/family substantively about the side effect of medical

treatment (mean = 1.84. SD = .88). (2) maintaining confidentiality of colleagues to protect institution's image (mean = 1.76. SD = .1.05). and (3) never avoiding caring for a patient even though there was a risk of aggressive behavior by the patient (mean = 1.75. SD = .81).

Table 15

Means. standard deviations and levels of frequency of ethical decision making based on the patient-centered model (N = 176).

	Patient-centered Model	Mean	SD	Level
1.	*You care for a patient who is ignored by colleagues*	*2.14*	*.87*	*High*
2.	You provide information and give opportunity for patient to make decisions	2.08	.86	High
3.	You provide opportunity for family to be involved in decision making when a patient is incompetent	2.08	.86	High
4.	You inform the patient/family substantively about the side effect of medical treatment	1.84	.88	Moderate
5.	You maintain confidentiality of colleagues to protect institution's image	1.76	1.05	Moderate
6.	You never avoid caring for a patient even though there is a risk of aggressive behavior by the patient	1.75	.81	Moderate
7.	You strictly maintain patient confidentiality as requested by family	1.70	1.03	Moderate
8.	You consult with head nurse/psychiatrist about the treatment plan when the plan does not support the patient's rights	1.69	.97	Moderate

Table 15 (continued)

Means, standard deviations and levels of frequency of ethical decision making based on the patient-centered model (N = 176).

	Patient-centered Model	Mean	SD	Level
9.	You speak with the team leader on behalf of a patient when care is not provided based on the patient's rights	1.49	.97	Moderate
10.	You report to the clinical instructor when a patient's rights are violated	1.48	.96	Moderate
11.	You ask the psychiatrist on behalf of a patient when having questions regarding treatment	1.41	.92	Moderate
12.	You report to the clinical instructor when colleagues avoid caring for patient	1.41	.98	Moderate
13.	You support patient/family to make decision to refuse ECT plan/seclusion or restraints to the patient	1.35	.94	Moderate

Discussion

This study aimed to identify the levels of frequency, the level of disturbance of ethical dilemmas and ethical decision making of nursing students in providing care for patients with mental illness in North Sumatra, Indonesia. One hundred and seventy six nursing students was recruited by random sampling from the four Diploma III Nursing Institutions in North Sumatra of Indonesia in order to participate in this study. Discussion of the findings is carried out in three parts, i.e., (1) personal characteristics of subjects, (2) ethical dilemmas, and (3) ethical decision making.

Personal characteristics of subjects

The results indicated that females in the samples group exceeded males with 147 females and 29 males in the sample population. The higher proportion of females of subjects in the study is more congruent and reflective of the situation in Indonesia in that the nursing profession is generally more chosen by women than by men. It can be explained from previous studies that most people in Indonesia perceive that the nursing profession is more suitable for women as female nurses have the mothering instinct (Wardhono, 1992). The majority of the subjects were *Batak* (63.6%) because the Batak ethnic group predominates in the province of North Sumatra (Daulay, 2005). Other ethnic groups; in this study; have been included under "others", which includes Aceh, Minang, and Nias. The majority of the subjects (52.3%) were Islam since in Indonesia, the largest religious group is Islam, with a segment of 88% of the total population (Shields & Hartati, 2003).

In this study, a lecture is associated with a teaching method where teachers are more active in the learning process, such as to clarify complex, confusing, or conflicting concepts of an ethics course. On the other hand, discussion is associated with the learning process where students are more active in interacting exchanging ideas with fellow students. In this case, an educator commonly acts as a mediator of the discussion.

Regarding teaching methods, it was found that the common teaching method for courses in ethics in Diploma III Nursing Program in North Sumatra were a combination of lecture and discussion (39.2%). The contents of a nursing ethics course is composed of ethical theories, principles, code, patient rights, informed consent, ethical dilemmas, ethical decision making, and ethical issues in Indonesia.

The results were consistent with Makarti (2004) who reported that Diploma III nursing program in Central Java used lecture and discussion as major teaching methods. In addition, it was reported that the ethics course contents included ethical theories, principles, codes, issues, and decision making.

A combination of lecture and discussion is considered to be the most appropriate teaching method of an ethics course because it enhance students responsibility for their learning; moreover, (1) the method will improve students skill in ethical practice by bringing them together to discuss ethical dilemmas in nursing practice, particularly in mental health setting, (2) the teaching method helps students to identify and understand the ethical principles, code of ethics, and political bases for 'the right thing to do', and (3) the teaching method gives students the opportunity to make the concept of ethics more real. However, various types of teaching methods can be used simultaneously for nursing education to develop ethical decision making skills of nursing students to solve the problems (Dinc & Gorgulu, 2002; Leppa & Terry, 2004).

Nursing students in this study reported using case studies in ethics course. Case studies help nursing students recognize and analyze ethical dilemmas and train them how to deal with ethical dilemmas. This method emphasizes the role of nurses in ethical decision making. Consequently, by using appropriate teaching methods, nursing students can learn ethical decision making as a process in dealing with ethical dilemmas.

Data in this study showed that overall subjects had been taught ethics in caring for mentally ill patients (100%). This indicated that the ethics teaching in caring for mentally ill patients was important. In fact, ethics teaching had been

integrated into the mental health nursing course and mental health nursing practicum in the Diploma III nursing program. Therefore, learning code of ethics for nurses, the standard of ethics for nursing practice, ethical concepts, and values should help nursing students to develop sensitivity of ethics. Moreover, they should be able to understand moral reasoning, which can be used to deal with ethical dilemma in providing care for patients with mental illness.

The results of this study are somewhat supported by a study of Mohr (2003) which stated that teaching ethics in a mental health nursing course is important. It can be used as a guideline to prepare nursing students to include legal and ethical principles in nursing practice. By doing so, nursing students can protect themselves and their patients from harm. Besides that, it enhances the quality of their care. Thus, a teaching ethics for nursing students is considered to be important supports in providing care for mentally ill patients.

Ethical dilemmas

While providing nursing care for mentally ill patients, nursing students have been frequently faced ethical dilemmas and has been a disturbance for them when providing nursing care in psychiatric hospitals. The findings of this study showed that: ethical dilemmas faced by nursing students were at a moderate level of frequency indicating that dealing with situations of incompetence, unethical behavior, or illegal practice in providing care for mentally ill patients is troublesome for nursing students. However, they do not really recognize ethical dilemmas because of the lack of skill and knowledge. Those ethical dilemmas were (1) advocating for patients vs. lack of authority, (2) professional obligation vs. protecting oneself from risk, (3)

intradisciplinary and interdisciplinary conflicts, and (4) respect for autonomy vs. doing good for patients/others. For those ethical dilemmas, the levels of disturbance were at a moderate level. The results will be discussed in detail in the following sections, ranked by levels of ethical dilemmas faced by nursing students.

1. Advocating for patients vs. lack of authority

Ethical dilemmas on advocating for patients vs. lack of authority had the highest mean score of frequency level among those dilemmas reported by nursing students (mean = 1.86, SD = .48). Meanwhile, the dilemma was also the highest mean score of disturbance level by nursing students, with the mean scores of 1.56 (SD =.59). The frequency level of ethical dilemmas showed that two out of seven items were at a high level and the others were at a moderate level. The level of disturbance of all ethical dilemmas in relation to advocating for patients vs. lack of authority was at a moderate level.

As for the findings of this study, the two highest mean scores of ethical dilemmas sub-scale faced by nursing students were: (1) willing to advocate for a patient when the patient's needs are not responded to by the health team, but having no authority, and (2) willing to provide information regarding a patient's condition to family members when they receive inadequate information from the nurses, but had no authority. For the level of disturbance, the two of ethical dilemmas sub scales above were at a moderate level. On the other hand, the highest mean score of disturbance level by an ethical dilemma was "willing to help a patient when nurses did not give good quality of care, but had no authority".

The results of this study indicated that nursing students had obligations to help mentally ill patients with their limitation. Nursing students accepted that one of

their obligations was to advocate mentally ill patients. Nursing students also realized that advocacy was an important role for nurses in caring for patients with mental illness. This because they have the responsibility to act as advocates for ethical care (Beauchamp & Childress, 2001; Mohr, 2003).

Similar to nurses, nursing students often face conflicts of interests when acting as patient's advocators. For instance, a patient might be pressured by a nurse to take medication that he or she clearly did not wish to take, nursing students may wish to protect the patient, but has no authority to do so. The findings of the study are similar to a previous study by Kelly (1993), which revealed that senior undergraduate students experienced guilt when they did not help the patient and consequently expressed disappointment in clinical practice.

Nursing students were willing to advocate on behalf of mentally ill patients in order to improve the quality of care but they lacked authority in doing so. A similar phenomenon was reported by Madianos, Priami, Alevisopoulos, Koukia, and Rogakou (2005) when nursing students expressed limited authority when providing care for mentally ill patients in their mental health care setting.

As nursing students, they may make decisions to advocate on behalf of the mentally ill patient, but they may be restricted in doing so by other professionals, such as a physician. At the same time, they lack authority, experience, knowledge, and confidence (Ahern & McDonald, 2002; Ham, 2004; Snowball, 1996). This fact is supported by Melrose and Shapiro (1999), who reported that nursing students experienced feelings of anxiety about their own ability to help mentally ill patients. Nursing students expressed respect for the patients and wanted to protect patients who struggled with mental illness but lacked autonomy in doing so. Furthermore, Han &

Ahn (2000) suggested patient advocacy as the priority of nursing students' responsibility as nursing students being nurses in the future, would act to protect clients from incompetent, unethical, or illegal health care conducted by others (Indonesian Nurses Association, 2000). Ahern and McDonald (2002) expressed similar concern, where they emphasized that nurses were primarily responsible to the patient and should protect a patient from incompetent or unethical people.

Considering the health care system in Indonesia, medical practitioners have greater powers than nurses. Nurses, in the main, are regarded as 'doctor' helpers'. Doctors dominate the health structure leaving nurses with little power (Shields & Hartati, 2003). This situation could be an obstacle for a nurse to act as patient advocate. Willard (1996) claimed that the lack of nursing autonomy is reinforced further by restrictive policies of health authorities, hospital trusts, and by judgements of the legal profession which still tend to reflect the domination and direction of nurses under doctors.

Advocacy in mental health nursing practice requires the ability to assist the patients with the many obstacles in maintaining everyday life (Smith, Alderson, Bowser, Godown, Morris, 1998). Similar to nurses, nursing students need to be prepared to advocate for patients who may be at risk of having their basic rights violated (Smith, 1995). Nursing students must be skilled and understand how to use available resources. Beside that, clinical and ethical knowledge are significantly related to the development of ethical conduct in nursing students (Ham, 2004; McDaniel & Erlen, 1996; Smith, 1995; Weis & Schank, 2002).

2. Professional obligation vs. protecting oneself from risk

From seven items of ethical dilemmas regarding professional obligation vs. protecting oneself from risk, two items that indicated the highest mean scores were (1) wanting to help staff nurses to restrain a violent patient but being afraid of harm (mean = 2.00, SD = .79), and (2) having to care for a patient despite the fear of being in danger when faced with severe signs and symptoms of hallucination in the patient (mean = 1.90, SD = .83). The levels of disturbance of the two highest mean scores above were at a moderate level.

Meanwhile, from this study it was found that the disturbance of all ethical dilemmas regarding professional obligation vs. protecting oneself from risk were at a moderate level. The highest mean score of level disturbance was "having to care for a patient despite the fear of being in danger when facing severe signs and symptoms of hallucination in the patient" (mean = 1.77, SD = .91). This obviously indicated that nursing students were disturbed by ambivalent feelings between professional obligation to provide care and their duty to protect themselves from risk.

The findings revealed that the higher frequency of facing this dilemma, the better the ethical sensitivity of the students fostered by the ethics education within the program. Nursing students perceived that ethical disturbance could enhance their sensitivity when dealing with ethical dilemmas. Facing ethical disturbance made nursing students unable to develop ethical decision making skills.

Nursing students realized that preventing harm was a good thing. However, they had to act for the benefit of the patients when providing care, even though there was a significant risk of harm. This situation could create an ethical dilemma for them. The study of Chaowalit, Suttharangsee, and Takviriyanun (1999) which

explored ethical problems in nursing practice experienced by nursing students. supported the findings. It was found that nursing students were aware that nurses had a professional obligation in providing quality care to all patients even though it might place them at risk.

Nurses and nursing students are most at risk from aggressive patients. Nurses mostly use restrictive interventions to stop aggressive behavior of patients. This situation often creates a clash between risk versus the duty to do good. (Beech & Leather. 2003: Blair. 1991: Finnema. Dassen. Halfens. 1994). Nevertheless. they have to act beneficially in providing care for patients with mental illness. Catalano (1992) claimed that caring for patients is the primary obligation despite the fear of being in danger. This indicates that to avoid providing care for the patient would be unethical for nursing students. Therefore. nurse educators should prepare nursing students with basic education to develop the ethical skill in providing care for patients with mental illness (Echternacht. 1999).

3. Intradisciplinary and interdisciplinary conflicts

This study showed that ethical dilemma regarding intradisciplinaty and interdisciplinary conflicts were the third highest ranked of four ethical dilemmas defined. Meanwhile. it was at the second highest rank of disturbances. Both the levels of frequency of ethical dilemmas and levels of disturbance were at a moderate level. This indicated that despite intradisciplinary and interdisciplinary conflict occurring in providing care for patients with mental illness. this dilemma only moderately disturbed nursing students in psychiatric hospitals. This study: revealed that nursing students were recognize that their relationship with staff nurses. colleagues. and other professionals was important in their clinical experience. However. they likely could

not avoid conflict with others. Even though students had conflicts with others, they were not really disturbed by this dilemma.

Most of the nursing students in this study reported that the ethical dilemma of intradisciplinary and interdisciplinary conflicts commonly occurred when (1) having to comply with nurses' orders even though they did not agree with them, (2) wanting to refuse nurses' orders which nursing students disagree with, but were afraid of experiencing conflict with them, and (3) were willing to help a patient who was neglected by their colleagues (students) but was afraid of impairing their relationship. The three highest mean scores of ethical dilemmas above had a moderate level of disturbance.

Meanwhile, the highest mean score of level of disturbance was on the item that nursing students had to comply with nurses' orders even though they did not agree with them. However, the score was within the moderate level. It was revealed that nursing students rarely encountered this ethical dilemma even though they were experienced quite disturbed by that dilemma. This indicates that the students recognize this dilemma, but they were not really considering the negative consequences of conflicts.

These findings are congruent with the study of Kelly (1993) who found that senior undergraduate students had some difficulties during clinical practice with nurses. Student nurses did not want to offend other nurses even though they did not agree with what the nurses ordered them to do. For example, a patient with psychotic behavior was not willing to take medication, and because of this, a nurse asked a student to report this to the physician. Faced with this situation, and feeling that

he/she is being forced, the patient would finally take the medication; this situation, however, would create considerable conflict for the nursing students.

Furthermore, the results of this finding revealed that both intradisciplinary and interdisciplinary conflicts could not be avoided by nursing students when they practice in psychiatric hospitals. These findings are congruent with another study by Smith, Tutor, and Phillips (2001) which found that nurses frequently faced issues of intradisciplinary and interdisciplinary in psychiatric hospitals. Similarly, Chaowalit et al. (1999) reported that nursing students had a conflict when providing care for patients. Nursing students wanted to take good care of patients, but they could not do it because of the lack of cooperation from nurses, physician, or even their own colleagues.

On the other hand, the Diploma III nursing program in Indonesia has the goal to produce professional nurses for the nursing profession based on a code of ethics for nurses which includes relationship with clients, nurses, and other professionals.

4. Respect for autonomy vs. doing good for patients/others

This study showed that ethical dilemma regarding respect for autonomy vs. doing good for patients/others had the lowest rank of ethical dilemmas defined, and the lowest rank of disturbance as well. However, the study presented both of them within a moderate level.

The findings of this study presented the highest mean score of frequency level of the ethical dilemma was "having to force a patient to participate in routine ward activities which were not relevant to the patient's lifestyle/values (e.g. exercise, cleaning up the floor, arranging the room)". The second highest was the item "feeling

reluctant when asked to restrain a patient even though restraining could prevent others from being hurt by the patient".

On the other hand the highest mean score level of disturbance was "feeling reluctant when a restless/aggressive patient is forced to undergo electro-convulsion therapy". However, the item represented a moderate level of disturbance.

This present study showed that nursing students recognize those situations could create conflict to them. Nevertheless, they not really disturbed by this dilemma. This indicated that the ethics teaching given to diploma nursing students was limited. Ethical dilemma content is offering to nursing students only an introduction. Therefore, the major ethics content should be put into curriculum of diploma nursing such as ethical theories, ethical principles, and patients' rights.

Respect for autonomy is well known as a core element of normative views on good care. It can be identified as an essential element of individualized, patient-centered, and ethical decision care (Thiel & Delden, 2001). As stated by Woodward (1998), respect for autonomy embraces the expectation that persons have the capacity to reason and to make decisions which concern their own futures. In this study, nursing students perceived that having to force a patient was not correct acting against another human being. However, they could not avoid this situation as it has been the tradition in psychiatric hospitals in Indonesia, particularly in Medan, that mentally ill patients have to participate in hospital activities. There are some routine activities that mentally ill patients should be involved in such as exercise, cleaning up the floor, arranging the room, and religious activities. Nursing students have no reason to avoid forcing the patients to engage in these activities because they perceive that mentally ill patients need to be involved in these activities in order to overcome their illness.

This fact has been well supported by another study by Olofsson et al. (1998), which found that mental health nurses did not want to force mentally ill patients, but they had difficulties identifying alternatives. Quinn, Moody, and Maas (1993) described the conflicting feeling of nurses between the patients' right to self-determination and the nurses' responsibility to provide the best care to patients.

The second highest mean score level was for the item "feeling reluctant when asked to restrain a patient even though restraining could prevent others from being hurt by the patient". The findings of the study demonstrated that nursing students perceived that the use of restrain was against patient autonomy. However, nurses, in fact, usually use restraint with mentally ill patients by commonly forcing them.

The findings of the study is supported by Carlsson, Dahlberg, and Drew (2000) who reported the experience of mental health nurses when encountering violent patients. The use of restraint creates a clash between the rights of freedom and dignity with the rights of personal safety and autonomy (Cochrane & Holmes, 2001; Weiner, Tabak, & Bergmen, 2003). Despite having to respect patient autonomy, nurses have to use restraint on the patients in order to protect them from harming themselves without the concurrence from the patients whether they accept or reject this form of treatment.

The duty to respect the autonomy on an individual may be overridden when an individual has been deemed harmful to him/herself or others. Aiken and Catalano (1994) stated that the difficulty that sometimes arises in implementing the principle of beneficence lies in determining what exactly is good for another and who can best make decision about this good.

As every code of ethics emphasizes, nurses have an obligation to have respect for patient autonomy. The Indonesian Code of Ethics for Nurses emphasizes that in providing nursing care, nurses must maintain a good atmosphere, with respect to cultural value, custom, and religion of the clients (Indonesian Nurses association, 2000)

Mutual understanding, respect, and help or so called "marsisarian" has been very important in *Batak* culture as it should be recognized that, in this life, no one can live alone by him/herself. Every person has to "marsisarian" or pay respect to others. Also, the principle of "marsisarian" is used in anticipating and solving conflict within society (Daulay, 2005).

Thus, nurse educators should develop ethics teaching strategies that involve a presentation of ethical dilemma in nursing practice. Eventually, nursing students will be able to develop their skills in recognizing ethical dilemmas and making ethical decisions by themselves.

Ethical decision making

The results of this study demonstrated that the highest mean score of ethical decision making was the bureaucratic-centered model (mean = 1.79, SD = .45), followed by the physician-centered model (mean = 1.74, SD = .51), and then the patient-centered model (mean = 1.70, SD = .40). This is supported by other similar studies, e.g., Swider et al. (1985), who found that nursing students made ethical decisions based on the bureaucratic-centered model more than the physician-centered model and the patient-centered model. Murphy (1984) also reported that ethical

decision making based on the bureaucratic-centered model was the most frequent basis of decisions made by nurses in the mild-1970s.

Similarly, this study found when providing care for patients with mental illness, nursing students formulated their ethical decisions mostly based on the bureaucratic-centered model in providing care for patients with mental illness. This could be due to the fact that they may not have enough skill and knowledge to build a close relationship with patients and family members. One of the difficulties faced by nursing students is that patients with mental illness usually cannot speak for themselves and they are enable to make their own choices. Beside that, they interact more frequently with the head nurse and their clinical instructor than with the mentally ill patients.

1. Ethical decision making based on the bureaucratic-centered model

The findings revealed that all of the items based on the bureaucratic-centered model were at a moderate level. However, the-two with highest mean score were, respectively, "consult with the head nurse/clinical instructor when a patient's rights were neglected by a member of the health team" (mean = 1.98, SD = .83), and "consult with the head nurse/clinical instructor before providing nursing intervention or giving advice to a patient" (mean = 1.97, SD = .94). These findings was supported by Swider et al. (1985), who found that nursing students first sought to work within the system. This might be due to decisions based on this model reflecting an orientation to seek assistance from health professionals in resolving ethical dilemmas. This obviously indicates that the bureaucratic-centered model can be used to resolve dilemmas faced by nursing students when providing care for mentally ill patients. Therefore, clinical instructors should have capabilities and knowledge, as well as

experiences in providing care for mentally ill patients, so that they can help students in making ethical decisions. In psychiatric hospitals, nursing students work in-groups when providing care for mentally ill patients; nevertheless, in fact, Diploma III nursing students were not able to make decisions; when faced with a dilemma, without referring to their instructor. Clinical instructors have an important role and contribute to the transfer of knowledge and skills for nursing students of how to interact with mentally ill patients.

The results were not congruent with a previous study that found nursing students direct contact with patients more frequently than with their instructor or physician, and had no difficulty when interacting with patients in general hospitals (Makarti, 2004). It is understandable that nursing students facing difficulty when interacting with mentally ill patients. However, mentally ill patients are not always incompetent but can sometimes make their own decisions.

Higgins and McCarthy (2005) claim that mentally ill patients often show aggressive behavior and could be a potentially risk for the nursing student or for the patients themselves. Therefore, they more frequently consult with the head nurse or clinical instructor to guide them in decision making to solve a problem. Similarly, Chaowalit, Suttharangsee, and Takviriyanan (1999) found that undergraduate nursing students experienced a lack of autonomy and authority in their clinical practice. Therefore, nursing students need consultation with their instructors. Besides, they desire to discuss problems with their instructors because of their confidence in their instructors' competency. Moreover, clinical instructors support their students to come to a better understanding of the complexities of mental illnesses. This indicates that they want to guide students to make effective decisions (Landeen et al., 1995;

Magnussen & Amundson, 2003). As seen in a study by Tabak and Reches (1996), it is clearly indicated that the clinical instructor is an important resource person for the practicum course.

As previously stated the majority of nursing students in this study were ethnically Batak. In Batak culture, the concept of '*uhum*' and '*ugari*' has been traditionally recognized as social norms that everyone should comply with. This usually leads the Batak commonly to do the best they can, including in providing care (Daulay, 2005). These norms also lead the Batak to provide for patients with disabilities, in most cases by consulting with others, in making decisions. For these reasons, nursing students in this study consulted with their supervisor when encountering problems in their clinical practice. Besides, they frequently needed advice from their instructors before providing nursing intervention for mentally ill patients.

2. Ethical decision making based on the physician-centered model

The results of this study presented that only one out of seven items of the list of ethical decisions based on the physician-centered model, "reporting to the psychiatrist when a patient refused medication", with a mean score of 2.03 (SD = .96). It has been known that symptoms such as delusions and denial may cause this refusal, and patients who refuse medication are generally considered sicker than those who comply (Stuart & Laraia, 2001). Nursing students are aware that prescribing medicine is a doctor's role. However, students are afraid that if patients do not take medicine, they might be blamed by the psychiatrist, or they might be afraid that the symptoms of patients will become worse without medication. It is clear from this statement that other involved health care professionals, such as psychiatrists, have a responsibility to

assist the patients as nursing students have limitations in making decisions about treatment plan. Furthermore, Barker and Walker's (2000) studied teamwork on acute psychiatric wards and found that psychiatrists dominate decision making. Medical authority takes precedence in admission, risk assessment, and treatment decisions (Thomas & Bracken, 1999). As stated by Ahern and McDonald (2002), nurses are obligated to follow a physician's orders at all times and that nurses are equally responsible to the patient, the physician and the employer.

In Indonesia, particularly North Sumatra Province, medical doctors are more appreciated than nurses. In consequences, physicians mostly dominate decision making in clinical practice. Nursing students have limited knowledge, skill, and lack autonomy in making decisions by themselves. They often ask the psychiatrist before providing intervention to the patients especially when patients having severe signs and symptoms. They believe that the psychiatrists have more knowledge and experience about patients' illnesses than nurses.

3. Ethical decision making based on the patient-centered model

This study showed that nursing students making ethical decisions based on the patient-centered model, represented the lowest means score of the three models. However, this was also within moderate level. Diploma III nursing students were aware of their lack of authority, power, knowledge, and experience in making decisions for mentally ill patients. In contrast, Makarti (2004), found that the ethical decision making based on patient-centered model had the highest rank among these models used by Diploma III nursing students in Central Java, Indonesia. Similarly, Chaowalit et al. (2004) reported that undergraduate nursing students in Thailand

participated more frequently in ethical decision making based on the patient-centered model than on the bureaucratic-centered model and physician-centered model.

The findings of this study revealed that three items were at a high level and ten items were at a moderate level. The three items at a high level were: (1) caring for a patient who is ignored by colleagues, (2) providing information and giving opportunity for a patient to make decisions, and (3) providing opportunity for the family to be involved in decision making when a patient is incompetent.

The highest level of ethical decision making based on the patient-centered model was "caring for a patient who is ignored by colleagues". This indicated those nursing students had responsibility to care and help mentally ill patients realize that caring was the basis for all nursing ethics. Therefore, nursing students tried to establish therapeutic relationship with each of their patients, who had spent long periods of time in the psychiatric setting.

Moreover, a study by Garritson (1988) on ethical decision making pattern some what supports this study, when he reported that nurses used the ethical principles of beneficence, autonomy, and distributive justice in making decisions. Autonomy is associated with freedom of will, freedom of action, and freedom of choice. Beneficence is the promotion of the greatest possible good over evil through enhancement of the individual's interests, skills, and abilities when risk is minimal. Beneficence includes preventing harm or removing harmful conditions. This is also supported by Code of Ethics for Indonesian Nurses (the Indonesian Nurses Association, 2000) which states that a nurse should act to protect clients from incompetent, unethical, or illegal health care conduct of others.

Furthermore, it was found that nursing students selected the item, "providing information and giving opportunity for a patient to make decisions", as the second highest level of ethical decision making based on the patient-centered model. It was demonstrated that mentally ill patients with disabilities or limitations still needed information from nurses to guide them in making decisions. The most basic obligation is to provide the patient with honest information about their illness in terms they can understand and to prevent distorting information (Scanlon & Fleming, 1989). The guiding principle is respect of the person and a belief that mentally ill patients have the right to know and to decide (Boyd, 2002).

O'Brien and Golding (2003) reported that respecting someone's decisions (and not forcing them) had positive benefits for the patients. In this way, patients will develop their self-esteem and their decision-making abilities, and then become more autonomous. Thus, patient's decisions are made after all information is given and the patient's decision is respected. Similarly, Fontaine (2003) reported that mentally ill patients must be given enough information to make a decision, must be able to understand the information, and must communicate their decision to others.

It was seen that the item, "providing opportunity for the family to be involved in decision making when a patient is incompetent" is the third highest level among items applying the patient-centered model. Family members were found to be the primary and most important resource people available in making ethical decisions when mentally ill patients were incompetent. Previous studies found that the family was most important in nursing care. Makarti (2004) stated that the family members have an important role in decision making, even though a patient may best competent. Also, family as a source support to the mentally ill patient must be allowed to make

decisions about patients' care. Moreover, Pujiastuti (2004) emphasizes the involvement of family in making decisions is needed due to their capability and competency in helping the patients.