

CHAPTER 2

LITERATURE REVIEW

In this study, a number of related articles and studies were reviewed. The relevant information was grouped into four aspects as follows:

Ethical Dilemmas

Definition of ethical dilemmas

Types/classification of ethical dilemmas in nursing care

Ethical dilemmas in nursing care for patients with mental illness

Factors related to level of disturbance of ethical dilemmas

Ethical Decision Making

Theoretical foundations for ethical decision making

Ethical theories

Ethical principles

Ethical concepts for nursing practice

Code of ethics for nurses

Patient's rights

Ethical decision making models

Factors associated with ethical decision making

Ethical decision making of nurses and nursing students in providing care for patients with mental illness

Ethics Education in Indonesia

Summary

Ethical Dilemmas

An ethical dilemma is an everyday reality in nursing practice. To recognize some ethical dilemmas faced by nursing students, a thorough understanding of the nature of ethical dilemmas including the definition of ethical dilemmas and ethical dilemmas in nursing practice is essential. In the following section, the definition of ethical dilemmas and ethical dilemmas in nursing care for patients with mental illness are explored.

Definition of ethical dilemmas

A dilemma can be defined as a difficult problem seemingly incapable of a satisfactory solution, which occurs frequently in nursing practice (Davis, Aroskar, Liaschenko, & Drought, 1997; Sletteboe, 1997). Similarly, Cassells and Redman (1989) stated that the ethical dilemma is a situation in which there seems to be two equally desirable or undesirable alternatives, and in which each alternative course of action may be justified by fundamental moral rules or principles. An ethical dilemma occurs when (1) an individual must choose between equally unacceptable alternatives, (2) a wanted option leads to an unwanted consequence, and (3) a choice where one does not know what is the right thing to do (Ellis & Hartley, 2001; Rushton, 1988, cited by Reigle, 1996; Sletteboe, 1997). Also, an ethical dilemma arises when moral claims conflict with one another (Redman & Hill, 1997).

According to Jameton (1984, cited by Redmann & Hill, 1997), moral dilemma is defined as conflict erupts when those involved in ethical dilemmas assign priorities or interpret roles and responsibilities differently and become competitive or

antagonistic. With moral dilemma the nurse would be aware of competing values or principles and be at the point of choosing between alternatives.

Phipps, Long, and Woods (1987) proposed that an ethical dilemma occurs as the following steps:

- (1). Some evidence indicates that act X is morally right and some evidence indicates that act X is morally wrong.
- (2). Evidence on both sides is inconclusive.
- (3). The individuals perceive that they ought and ought not perform the act.
- (4) Some action must be taken.
- (5) An ethical dilemma exists.

From the previous studies above, the term of ethical dilemmas can be interchangeably with ethical issues, ethical problems, and moral dilemma.

Types classification of ethical dilemmas in nursing care

Few studies have investigated the experiences of nursing students with ethical dilemmas (Cassells & Redmann, 1989; Chaowalit et al. 2002; Dinc & Gorgulu, 2002; Pujiastuti, 2004; Tabak & Reches, 1996). Nursing students varied greatly as to how they defined an ethical dilemma, why it was seen an ethical dilemma and what would be considered a satisfactory resolution (Groundstein-Amado, 1992). From the previous studies, the ethical dilemmas faced by nursing students when providing care for patients in clinical practice include: (1) professional obligations vs. protecting self from harm, (2) maintaining patient confidentiality vs. warning others from harm, (3) truth-telling vs. withholding the truth, (4) advocating for patients vs. lacking authority, (5) values conflicts in professional roles, and (6)

prolonging life vs. ending life decisions (Chaowalit et al. 1999; Chaowalit et al. 2001; Chaowalit et al. 2002; Pujiastuti, 2004).

1. Professional obligation vs. protecting self from harm

Burkhardt and Nathaniel (2002) stated that an obligation signifies being required to do something by virtue of a moral rule, a duty, or some other binding demand. Conflicts between professional obligations and protecting self from harm arise when nurses and nursing students have to do good for patients in conditions that are harmful for them (Burkhardt & Nathaniel, 2002; Catalano, 2003). As stated by Catalano (1994), caring for patients is the primary obligation despite there is fear of being in danger.

Chaowalit et al. (1999) has explored the conflicts between professional obligations vs. duty to self. In their qualitative study of nursing students experienced ethical problems it was found that nursing students had professional obligation in providing quality care to all patients even though it might place them at risk.

Similarly, Han and Ahn (2000) found that nursing students frequently encounter ethical dilemmas that pose a risk to nurses such as nursing action deviating from principles, not carrying out aseptic techniques correctly, and insufficient nursing staff. The risk versus duty or duty to do good for patients when caring for a patient places the nursing students at some risk that creates ethically tension for them (Pujiastuti, 2004).

2. Maintaining patient confidentiality vs. warning others from harm

Confidentiality is a perennial core value in nursing, and is one of the first lessons taught to beginning nursing students (Snider & Hood, 2001). Nurses and nursing students have a legal and ethical duty to protect patient confidentiality

(Fontaine, 2003; Mohr, 2003). Maintaining patient confidentiality is especially important in the care of patients with mental illness. Keeping information also is important from both a professional and the ethical point of view. The advantage of maintaining confidentiality is to maintenance the relationships between patients and nurses (Mohr, 2003; Tabak & Reches, 1996).

Redman and Hill (1997) stated that confidentiality is based on the value of respecting and their right to privacy. Furthermore, they mentioned that rapidly evolving technology poses a serious threat to confidentiality. Nurses and nursing students will play an instrumental role in ensuring patient data regarding the principle of confidentiality.

Dilemmas in relation to maintaining patient confidentiality arise from health care practitioner's duty and obligation to protect patient from foreseeable harm (Beauchamp & Childress, 2001). The duty of maintaining patient confidentiality became dilemma in clinical practice when health care professionals talk about patients to anyone who is not involved in their care.

3. Truth-telling vs. withholding the truth

Dilemmas regarding truth-telling occur when nurses have obligations to tell the truth to patients' families about patients' illnesses and prognoses. Similar to nurses, nursing students often feel uncomfortable giving a patient bad news, and they tend to avoid answering these questions truthfully (Catalano, 2003). Withholding bad news about their diagnosis, treatments, or prognosis is considered a beneficent act for the patients when disclosure of information could do harm to the patients (Burkhardt & Nataniel, 2001; Catalano, 2003).

Chaowalit et al. (2002) found that telling patients' their prognoses could cause conflict to nurse since it leads to patient suffering. Family's judgment may be dictated by medical or economic reasons. In another study by Han and Ahn (2000) found that ethical dilemmas were faced by nursing students concerning issues of not telling the truth to patients and families about patient's condition.

4. Advocating for patients vs. lacking authority

Advocacy is recognized as an important role for nurses, contributing to patient well being. Also, it is an essential part of good professional practice (Willard, 1996). Advocacy has become an important concept in nursing practice; however, the interpretation of advocacy varies. Therefore, nurses, as an advocate must responsible for protecting patient rights and their patients from deceit or abuse (Taylor, 2003; Weis & Schank, 2002).

Nurses are expected to advocate for the patient by recognizing, responding to and reporting unsafe or inappropriate patient care or circumstances and knowing when and how to involve others in the provision of care or response to the unsafe situations. Furthermore, Advocacy is especially important when one is caring for a vulnerable patient. Constraints are needed to enable the patient to understand a treatment plan and to give informed consent, so that the nurse can advocate for the patient (McDaniel & Erlen, 1996).

Similar to nurses, as the patient's advocate, student nurses have to consider the basic human values of the patient then act to protect the patient and respect for the patients' dignity, integrity, autonomy, and choices (Fry, 1994; Hummelvoll & Severinsson, 2002). Additionally, student nurses have an obligation for protecting the patient's right to personal autonomy and necessary to be able to provide adequate care

for the patient (Cassells & Redman, 1989). Furthermore, advocating for patient became dilemma because of lacking authority. Lack of authority may also limit nurses and nursing students use their intermediary position within the health care team (Hyland, 2002; Mallik, 1997).

A qualitative study conducted by Chaowalit et al. (2002) in Southern Thailand, it was found that issues of advocating for patients vs. lacking authority occurred when nurses were not whether to advocate for the patients' rights or to maintain relationships with their colleagues.

Park et al. (2003) studied the Korean nursing students' ethical problems and ethical decision making (respondent, $N = 97$). They found that nursing students were frequently facing ethical problems in their practice. Nursing students reported that they wanted to give good quality nursing care to the patients, but they could not. Their findings suggest that nursing staff: did not provide treatments and medication properly, did not give quality care, acted unprofessionally, treated nursing students poorly in front of patients and families, and nursing students felt conflict when physician behaved unprofessionally.

5. Values conflicts in professional roles

Values are ideals or concepts that give meaning to the individual's life (Aiken & Catalano, 1994). Values conflicts arise when a nurse becomes witness to exclusion of caring and to other colleagues behaving in an impolite, uncaring way and thereby violating patients' dignity (Norberg & Athlin, 1989; Post, 1998). Values conflicts do not promote the patients need for security, it is not based on respect for patients rights of self-determination and integrity. Conflict can also result when internal value conflicts with one's peer group's values. For instance, if one's

individual value is that of self-determination, but the peer group values consensus before action. conflicts may be the result (Omery, 1989).

In another study, Altun (2002), studied undertaking the role of patient advocacy. a longitudinal study of nursing students. The results showed that nurses' personal and professional values had an important role in the degree of burnout they experience. It was suggested that when a person is burnout, mental and physical weakness, lack of information, excessive workloads, boredom, inadequate feedback, punishment, job dissatisfaction, having no rewards, excessive stress and conflict of values all play major.

6. Prolonging life vs. ending life decisions

Health care providers are frequently encountered with the issue of decision regarding prolonging life vs. ending life decisions. This situation can creates an ethical dilemma for nurses because they believe that patients have the right to accept, refuse, or terminate treatment (Kozier & Erb, 1988)

Chaowalit et al. (2002) found that conflicts arise when providing care to a patient who is dying. Nurses are always confronted with situations that force them to take off the tube when the patients' family decides to take the patient home. In addition, Pujiastuti' study (2004) reported that nursing students often encountered ethical dilemmas regarding "experiencing emotional conflict to care for patient who is hopeless". It was indicated that nurses and nursing students must protect and preserve human life when there is hope of recovery or reasonable hope of benefit from life-prolonging treatment (Setiawan, 2002).

Ethical dilemmas in nursing care for patients with mental illness

Nurses including nursing students frequently confronted with ethical dilemmas that can impact the care of mental illness patients in their daily practice. It is a stressful condition among nursing students who provide care for the patients with mental illness because the rapid good ethical decision making is often required. Many studies have discussed the ethical dilemmas faced by nurses and nursing students in providing care for patient with mental illness.

Balevre (2001) conducted a study on an ethical dilemma of an actual case in Florida. It was found that the ethical issues faced by mental health nurses around the interlinking principles of respect for autonomy and the right for self-determination. In this study, mental health nurses face with ethical dilemma of treating an involuntary patient vs. releasing a potentially dangerous individual back into society. Another study by McDaniel and Erlen (1996), it was identified that the ethical issues are relevant to the mental health illness such as conflict of interest, respect for patient autonomy including patients' rights, decreases maintaining confidentiality, and patient advocacy. Similarly, a study conducted by Forchuk (1991) found various ethical problems encountered by mental health nurses such as issues of doing good, respect for autonomy, maintaining patient confidentiality, avoiding deception, prevention killing, and staff face both intradisciplinary and interdisciplinary conflicts.

A qualitative study was conducted to investigate the ethical dilemmas in a psychiatric university hospital (Latvala et al. 1998). After interviewing 16 psychiatric nurses including nursing students, it was identified that nurses and nursing students faced ethical dilemmas when providing care for patients with mental illness such as

respect for patient autonomy including respect for patient's rights, respect for self-determination, respect for privacy and informed consent.

From the literature reviews, investigation on the ethical dilemmas in nursing care for patients with mental illness in this study will be conducted in the following scopes: (1) respect for autonomy vs. doing good for patients/others, (2) professional obligations vs. protecting self from risk, (3) advocating for patients vs. lack of authority, and (4) intradisciplinary and interdisciplinary conflicts (Barloon, 2003; Beauchamp & Childres, 2001; Fontaine, 2003; Forchuk, 1991; Gates, 1995; Gibson, 1997; Granskar, Edberg, & Fridlund, 2001; Latvala, Janhonen, & Moring, 1998; McDaniel & Erlen, 1996; Merlose & Shapiro, 1999; Perese, 1996; Pujiastuti, 2004; Stuart & Laraia, 2001).

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

Issues of autonomy, however, can pose an ethical dilemma for healthcare providers. Consider the patient with grandiose mania who is roaming the streets and demanding that people stop and listen to her/his revelation. For instance, the patients refuse to take medication and choose not to be hospitalized. Their ability to be autonomous is in question, and health care providers, along with the court system, must balance that patients desire for autonomy against what is in his best interest and that of society (Diamond & Larsen, 2003).

Dilemmas regarding respect for autonomy vs. doing good for patients/others are frequently occurred in psychiatric hospitals. The use of restraints and seclusion creates a clash between the rights of freedom and dignity and the rights of personal safety and autonomy (Cochrane & Holmes, 2001; Weiner, Tabak, & Bergman, 2003). While nurses used restraint for patients with aggressive behavior,

nurses sometimes feel restrict the patients too much. so that patients can hardly breathe and this causes patients suffering (Hummelvoll & Severinson, 2003). But, they believe that the use of restraint was benefit to the patients although they know that the patient response is an increased anger and animosity followed by frustration (Tooke & Brown, 1992). One study conducted by Carlsson, Dahlberg, and Drew (2000) found that mental health nurses experienced of encountering violence patients. Despite the nurses have to respect for patient autonomy, they have to use restraint to the patient to protect patient from harm without decision from patient whether he/she accepts or rejects the treatment. For some reasons, mental health nurses use restraints to patients: (1) to prevent patient from injury, (2) to prevent patient from aggressive to others, and (3) to prevent patient from suicide (Gibson, 1997; Leung, 2002; Weiner, Tabak, & Bergmen, 2003).

Hannigan and Cutcliffe (2002) found that mental health nurses frequently face ethical dilemma of controlling or coercion. It was identified that majority of patients with mental health illness have become a danger to themselves or to others. In this case, it is obviously seen that mental health nurses are often faced with dilemma of respect for patient autonomy or doing good for patients/others. In another study by Olofsson, Gilje, Jacobsson, and Norberg (1998) found that nurses frequently confronted dilemma of respect for patients' autonomy. Nurses reported they did want to use coercion against patients, but had difficulties identifying alternatives. They realize that used restraint were not right act in this way against a human being, but may helpful to the patient.

In addition, a qualitative study was conducted to investigate nursing students' experience of their first professional encounter with mental illness patients

(Granskar, Edberg, & Fridlund, 2001). After interviewing 11 nursing students, it was identified that nursing students faced ethical dilemmas while providing care for violence patients. They felt powerlessness when help staff nurses using restraints to the patient. It was a terribly unpleasant situation and might arouse angry feelings in the patient.

2. Professional obligations vs. protecting oneself from risk

Mental health nurses often encounter with ethical dilemmas regarding professional obligations vs. protecting oneself from risk in providing care for patients with mental illness.

A patient with mental illness such as aggressive behavior is one of causes nursing students to worry about the potential risk for injury from these patients. In psychiatric setting, the students have been the targets of threatening or violent behavior. Nursing students aware that they had the duty to protect themselves from risk. On the other hand, they had responsibility to provide good quality of care to mentally ill patients even though there is significant risk from aggressive behavior (Echternacht, 1999; Mohr, 2003).

In conclusion, professional obligation vs. protecting oneself from risk frequently faced by nurses and nursing students when providing care for patients with mental illness especially patients with acute episode mental disorder. Despite there is risk for health care provider including students, they have to do good for mentally ill patients.

3. Advocating for patients vs. lack of authority

According to Blank, Keyes, Maynard, Provost, and Santoro (2004), the psychiatric advocate is the person designated to be continuously available to the

patient during the period of restraint or seclusion. By empathizing, the psychiatric advocate is able to deescalate the patient's agitation and restore control to the patient.

In another study by McDonald (1994), it was found that ethical dilemma faced by mental health nurses concerning the issue of the nurses' act as patient advocate vs. lacking the authority. Nurses realize that they have to advocates for patients with mental illness. But, they lack of authority to object to what the therapist thought "best" for patients. However, this conflict was more likely to happen with junior nurses because of their lack of authority (Chaowalit et al., 2002).

Melrose and Shapiro (1999) reported that nursing students experienced feeling anxious about their own ability to help mentally ill patients. Nursing students expressed respect for the patients and they wanted to protect patients who struggled with mental illness but lack of authority.

4. Intradisciplinary and interdisciplinary conflicts

In psychiatric hospitals, nurses frequently faced both of the intrapersonal and interpersonal conflicts issues (Smith, Tutor, & Phillips, 2001). Interpersonal conflict can be defined as conflict which occurs outside of one's own being. For example, a nurse might facing an interpersonal conflict when a psychiatrist requires an assistance from the nurse in a treatment using an equipment (e.g electroconvulsive therapy) for which the nurse feels that he or she is not well trained (Stuart & Sundeen, 1995). On the other hand, intrapersonal conflict is defined as the type that arises within one's own self, which impacts the nurse's ability to positively confront situations externally. An example of intrapersonal conflict is when a nurse's job requires him or her to assist with a treatment, such as ECT, but another nurse does not

agree with the choice of treatment for the patient who is in his or her care (Smith, Tutor, & Phillips, 2001; Stuart & Sundeen, 1995).

In an explorative study of 14 mental health nurses by Lutzen and Nordin (1993), it was found that the main problem facing by mental health nurses were those patients refused to wash themselves. Whether or not a nurse should force the patient to wash was became a conflict to the nurse, because he or she knew that patient would never allow this to happen if patient were well. A descriptive study examines ethical conflicts faced by mental health nurses (Forchuk, 1991), it was found that the staff face both interdisciplinary and intradisciplinary conflicts. Staff conflict generally complicated the decision-making process in the psychiatric inpatient setting. Valente and Saunders (2002) stated that conflict among nurses might emerge when the nurse's duty to provide safety is questioned because of the patient's suicide. In multidisciplinary setting, nurses experience conflict because they failed to convince psychiatric colleagues of the patient's suicide risk

In a study about the perception of nursing students in their psychiatric practicum (Perese, 1996), nearly half of the 38 students' felt unwelcome by the nursing staff on the adult inpatient units. The nursing students felt that they were in the way and that the nurses did not incorporate them into the unit activities. It was particularly troublesome for the students did not know what the nurses wanted them to do or what they expected from them. The students also wanted to be able to spend more time talking to patients. However, students from other disciplines such as medical students also wanted to spend time talking to patients and this resulted to restrict or lessen student nurses-patient interaction. Similarly, Landeen and Byrne (1995) study of exploring the lived experienced of psychiatric nursing students

through self-reflective, which illustrated that nursing students had negative experience working with psychiatric nurses. They are feeling unwelcome by the nursing staff. Psychiatric nurses did not incorporate them into activities. Psychiatric nurses assumed that nursing student did not have enough knowledge and skill to provide nursing care for mental illness patients. Therefore, nursing students did not have enough opportunity to learn about mental illness patients during practice.

Melrose and Shapiro (1999) reported that nursing students facing conflict with psychiatric staff in clinical practice. To students, psychiatric staff did not seem to do things the way other nurses did, they did not look like other nurses and their language included a new lexicon of terms drawn from the fields of counseling and medicine. Although students initially wanted to be included in the staff groups, they did not know how to establish contact, and they were disturbed by some nurses' lack of professional presentation.

Factors related to level of disturbance of ethical dilemmas

When nursing students encountered various ethical dilemmas, they can perceive as being disturbed differently. This section reviewed the literature related to the factors that influence level of disturbance of ethical dilemmas as follows:

1. Experience

Dealing with situations of incompetent, unethical, or illegal practice in patient care is difficult situation for nursing students. They are fairly powerless to deal with ethical dilemmas because of less experiences. Ethical dilemmas that they faced often produced painful feeling such as guilt, anger, frustration, and anxiety (Post, 1996; Smith, 1996). Redman, Hill, and Fry (1997) found that nurses were more likely

to experience the conflicts described as an ethical dilemma because they had the ability to identify an ethical dilemma. Therefore, they experienced feeling uncomfortable when dealing with ethical dilemmas.

2. Knowledge and skill

Findings related to knowledge and skill as factors influence the level of disturbance of ethical dilemmas were reviewed in this section. A study conducted by Setiawan (2002) reported that lack of knowledge or skills related to level of disturbance of ethical dilemmas. It was difficult for nurses to solve or to choose ethical decision making. Nurses did not know how to deal with ethical dilemmas. They felt disturbed facing with ethical dilemmas in nursing practice.

Madianos, Priami, Alevisopoulos, Koukia, and Rogakou (2005) found that poorer knowledge associated with negative feeling when nursing students confronted of issues related to mentally ill patients. Their findings suggested that students failed to recognize ethical issues and also expressed negative views toward mentally ill patients.

The presence of ethical dilemmas has adverse effects on the nurses' emotional reaction to such patients. Nurses feel inadequate and guilty when dealing with ethical dilemmas, which are associated with patients' care. This was because they did not have enough skills to solve ethical dilemmas. It has been reported that nurses feel powerless when a mentally ill patient refuse medication (Carey, Jones, & O'Toole, 1990; Frost & Wells, 2000; Gibson, 1997; Outlaw & Lowery, 1992).

Ethical Decision Making

According to Yung (1997), ethical decision making is a rational and analytical process in which a morally best course of action in a situation involving conflicting alternatives is determined. Ethical decision making by nurses are a deliberative process requiring nurses to identify and to evaluate alternative actions and consequences in order to determine what they ought to do (Erlen & Sereika, 1997).

Nurses and nursing students make decision to resolve dilemmas when they encounter ethical dilemmas in daily practice. The chief goal of the ethical decision making process is determining right from wrong in situations where clear demarcations do not exist or are not apparent to the nurse faced with the decision (Aiken & Catalano, 1994). Theories and concepts guiding ethical decision making are discussed below.

Theoretical foundations for ethical decision making

1. Ethical theories

An ethical theory is a moral principle or a set of moral principles that can be used in assessing what is morally right or morally wrong (Ellis & Hartley, 2001). These principles provide guidelines for ethical decision making. The two ethical theories used most often when considering ethical issues in nursing are utilitarian theory and deontological theory.

1.1 Utilitarianism

The basis of utilitarianism is “the greatest-happiness principle.” This principle holds that actions are right in proportion, as they tend to promote happiness, wrong, as they tend to produce the reverse of happiness. Thus, the good is happiness and the right is that which promotes the good. Conversely, the wrongness of an action is determined by its tendency to bring about unhappiness. An ethical decision based on the utilitarian view looks at the results of the decision. Action is taken based on the results that produce the most good (happiness) for the most people (Catalano, 2003; Townsend, 2003).

Utilitarian theories, however, assume that the right action is the action in which good outweighs harm. Utilitarianism has often been characterized by phrases such as “the end justifies the means” and “we ought to promote the greatest good for the greatest number.” Beauchamp and Childress (2001) offer a more sophisticated definition: utilitarianism refers to the moral theory that there is one and only one basic principle in ethics, the principle of utility. This principle asserts that we ought, in all circumstances, to produce the greatest possible balance of value over disvalue for all persons affected (or the least possible balance of disvalue if only evil results can be brought about).

1.2 Deontology

In contrast deontological theories are based on the belief that some actions are right or wrong based on higher rule or rules, not just based on the consequence of the action (Catalano, 2003). While many ethical theorists endorse utilitarian thinking, many nursing ethicists find deontological analysis more helpful in approaching

common clinical dilemmas. Deontology looks at human duties to others and tries to analyze the principles on which these duties are based (Frisch & Frisch, 2002).

2. Ethical principles

The principles of biomedical ethics are fundamental guide nurses and other health care professionals in ethical decisions making (Beauchamp & Childress, 1994; Diamond & Larsen, 2003). Four of the primary principles used to make ethical decisions are those of autonomy, beneficence, non-maleficence, and justice (Chally & Loriz, 1998). Additionally, the ethical principles important to nursing practice are veracity and fidelity (Fry, 1994). The major ethical principles can be described as follows:

2.1 Respect for autonomy

The principle of autonomy holds that people have right to determine their own actions based on their values and beliefs. Autonomous decisions use adequate information, are free from coercion, and are reasoned and deliberate. Autonomous actions are based on autonomous decisions. The first principle in the American Nurses Association (ANA) Code for Nurses is based on respect for human dignity and the uniqueness of each individual. As nurses, therefore, we were morally obligated to respect the individuality of all patients (Chally & Loriz, 1998).

According to Beauchamp and Childress (2001) an autonomous person is able to accept or decline the authority of an institution, tradition or community. The person who submits to authority, freely agreeing to abide by rules and instructions is said to be autonomous. Furthermore, they asserted that two conditions are essential for autonomy: (1) liberty and (2) agency. The condition of liberty requires that a

patient have access to information about their condition and options and freedom from coercion. To meet the condition of agency, a patient must possess the capacity for both understanding and intention. Thus, the patient who freely agrees to hospital admission may be seen as an autonomous (Gibson, 1997).

2.2 Beneficence

Beneficence as an ethical principle deems that it is the duty of the health care professional to confer benefits (i.e. promote 'good') and actively to prevent harm, protecting and defending the interests of others, removing conditions that will cause harm, helping people with disabilities, rescuing people in danger, and providing benefits all stem (Beauchamp & Childress, 1994; Talerico, 2004). The principle entails not only preventing harm, but also actively promoting the health and welfare of the patient (Cummings & Cockerham, 1997).

The nurse, physician, and patient may all have different opinions of what is good (Breeze, 1998; Burkhardt & Nathaniel 2002). Burkhardt and Nathaniel (2002) mentioned that beneficence is the ethical principle that requires nurses to act in ways that benefit patients. This principle maintains that one ought to do or promote good and, at the same time, prevent harm. Although this seems straightforward, there is often difficulty in defining what is good. Problems arise when those involved cannot decide what is good.

According to Aiken and Catalano (1994) the difficulty sometimes arises in implementing the principle of beneficence lies in determining what exactly is good for another and who can best make the decision about this good. For example, whilst major tranquillizers are prescribed to benefit the patient by reducing psychotic

symptom. they bring potential harm in terms of irreversible side effects such as tardive dyskinesia (Breeze, 1998).

Paternalism is a form of beneficence in which health care professional assert their own risk benefit analysis over that of patients and families in the belief that they are protecting the best interest of the patient (Beauchamp & Childress, 1994). When the desire to do good and protect a patient from harm overrides perfect for the patient's rights of self determination, paternalism results. Paternalistic behavior may involve limiting a patient's choices by providing incomplete information, using coercion to influence a patient's decisions, or taking actions that result in a narrowing of the patient's options (Cummings & Cockerham, 1997).

2.3 Nonmaleficence

Nonmaleficence is an ethical principle reflecting the belief that health care providers do no harm to their clients, either intentionally or unintentionally (Aiken & Catalano, 1994; Beauchamp & Childress, 1994). The principle of nonmaleficence means that nurses will avoid causing harm to patients. This means nurses will avoid "deliberate harm, risk of harm, and harm that occurs during the performance of beneficial acts". This principle may also be interpreted to mean avoiding harm as a consequence of doing good. Therefore, every human has the responsibility to protect all individual from harm in relation to the principle of nonmaleficence (Dunn, 1998).

In day to day practice many situations are encountered by nurses in which the distinction is less clear, either because the harm caused may appear to be equal to the benefit gained, because the outcome of a particular therapy cannot be assured, or as result of conflicting beliefs and values (Burkhardt & Nathaniel, 2002).

2.4 Justice

Justice is an ethical principle reflecting the belief that there should be a fair and equitable distribution of resources. The principle of formal justice states that equals should be treated equally and that those who are unequal should be treated differently according to their needs (Beauchamp & Childress, 2001). The equal in health needs should receive the same amount of healthcare resources. For instance, when some people have greater health needs than others, they should receive a greater amount of health resources (Fry & Johnstone, 2002).

According to Chally and Loriz (1998) the principle of justice hold that a person should be treated according to what is fair, given what is due or owed. This implies that patients with the same diagnosis should receive the same level of care. Nurses frequently challenged to fairly allocate scarce resources. A variety of models have been developed to ensure that all individuals are treated equally, including: to each an equal share, to each according to need, to each according to acquisition in a free market, to each according to individual effort, to each person according to societal contribution, and to each person according to merit.

2.5 Veracity

The principle of veracity refers to one's duty always to be truthful. Veracity requires that the health care provider tell the truth and not intentionally deceive or mislead clients (Aiken & Catalano, 1994). Truthfulness is expected as part of the respect that is owed persons. Individuals have the right to be told the truth and to not be lied to or deceived. On the other hand, lack of truthfulness may bring about undesirable consequences for future relationships with patients (Fry, 1994).

Chally and Loriz (1998) stated that patients are not always truthful in their disclosure of health histories or practices, and some providers may withhold the truth on the basis of “beneficence” feeling that full disclosure may do more harm than good. Thus, being honest is not always easy, but rarely is lying justified. However, patients with mental illnesses have the right to know about their diagnosis, treatment, and prognosis (Townsend, 2003).

2.6 Fidelity

Fidelity is the obligation of an individual to be faithful to the agreements, commitments, and responsibilities that one has made to self and others. Fidelity includes the professional’s faithfulness or loyalty to agreements and responsibilities accepted as part of the practice of the profession. It is the main support for the concept of accountability (Catalano, 1996; Ellis & Hartley, 2001).

Fry (1994) mentioned that fidelity refers to obligation implicit in a trusting relationship between patient and nurse, such as keeping promises and maintaining confidentiality. For instance, when a nurse agrees to meet a client at a certain time, the nurse must follow through on that commitment. If the nurse cannot meet with the client, the client deserves an explanation and perhaps an apology (Diamond & Larsen, 2003).

3. Ethical concepts for nursing practice

Advocacy, accountability, cooperation, and caring are among the ethical concepts that provide a foundation for nurses’ ethical decision making (Fry & Johnstone, 2002). The concepts can be explained as follows:

3.1 Advocacy

Advocacy is frequently defined as the active support of an important cause. The term 'advocacy' refers to the defence of basic human rights on behalf of those who cannot speak for themselves. The term 'advocacy' also described the nature of the nurse-patient relationship. The role of the advocate is to speak on the patient's behalf (Fry & Johnstone, 2002). Kozier and Erb (1988) stated that an advocate pleads the cause of another or argues or pleads for a cause or proposal. Patient advocacy is as unique and new role for the professional nurse. One of the roles of an advocate is to inform patients of their rights and option and of the consequences of these options (Kozier & Erb, 1988; Mallik, 1997). Nurses who provide care for patients with mental illness should be able to justify why the action was taken and what the possible consequences are. Although psychiatric nurses have the responsibility to act as advocates for ethical care, some nurses may choose to become a first-line activist by becoming a member of the ethics committee of their health care (Diamond & Larsen, 2003).

Stuart and Laraia (2001) claimed that both protection and advocacy for mentally ill is a responsible for protecting the rights of the mentally ill. There are three areas of advocacy help to maximize the fulfillment of patients' rights are following:

- (1) To educate the mental health staff and implement policies and procedures that recognizes and protects patients' rights.

- (2) To establish an additional procedure to permit the speedy resolution of problems, questions, or disagreements that occur based on legal rights.

(3) To provide access to legal services when patients' rights have been denied.

Furthermore, Altun and Ersoy (2003) reported that student nurses demonstrated considerable insight into contemporary nursing issues and were ready to act as patient advocates. As a patient advocate, the nurse should respect for the patient needs and takes action to help the patient to achieve it (Willard, 1996). Thus, professional responsibility demands that good nurses advocate strongly for patients' choices.

Currently, patients with mental illness do not receive the same health care benefits as patients with physical illness. Therefore, nurses need to become advocates for mental health care (Diamond & Larsen, 2003).

3.2 Accountability/Responsibility

The concept of accountability has two major attributes: answerability and responsibility. Accountability can be defined as being answerable for one's actions or how one has carried out one's responsibility. Being accountable or responsible in nursing means to be able to work independently and honestly within that scope of practice. In the ICN Code of Ethics for Nurses, (2000), the responsibility of the nurse is to: promote health, prevent illness, restore health, and alleviate suffering (Fry & Johnstone, 2002; Neeb, 2001). Fry and Johnstone (2002) claims that a nurse is accountable when they explains how this responsibility has been carried out, justifying the choices and actions according to accepted moral standards or norms.

3.3 Cooperation

Cooperation is a concept that includes active participation with others to obtain quality care for patients, collaboration in designing approaches to nursing care and reciprocity with those with whom nurses professionally identify. The ICN Code of Ethics for Nurses (2000) indicates support for cooperation by its statement, 'The nurse sustains a cooperative relationship with co-workers in nursing and other fields' (Fry & Johnstone, 2002).

Fry (1994) stated that cooperation is a concept that includes advocating participating with others to obtain quality of care for patients, collaboration in design approaches to nursing care, and reciprocity with the health care team to consider the values and goals one works to as one's own values and goals.

3.4 Caring

Caring is a form of doing good and avoiding harm and thus is central to both ethics and nursing ethics. The concept of caring is the rubric, or the framework, within which all nursing that is moral and centered on the well-being of human occurs (Bandman & Bandman, 2002). According to Forrest (1989, as cited in Fry & Johnstone, 2002), four types of caring as involvement were identified: (1) being there for the patient, (2) respecting the patient, (3) feeling with and for the patient, and (4) closeness with the patient. Smith, Alderson, Bowser, Godown, and Morris (1998) stated that caring should reflect behavioral attributes that are supportive, compassionate, protective, and educational, dependent on the needs, problems, values, and goals of the individual or group being assisted.

Benner and Wrubel (1988) viewed caring as primary to nursing's practice and essential to establishing trust that is the foundation of help being given

and received. Furthermore, they stated, "caring enables people to discern problems, recognize possible solutions, and to implement those solutions".

4. Code of ethics for nurses

Nurses, like many other professional and semiprofessional groups, have a code of conduct. A code of ethics provides a means by which professional standards of practice are established, maintained, and improved. It is essential to a profession. Codes of ethics are formal guidelines for professional action. They are shared by the person within the profession and should be generally compatible with a professional member's personal values (Bufalino, Erb, & Kozier, 1989; Hussey, 1996).

Fry and Johnstone (2002) mentioned that code of ethics gives the members of the profession a frame or reference for judgments in complex nursing situations. Also, the code proclaims the standards of ethical practice that all nurses will be required to meet.

The International Council of Nurses (ICN) Code of Ethics for Nurses is an important aspect of nursing in clinical practice. There are four elements of ICN Code of Ethics for Nurses include; (1) nurses and people, (2) nurse and practice, (3) nurse and the profession, and (4) nurses and co-workers. These elements to be a guide for action based on values and needs of society in the future (Fry & Johnstone (2002).

The Indonesian Nurses Association also has a code of ethics for nurses. The code used by Indonesian nurses as a framework in providing care for patients in nursing practice. The code was developed at the National Congress on nursing in 2000 (Indonesian Nurses Association, 2000). The code of ethics for Indonesian nurses

are grouped into five major headings: nurses and clients, nurses and practice, nurses and society, nurses and co-workers, and nurses and the profession, as follows:

Nurses and clients

(1) Nurses provide nursing service with respect to human dignity, the uniqueness of the clients, regardless of nationality, race, age, sex, political influence, religion, and social status.

(2) In providing nursing care, nurses maintain good atmosphere, with respect to cultural value, custom, and religion of the client.

(3) Nurses assume major responsibility for the individual who needs nursing care.

(4) Nurses hold in confidence all information except as needed by an authorized party and in accordance with the law.

Nurses and practice

(1) Nurses maintain and improve nursing competences through continual education.

(2) Nurses always maintain the highest standard of nursing care with professional truthfulness in applying nursing knowledge and skills according to the client's needs.

(3) Nurses make decisions based on adequate information, and consider the capabilities and qualifications of individuals when doing consultation.

(4) Nurses maintain the integrity of nursing profession through professional conduct

Nurses and society

Nurses and citizens share the responsibility for initiating and supporting action to meet the health care needs of public.

Nurses and co-workers

(1) Nurses always maintain cooperative relationship with other nurses and health care teams and maintain a harmonized working environment to meet health care goals.

(2) Nurses act to protect clients from incompetent, unethical, or illegal health care conduct by others.

Nurses and the profession

(1) Nurses play a major role in determining standards of nursing practice and nursing education and implementing it in activities of nursing practice and education.

(2) Nurses are active in developing a core of nursing profession.

(3) Nurses participate actively in establishing and maintaining conducive working environment in order to achieve quality-nursing care.

In summary, the ethics code of nursing is an important constitutional for nurses, because it can provide professional standards for nursing activities: which these standards protect both nurses and the patient. Therefore, codes of ethics for nurses can be used as a guideline in making decision in nursing practice.

5. Patients' rights

A right is a valid, legally recognized claim or entitlement, encompassing both freedom from government interference or discriminatory treatment and an

entitlement to a benefit or service. According to Levy & Rubenstein (1996, as cited in Townsend, 2003), a right is absolute when there is no restriction whatsoever on the individual's entitlement. A legal right is one on which the society has agreed and formalized into law. The patient's rights are based, first of all, upon their natural rights as human being and as a citizen (Tabak & Reches, 1996). Additionally, the patients' right to be treated with respect for his or personal privacy is likely to be based on considerations to do with the dignity of the individual, and is therefore justified on moral grounds. Thus there are legal rights (both statutory and contractual) as well as moral rights (Sim, 1995).

Bandman and Bandman (2002) noted that rights are important for the following reasons: (1) Give the person freedom to either exercise his/her rights or not to exercise it. (2) Make others responsible to facilitate one's exercise of rights in appropriate ways. (3) Rights, in accordance with rationally defensible principles of justice, help to maintain equality, impartiality, and fairness. (4) Enforceable rights can help a person in the exercise of his/her rights, and (5) Rights can help person get compensation.

Dr. Pirngadi Hospital, Medan, Indonesia (1998, as cited in Setiawan, 2002) has formulated patients' rights as follows:

1. The patient is treated with dignity
2. The patient has a right to choose a doctor and preferred hospital
3. The patient has a right to receive medical and nursing care in accordance with professional standards.
4. The patient has a right to obtain medical information about him/herself.

5. The patient has a right to choose the level of service offered.
6. The patient has a right to agree or refuse medical treatment.
7. The patient has a right to obtain a second opinion from another doctor through consultation.
8. The patient has a right to a guarantee of confidentiality about him/herself.
9. The patient has a right to perform his/her religious activities
10. The patient has a right to access to communication outside the hospital
11. The patient has right to propose suggestions concerning his/her treatment.
12. The patient has a right to obtain personal preferences in accordance with hospital rules.
13. The patient has a right to get respectful care, treatment, and be treated equally with other patients.
14. The patient has a right to be accompanied by family members in accordance with hospital rules
15. The patient has a right to terminate treatment/care based upon his or her own responsibility.
16. The patient has a right not to be subject to unnecessary mechanical restraints.
17. The patient has a right to privacy.

Ethical decision making models

An ethical decision making process provides a method for the nurse to answer key questions about ethical dilemmas and to organize his or her thinking in a more logical and sequential manner (Catalano, 2003). Hoffman, Donoghue, and Duffield (2004) claimed that nurses have professional values and traits to make decision making as part of the professional role. Moreover, nurses and nursing students who the people most responsible for patient care often become involved in assisting with ethical decision making (Ham, 2004).

There are several models of ethical decision making. Chaowalitet al., (2004) studied about ethical decision making of nursing student in Thailand. they found that three models were used by nursing students included: (1) the patient-centered model, (2) the physician-centered model, and (3) the bureaucratic-centered model.

These models were classified as follows:

1. The patient-centered model

Decisions based on this model reflect nursing responsibilities to the patient/family. When patients' rights and interest are in conflict with those of the physician and the institution, nurses see themselves as advocates of the patient and protectors of patient autonomy.

2. The physician-centered model

Decisions based on this model reflect nursing responsibilities to a physician's attitude or authority, or those of medical community. The nurses who follow this model see themselves as accountable only to physicians and perceive that their most important duty is to maintain trust within the physician-patient relationship.

3. The bureaucratic-centered model

Decisions based on this model reflect nursing responsibilities to the authority of the hospital or the institutional system that employed the nurse. Nurses are supposed to follow orders, rules, or policies of the institution and should not cause any trouble within the institution.

Furthermore, Chaowalit et al., (2004) states that the nursing students still need guidance and support from their instructors or senior nurses in order to make ethical decision effectively. Their study conducted of 990 nursing students in Thailand. More than 55% of subjects reported that they always used the patient-centered model to making decision, up to 41,3% of subjects were always involved in every items of the physician-centered ethical decision making model, and more than 50% of subjects were always involved in the bureaucratic-centered decision making model. Similar findings on ethical decision making model were reported by Swider, McElmurry, and Yarling (1985) where they studied the ethical decision making in a bureaucratic context by senior nursing students in 16 Midwestern colleges and universities. Their findings found that 9% of subjects were used the patient-centered, 19% of subjects were used the physician-centered, and 60% of subjects were used the bureaucratic-centered to resolve the dilemma in their practice. In another study by Murphy (1984), it was found that the ethical decision making based on the patient-centered model was the lowest decision made by nurses in the mild-1970s.

From the studies above, the researchers found that the result in each model varied. Therefore, examining the decisions made by nurses and nursing students in response to an ethical dilemma is important in arriving at a better understanding in professional practice.

Factors associated with ethical decision making

According to the literature, there are some factors associated with ethical decision making, which can be explained as follows:

1. Educational level

One study conducted by Yung (1997) found that the level of education influences the nursing students in ethical decision making. The results indicated that the degree students scored significantly higher in the ethical decision making than the certificate students. This finding suggested that the higher of level of education, the better the nursing student's ability in ethical decision making.

Rhodes (1985) speculated that higher educational preparation supports an attitude of willingness to make decisions. One goal of most educational programmes for nurses is to enhance both cognitive skills and decision making ability (Pardue, 1987).

Previous studies suggest that the socialization effect of training and nursing educational level has a considerable impact on the ethical decision making of nursing students (Felton & Parsons, 1987; Gaul, 1987; Han & Ahn, 2000). However, educational preparation and the ward learning environment will have a greater impact on the ethical decision making of nursing students in their nursing practice.

On the other hand, a study by Hoffman, Donoghue, and Duffield (2004) showed that educational level and experience were not significantly associated with ethical decision-making in clinical nursing. The factor that accounted for the greatest variability to ethical decision-making in clinical nursing was the value of role.

2. Experience

Experience is often extolled as an important factor affecting decision making and this needs to be considered further. Yung (1997) proposes previous experience in dealing with ethical dilemmas influence nursing students to develop ethical decision making. The findings of a survey carried out by Cassels and Redman (1989) on both generic students and post-registration students who were studying for the bachelor degree suggested that previous experience in dealing with ethical issues or ethical dilemmas in nursing care might facilitate ethical decision-making process. Therefore, exploration of particular previous experience instead of nursing experience in general may be a more relevant approach. Similarly, Pardue (1987) found that experience and knowledge were the most influential factors in decision making. It was happen for 121 of associated degree, diploma, baccalaureate, and master's prepared nurses.

3. Role Model

The result of French's experimental study (1989, as cited in Yung, 1997) on the effect of senior behavior on the decision making of junior nursing students confirmed that junior students who were exposed to low student oriented ward developed low patient oriented decision making patterns. When the junior students made decisions about clinical problem in which they were unsure of the expected behavior, they would often consider the possible responses of their seniors first rather than the needs of the patient. In the face of ethical dilemma which presents a certain degree of uncertainty, nursing students who undergone a period of exposure to low student oriented behavior, might be afraid to take a stand against their seniors, even when it is for the good of their patients (Yung, 1997). Moreover, the "teacher"

behaviors of the significant nurse in the practice setting can influence the patient centeredness of the nursing student's decision making (French, 1994).

4. Ethics committees

Ellis and Hartley (2001) claimed that the ethics committees are a factor which affect the nurse's made ethical decision making in their practice. Nursing ethics committees provide a forum for nurses to share their concerns and seek solutions when they experience ethical dilemmas that are not being addressed by the institutional ethics committees (Ramsey, 1999).

According to Haddad (1998), ethics committees not only provide education and offer advice but also support nursing colleagues in addressing the ethical dilemmas encountered in daily practice. The opportunity for nurses to become more formally involved in ethical decision making in health care organizations will increase with ethics committees.

Ethical decision making of nurses and nursing students in providing care for patients with mental illness

Ethical decision making is affected by the attitudes that nurses develop towards particular patient groups who self harm and exhibit violence (O'Brien & Cole, 2003). However, making decisions by nurses and nursing students for patients who cannot communicate their own wishes and needs is a common problem in psychiatric and mental health nursing (Lutzen, 1998).

Nursing staff frequently face difficulties in making ethical decision when caring for mentally disturbed patients (Carpenter, 1991). Use of coercion may give rise to several ethical problems to psychiatric nursing. The ethical decision making

process in concerning to the use of coercion and force seems to be unsatisfactory from the nurses' point of view (Olofsson & Norberg, 2001). While nurses making ethical decisions to use coercion, they felt discomfort and certain negative feelings to patients, as well as to other people involved (Lind, Heino, Suominen, Kilpi, & Valimaki, 2004). In addition, ethical decision making regarding restraint use has highlighted the importance of unit factors such as patient composition, staffing policies regarding restrain and the professional attitudes of staff (Frost & Wells, 2000).

Furthermore, Magnusson, Lutzen, and Severinsson (2002) found that health care professionals, who received supervision as support in their clinical practice, perceived that they felt more complex in decision making and to have relationship with mental illness patient. Garritson (1988) reported that the mental health nurses' decisions are strongly influenced by concerns for patients' limitations and professional responsibility to maintain social safety.

One study conducted by Lowe, Wellman, and Taylor (2003) found that nurses of higher education level showed a significantly greater preference for respectful and autonomy than those junior nurses in making ethical decisions while deal with dilemma. While facing dilemma, junior nurses often expressed verbal platitudes to mental illness patients. Besides, they also usually offered solutions to patients without giving them any options or choices, offered solutions in which patients had options and choices, offered affective involvement without choices, and offered affective involvement with choices.

Landeen, Byrne, and Brown (1995) reported that psychiatric nursing students face difficulty when making ethical decisions to resolve their conflict in

providing care for patient with mental illness. They did not have enough knowledge and skills in making ethical decisions. Therefore, their teacher helps the students to make ethical decisions through understanding of the complexities of mental illnesses.

From review the ethical decision making of ethical dilemmas, recognize that nursing students to be aware of ethical dilemmas surrounding them in daily nursing practice. Through good quality patient care, nursing students can develop their ability to make ethical decision making to solve ethical dilemmas in providing care for patient with mental illness.

Ethics Education in Indonesia

Content/course of ethics

Fry and Johnstone (2002) stated that the ethics content should be firstly concerned, then domain of ethics should be clearly identified and finally carefully sequenced from course to course in the various level of the program in order to enhance student development and to build on previous learning experiences.

Fry (1989) described the moral concepts model of ethics teaching as follows:

(1) Historical foundation

Historical foundation consists of code of ethics and physician vs. nursing ethics.

(2) Value dimension of nursing

Value dimension of nursing consists of moral and nonmoral value, moral obligation, value information, and value conflict, advocacy, accountability, cooperation, loyalty, and caring.

(3) Ethical decision making

Ethical decision-making consists of principles and rules of ethics, care ethics, and virtue ethics.

Furthermore, Fry (1994) stated that the uses of these model are encouraged in all aspects of nursing education, regardless of type of curriculum and faculty preparation to teach ethics.

In Indonesia, the course of nursing ethics is offered in the second semester of the first academic year (National Curriculum for Diploma III Nursing Program, 1999). The ethics course based on national curriculum for diploma III nursing program divided into 2 courses, namely general ethics and nursing ethics. The content of nursing ethics course emphasizes eight new ethical principles: respect for patient person and their inherent worth and dignity, autonomy (the nurse's responsibility to allow patients to determine what care they will receive, sometimes referred to as self-determination), beneficence, nonmaleficence, veracity, confidentiality, fidelity, and justice. In addition, the nursing ethics course also contains studies about patient's right, informed consent, ethical dilemmas and ethical decision making, end of life issues, and ethical issues in Indonesia.

In conclusion, nursing ethics course provides the student with understanding of the general principles of ethics based on the values, morality, norms, and rights of the human being as a foundation to shape professional behaviors and attitudes. Through understanding of the content of ethics student will apply ethical principles within a framework of accountability of the individual person and nurse to the community, nursing profession and within the context of collaboration with other health professional.

Teaching-learning methods

The teaching methodology of nursing ethics courses is an area of some debate, but the agreement is that there should be exposure to ethical principles and theories as well as opportunities to apply them in some form of case analysis. Practice in identification of ethical components of ethical decision-making should also be included (Gaul, 1989). However, teaching should be accompanied with how adults learn, and what the type of knowledge to be taught and the topic is (Thompson & Thompson, 1989). There are various types of teaching methods that are useful in teaching ethics course such as teaching and learning strategies, clinical conference, case study presentation, and ethics rounds (Fry & Johnstone, 2002). According to Thompson and Thompson (1989), there are some teaching method may be used in teaching ethics. These include lecture/discussion, group discussion, stimulation exercise, value clarification, case analysis, self-study, team presentations, audiovisuals, ethics rounds, and individual counseling sessions.

One study conducted by Vaughan (1990) investigated attitudes of 203 general and psychiatric nursing students from nine nursing school of a 3-year-first-level training toward a defined number of teaching learning methods: lecturer, discussion, seminar, case study, teaching aids, experimental learning, discovery learning, games, project, and role play. The findings of study suggested that students were more positively predisposed toward student-centered teaching/learning methodologies. Dinc and Gorgulu (2002) reported that the discussion on case study analysis by using ethical principles rights, rights, legal aspects and the use of the International Council of Nurses Code of Ethics were very useful in developing ethical decision-making skills. The findings of the study revealed that the discussion on case

study analysis method would enhance course of ethics and improving the ethical decision-making skills of nursing students.

In Diploma III nursing program in Indonesia, teaching-learning methods include lectures, discussion, case studies, reflection activities, and role-play. 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 ethics course. Discussion is associated with the learning process where students are more active in interactive for an exchange of ideas among students. Teaching methods reflect a belief in respect for the individual as an independent learner, and students will be encouraged to take increasing responsibility for their learning and actively participate in the learning environment (National Curriculum for Diploma III Nursing Program, 1999).

Teacher qualification

The important factor that contributes to teaching ethics is the teacher's characteristics. Teachers of ethics courses should have practical experience in ethics as well as in nursing and have the ability to adopt appropriate teaching methodologies to the course content. They also should be able to create a trusting learning environment in which values, beliefs, and moral positions can be shared without reprisal or condemnation. However, despite the availability of textbook material and articles related to ethics, there still remains an uncertainty about the substance of ethics teaching in nurse education. Sometimes a nurse educator who has expertise in ethics is not available and the ethics component of the course is taught by a faculty member who is a specialist in some other area, or by a philosopher who has experience in ethics, but in another subject (Dinc & Gorgulu, 2002; Thompson &

Thompson, 1989). Teachers of ethics courses should also use the principles of teaching to enhance their effectiveness (Fry, 1989; Gaul, 1989). Thus, all nurse educators have a role in teaching applied ethics. They may need additional knowledge to increase their understanding of ethics theory to clinical practice and its application.

Summary

The basic nature of the ethical dilemmas included conflicts of values and complex situations with unfavorable situations. Ethical dilemmas faced by nursing students produce disturbance for them in nursing practice. Nursing students requires various strategies when dealing with ethical dilemmas. Ethical decision making requires knowledge and skill. Educational level, experience, behavior, and ethics committees of nurses and nursing students were important for ethical decision making. Ethics education is essential to prepare nursing student to deal with ethical dilemmas in their clinical practice more effectively. With appropriate teaching method nursing students can learn and understand ethical decision making models as a guide in dealing with ethical dilemmas encountered in nursing practice.