CHAPTER 4

FINDINGS AND DISCUSSION

This study explored ethical dilemmas, ethical decision making, and outcomes of ethical decision making in nursing administration of fifty three head nurses from five regional hospitals in Southern Thailand by using critical incident analysis technique proposed by Flanagan (1954). The presentation of findings is organized around the research questions and begins with the characteristics of the participants. Extended quotations of critical incidents from interview transcriptions are presented to identify ethical dilemmas in nursing administration, ethical decision making, and outcomes of ethical decision making, respectively.

Characteristics of the Participants

All of the participants, fifty three head nurses from five regional hospitals, were female. The highest frequency of age of the head nurses ranged from 40 to 44 years old (39.62%). Forty nine head nurses were Buddhist (92.45%) and the other four participants were Muslim (7.55%). Thirty three head nurses had bachelor's degrees (62.26%) and the other twenty three had master's degrees (37.74%). Most were working in surgical wards (28.30%) followed by medical wards (20.75%). The least frequency were working in EENT (1.89%). The highest frequency of head nurses had 20-24 (43.39%) years of experience as a nurse and 5-9 years of experience (32.08%) as head nurse. Fifty two head nurses (98.11%) had studied ethics from nursing ethics courses and nursing courses. Only one head nurse had never taken any ethics course (1.89%) and three head nurses (5.66%) had never attended any

conference related to nursing ethics. (Table 1)

Table 1

Frequency and Percentage of the Participant Characteristics (N=53)

Characteristics	N	%
Gender		
Female	53	100
Age (years)		
35-39	1	1.89
40-44	21	39.62
45-49	19	35.85
50-54	8	15.09
55-59	4	7.55
Religion		
Buddhist	49	92.45
Muslim	4	7.55
Highest Degree		
Bachelor's degree	33	62.26
Master's degree	20	37.74
Department		
Surgical ward	15	28.30
Medical ward	11	20.75
Pediatric ward	7	13.21

Table 1 *(continued)*

Characteristics	N	%
Private ward	7	13.21
OPD/ER	5	9.43
Ob-gynecological ward	4	7.55
Operative room	2	3.77
EENT	1	1.89
Years of experience as a nurse		
10-14	2	3.77
15-19	11	20.75
20-24	23	43.39
25-29	12	22.64
30-34	5	9.43
Years in administration as a head nurse		
1-4	15	28.30
5-9	17	32.08
10-14	10	18.87
15-19	6	11.32
20-24	4	7.55
25-29	1	1.89
Nursing ethics course attended		
No	1	1.89
Yes	52	98.11

Table 1 *(continued)*

Characteristics	N	%
Nursing ethics course	5	9.43
Integrated in Nursing course	47	88.68
Nursing ethics conference attended		
No	3	5.66
Yes (Ethics in nursing practice)	50	94.34

Ethical dilemmas in nursing administration

Fifty three head nurses in five regional hospitals of Southern Thailand were interviewed. They were asked to describe critical incidents in their administrative practice that induced ethical dilemmas. One hundred and eight critical incidents were reported by all participants (1-4 critical incidents per person). Thus a total of 108 usable critical incidents detailed 108 ethical dilemmas, 108 ethical decision making situations, and 108 outcomes of ethical decision making.

One hundred and eight critical incidents were analyzed and categorized thematically. Six themes of ethical dilemmas in nursing administration were identified: (1) *obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization/colleagues,* (2) *advocating for subordinates/patients vs. maintaining relationships with the health team,* (3) *duty to perform head nurse's roles in personnel management vs. follower's duty to organization,* (4) *whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses,* (5) *having conflict when acting as a mediator, and* (6)*whether to*

choose motivation or justice in job performance evaluation. (Table 2)

Table 2

Frequency and Percentage of Ethical Dilemmas in 108 Critical Incidents Encountered by 53 Head Nurses

Ethical Dilemmas	Incidents N (108)	%	Participants N (53)	%
1. Obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization/colleagues	**29**	**26.85**	**20**	**37.74**
1.1 Obligation to improve quality of care for patients vs. obligation to utilize scarce resources cost-effectively	13	12.04	10	18.87
1.2 Having duty to manage errors/mistakes vs. maintaining relationship with others	7	6.48	4	7.55
1.3 Having duty to provide quality of care for patients but having no support.	5	4.63	5	9.43
1.4 Feeling conflict with colleagues when they are not cooperative in providing quality of care	4	3.70	4	7.55
2. Advocating for subordinates/patients vs. maintaining relationship with the health team	**22**	**20.56**	**12**	**22.64**
2.1 Advocating for subordinates vs. maintaining relationship with the health team	17	15.74	11	20.75

Table 2 *(continued)*

Ethical Dilemmas	Incidents N (108)	%	Participants N (53)	%
2.2 Advocating for patients vs. maintaining relationship with the health team	5	4.63	4	7.55
3. Duty to perform head nurse's roles in personnel management vs. follower's duty to organization	**21**	**19.63**	**14**	**26.42**
3.1 Duty to retain/recruit competent nurses for the benefit of own ward vs. duty to follow higher authority for benefit of hospital	14	12.96	11	20.75
3.2 Supporting training/educating needs of subordinates vs. following hospital policy to limit manpower	4	3.70	3	5.66
3.3 Feeling conflict with committees in job performance evaluation	3	2.78	3	5.66
4. Whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses	**15**	**14.02**	**7**	**13.21**
4.1 Whether to follow policy or patients' satisfaction	7	6.48	5	9.43
4.2 Whether or not to follow commands that provide privilege to some patients which having negative result to other patients	6	5.56	2	3.77
4.3 Having to choose between following policy or nurse's benefit	2	1.85	2	3.77

Table 2 *(continued)*

Ethical Dilemmas	Incidents N (108)	%	Participants N (53)	%
5. Having conflict when acting as a mediator	**12**	**11.21**	**8**	**15.09**
5.1 Having conflict when acting as a mediator between patients/relatives and the health team	7	6.48	6	11.32
5.2 Having conflict when compromising among colleagues	5	4.63	3	5.66
6. Whether to choose motivation or justice in job performance evaluation	**9**	**8.41**	**6**	**11.32**

As shown in table 2, ethical dilemmas in nursing administration encountered by head nurses varied. The most frequently ethical dilemmas were *obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization/colleagues* (incidents = 26.85%, participants = 37.74%), followed by *advocating for subordinates/patients vs. maintaining relationships with the health team,* (incidents = 20.56%, participants = 22.64 %), and *duty to perform head nurse's roles in personnel management vs. follower's duty to organization* (incidents = 19.63%, participants = 26.42%), respectively. Critical incidents in nursing administration regarding ethical dilemmas were described as follows:

1. Obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization/colleagues

Twenty nine critical incidents (26.85%) in managing quality of care for patients were described by 20 head nurses (37.74%). Those incidents were analyzed and

categorized into 4 themes of ethical dilemmas including *obligation to improve quality of care for patients vs. obligation to utilize scarce resources cost-effectively; having duty to manage errors/mistakes vs. maintaining relationship with others; having duty to provide quality of care for patients but having no support; and feeling conflict with colleagues when they are not cooperative in providing quality of care.* Critical incidents in each theme of ethical dilemmas are described as follows:

1.1 Obligation to improve quality of care for patients vs. obligation to utilize scarce resources cost-effectively

Thirteen critical incidents of scarce resources (12.04%) which created ethical dilemmas were mentioned by 10 head nurses (18.87%). These included critical incidents of insufficient equipment, understaffed nursing personnel, and insufficient expertise or experience of nursing staff. Examples of each critical incident are given as follows.

Critical incidents regarding insufficient equipment

An example of critical incidents of insufficient equipment was stated by the head nurse of a pediatric ward. The head nurse had conflict in improving quality of care for pediatric patients due to scarce resources. The pediatric ward had only one VIP BIRD while two patients needed to use it. As a participant stated:

"…A nine year old pediatric patient with meningitis was referred from a community hospital…he had been hospitalized for 6 months and readmitted to the ICU 2-3 times and then transferred to my ward…he was on the VIP BIRD because he couldn't be fitted with other respirators for children…being unconscious for 3 months… one day a new pneumonia pediatric patient was admitted. He also needed VIP BIRD and his condition was better than the meningitis kid… my ward has only one VIP BIRD…I tried to borrow another VIP BIRD from other wards but it failed…I felt upset. Being under pressure…"How to manage"… "How to talk to his mother? She would be very upset too..."

HN 4/3 P 7

In addition, a critical incident regarding the last set of infusion pumps

was described by a head nurse of an emergency room. She stored an infusion pump set for emergency case, which was the only set left in the hospital. Conflict occurred when the pediatric patient in pediatric ward really needed it. This critical incident was described as follows:

"…A patient in the pediatric ward needed an infusion pump but the last set was already being used …no more were in the hospital, except one in the emergency room which was kept for cases of emergency …I had to make decision. A patient in the pediatric ward needed it…really needed it…if I allocated it to him and there was emergency case who also needed it…how to manage...I felt conflict…unhappy… if an emergency patient also needed an infusion, where could I get one? … "

HN 3/2 P 5

Critical incidents related to shortage of nursing staff

Seven critical incidents (6.48%) of nurse shortages were described by 7 head nurses (13.21%). There were many patients but a nursing staff shortage, so the nurses had to work extremely hard. The head nurses were concerned about the quality of care and felt under pressure. Examples of critical incidents were described as follows:

"…There were many patients…many patients were admitted all day but there was a shortage of nurses …We needed more nurses but nurses were not interested in working here. They preferred to work in private hospitals which offered higher salaries and lower workloads…I was concerned about the quality of care for the patients as the nurses had to work very hard…I felt sorry for the nurses but providing good care for patients was also important…I didn't know how to manage?..."

HN 7/1 P 7

"…Nurses here have to work very hard...we have many patients but the number of nurses is inadequate …about 10 cases were admitted and 10 cases discharged per day…I, as a head nurse, am so concerned about my nurses…they have to keep on working from one shift to another continuously…their block rotation is like from morning shift- to night shift and then evening shift…they work very hard…I didn't know how to support them…"

HN 4/2 P 10

Critical incidents related to poorly skilled nurses or lacking expertise

Not only was the number of nurses inadequate, but also some were poorly skilled or were lacking in expertise resulting in ethical dilemmas for the head nurses. Three critical incidents (2.78%) of poorly skilled nurses caring for some special patients were mentioned by 3 head nurses (5.66%). Examples of these critical incidents are as follows:

"…Many patients who were not patients with neurological problems were admitted to our ward after returning from the operative room. For instance, one patient went to OR and later had sudden cardiopulmonary arrest. He needs to be admitted to the ICU. Doctors usually find a bed for such cases. We sometimes have to admit patients who are not patients with neurological problems. This creates conflict … concerning the safety of the patients …"

HN4/5 P 17

"…We encounter problems because we (our ward) have few female orthopedic cases. We have to admit other surgery patients, both female and pediatric patients…not only patients undergoing general surgery but also heart surgery…our concerns were about the quality of care …how to achieve a quality of care for patients as best as possible…we are concerned that patients with heart surgery may not receive a good quality of care because our staff (my nurses) have not been trained in this area...I was very unhappy…I was worried that patient would not be safe (it was not good nursing care), I realized that…I think they would not receive good nursing care… "

HN 4/4 P 8

In addition, a critical incident of poorly skilled nurses was mentioned by a head nurse of the intensive care unit. She was concerned about the quality of care for critical patients because technical nurses were performing on behalf of registered nurses. She stated:

"…According to the criteria for recruiting ICU staff, all nursing staff had to be registered nurses (RN). However in my ward, 2 out of all nursing staff were technical nurses (TN). As we know, they are not able to work as RN's do. Since there is a shortage of RN's, the nurse director asks me to assign some RN's work to them…but I didn't want to do that. Critically ill patients needed good care…nurses had to be sensitive to patient's needs…identifying patient's problems, preventing risks…I had much concern (about this)…"

HN 4/5 P 16

1.2 Having duty to manage errors/mistakes vs. maintaining relationship with others

Four head nurses (7.55%) described seven critical incidents (6.48%) related to managing errors/mistakes that induced their ethical dilemmas. They wanted to manage errors/mistakes in order to improve the quality of care for patients; however they had conflict with superiors, nurses, other head nurses, and physicians. Examples are as follows:

Critical incidents related to conflict with one's superior

A head nurse (1.89%) described 2 critical incidents (1.85%) of an unexpected re-admission case resulting from operative complications. She wanted to solve the problem but her supervisor did not agree. She could do nothing and was concerned. She described it as follows:

"…There was an incident of a patient with a caesarean section…She had complications after being discharged. At home, she had bleeding, foul lochia with some pieces of placenta. She returned to the hospital. I told my staff that we should write a report (incident) and find out strategies to manage this problem for quality care. However, a nurse supervisor didn't agree. She didn't want to make others feel bad. She though that an incident (like this) could happen. This made me feel upset…"

HN 7/5 P 15

Critical incident related to conflicts with nurses

A head nurse (1.89%) described a critical incident (0.93%) of an error by a new nurse. She wanted to report it but was concerned about the relationship with the nurse. She presented the incident as follows:

"… A new RN retained a Foley catheter to a patient who was undergoing a caesarean section. During the operation, a doctor found that the catheter was placed in the vagina rather than in the urethra. He then called me. I was worried that if I asked that nurse to write an incident report, she might feel bad or get angry with me. I wanted everyone to work happily. I didn't want to create conflict among us…"

HN 7/5 P 15

Critical incidents related to conflicts with colleagues

A head nurse (1.89%) mentioned a critical incident (0.93%) of an error in the recording of wrists and ankles tags. Following the rule of risk management, reports should be presented to one's superior but the head nurse was concerned about maintaining a good relationship with her colleague. She described it as follows:

"…Newborn twins were admitted to our ward, both girls. They were transferred from the labor room. Their name tags were correct. However when checking with the information unit, it was found that they were boys…So I talked to a head nurse of the labor room to report this incident to the authorized person, as mentioned in the guideline of the risk management policy. She did nothing…this made me feel reluctant because I would like to follow the policy but at the same time,. I didn't want to make the head nurse of labor room, who is my senior, feel upset and to get mad at me…"

HN6/5 P 23

Three critical incidents (2.78%) of errors by physicians were described by 3 head nurses (5.66%). They wanted to discuss this with the physicians but were concerned about maintaining good relationships with the physicians.

"…Around 10 am, one patient developed shock. There was only a nurse to assist him. Although we notified a doctor, he didn't come…This kind of situation should be discussed among the healthcare team to prevent such incidents in the future. I wanted to inform his boss, but I didn't want to have a conflict with the doctor. I feel completely unhappy …"

HN 4/5 P 18

1.3 Having duty to provide quality of care for patients but having no support

Five critical incidents (4.63%) were mentioned by 5 head nurses (9.43%). They felt pressured when unable to provide quality of care for patients.

A head nurse (1.89%) of a post-partum ward described a story of wishing to improve a health teaching room for patients. However, her supervisor did not agree with her. So she felt very pressured and stated as follows:

"…I wanted to have a room for giving health education to post

partum patients. The room should be comfortable and suitable for the patients. They then would be able to concentrate on what we teach. I have asked my supervisor for permission to divide the storage room, but she didn't agree. I am concerned about the quality of care, but also about having trouble with my supervisor…"

HN 7/5 P 35

In addition, a head nurse of a surgical ward told about wishing for fair treatment for all patients. She needed the physician to treat them properly and fairly but didn't want to get involved in the doctor's treatment.

"…There are cases of dying patients. They sometimes didn't have relatives…some doctors treated them properly while others didn't provide any treatments…like let them be…because the cost (of treatment) is very expensive. There was a dying patient with no relatives and treatment. I want doctors to treat patients equally but it is very hard to tell them. In such cases, I would have major conflict because I don't want to get involved in the doctor's treatment …it was his duty and responsibility …"

HN 7/1 P 8

1.4 Feeling conflict with colleagues when they are not cooperative in providing quality of care

Four critical incidents (3.70%) were mentioned by 4 head nurses (7.55%) related to the quality of care without team work. Examples are described as follows:

"…we work as a team but this doctor didn't perceive that…he treated only his patients…never joined any other activities…no cooperation at all… (He is) so smart but not friendly... never listened to any one, so I couldn't talk to him…There is no communication, although we are a team …a doctor who was the head of the department told me to accept him as he was…I was under pressure because I couldn't do anything …just had to accept the way it was…"

HN 3/3 P 5

"…When the nurses notifies the doctor at night, he just listens…says nothing…sometimes he comes to see the patients, but sometimes doesn't…it seems like he doesn't want to work collaboratively with nurses in caring for patients...Nurses have to notify a doctor because a patient's condition is changeable…it is a nurse's responsibility to notify the doctor but the doctor doesn't talk to nurses…Nurses were under pressure and told the head nurse…I felt like that too…how to improve quality of care for patients…I, as a head nurse, cannot do anything … cannot change him…"

HN 6/4 P 13

2. Advocating for subordinates/patients vs. maintaining relationship with the health team

Twenty two critical incidents (20.56%) induced ethical dilemmas regarding advocating for subordinates/patients vs. maintaining relationship with the health team were mentioned by twelve head nurses (22.64%). Those incidents were analyzed and categorized into 2 themes including *advocating for subordinates vs. maintaining relationship with the health team; and advocating for patients vs. maintaining relationship with the health team.*

2.1 Advocating for subordinates vs. maintaining relationship with the health team

Eleven head nurses (20.75%) stated seventeen critical incidents (15.74%) related to conflict in cases of their subordinates who were not respected by the health team. The examples of those incidents are as follows:

"...There is one doctor who doesn't like nurses…never respect them …always blames nurses…his words sometimes make our junior nurses feel upset and they don't want to take care of (his) patients. I feel reluctant to discuss this issue with him because nothing will happen…"

HN 1/4 P 3

"…When nurses make some error, the doctor never talk with us. He writes impolite words…writes it down on the paper…nurses are stupid, something like this…I thought we, as a team, should talk to each other and solve problems together…very frustrated…"

HN 6/4 P 13

"…One doctor always shows impolite manners towards me. He doesn't show respect to me, to our nursing profession at all. When it happens like this, I just keep quiet. I sometimes talk to a nurse director but it can't change anything. Really bad for me…"

HN 1/4 P 1

2.2 Advocating for patients vs. maintaining relationship with the health team

Five critical incidents (4.63%) were described by 4 head nurses

(7.55%). They encountered ethical dilemmas when their colleagues acted or talked to patients without respect and they couldn't tell them on behalf of the patients. Examples of these incidents are as follows:

"…A patient asked me to change the doctor for him. When I told him, he didn't take this into account, but just left the ward …I didn't understand why other doctors can do it. He never acknowledges us as his team members. I was not able to talk to him. So I couldn't help my patients…"

HN 3/3 P 6

"…A doctor didn't respect his patients, saying impolitely…one of his patients had a criminal abortion and had been pregnant several times. He was very aggressive too and looked down on the patient… The patients felt pain and shame… this doctor often acted like that…Nurses would like to say something but were afraid of negative consequences to the patients…I wanted to advocate for them… but the doctor didn't talk to nurses and neither to the head nurse…I, as the head nurse, didn't know how to help the patients…"

HN 5/4 P 10

"… The doctor treated the patient as if he were a machine…never gave support to the patient. He only focused on his treatment. He never listened to the nurse…no relationship. I felt frustrated…didn't know how to help the patient…"

HN 6/4 P 14

"The doctor planned to operate on his patient but the time for the operation was postponed for one day… but the patient was told that the time was not set yet. The doctor got angry and released his patient to the ward …The patient didn't know anything…I felt pity for the patient…but didn't know what to do…if I said something, the doctor would get angrier…"

HN 4/1 P 5

3. Duty to perform head nurses' roles in personnel management vs. follower's duty to organization

Fourteen head nurses (26.42%) described twenty one critical incidents (19.63%) related to personnel management. They felt pressured because they had no authority in personnel management even though they were head nurses. Ethical dilemmas included *duty to retain/recruit competent nurses for the benefit of own ward vs. duty to follow higher authority for the benefit of the hospital*, *supporting training/educating needs of subordinates vs. following hospital policy to limit manpower, and feeling conflict with committees in job performance evaluation*. Some

critical incidents illustrating each ethical dilemma are given below:

3.1 Duty to retain/recruit competent nurses for the benefit of own ward vs. duty to follow higher authority for the benefit of the hospital

Fourteen critical incidents (12.96%) in personnel management created ethical dilemmas for eleven head nurses (20.75%). Their ethical dilemmas arose from having no authority in personnel management. Examples of these incidents are as follows:

"… I had trained my nursing staff in Quality Assurance…One day my director told me that she would like to move those staff members to work in other wards…I tried to explain and bargain with her because QA was a continuous job and needed more time for them to understand. I couldn't get a good reason for her moving my staff…I didn't want to have a conflict with her but it wasn't really fair for me…"

HN 8/5 P 38

"… I didn't want one particular staff to work with me but I was forced to. She was a technical nurse, and her personality didn't really fit with this unit…I knew her background very well…she made errors and mistakes, low competency, poor communication, and poor learning ability…she was assigned to be here because of a crisis in staff shortage…I needed staff but didn't need such a risk in nursing practice. I felt really concerned. Either a staff shortage or a high risk in nursing practice, what would be better?...If no ward wanted her, however, where would she work? Did she have to retire?...I also pitied her if no one wanted her…"

HN 3/2 P 5

3.2 Supporting training/educating needs of subordinates vs. following hospital policy to limit manpower

Four critical incidents (3.70%) were mentioned by three head nurses (5.66%). They felt conflict when lacking authority in staffing to meet subordinates' needs. Examples of these incidents are as follows:

"…Three technical nurses who worked in my ward wanted to take leave at the same time for their studies at nursing school…all had passed admissions and wanted to study at university at the same time…if I permitted this, how about the other staff?…Other staff would have to work very hard and that might affect the quality of care of the patients. If I didn't, however, they might loss their motivation. I didn't know when they would have another chance…I really felt sorry for both these nurses and the other nurses…I wanted to promote my staff but couldn't manage the

scheduling…I, as head nurse, had no authority to recruit new staff… "

HN 1/1 P 1

"…Two of my subordinates had health problems and wanted to move to a private ward…A young nurse with a fractured ankle couldn't walk or stand for a long time. Another nurse, fifty years old, with hypertension want to rest too. I pitied them both. I really knew how they felt, but we had a crisis of a nurse shortage…I, as head nurse, didn't know how to get more staff?..."

HN4/2 P 12

3.3 Feeling conflict with committees in job performance evaluation

Three head nurse (2.78%) presented three critical incident (5.66%) concerning a merit pay raise in which she encountered an ethical dilemma of biased or unfair performance evaluation by the ward committee. She stated as follow:

"…*In the case of the merit pay raise, many years ago, only one nurse could get a merit pay raise. A nurse who had a good relationship with the ward committee got the merit pay raise instead of the nurse who demonstrated good nursing care and worked hard for her ward but had conflict with the ward committee. A nurse who had a good relationship with the ward committee would get the highest score because 60% of the score came from the committee, 30% from the head nurse, and 10% from oneself…In the case of RN1 and RN2, for example, RN1 was very friendly, she had a good relationship with the committee and everyone liked her but her work was only fair. I often found that she refrained from recording nurse's notes, sometimes neglected nursing care, and supervision. RN2 has an ordinary relationship with the committee, but her work in the ward was outstanding. She did very well in improving the quality of nursing care…but her total score was very low. I was very unhappy because I needed to reward her for her work but I couldn't do anything, so I felt that head nurse had no authority..."*

HN8/5 P 36

4. Whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses

Fifteen critical incidents (14.02%) of ethical dilemmas regarding *whether to follow or not follow policies/commands which resulted in negative consequences for some patients/nurses* were mentioned by 7 head nurses (13.21%). Those ethical dilemmas involved *whether to follow policy or patients' satisfaction, whether or not to follow commands that provide privilege to some patients which having negative*

result to other patients, and *having to choose between following policy or nurse's benefit*.

4.1 Whether to follow policy or patients' satisfaction

Five head nurses (9.43%) presented 7 critical incidents (6.48%) that caused ethical dilemmas regarding having to choose whether to follow policies or to strive for patients' satisfaction. Examples of these incidents are as follows:

> *"…One ward is on the fifth floor…we used to be faced with the situation of a patient committing suicide by jumping, so we set the standard for patients' safety that the back door of the ward had to be always locked when having a risky patient. There was a case of a delirious 67 year old patient who was always agitated, and walking around so we had to lock the door. This made his relatives dissatisfied, even though I tried to explain the reason. I had a conflict…I wanted to maintain the patient's safety but this made the patient and his relatives angry…"*
>
> HN8/1 P 7

> *"…A pediatric patient was referred to the university hospital because of his heart disease. After that he was discharged and went back home with a typical respirator …one day his mother came to my ward…she needed sterile water and a suction set for that respirator but her insurance card did not cover this and she was very poor…I consulted with the social security insurance department and they suggested to consult with the director of the hospital…While waiting, the patient really needed it. If I had given the set to the mother, I would feel guilty because it seemed that I was stealing from the hospital…if I didn't, I also felt guilty because it would mean that I didn't care for the patient's need..."*
>
> HN4/3 P 9

> *"…I was having a problem with the breast feeding policy…mothers from post-partum ward had to come here for breast feeding every 3 hours…sometimes they came late and sometimes they didn't come at all…my nurses called them which made them feel dissatisfied and angry…They didn't like the nurses who called them…in some cases, they got angry with the nurse. They thought the nurses tried to control and force them since they sometimes didn't want to come because they were tired. I felt frustrated because I wanted to give good care but the patients didn't want it. They should have the right to choose, shouldn't they?..."*
>
> HN 2/2 P 4

> *"…Dead bodies had to be kept in the emergency room for 2 hours before being discharged, I knew that rule…but I knew that Muslims needed to take the body back home as fast as they could because of their religion. So they usually asked for permission from the head nurse… I understood their feeling but it was the rule…This made me hesitant… should I or shouldn't I do it..."*
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> HN 12/4 P 18

4.2 Whether to follow or not follow commands that provide privilege to some patients but having negative result to other patients

Six critical incidents (5.56%) were described by 2 head nurses (3.77%) when they encountered an ethical dilemma in following a command that provided privilege for some patients but had negative outcomes for other patients. Example of these incidents is as follow:

"…A senior ranking officer would like to be admitted to the hospital even though he was very well, no sickness…no reason for admitting…he wanted to be admitted without passing through the admission's procedures…it wasn't right, I think…he should follow the process as a good role model for his subordinates and for other patients…but the director ordered me to do what he wanted…I didn't agree and felt very unhappy…"

HN 5/1 P 6

4.3 Having to choose between following policy or nurses' benefit

Two critical incidents (1.85%) were described by 2 head nurses (3.77%). Following the policy or regulations would affect nurses' benefits. Both head nurses felt very pressured in choosing between policy or nurses' benefit. They stated as follows:

"…My subordinates (nurses) didn't agree with a policy of night shift payment reduction. Payment for nurses for night shift decreased, so nurses received less and less. In contrast, other professions still received the same…Comparing with other professions, it wasn't fair because nurses worked very hard…the nurses asked me whether they were being taken advantage of…I felt very unhappy…I pitied them…but it was a policy of the hospital…As a head nurse, I had to follow the policy…follow the policy even though I didn't agree…even though it wasn't fair…"

HN 2/2 P 4

"… A nurse's father was in a terminal stage of lung carcinoma. She told me that she felt powerlessness and she really needed to take care of her father before he died… She wanted to take leave for a month but a regulation of the nursing department limited leave to only 2 days…both of us, the nurse and I as head nurse, had conflict…I pitied her but the regulation was very strict…I really needed to help my subordinate but I had to follow the regulation…I felt very pressured… "

HN 10/3 P 7

5. Having conflict when acting as a mediator

Twelve critical incidents (11.21%) they had faced with ethical dilemmas

were mentioned by eight head nurses (15.09%) when acting as a mediator. Those ethical dilemmas included *having conflict when acting as a mediator between patients/relatives and the health team,* and *having conflict when compromising among colleagues.* Some critical incidents illustrating each ethical dilemma are given below:

5.1 Having conflict when acting as a mediator between patients/ relatives and the health team

Six head nurses (11.32%) described 7 critical incidents (6.48%) of conflict when acting as a mediator coordinating between patients/relatives and the health team. Examples of these incidents are as follows:

"…A patient and his family was dissatisfied and wanted to sue the doctor…when the patient asked, the doctor didn't answer, just keep quiet…when the patient's family asked, the doctor got angry and shouted at them very loudly…I had to solve that problem because of the hospital… I had to do it on behalf of the hospital…the doctor made a mistake and it should be his responsibility but he did nothing…only me, the head nurse, had to compromise every time; the doctor never did anything for changes.…"

HN 6/4 P 12

"…A pregnant patient in private room was to have a caesarean section in the morning…the nurse of night shift told me that the patient didn't want to…the nurse called the doctor but he was still set his plan because of his personal duty… he had planned to take a 2 week vacation at the time of her EDC…the patient had ever told her doctor but he didn't agree and informed her that caesarean section and normal labor are the same…I talked to the patient and knew that her previous labor was normal labor. She still needs normal labor…while I was talking with the patient, an attendant came to take her to operating room. She looked so worry and said, that "help me, help me, please"…As a mediator, is it patient's right versus relationship with colleagues…what is the best?…"

HN 8/3 P 12

"…The patient's family called me, asking why the patient was left and had to wait for a long time in a treatment room… the patient wanted to inform the doctor…I talked to the nurse and knew that she was very busy because she had to admit a new patients and she asked another nurse to do the dressing…I really understood the nurse but I wanted the patient to be happy…so I apologized to the patient but she needed to hear this from the nurse…the nurse did not agree…she said "If I apologize, it means that I am wrong," …both of them did not agree with each other…I didn't know how to manage the situation. I felt very torn… "

HN 10/1 P 16

"…A chronic pediatric patient was re-admitted many times…on tube and respirator…the patient's mother took good care of the patient at all times…she complained that the technical nurse made the patient choke by letting solution flow into the patient's throat while dressing. She blamed the technical nurse…the technical nurse, however, affirmed that she did the right process…as head nurse, I was in the middle and I didn't know which side to take…who was right… I didn't want to take the wrong side…"

HN 8/4 P 15

5.2 Having conflict when compromising among colleagues

Five critical incidents (4.63%) were mentioned by three head nurses (5.66%). With conflict among colleagues in the work team, the head nurses, as head of the unit, had to manage those conflicts. They were confronted with ethical dilemmas in compromising among colleagues. Examples of these incidents are as follows:

"…A staff member of mine, a nurse, conflicted with a doctor because of a patient. The patient was waiting for the doctor's signature but he hadn't come yet, so the nurse called for the doctor. He was very angry, said, "I realize that it is my responsibility, don't get involved"…They had an argument…I, as head nurse, felt a conflict in trying to get them to compromise…conflict being in between…"

HN 10/1 P 15

"…A diabetic patient was ordered four dressings per day…it did not benefit the patient, only more pain and more disturbance but not helping the wound… …the nurse didn't want to do it in the best interest for the patient but she was afraid that the doctor would get angry. She asked me to tell the doctor …the doctor would be angry with me but I also had to do the best for the patients…I felt conflict…"

HN 10/1 P 15

"…I had a problem relating to the breast feeding policy…Post partum patient had to come here for breast feeding every three hours…sometimes they would come late and sometimes they didn't come…the nurses usually had to call them…some nurses followed the policy strictly but some nurses respected the patients' needs…they had conflict…a head nurse is a mediator…I felt conflict as well…what side should I take?..."

HN 2/2 P 4

6. Whether to choose motivation or justice in job performance evaluation

Nine critical incidents (8.41%) of job performance evaluation were described by six head nurses (11.32%). Actually head nurses conduct job performance

evaluations justly. However, some head nurses in this study wanted to conduct a job performance evaluation justly for a subordinate while also wanting to motivate another subordinate. They stated as follows:

"…In a job performance evaluation, everyone has to do her own assessment, and is evaluated by colleagues and the head nurse. Nurses who work well usually receive a merit pay raise, again and again… while nurses who work only adequately never receive merit pay raises…I pitied a nurse who had worked for a few years but never got a merit pay raise…she might loss her motivation and needed encouragement, I thought…I felt conflict…it was hard to decide…I thought again and again; advantage and disadvantage, justice and injustice, positive and negative outcomes to the ward…I couldn't make a decision…it was very difficult…"

HN 2/3 P 3

"…A merit pay raise must be given to a person who did good…one of my staff hadn't gotten a merit pay raise for five years…she work adequately…she had once commented to her colleagues that she had never got one…she felt very unhappy…I know…her competence was not fit for a merit pay raise…nevertheless, I cared for her concern…I felt a tremendous conflict…"

HN 6/3 P 3

Ethical decision making in nursing administration of head nurses

One hundred and eight ethical decision making incidents which were mentioned by 53 head nurses were analyzed and categorized into six themes: *following higher authorities, managing for quality of care, maintaining good relationships/avoiding conflict among colleagues, consulting with others to find solutions, working for the nurses' benefit, and following the policy/regulation of the organization* (Table 3).

Table 3

Frequency and percentage of ethical decision making (N =108) encountered by 53 head nurses

Ethical decision making	Incidents N (108)	%	Participants N (53)	%
1. Following higher authorities	**22**	**20.37**	**9**	**16.98**
1.1 Following nursing director/supervisor	13	12.04	6	11.32
1.2 Following the director of the hospital	9	8.33	3	5.66
2. Managing for quality of care	**21**	**19.44**	**15**	**28.30**
2.1 Managing personnel	11	10.19	9	16.98
2.2 Advocating for patients	8	7.41	5	9.43
2.3 Allocating scarce resources	2	1.85	2	3.77
3. Maintaining good relationships/avoiding conflict among colleagues	**21**	**19.44**	**14**	**26.42**
3.1 Maintaining good relationships with health team	8	16.67	11	20.75
3.2 Avoiding conflicts by tolerating colleague's misconduct	3	2.78	3	5.66
4. Consulting with others to find solutions	**20**	**18.52**	**15**	**28.30**
4.1Consulting higher authorities	14	12.96	10	18.87
4.2 Consulting colleagues	4	3.70	4	7.55
4.3 Consulting the ethics committee	2	1.85	1	1.89
5. Working for the nurses' benefit	**13**	**12.04**	**9**	**16.98**
5.1 Motivating for performance	10	9.26	8	15.09

Table 3 *(continued)*

Ethical decision making	Incidents N (108)	%	Participants N (53)	%
5.2 Training incompetent nurses to be more competent	2	1.85	2	3.77
5.3 Protecting nurses from others	1	0.93	1	1.89
6. Following the policy/regulation of the organization	**11**	**10.19**	**9**	**16.98**
6.1 Following policy/regulations of the nursing department	6	5.56	6	11.32
6.2 Following policy/regulations of the hospital	5	4.63	3	5.66

Table 3 shows that the highest frequency of ethical decision making used by head nurses is *following higher authorities* (critical incidents=20.37%, participants= 16.98%), followed by *managing for quality of care* (critical incidents=19.44%, participants=28.30%) and *maintaining good relationships/avoiding conflict among colleagues* (critical incidents=19.44%, participants=26.42%). The lowest frequency of ethical decision making is *following the policy/regulation of the organization* (critical incidents=10.19%, participants=16.98%).

Head nurses in this study made ethical decisions in dealing with ethical dilemmas differently (Table 4).

Table 4

Frequency and Percentage of Ethical Decision Making Regarding Ethical Dilemmas

Ethical Dilemmas	Ethical decision making	Incidents N (108)	%
Obligation to manage/ improve quality of care for the benefit of patients vs. obligation to the organization/colleagues	- Managing for quality of care	15	13.89
	- Consulting with others to find solutions	7	6.48
	- Following higher authorities	3	2.78
	- Maintaining good relationships /avoiding conflict among colleagues	3	2.78
	- Working for the nurses' benefits	1	0.93
Advocating for subordinates/patients vs. maintaining relationship with the health team	- Maintaining good relationships /avoiding conflict among colleagues	11	10.19
	- Consulting with others to find solutions	7	6.48
	- Managing for quality of care	2	1.85
	- Working for the nurses' benefit	2	1.85
Duty to perform head nurse's role in personnel management vs. follower's duty to organization	- Following higher authorities	10	9.26
	- Following the policy/regulation of the organization	7	6.48
	- Consulting with others to find solutions	2	1.85
	- Working for the nurses benefit	1	0.93
	- Managing for quality of care	1	0.93

Table 4 *(continued)*

Ethical Dilemmas	Ethical decision making	Incidents N (108)	%
Whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses	- Following higher authorities	9	8.33
	- Following policy/regulations of organization	3	2.78
	- Consulting with others to find solutions	2	1.85
	- Managing for quality of care	1	0.93
Having conflict when acting as a mediator	- Maintaining good relationships/avoiding conflict among colleagues	7	6.48
	- Managing for quality of care	2	1.85
	- Consulting with others to find solutions	2	1.85
	- Following the policy/regulation of the organization	1	0.93
Whether to choose motivation or justice in job performance evaluation	- Working for the nurses' benefit	9	8.33

Table 4 shows the frequency and percentage of ethical decisions regarding ethical dilemmas of head nurses.

Within the ethical dilemma of *obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization/colleagues,* the most

frequent ethical decision required of head nurses was *managing for quality of care* (15 incidents, 13.89%). The second highest was *consulting with others to find solutions* (7 incidents, 6.48%). The least frequent ethical decision was *working for the nurses' benefit* (1 incident, 0.93%).

In dealing with ethical dilemma regarding *advocating for subordinates /patients vs. maintaining relationship with the health team,* the most frequent ethical decision of head nurses was *maintaining good relationships/avoiding conflict among colleagues* (11 incidents, 10.19%). The second most frequent was *consulting with others to find solutions* (7 incidents, 6.48%). The least frequent ethical decision was *working for the nurses' benefit* (2 incidents, 1.85%).

Regarding the ethical dilemma of *"duty to perform head nurse's role in personnel management vs. follower's duty to organization",* the most frequent ethical decision of head nurses was related to *following higher authorities* (10 incidents, 9.26%). The second most frequent was *following the policy/regulation of the organization* (7 incidents, 6.48%). The least frequent ethical decision concerned *working for the nurses' benefit* and *managing for quality of care* (1 incident, 0.93%, equally).

In relation to *whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses*, the most frequent ethical decision of head nurses was *following higher authorities* (9 incidents, 8.33%). The second most frequent was *following the policy/regulation of the organization* (3 incidents, 2.78%). The least frequent ethical decision was *managing for quality of care* (1 incident, 0.93%).

Regarding *having conflict when acting as a mediator*, the most frequently ethical decision was *maintaining good relationships/avoiding conflict among*

*colleagues (*7 incidents, 6.48%). The second highest was *managing for quality of care* (2 incidents, 1.85%). The least frequent ethical decision was *following the policy/regulation of the organization* (1 incident, 0.93%).

Head nurses, who encountered ethical dilemma regarding *whether to choose motivation or justice in job performance evaluations*, made ethical decisions by *working for the nurses' benefit* (9 incidents, 8.33%).

Critical incidents for each theme of ethical decision making of head nurses were described as follows:

1. Following higher authorities

Nine head nurses (16.98%) reported that they made ethical decisions by *following higher authorities* in twenty two critical incidents (20.37%). They decided to follow higher authorities in dealing with ethical dilemmas regarding *obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization/colleagues, duty to perform head nurse's role in personnel management vs. duty to follow organization,* and *whether to follow or not follow policies/ commands which resulted in negative consequences for some patients/nurses.* Head nurses wanted to avoid conflict with those in higher authority, primarily the nursing director, supervisor, and the director of hospital, so they decided to follow them. Details in each ethical decision making were as follows:

1.1 Following nursing director/ supervisor

Ethical decision making by following the nursing director/supervisor was reported by 6 head nurses (11.32%) in thirteen critical incidents (12.04%). Examples are as follows:

"…There was an incident of a patient with a caesarean section…She had complications after being discharged. At home, because she had bleeding and foul lochia with some pieces of placenta, she returned to the hospital. I told my staff that we should write a report (incident) and find out strategies to manage this

problem to maintain quality care. However, a nurse supervisor didn't agree…I had to do what she suggested…No one wanted to have conflict with the superior…"

HN 7/5 P 15

"… I had trained my nursing staff in Quality Assurance…One day my director told me that she would like to move these staff members to work in other wards…I tried to explain and negotiate but I couldn't get a good reason for moving my staff… I had no choice. I had to do what she wanted because she was my boss…"

HN 8/5 P 38

1.2 Following the director of the hospital

Ethical decision making by *following the director of hospital* was described by 3 head nurses (5.66%) when facing nine critical incidents (8.33%). They described as follows:

"…A high ranking officer wanted to be admitted to the hospital even though he was very well, not sick… he wanted to be admitted without passing through the admission procedures… but the director ordered me to do what he wanted…So, I had to follow the director of the hospital because he is my boss…"

HN 5/1 P 6

"… We used to face a situation of a patient committing suicide by jumping so we set a standard for patient safety by locking the door all night. This made the patients and their families upset…however, we had to unlock the door since the director of the hospital wanted us to satisfy them by doing what they wanted…I had to follow the director's command because he is my boss…"

HN 8/1 P 7

2. Managing for quality of care

Fifteen head nurses (28.30%) mentioned that they made ethical decision making involving *managing for quality of care* in 21critical incidents (19.44%). They decided to manage quality of care by handling ethical dilemmas including *how to manage to achieve quality of care for patients, handling pressure when unable to advocate on behalf of patients/subordinates, being a head nurse but having no authority in personnel management, feeling frustrated in following policies/commands which resulted in negative consequences for some patients/ nurses,* and *having conflict when acting as a mediator.* Head nurses managed quality of care by managing personnel**,** advocating for patients, and allocating scarce

resources. Descriptive critical incidents for each type of ethical decision is illustrated below:

2.1 Managing personnel

Nine head nurses (16.98%) described 11 critical incidents (10.19%) of being understaffed. They encountered and resolved ethical dilemmas regarding *how to manage to achieve quality care for patients* by adding more staff to take care of patients, promoting knowledge/ experience of nurses, and mixing of less experienced nurses with those more experienced.

Adding more staff to take care of patients

Head nurses were faced with the dilemma of managing quality care of many patients while being understaffed. Being concerned for good and safety care for patients, they decided to add more staff to take care of patients as the nursing staff had to work hard. They stated as follows:

"*…Many patients were admitted all day but we still had a severe shortage of nurses …nurses had to work very hard but providing good care for patients was also important… I was concerned about the quality of care for the patients so I added more staff to take care of the patients …both over time and on call…"*

HN 7/1 P 7

"…Nurses here had to work very hard...we had many patients but an inadequate number of nurses…around 10 cases were admitted and 10 cases discharged per day… I wanted to help them but I also needed a high level of quality care for the patients…So I had to make them work very hard in order to provide good nursing care…"

HN 4/2 P 10

Promoting knowledge/experience of subordinates

Head nurses also were faced with managing quality care for a variety of patients who needed special nursing care whereas there was a shortage of nurses and some had no knowledge or experience in care giving. Head nurses, being concerned to provide good and safety care for patients, decided to promote knowledge and experience for nurses even though there were staffing shortages. Example is as

follow:

"…We had few female orthopedic cases, so we had to admit other surgery patients…not only patients undergoing general surgery but also heart surgery…we were concerned that patients with heart surgery would not receive good quality care because our staff (my nurses) had not been trained in this area...So I developed a project sending a nurse to study a short course of nursing care for heart surgery patients…"

HN 4/4 P 8

Mixing of less experienced nurses with those more experienced

A head nurses of intensive care unit had to manage quality care for critical patients but some nurses had limited capacity. She was concerned with providing good care for critical patients, so she decided to mix inexperienced nurses with experienced ones. She stated:

"…All ICU nursing staff had to be registered nurses (RN) but 2 out of all the nursing staff in my ward were technical nurses (TN) because of an RN shortage…Whether the TN's were on the afternoon shift or late at night…all shifts had to have well experienced RNs to be able to carry out the work…"

HN 4/5 P 16

2.2 Advocating for patients

Five head nurses (9.43%) described 8 critical incidents (7.41%) related to advocating for patients not treated properly. Being concerned for their patients, the head nurses decided to act on their behalf. They stated as follow:

"…There was a dying patient without any relative or treatment. I wanted the doctor to treat every patient equally…I decided to talk to him…spoke on behalf of the patient…saying that all patients should be treated equally…"

HN 7/1 P 8

"…A pregnant woman in a private room was scheduled for a caesarean section in the morning but she didn't want to have one…the patient had ever informed her doctor but he didn't agree…(the doctor) still set his plan because of his own personal duty and informed her that a caesarean section and normal labor are the same… I decided to help her…talked to her doctor…I had to talk on behalf of my patient…"

HN 8/3 P 12

"…A diabetic patient was ordered four dressings per day…although they would not benefit the patient, and cause more pain and disturbance and not helping the healing of the wound… …the nurse didn't want to act in the patient's best interests because she was afraid of the doctor and was concerned that the doctor would get angry with her… I felt I had to do the best for the patients…So I talk to the doctor on behalf of my patient…"

HN 10/1 P 15

"…The doctor set an operation for his patient and the time of the operation was postponed for one day…he was furious, shouting in the presence of the patient…it wasn't the patient's mistake but he was treated as the culprit...I wanted him stop shouting…So I decided to talk to him because my patient looked so sad…"

HN 4/1 P 5

"…I proposed to partition the store room as a place to teach post partum patients but my supervisor didn't approve the idea... As this was for the patients' sake … So I went on, had it done, without consulting anybody.…I did it for my patients…I did it for them…"

HN 7/5 P 15

2.3 Allocating scarce resources

Two head nurses (3.77%) mentioned 2 critical incidents (1.85%) of allocating scarce resources. Ethical dilemmas arose when head nurses had to allocate the last piece of equipment for patients in another ward. They described it as follows:

"…A patient in the pediatric ward needed an infusion pump set but no more infusion pump sets were in the hospital…there was only one set in the emergency room which I had to keep for an emergency… The pediatric patient really needed it and he could become better because of the IV controller set…I was concerned about his safety so I gave it for him… "

HN3/2 P 5

"…A pediatric patient was discharged and went back home with a typical respirator …one day his mother came to my ward…she needed sterile water and a suction set for that respirator but her insurance would not cover this as she was very poor… There were some sterile water and suction sets for patients in the ward…I gave her sterile water and the suction set because it was very important for the patient's life…The patient really need it…"

HN4/3 P9

3. Maintaining good relationships/avoiding conflict among colleagues

Fourteen head nurses (26.42%) mentioned 21 critical incidents (19.44%) in which they had made decisions *maintaining good relationships/ avoiding conflict among colleagues* while responding to ethical dilemmas regarding *how to manage*

achieving quality care for patients, Handling pressured when unable to advocate on behalf of patients/subordinates, having conflict when acting as a mediator. Those ethical decisions were made by *maintaining good relationships with health team, and avoiding conflict by tolerating colleague's misconduct.*

3.1 Maintaining good relationships with health team

Ethical decisions were made by *maintaining good relationships with health team* (16.67%) as described by eleven head nurses (20.75%) in dealing with three themes of ethical dilemmas including *how to manage to achieve quality of care for patients, handling pressure when unable to advocate on behalf of patient/subordinates and having conflict when acting as a mediator.*

For example, a head nurse of a medical ward encountered an ethical dilemma in managing to achieve quality care for patients because a physician did not cooperate with the nurses in caring for patients. The head nurse decided to maintain good relationships as described below:

"…when the nurse notify the physician at night, he (physician) listened but said nothing…sometimes he would come to see his patients, but sometimes he didn't come …I, as head nurse, could do nothing…couldn't change him… as a team, I had to collaborate with him…I had to maintain relationship in health team… "

HN 6/4 P 13

In addition, head nurses encountered ethical dilemmas regarding having conflict when acting as a mediator between patient/family and the health team, and also among their colleagues. In dealing with those ethical dilemmas, head nurses decided to act on behalf of their organizations or patients by maintaining good relationships with the health team.

"...The patient and families were unsatisfied and wanted to sue the doctor… I had to solve that problem because of the interests of the hospital… I had to do it for the hospital…I asked them to stop pressing a law suit…I talked to the patient

and his families…I tried to compromise …tried to maintain good relationships between patients and health team…"

HN 6/4 P 12

"…My staff, a nurse, had a conflict with a doctor because of a patient. The patient was waiting for the doctor's signature but he didn't come, so the nurse called for him. He was very angry, said, "I realize that it is my responsibility, don't interfere"…They had an argument…I, as head nurse, decided to mediate…I did so as a mediator…I talked to the doctor and the nurse in order to diminish the conflict…"

HN 10/1 P 15

3.2 Avoiding conflict by tolerating colleague's misconduct

Three head nurses described three critical incidents of ethical decision making in order to avoid conflict by tolerating a colleague's misconduct. Although their colleagues had exhibited inappropriate conduct, they, however, had to accept that for the sake of the organization and patients because of a shortage of physicians.

"…we were supposed to be a team but the physician didn't perceive that…no cooperation at all… the doctor who was the head of department asked me to accept him as he was, because of the physician shortage…I couldn't do any thing…I had to accept him… accepted his misbehavior because in the interests of the organization and the patients…"

HN 3/3 P 5

"…He (doctor) often said impolite words to me… didn't respect me, didn't respect the nursing profession…it was his conduct that I couldn't change, so I had to accept him for what he was…tolerate him for the sake of the organization because there was a doctor shortage…"

HN 1/4 P 1

4. Consulting with others to find solutions

Fifteen head nurses (28.30%) described 20 critical incidents (18.52%) of ethical decision making while *consulting with others to find solutions.* They decided to consult others in five thematic areas of ethical dilemmas including *how to manage to achieve quality care for patients, feeling pressure when unable to advocate for patients or subordinates, being a head nurse but having no authority in personnel management, feeling frustrated in following policies/commands which resulted in negative consequences for some patients/nurses,* and *having conflict when acting as a*

mediator.

4.1 Consulting higher authorities

Ten head nurses (18.87%) mentioned 14 critical incidents (12.96%) of ethical decision making regarding consulting higher authority. Those in authority were the director of hospital, a doctor who was head of department, and the nursing director.

Consulting the director of the hospital

A head nurse of the gynecological ward reported that patients were not respected by her colleague and she decided to consult the director of the hospital. She described following:

"…The doctor didn't respect his patients, said impolite words…the nurses would like to say something but were concerned of the negative effects this might have on the patients… a patient should be respected as a person, so I consulted the director of the hospital to find the solution… "

HN 5/4 P 10

In addition, a head nurse of the emergency unit encountered an ethical dilemma having to choose whether to adhere to the policies/commands or to strive for patient satisfaction. The patient's family wanted to bring their loved one back home as fast as they could but it was against the rule of the hospital. The head nurse wanted to help them so she decided to consult the director of the hospital.

"…Dead bodies had to keep in the emergency room for 2 hours before being discharged, I am aware of that rule…but I know that Muslims need to get back home as fast as they could for their burial…so I consulted the director of the hospital…asking him to help the patient's family…"

HN 12/4 P 18

Consulting doctor who is the head of department

When head nurses encountered an ethical dilemma of how to advocate for patients who weren't respected by members of the health team, they decided to consult the doctor who was the head of the department to find a solution. For

example, a head nurse of a medical ward could not advocate on behalf of her patient to change the physician. She stated:

"…The patient asked head nurse to change the physician...I told him (physician) but he walked away …I am a head nurse but couldn't talk with him, and couldn't help my patients…So I consulted the doctor who is the head of department to find solution…"

HN 3/3 P 6

In addition, a head nurse of an intensive care unit felt concerned when physicians did not look after a patient and so she decided to consult the doctor who was the head of department to find a solution. She presented as follow:

"…A patient was in shock and no one was looking after him, except the nurse. For the sake of the patient, I decided to consult the doctor who was the head of department to find a solution…"

HN 4/5 P 18

Consulting the director of nursing

A head nurse of the post-partum ward described a critical incident involving an ethical dilemma of how to manage errors without a conflict with the other head nurse. She focused on the quality of the care of the patient, so she consulted the director of nursing. She stated:

"…The newly-born female twins were admitted to the ward. But when checking the patients' records, the babies were recorded as boys… I went to talk to head of the labor room stating that this error needed to be reported to those holding responsibility within 24 hours, but she did nothing... I thought this concerned the quality of care of the patients…So I consulted the director of nursing to find a solution…"

HN 6/5 P 23

Similarly, a head nurse of a pediatric ward was faced with an ethical dilemma regarding having a conflict when acting as a mediator coordinating between a patient's relatives and the health team. She stated:

"…A chronic pediatric patient's mother complained that the technical nurse made the patient contract because of the dressing and that a solution was flowing into the patient's throat… but the technical nurse affirmed that she had made the right dressing…the head nurse was in the middle …So I decided to consult the nursing director…"

HN 8/4 P 15

4.2 Consulting colleagues

Four head nurses (7.55%) described 4 critical incidents (3.70%) of consulting colleagues who were other head nurses and physicians.

Consulting other head nurses

Two head nurses described 2 critical incidents related to the continuing education of nurses during a nurse shortage. The head nurses decided to consult other head nurses in order to solve this dilemma. One head nurse stated as follow:

"…Three technical nurses passed an examination and wanted to study in the university at the same time… but there was a nursing staff shortage…So I consulted and discussed with other head nurses in other medical wards in order to solve the problem…"

HN 1/1 P 1

Consulting/collaborating physicians

Two head nurses described 2 critical incidents related to providing quality care for patients. The head nurses focused on their patients and decided to consult physicians in order to solve their ethical dilemmas. They told the following:

"…There are many patients who are not neuro, but they were accepted as unplanned admittances after returning from the operating room…there are cases of heart failure that we don't have much experience… So I consulted and collaborated with the doctor … saying that we cannot accept that patient in the ward because he or she might be at risk. We might be able to receive the patient after we train our nurses and ascertain that they can look after patients with that kind of condition…"

HN 4/5 P 17

"…The nine year old pediatric patient with meningitis was placed on the VIP BIRD because he couldn't be fitted with other respirators for children… a new pneumonia patient was admitted who also need the VIP BIRD but his condition was better than the meningitis patient… So I consulted and discussed this with the doctor to find the solution…"

HN 4/3 P7

4.3 *Consulting the ethics committee*

Two critical incidents of consulting the ethic committees were mentioned by a head nurse of a medical ward. She encountered an ethical dilemma

regarding how to advocate when patients weren't respected by health team. She focused on the needs of her patients and decided to consult the ethics committee. She described the following:

"…A doctor treated his patients like they were machines not people… I couldn't help these patients because he wouldn't talk to the nurses …we couldn't communicate with him …So I consulted the ethics committee to find a solution…"

HN 6/4 P 14

"…A new graduated nurse made an error. A doctor said nothing but wrote impolite words in the chart …I could do nothing because he didn't talk to us...I could do nothing because the superior often said that there was a doctors shortage…So I consulted the ethics committee to find a solution… "

HN 6/4 P13

5. *Working for the nurses' benefit*

Thirteen critical incidents (12.04%) in nursing administration were told by nine head nurses (16.98%). They decided to work for the benefit of their nurses when faced with four different kinds of ethical dilemmas including *how to manage to achieve quality of care for the patients, feeling pressured when unable to advocate on behalf of patients/subordinates, being a head nurse but having no authority in personnel management,* and *balancing motivation and justice in the job performance evaluation.* Head nurses acted in the best interest of their subordinates by *motivating for performance, training an incompetent nurse to be more competent,* and *protecting nurses from others*

5.1 *Motivating for performance*

Eight head nurses (15.09%) faced an ethical dilemma in 10 critical incidents (9.26%) when trying to balance motivation and with justice during job performance evaluations. They decided to give more importance to motivate their nurses. They stated as follows:

"…In a job performance evaluation, everyone is evaluated by oneself, by one's colleagues, and by the head nurse. Nurses who work well usually receive a merit pay raise, again and again…a nurse whose work is only adequate never receives a merit pay raise…I felt sorry for one particular nurse who had worked for a few years but had never received a merit pay raise…she might loss her motivation

and needed encouragement, I thought…So I decided to motivate her…to give her a merit pay raise…"

HN 2/3 P 3

"…A merit pay raise must be given for good work, not for only mediocre work or poor work…one of my staff never received a merit pay raise for five years…her work was fair…However, I decided to give her a merit raise as I wanted to motivate her…"

HN 6/3 P 3

5.2 *Training incompetent nurses to be more competent*

Two head nurses (3.77%) faced ethical dilemmas in 2 critical incidents (1.85%) and they decided to train her nurses to be more competent nurses. One head nurses stated:

"… I didn't want to but I had to recruit her. She was a technical nurse, and her conduct didn't fit with our unit…she was sent here because of a crisis of staff shortage…I decided to train her to be more competent…So I hired her…"

HN 3/2 P 5

5.3 *Protecting nurses from others*

One head nurses (1.89%) faced ethical dilemmas in a critical incident (0.93%) and she decided to protect nurse from the threat of others. She stated as follow:

"...A doctor doesn't like nurses…doesn't respect…usually blame nurses… The doctor should respect for nurses' dignity…we are team, all of us are colleagues and working together for patients… I wanted to protect my subordinate, so I talk to him…"

HN 1/4 P 3

6. Following the policy/regulation of the organization

Eleven critical incidents (10.19%) of following the policy/regulations were related by nine head nurses (16.98%) involving both following regulations of the nursing department and following hospital policy.

6.1 Following regulations of the nursing department

Six critical incidents (5.66%) were mentioned by 6 head nurses (11.32%) who made ethical decisions related to following guidelines of the nursing department. They stated as follows:

"… Nurses who had a good relationship with the ward committee got merit pay raises instead of those nurses who took good nursing care and worked hard for our ward but had conflict with the ward committee. I decided to follow the regulations of the nursing department… I have to accept the decision of the committee and follow the regulations of the nursing department…"

HN 7/5 P 16

"… The nurse's father was in a terminal stage of lung carcinoma. She wanted to take leave for a month in order to take care of her father before he died… but a regulation of the nursing department limited leave to only 2 days… I had to follow the regulation…So I let her take leave for only two days… "

HN 10/3 P 7

6.2 Following policy/regulations of the hospital

Five critical incidents (4.63%) were described by 3 head nurses (5.66%) who made ethical decisions based on following the policy/regulations of the hospital. Examples are as follows:

"…Post partum patients had to come here for breast feeding every three hours because of the breast feeding policy… some nurses followed the policy strictly but some nurses placed greater respect on the needs of the patients …there was a conflict between the two sides…the head nurse had to follow the policy, as well as the nurses… I tried to explain to the nurses that all of us had to follow the policy..."

HN 2/2 P 4

"…My subordinates (nurses) didn't agree with a policy of night shift payment reduction…compared with other professions, it wasn't fair because nurses worked very hard…but it was a policy of the hospital…as a head nurse, I had to follow the policy…follow the policy even though I didn't agree…even though it wasn't fair…"

HN 2/2 P 4

Outcomes of ethical decision making

The outcomes of ethical decision making experienced by 53 head nurses were categorized into positive outcomes and negative outcomes (Table 5).

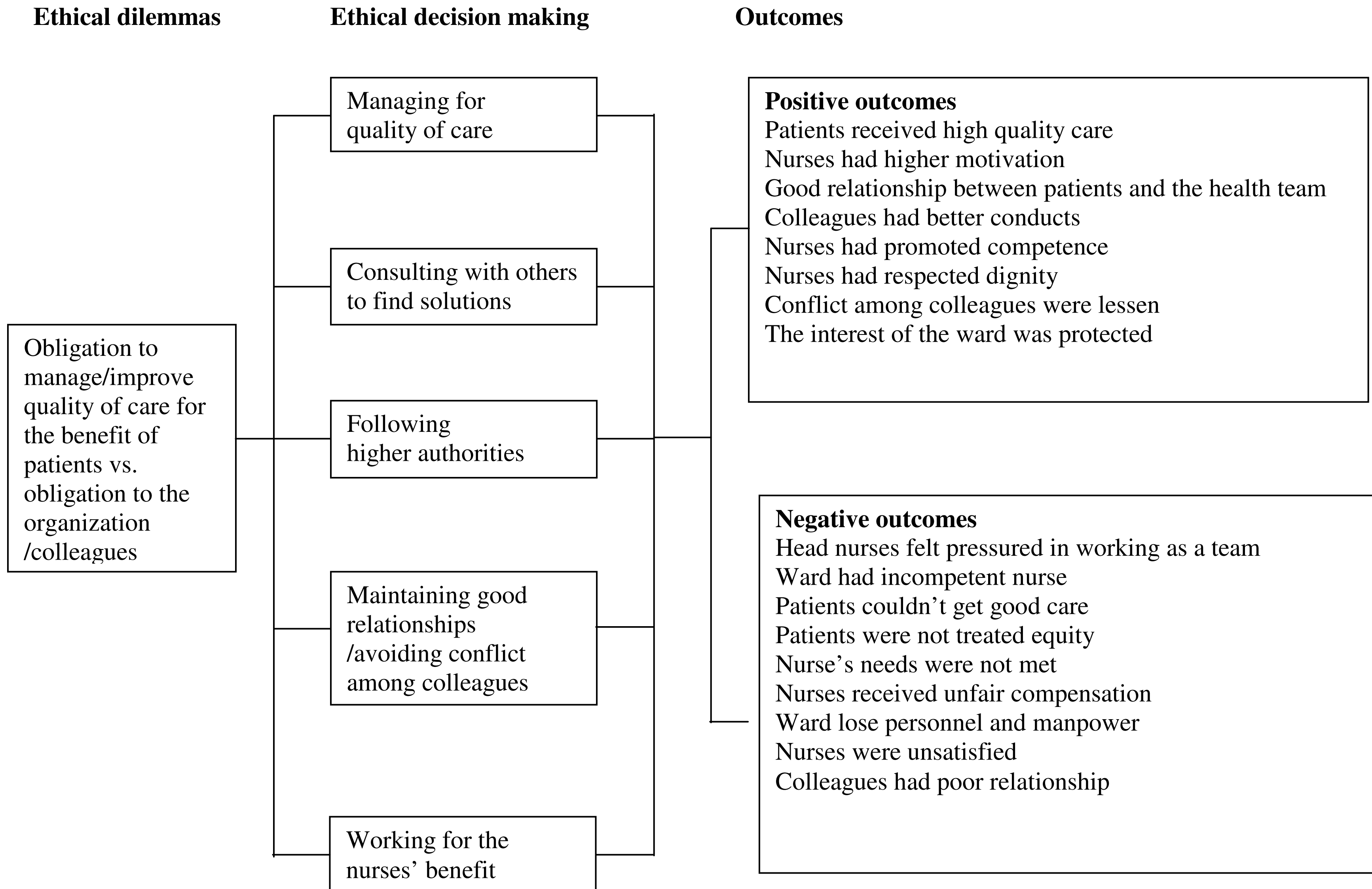
Table 5

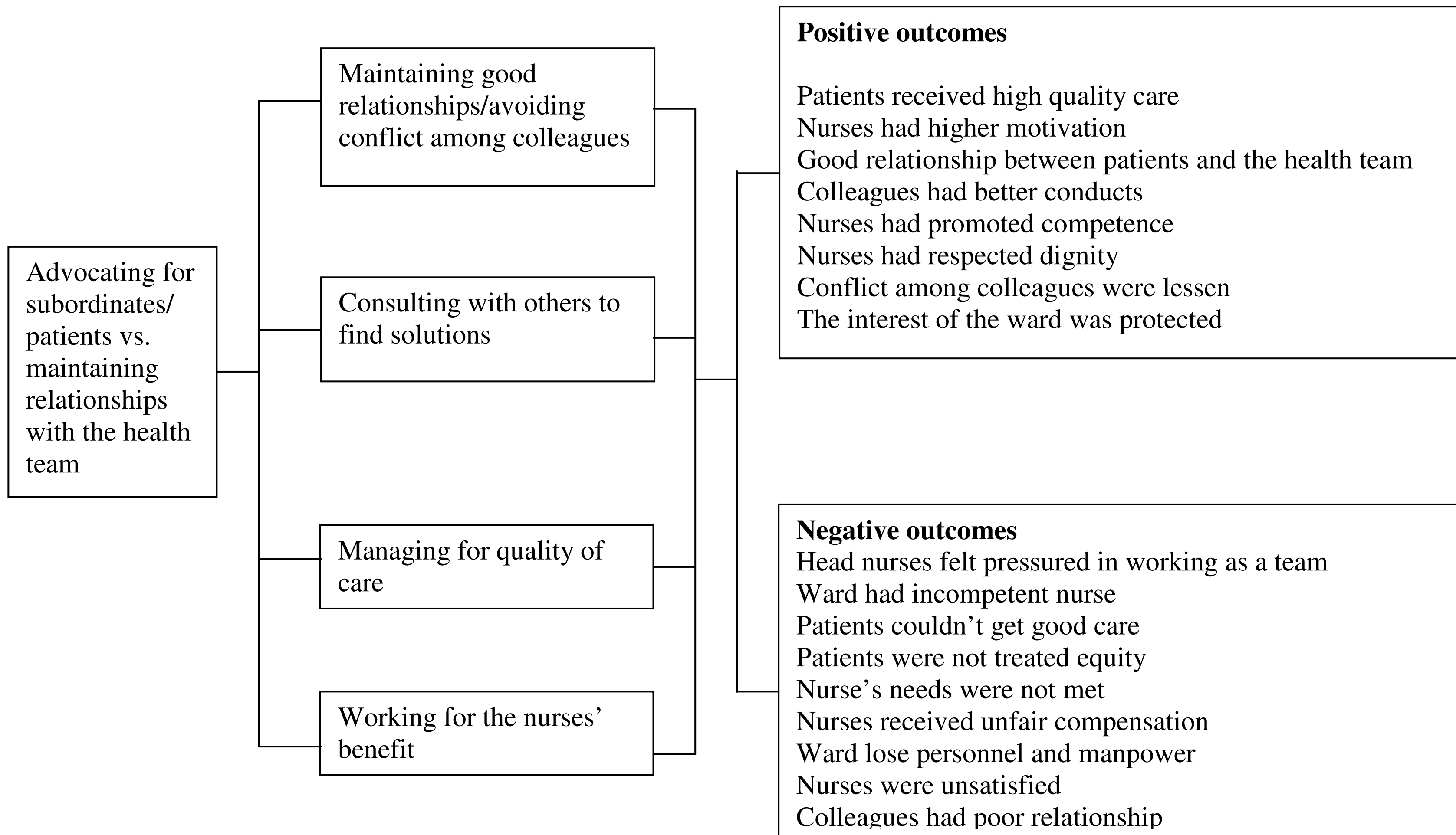
Frequency and Percentage of Outcomes of Ethical Decision Making in 108 Incidents

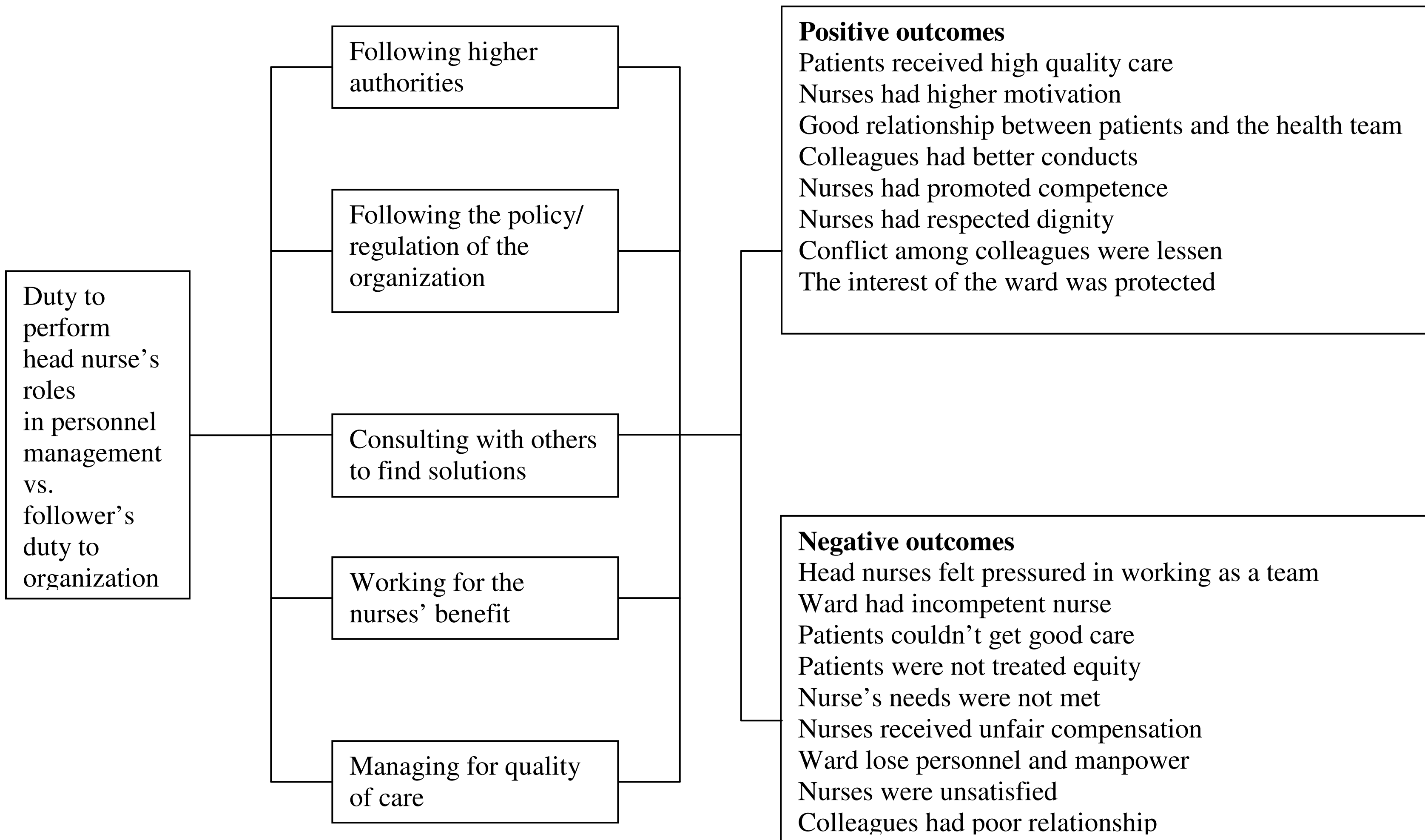
Outcomes of ethical decision making	Incidents		Participants	
	N (108)	%	N (53)	%
Positive outcomes				
1. Patients received high quality care	26	24.07	17	32.07
2. Nurses had higher motivation	10	9.26	7	13.21
3. Good relationship between patients and the health team	5	4.63	4	7.55
4. Colleagues had better conducts	4	3.70	4	7.55
5. Nurses had promoted competence	3	2.77	3	5.66
6. Nurses had respected dignity	2	1.85	2	3.77
7. Conflict among colleagues were lessened	1	0.93	1	1.89
8. The interest of the ward was protected	1	0.92	1	1.89
Negative outcomes				
1. Head nurses felt pressured in working as a team	17	15.74	12	22.64
2. Ward had incompetent nurse	11	10.19	8	15.09
3. Patients could not get good care	10	9.26	8	15.09
4. Patients were not treated with equity	6	5.56	2	3.77
5. Nurses' needs were not met	5	4.63	5	9.43
6. Nurses received unfair compensation	3	2.77	3	5.66
7. Ward lost personnel and manpower	2	1.85	2	3.77
8. Nurses were dissatisfied	1	0.93	1	1.89
9. Colleagues had poor relationship	1	0.93	1	1.89

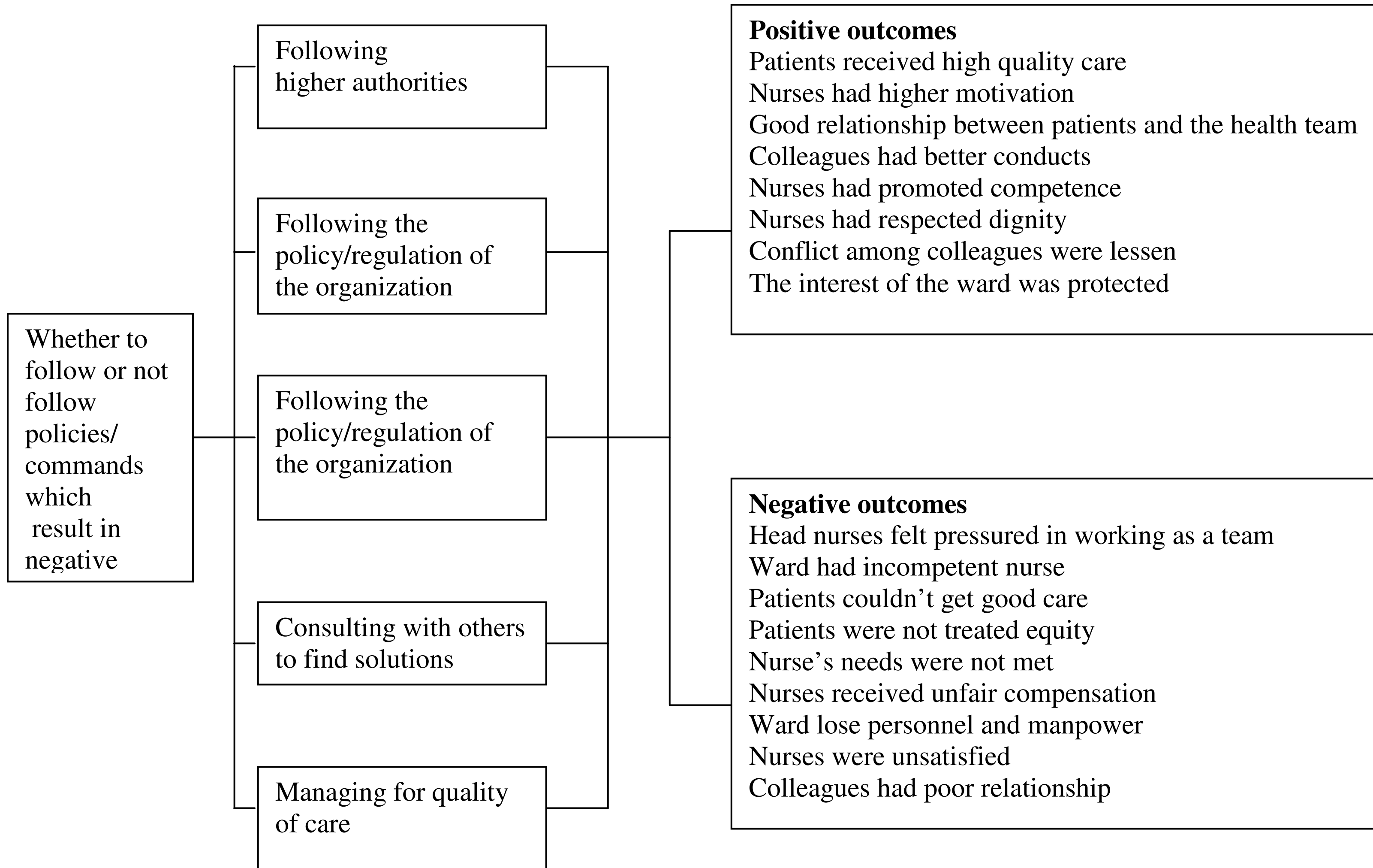
Table 5 shows outcomes of ethical decision making in nursing administration made by head nurses. The most frequently positive outcomes were *patients received high quality care* (incidents=24.07%, participants=32.07%), followed by *nurses had higher motivation* (incidents=9.26%, participants=13.21%), and *good relationship between patients and the health team* (incidents=4.63%, participants=7.55%), respectively. The most frequently negative outcomes were *head nurses felt pressured in working as a team* (incidents=15.74%, participants=22.64%), followed by *ward had incompetent nurse* (incidents=10.19%, participants=15.09%), and patients could not get good care (incidents=9.26%, participants=15.09%), respectively.

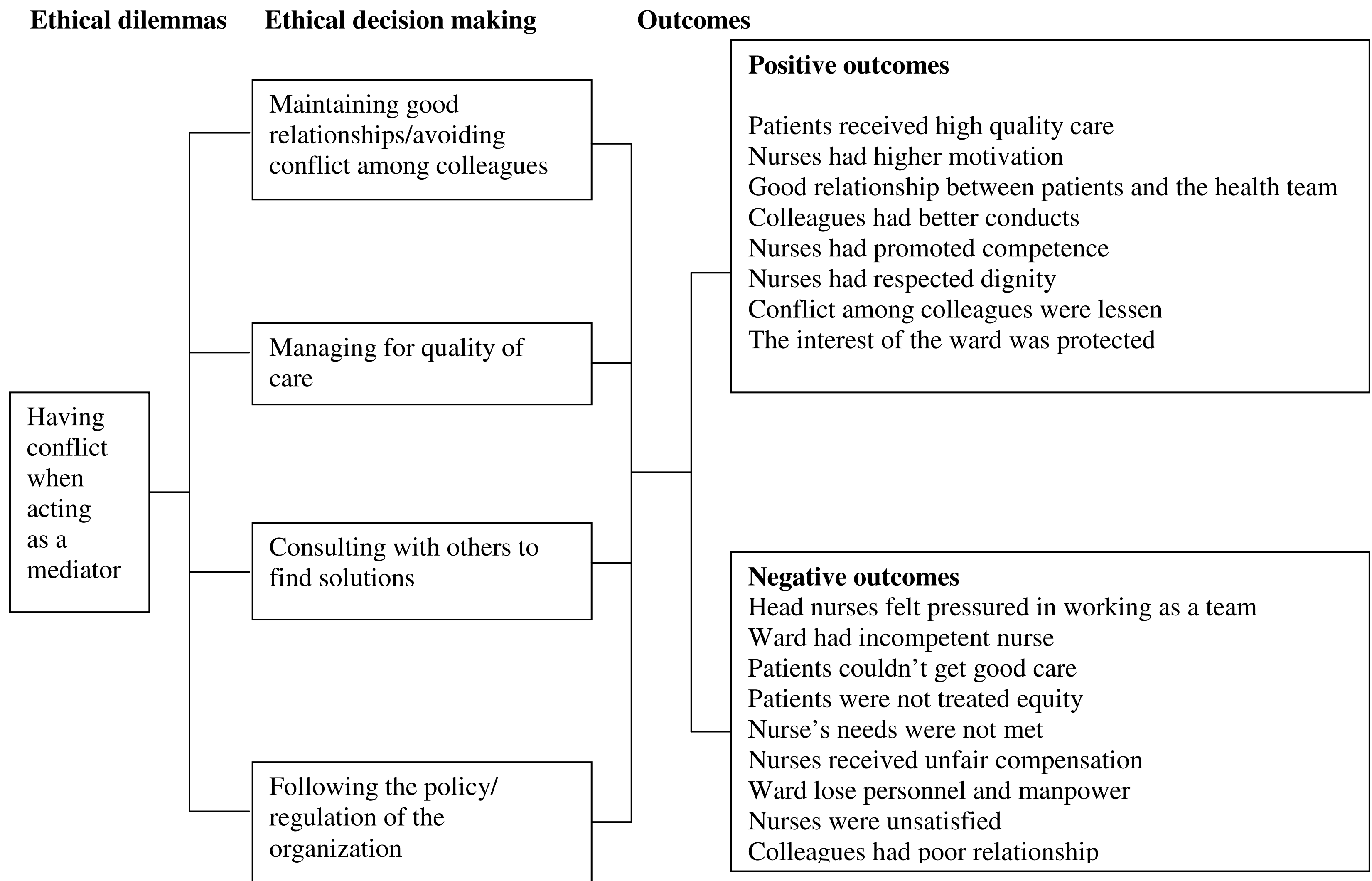
Ethical dilemmas, ethical decision making, and outcome of ethical decision making in nursing administration are presented in diagram 1-6


Ethical dilemmas
Ethical decision making
Outcomes
Obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organization /colleagues
Managing for quality of care
Consulting with others to find solutions
Following higher authorities
Maintaining good relationships /avoiding conflict among colleagues
Working for the nurses' benefit
Positive outcomes
Patients received high quality care
Nurses had higher motivation
Good relationship between patients and the health team
Colleagues had better conducts
Nurses had promoted competence
Nurses had respected dignity
Conflict among colleagues were lessen
The interest of the ward was protected
Negative outcomes
Head nurses felt pressured in working as a team
Ward had incompetent nurse
Patients couldn't get good care
Patients were not treated equity
Nurse's needs were not met
Nurses received unfair compensation
Ward lose personnel and manpower
Nurses were unsatisfied
Colleagues had poor relationship


Ethical dilemmas
Ethical decision making
Outcomes
Advocating for subordinates/ patients vs. maintaining relationships with the health team
Maintaining good relationships/avoiding conflict among colleagues
Consulting with others to find solutions
Managing for quality of care
Working for the nurses' benefit
Positive outcomes
Patients received high quality care
Nurses had higher motivation
Good relationship between patients and the health team
Colleagues had better conducts
Nurses had promoted competence
Nurses had respected dignity
Conflict among colleagues were lessen
The interest of the ward was protected
Negative outcomes
Head nurses felt pressured in working as a team
Ward had incompetent nurse
Patients couldn't get good care
Patients were not treated equity
Nurse's needs were not met
Nurses received unfair compensation
Ward lose personnel and manpower
Nurses were unsatisfied
Colleagues had poor relationship


Ethical dilemmas
Ethical decision making
Outcomes
Duty to perform head nurse's roles in personnel management vs. follower's duty to organization
Following higher authorities
Following the policy/ regulation of the organization
Consulting with others to find solutions
Working for the nurses' benefit
Managing for quality of care
Positive outcomes
Patients received high quality care
Nurses had higher motivation
Good relationship between patients and the health team
Colleagues had better conducts
Nurses had promoted competence
Nurses had respected dignity
Conflict among colleagues were lessen
The interest of the ward was protected
Negative outcomes
Head nurses felt pressured in working as a team
Ward had incompetent nurse
Patients couldn't get good care
Patients were not treated equity
Nurse's needs were not met
Nurses received unfair compensation
Ward lose personnel and manpower
Nurses were unsatisfied
Colleagues had poor relationship


Ethical dilemmas
Ethical decision making
Outcomes
Whether to follow or not follow policies/ commands which result in negative
Following higher authorities
Following the policy/regulation of the organization
Following the policy/regulation of the organization
Consulting with others to find solutions
Managing for quality of care
Positive outcomes
Patients received high quality care
Nurses had higher motivation
Good relationship between patients and the health team
Colleagues had better conducts
Nurses had promoted competence
Nurses had respected dignity
Conflict among colleagues were lessen
The interest of the ward was protected
Negative outcomes
Head nurses felt pressured in working as a team
Ward had incompetent nurse
Patients couldn't get good care
Patients were not treated equity
Nurse's needs were not met
Nurses received unfair compensation
Ward lose personnel and manpower
Nurses were unsatisfied
Colleagues had poor relationship


Ethical dilemmas
Ethical decision making
Outcomes
Having conflict when acting as a mediator
Maintaining good relationships/avoiding conflict among colleagues
Managing for quality of care
Consulting with others to find solutions
Following the policy/ regulation of the organization
Positive outcomes
Patients received high quality care
Nurses had higher motivation
Good relationship between patients and the health team
Colleagues had better conducts
Nurses had promoted competence
Nurses had respected dignity
Conflict among colleagues were lessen
The interest of the ward was protected
Negative outcomes
Head nurses felt pressured in working as a team
Ward had incompetent nurse
Patients couldn’t get good care
Patients were not treated equity
Nurse’s needs were not met
Nurses received unfair compensation
Ward lose personnel and manpower
Nurses were unsatisfied
Colleagues had poor relationship

Ethical dilemmas | **Ethical decision making** | **Outcomes**

Ethical dilemmas	Ethical decision making	Outcomes
Whether to choose motivation or justice in job performance evaluation	Working for the nurses' benefit	**Positive outcomes** Nurses had higher motivation

1. Positive outcomes

Twenty seven head nurses (50.94%) described forty seven critical incidents (43.52%) of ethical decision making resulting in positive outcomes affecting patients, nurses, health team, and ward. Those outcomes are as follows:

Patients received high quality care

Seventeen head nurses (32.07%) mentioned 26 critical incidents (24.07%) in which their decision resulted in a higher quality of care for the patients. The following are examples of head nurses' descriptions:

"…There were many patients…more patients were admitted all day but we were short of nurses …I managed sufficient staffing over time and on call, so that the patients were safe..."

HN 7/1 P 7

"…I proposed to partition the store room for a place to teach patients. She didn't approve the idea…Nevertheless, I carried on, had it done, without consulting anybody. In the end, patients receive a proper room for health education…they understand what we teach…and take care themselves properly…"

HN 7/5 P 15

"…Dead bodies had to be kept in the emergency room for 2 hours before being discharged …but Muslims need to get back home as fast as they could for burial… I decided to consult with the director of the hospital, letting them go home after completing the documentation. He agreed and approved my idea, so patients and their families could receive care in accordance with their religious beliefs…"

HN 12/4 P 18

Nurses had higher motivation

Ten critical incidents (9.26%) related to job performance evaluation were described by 7 head nurses (13.21%). They had to conduct a job performance evaluation fairly, but they were concerned that some nurses had never received merit pay raises. Head nurses decided to give merit pay raises in order to motivate them. They stated as follow:

"…Nurses who work well usually receive merit pay raises, again and again…a nurse who work only adequately never receives a merit pay raise …After I gave her a merit pay raise, she improved herself and her work…"

HN 2/3 P 3

"… One of my staff works adequately but had never gotten a merit pay raise for five years… I wanted to motivate her, so I gave a merit pay raise. Then, she looked happier…she improved her work…"

HN 6/3 P 3

Good relationships between patients and the health team

Five critical incidents (4.63%) were described by 4 head nurses (7.55%) when their ethical decision making resulted in good relationships between patients and health team. One head nurse stated as follow:

"…A patient and the family were dissatisfied and wanted to sue the doctor… I mediated…the patient and the family felt better and changed their mind…no more law suit …conflict was decreased and good relations were promoted…"

HN 6/4 P 12

Colleagues had better conducts

Four head nurses (7.55%) mentioned four critical incidents (12.96%) in which their ethical decision making resulted in better conduct of her colleagues. One head nurse stated as follow:

"…A new graduated nurse made an error. A doctor said nothing but wrote impolite words on the chart … on any pages he wanted… we needed cooperation and collaboration but the doctor didn't talk to us… I consulted the ethics committee…After that, his conduct was better, his writing was better… "

HN 6/4 P 13

Nurses had promoted competence

Three head nurses (5.66%) mentioned three critical incidents (2.77%) of poorly skilled nurses caring for some special patients. The head nurses were concerned about good and safe care for the patients and decided to promote more training and experience for the nurses even though there was a nursing staff shortage. So their ethical decision making resulted in promoting continuing education for their subordinates. One head nurse stated as

follow:

"…The women's orthopedic ward had few cases so we had to admit other surgery patients, and also heart surgery patients… I proposed a project of providing a short training course in nursing care for patients with heart surgery because my nurses hadn't been trained to be special nurses… therefore I could promote the competency my staff …"

HN 4/4 P 8

Nurses had respected dignity

Two head nurses (3.77%) mentioned two critical incidents (1.85%) when nurses were threaten by the health team. The head nurses decided that in the best interests of these nurses to protect them from the threats of others and their ethical decision resulted in greater respect for the dignity of these nurses. One head nurse stated as follow:

"...One particular doctor didn't like nurses…didn't respect them…usually blame them… I protected my subordinate, talked on behalf of the nurse…The doctor said nothing but the nurse felt good. She thanked me for protecting her human dignity…"

HN 1/4 P 3

Conflict among colleagues were lessened

One head nurse (1.89%) mentioned a critical incident (0.93%) of conflict among nurses resulting from following the breast feeding policy. The head nurse decided to follow the policy and guidelines of the hospital because she focused on the policy and realized that every one had to follow the policy. Her ethical decision making resulted in decreasing conflict among the nurses. She said following:

"…Nurses were in conflict concerning the breast feeding policy …some nurses followed the policy strictly while other nurses respected the patient's needs …I tried to explain to them that I really understood but all of us had to follow the policy…they accepted and worked together better…with no more conflict…"

HN 2/2 P 4

The interest of the ward was protected

One head nurses (0.89%) stated one critical incident (0.93%) that her ethical decision making resulted in protecting the organization's benefit. She stated as follow:

"…When I examined a situation related to financing and found that it was not correct, I went to consult and discuss this with the nursing director and the hospital director. Finally I could help the ward to save money... The organization's benefit was protected…"

HN 6/5 P 25

2. Negative outcomes

Twenty five critical incidents (23.55%) were mentioned by 19 head nurses (35.85%) in which their ethical decision making resulted in negative outcomes for head nurses, nurses, and patients. Those outcomes are as follows:

Head nurses felt pressured in working as a team

Twelve head nurses (22.64%) mentioned seventeen critical incidents (15.74%) in which their ethical decision making resulted in feeling pressured. They stated as follow:

"…We worked as a team but the physician didn't perceive that… no cooperation at all… a doctor who is the head of department told me to accept him as he was …I had to accept his misbehavior, so I felt under pressure in working as a team…"

HN 3/3 P 5

"…The doctor often said impolite words to me… didn't respect me, didn't respect the nursing profession… I couldn't change his conduct … I had to accept him the way he was…So I felt very unhappy and under pressure in working as a team …"

HN 1/4 P 1

Ward had incompetent nurse

Eight head nurses (15.09%) articulated eleven critical incidents (10.19%) in which their ethical decision making resulted in having incompetent nurses. One head nurse stated as follow:

"…I trained one nurse for a long time to work in quality assurance. Unexpectedly, my supervisor moved her to the emergency room and she gave me a new nurse... So my ward now has an incompetent nurse…"

HN 8/5 P 18

Patients could not get good care

Eight head nurses (15.09%) described ten critical incidents (9.26%) when they had to make ethical decisions and the patients didn't receive good care. Example is as follow

"…There was a dying patient without any relatives or treatment …I talked to the doctor to treat this patient fairly but he didn't agree with me, did nothing and allowed the situation to continue…So that patient didn't receive good care…"

HN 7/1 P 8

Patients were not treated with equity

Two head nurses (3.77%) described six critical incidents (5.66%) when some patients weren't treated equity. One head nurse stated as follow:

"…A high ranking officer wanted to be admitted into the hospital without any following routine admission procedures even though he was very well… the director of the hospital ordered me to do what he want…I decided to follow the instructions of the director of hospital…So he was treated as a VIP but it wasn't fair for the other patients…"

HN 5/1 P 6

Nurses' needs were not met

Five head nurses (9.43%) mentioned 5 critical incidents (4.63%) in which their ethical decision making resulted in not meeting the needs of their nurses. Example is as follow:

"… A nurse's father was in the terminal stage of lung carcinoma and she really needed to take leave for a month to take care of her father before he died… but a regulation of the nursing department limited her leave to only 2 days …I decided to follow the regulations allowing her two days duty leave…So her needs weren't met…"

HN 10/3 P 7

Nurses received unfair compensation

Three head nurses (5.66%) mentioned three critical incidents (2.77%) when their ethical decision making resulted in injustice for nurses. she stated as follow:

"…A nurse who had a good relationship with the ward committee got a merit pay raise instead of a nurse who demonstrated good nursing care and worked hard for our ward but had conflict with the ward committee... I decided to accept the decision of the committee, so my subordinate was treated unjustly…"

HN 5/5 P 10

Ward lost personnel/manpower

Two head nurses (3.77%) stated two critical incidents (1.85%) that their ethical

decision making resulted in loss of personnel/manpower. One head nurse stated as follow:

"… I have one staff member with a specialty… She always has to visit many other wards…I tried to ask the nurse director to put her in the right place…but she did not agree with me, ordered that she had to stay with me…This means a loss of real manpower in my ward even though we have a position… "

HN 3/3 P 4

Nurses were dissatisfied

One head nurse (1.89%) mentioned a critical incident (1.89%) of error in nursing care procedure. She expressed empathy to her subordinate and decided not to report it to the nursing director. The outcome, however, was that the nurse was dissatisfied. She stated as follow:

"…A newly graduated nurse inserted a catheter for a patient into the vagina, instead of the urethra. .. I told her to give me written report so that I could explain it. And I'd keep that for my records, not to be forwarded to anybody …but she was dissatisfied and upset with me…"

HN 7/5 P35

Colleagues had poor relationship

One head nurse (1.89%) mentioned one critical incident (0.93%) in which her ethical decision making resulted in a poorer relationship among colleagues. She stated:

"…The doctor blamed the nurse and said impolite words… I talked to him, spoke on behalf of the nurse but he didn't agree with me…I consulted the director of the hospital…After that, he stop talking with the nurses, no more direct communication…poor relationship…"

HN 5/4 P 9

Discussion

This study aimed to explore ethical dilemmas in nursing administration, ethical decision making, and outcomes of ethical decision making of head nurses in regional hospitals of Southern Thailand. The discussion is organized in the following sequence: ethical dilemmas, ethical decision making, and outcomes of ethical decision making.

Ethical dilemmas in nursing administration encountered by head nurses

In response to the first research question, 'what ethical dilemmas in nursing administration are encountered by head nurses', it was found that ethical dilemmas encountered by head nurses in Southern Thailand varied over a wide range of critical incidents in daily administrative practice. These incidents were related to their administrative roles and responsibilities including managing quality care for the patients, their advocacy role for patients and subordinates, their personnel management role, collaborating as a health team, and following organizational policies and orders. This confirmed previous findings that ethical issues in the nursing administration arena were varied and nurse administrators experienced ethical dilemmas when making daily administrative decisions (Borawski, 1994; Camunas, 1991; Camunas, 1994a; Camunas, 1994b; Colvin, 1998; Sietsema and Spradley, 1987).

Ethical dilemmas encountered by head nurses in this study were categorized into six themes including *obligation to manage quality care for the benefit of patients vs. obligation to the organization/colleagues*; *advocating for subordinates/patients vs. maintaining relationship with the health team*; *duty to perform head nurse's roles in personnel management vs. follower's duty to organization*; *whether or not to follow*

policies/commands which resulted in negative consequences for some patients/nurses; *having conflict when acting as a mediator*; and *whether to choose motivation and justice in job performance evaluation*. These findings showed that head nurses placed a high value on patients, subordinates, colleagues, superiors, and also institutional policies.

1. O*bligation to manage quality care for the benefit of patients vs. obligation to the organization/colleagues*

Twenty head nurses (37.74%) encountered ethical dilemmas regarding *obligation to manage quality care for the benefit of patients vs. obligation to the organization/colleagues* (incidents=26.85 %) (Table 2). Head nurses who participated in this study expressed concern in managing quality care for patients because providing health care services is an important goal of hospitals and managing quality care is the main obligation of head nurses. In addition, many changes in the health care system in Thailand are calling for quality care for patients such as the Declaration of Patient's Rights and the Hospital Accreditation Policy. Hospital Accreditation is a self-initiated process that induces hospital quality improvement along with accreditation from outside institutions (Anuwat, 2001). These factors influence nurse administrators and play a vital role in managing quality of care for patients.

Providing qualities of care for patients are influenced by health care resources including human resources, money, and material. To achieve the goal of quality of care, nurses, the health team, and patients and their families need to be involved. However, they hold different needs, values, beliefs, and expectations of quality of care for the patients and members of the health care team hold different professional values in providing high quality of care for patients. Therefore, head

nurses in this study encountered ethical dilemmas including *having duty to manage error/mistakes vs. maintaining relationship with others* (incidents=6.48%, participants=7.55%), *having duty to provide quality of care for patients but having no support* (incidents=4.63%, participants = 9.43%), and *having conflict with colleagues when they are not cooperative in providing quality of care* (incidents = 3.70 %, participants = 7.55 %).

In addition, ethical dilemmas of head nurses arise when health care resources are scarce. In this study, head nurses also encountered ethical dilemmas in *obligation to improve quality of care for patients vs. obligation to utilize scarce resources cost-effectively* (incidents = 12.04 %, participants = 18.87%). This finding is similar to a study of Cooper, et al (2002) who studied perceptions of nurse executives concerning ethical issues encountered in healthcare organizations and found that failure of healthcare organizations to provide service of the highest quality were the top four rated issues. In addition, staff nurses and nurse leaders also perceived that issues related to failure of healthcare organizations to provide service of the highest quality was one of the three top-rated issues. (Cooper, et.al, 2004). Furthermore, a study of Camunas (1994a) found that nurse administrators experienced conflicts between their professional values in providing high-quality care to all patients and the fiduciary responsibilities of their administrative position. The economic constraints of cost containment and reduction lead to the need to decrease staff costs and maximize earnings and profit. As administrators, they perceived difficulty to maintain standard of care while they were forced to maintain high quality under limitation of staff and financial support. In a study of Camunas (1994b), one nurse executive reported that the substance abuse program at her hospital was cancelled because of the lack of funds.

2. *Advocating for subordinates/patients vs. maintaining relationship with the health team*

Ethical dilemmas regarding *advocating for subordinates/patients vs. maintaining relationship with the health team* was encountered by twelve head nurses (incidents = 20.56 %, participants = 22.64%) (Table 2). Advocacy is the active support of an important cause of another (Fry, 1987 cited in Fry, 1994) and the advocacy role is the most important leadership role in ethics of a nurse administrator (Marquis & Huston, 2003). As a nurse administrator, a head nurse is expected to advocate for patients, subordinates, and the profession.

Eleven head nurses encountered ethical dilemmas regarding *advocating for subordinates vs. maintaining relationship with the health team* (incidents = 15.74%, participants = 20.75%). The problem of advocacy for subordinates arises when nurses are not respected by the health team. Head nurses have the obligation to advocate for their subordinates whereas they also have an obligation to collaborate with the health team to enhance quality of care for patients. Therefore, assuming the role of advocate on behalf of a subordinate can give rise to ethical dilemmas of head nurses.

Some patients will loose autonomy due to the nature of illness such as conditions that cause unconsciousness or severe mental capacity (Willard, 1996). They are unable to express clearly their own wishes because they have no expertise or knowledge necessary to make a decision about treatment. Head nurses realize that they have the obligation to collaborate and maintain good relationships with the health team whereas they also have the obligation to care for the patient while respecting the patient's autonomy. Assuming the role of advocate on behalf of a patient can give rise to ethical and legal concerns related to differing moral values of the nurse and the patient, and the interaction of the nurse with other nurses and allied health

professionals (Leddy & Pepper, 1993; Willard, 1996). Conflict arises when head nurses cannot advocate for their patients. Therefore, they encounter ethical dilemma of *advocating for patients vs. maintaining relationship with the health team* (incidents = 4.63%, participants = 7.55%). This finding is congruent with the findings from a previous study of nurses in Southern Thailand which determined that the most frequent ethical dilemma of nurses in providing care for pediatric patients arose when acting as a patient advocate but having conflict with others (Jantarapratin, 2005).

3. *Duty to perform head nurse's roles in personnel management vs. follower's duty to organization*

Fourteen head nurses (26.42%) encountered an ethical dilemma regarding *duty to perform head nurse's roles in personnel management vs. follower's duty to organization* (incidents = 19.63%) (Table 2). Personnel management, an important managerial function of head nurses, is a management activity that provides for appropriate and adequate personnel to fulfill the organization's objectives (Grohar-Murray & Dicroce, 1992). Its goal is to provide the appropriate number of nursing staff to match patient care need resulting in effective nursing care (Sullivan & Decker, 2004). Brosnan and Roper (1997) stated that the hospital is an extremely political environment and a political-ethical conflict occurs when what one is told to do by those having more power in the organization or what one feels compelled to do by the organization is in conflict with one's ethical belief structure. Therefore, head nurses in this study encountered ethical dilemma when they could not effectively fulfill the objectives of personnel management even though they were responsible to manage their subordinates.

Ethical dilemmas arose from issues, such as their *duty to retain/recruit competent nurses for the benefit of own ward vs. duty to follow higher authority for*

benefit of hospital (incidents = 12.96 %, participants = 20.75 %), *supporting training/educating needs of subordinates vs. following hospital policy to limit manpower* (incidents = 3.70%, participants = 5.66%), and *feeling conflict with committees in job performance evaluation* (incidents = 2.78%, participants = 5.66%). Similar issues were described in a study of Katsuhara (2005). A nurse, who worked for a hospital with a low staffing level, felt that recruiting more nurses was essential to ensure the quality of care. However, she was persuaded by business personnel to employ assistants instead of qualified nurses to keep costs down. She knew the importance of budgeting, but struggled with reduced pride having to provide care which was, in her opinion, substandard. According to the study of Camunas (1994a), nurse executives had the greatest ethical dilemma in making decisions about staffing. These decisions involved skill, experience, education level, and the number of nurses. The researcher stated that restrictions on using more skilled, educated and experienced nurses could occur because of economic constraints. An incident of workload overload of nurses was described in a study by Katsuhara (2005). There was a doctor who was enthusiastic about accepting serious cases one after another with a sense of mission. A nurse administrator was impressed by his commitment. However, she was at the same time concerned that the workload of the nurses was increasing to an unreasonable level because of the doctor's sense of mission. A night shift may be covered by two nurses and it was very heavy for them to carry such responsibility and deal with a flow of serious cases. It was not a safe practice in case of emergencies.

4. *Whether or not to follow policies/commands which resulted in negative consequences for some patients/ nurses*

Ethical dilemma regarding *whether or not to follow policies/commands which resulted in negative consequences for some patients/ nurses* is another ethical

dilemma of head nurses (incident = 14.02%, participants = 13.21%) (Table 2). Being an administrator, head nurses have an obligation to honor the hospital's policies and carry them into practice. At the same time, they have a subordinate role to follow their superior's order/command. Therefore, head nurses have an ethical dilemma between following the policy/command and to provide care specific to the patients' needs which do not conform with such policies or instructions. In addition, head nurses have the ethical dilemma in balancing between following the policy and protecting their subordinates when such policies or commands cannot meet the needs of their subordinates. Ethical dilemma related to following organizational policies was presented in a study by Katsuhara (2005). A public hospital needed to follow a local government's instruction to reduce the staffing level against the will of the hospital president and nurse administrator in order to solve a financial deficit.

Brosnan and Roper (1997) stated that the hospital is an extremely political environment and a political ethical conflict occurs when what one is told to do by those having more power in the organization or what one feels compelled to do by the organization is in conflict with one's ethical belief structure. Ethical dilemmas occurred when the head nurse feels conflicting loyalties to the organization and to the patients or nurses. Therefore head nurses in this study encountered such ethical dilemma when following policies and regulations of the organization bringing negative consequences to patient satisfaction and nurses' benefits.

5. *Having conflict when acting as a mediator*

Eight head nurses (15.08%) encountered ethical dilemmas regarding *having conflict when acting as a mediator* (incidents = 11.21%) (Table 2). In providing care for patients, head nurses work with nurses and multidisciplinary healthcare team as individuals with personal and professional values. The differences in attitudes, values,

beliefs, and behaviors induces conflict among individuals and conflicts can arise when individuals involved do not have the same facts, define the problem differently, have different pieces of information, place more or less importance on various aspects, or have divergent views of their power and authority (Tomey, 2004). It is no surprise that head nurses experienced ethical dilemmas when acting as a mediator. The current finding showed that head nurses had conflict when acting as a mediator between patients and nurses, patients and physician, nurses and physician, and among nurses. They encountered ethical dilemmas regarding *having conflict when acting as a mediator between patients/relatives and the health team* (incidents = 6.48%, participants = 11.32%) *and having conflict when compromising among colleagues* (incidents = 4.63 %, participants = 5.66%). There was both intradisciplinary and interdisciplinary conflict. This finding corroborates a study by Chaowalit et al, 2002 who found that intradisciplinary and interdisciplinary conflict is one out of eight ethical dilemmas in nursing practice encountered by nurses in southern Thailand.

6. *Whether to choose motivation or justice in job performance evaluation*

Six head nurses (11.32%) encountered ethical dilemmas regarding *whether to choose motivation or justice in job performance evaluation* (incident = 8.41%) (Table 2). In a job performance appraisal, data can be used to determine job competence, enhance staff development, motivate personnel toward higher achievement, select qualified nurses for advancement and to provide a merit raise or salary increase (Kejornnunt, 2005; Tomey, 2000).

Being just is an important characteristic of a head nurse expected by other nurses (Fangvieng, 1961 cited in Saminpanya, 1996). According to the ethical principle of justice, justice is fair, equitable, and appropriate treatment of what is due or owed (Beauchamp & Childress, 2001). An injustice involves a wrongful act or

omission that denies people benefits to which they have a right or distributes burdens unfairly. Therefore, head nurses should be aware and try to minimize all errors in order to provide a correct and fair job performance evaluation. Nurses who provide good nursing care deserve reward and nurses who are guilty of malpractice deserve punishment. It became an ethical dilemma for head nurses when nurse staff, who are not the best in providing nursing care and have not received a merit raise for a long time, began complaining that she was feeling demotivated, Enhancing motivation is an important art of the head nurse as leader (Bunyanurat, 1969 cited in Saminpanya, 1996). It is a force to arouse enthusiasm and persistence to pursue a certain course of action (Daft, 2001). Therefore, being just and also motivating personnel by giving a merit raise created ethical dilemmas for head nurses in this study. They feel conflict in trying to do well for all of their subordinates. They faced an ethical dilemma of balancing motivation and justice in doing job performance evaluations. This finding is similar to the study by Camunas (1991) that determined that an ethical dilemma arose about giving merit raises as a difficult problem cited by a middle manager.

Ethical decision making

Findings from this study show that head nurses made decisions to resolve their ethical dilemmas in many appropriately different ways. Ethical decision making cited for their decisions were *following a higher authorities, managing for quality of care, maintaining good relationships/avoiding conflict among colleagues, consulting with others to find solutions, working for the nurses' benefit, and following policy/ regulation of the organization*. Their ethical decision making focused on higher authority, patients, nurses, colleagues, and the policy of the organization.

1. *Following higher authorities*

Nine head nurses (16.98%) made ethical decisions by *following higher authorities* (incidents=20.37%) (Table 3). Within the bureaucratic hospital hierarchy, the subordinates tend to follow the superiors' opinion. In the hospital, the hospital director is perceived as the most powerful person. The nursing director is the highest position in the nursing department and usually is more capable and competent than head nurses. In addition, regional hospitals are bureaucratic organizations. Therefore, head nurses make ethical decisions by following the hospital director and the nursing director. Not surprisingly that Thai head nurses decide to follow higher authority because Thais are socialized very early to follow the superior or higher authorities. They were socialized to follow their parents when they were young, to follow their teacher when students (Jomsri, 2004; Saminpanya,1996). Therefore, nine head nurses used this kind of ethical decision making approach, six of them deciding to follow the nursing director and three of them deciding to follow the director of the hospital (Table 3). In addition, ethical dilemmas arose for the head nurses when they had no authority in personnel management, felt frustrated in following policies and regulations which brought negative consequences to patients and nurses, and were confronted with how to manage achieving quality of care for patients. This finding is congruent with ethical decision making of nurse executives in America studied by Camunas (1994) who determined that one of the most important factors influencing decisions that have ethical implications were the superiors of the nurse administrators. This factor can be either facilitating or inhibiting, depending on the attitudes and behaviors of the people involved.

2. *Managing for quality of care*

Fifteen head nurses (28.30%) made ethical decisions concerning *managing*

for quality of care (incident = 19.44%) (Table 3) including *managing personnel* (incident = 10.19%, participants = 16.98%), *advocating for patients* (incident = 7.41%, participants = 9.43%), and *allocating scarce resources* (incident = 1.85%, participants = 3.77%). Head nurses in this study made ethical decisions concerning the need to manage for quality of care when they encountered an ethical dilemma regarding *obligation to manage/improve quality of care for the benefit of patients vs. obligation to organization/colleagues.* They focused on quality assurance for patients because quality is the main focus of the hospital to enhance hospital accreditation. All nurse administrators are responsible for monitoring the quality of the product that their units produce; in health care organizations, that product is patient care. (Marquis & Huston, 2000). Head nurses, as front line managers, are directly responsible in managing to achieve the institution's goals — providing efficient health care service to consumers. In response to quality of care goals, head nurses made ethical decisions by taking action in managing personnel for quality of care, advocating for patients, and allocating scarce equipment for patient in another ward. This finding confirmed that head nurses value patients. Their decision to improve quality of care is supported mainly by ethical principles of beneficence and non-maleficence. Beauchamp and Childress (2001) pointed that the principle of beneficence refers to the moral obligation to act for the benefit of patients and establishes an obligation to help patients further their important and legitimate interests; the principle of non-maleficence involves the duty "to do no harm". Following these principles, nurse administrators have a duty to create practice settings in which nurses can deliver quality patient care and refrain from doing harm to others. All of their actions should be undertaken for the patients' best interest. This finding is congruent with a study by Intawong (2005). She studied ethical dilemmas and ethical decision making of nurses

working in a provincial hospital in Southern Thailand providing care for patients during the Tsunami disaster. She found that nine of ten participants made ethical decisions by taking actions for the patients' best interests. And, also, six of ten participants gave their concern for the patients' best interest as the basis for their ethical decision .

3. *Maintaining good relationships/avoiding conflicts among colleagues*

Fourteen head nurses (26.42%) made ethical decisions by *maintaining good relationships/avoiding conflicts among colleagues* (incidents = 19.44%) (table 3). Conflict is inherent in all organizations. Managing conflict is an important part of the nurse administrator's job and also head nurse (Sullivan & Decker, 2005). Head nurses are responsible for managing interpersonal conflict created within the ward and among a variety of health care teams. They focused on collaboration with patients and the health team to enhance the quality of care for patients. According to Marquis and Huston (2003), collaboration, one of the common conflict management strategies, is an assertive and cooperative means of conflict resolution that results in a win-win solution. Cooperation is an ethical concept that is central to nursing administration. It consists of active participation with others to obtain quality of care for patients (Fry and Johnstone, 2002). Therefore head nurses in this study made ethical decisions by *maintaining good relationships with the health team* (incidents = 16.67%, participants = 20.75%). This finding is congruent with a study by Intawong (2005) who studied ethical dilemmas and ethical decision making of nurses working in a provincial hospital in Southern Thailand and providing care for patients during the Tsunami disaster. She found that two of ten participants gave focusing on relationships for cooperation as their reason for ethical decision making.

Besides maintaining good relationships, head nurses made ethical decisions

by avoiding conflict. Within the hospital hierarchy, sometimes head nurses have no authority to manage conflict. They collaborate with other health care professionals as a team to enhance quality of care for patients. They have no authority to manage conflict resulting from the conduct of other health care professionals. However, conflict has potentially harmful effects on the people involved such as difficulty in concentrating, anxiety, sleep disorder, withdrawal, and interpersonal relationship (Sullivan & Decker, 2005; Tappen, Weiss, & Whitehead, 2004). Head nurses have the responsibility to participate with others in order to achieve quality of care for patients as stated in the Code of Ethics that nurses should always collaborate with others in order to promote the nursing profession (The Nurses Association of Thailand, 2003). Therefore, these head nurses decided to avoid conflict in order to maintain good relationships. As Jantarapratin (2004) found that 15.62% of nurses made ethical decisions by choosing to maintain relationships by avoiding conflict. Head nurses in this study made ethical decisions including *avoiding conflict by tolerating colleague's misconduct* (incidents = 2.78%, participants = 5.66%). This finding is congruent with a study by Wipamat (2002) who found that 93.64% of the nurses dealt with ethical dilemmas in providing care for HIV/AIDS patients by unconditionally accepting. In addition, Rukchart (2000) also found that nurses working in intensive care units made ethical decisions by unconditionally accepting.

4. *Consulting with others to find solutions*

This study also found that head nurses needed help in resolving ethical dilemmas (incident = 18.52%, participant = 28.30%) (Table 3). Some head nurses (28.30%) made ethical decisions by consulting with others in finding solutions in twenty critical incidents (18.52 %). This finding is relevant to the nature of the work of head nurses who participated in this study. Most head nurses (75.47%) learned

ethics from nursing care courses, some of them (22.64%) learned ethics from nursing ethics courses, and 1.89% of the head nurses stated that they had never learned ethics from any course. Most of them (62.26%) graduated with a bachelor degree and the others (37.74%) are master degree holders. Furthermore, head nurses in Thailand are recruited from senior staff nurses who have experience in clinical nursing (Tantipalacheeva, 1996). Therefore, they may not have an adequate background in ethics in their career. Catalano (2003) stated that nurses who have experience in clinical nursing judgment are not automatically skillful in ethical decision making. Hence, in dealing with ethical dilemmas, it is difficult for nurse administrators to decide what is right or wrong or what ethical principles can be used to support their decisions. A study of Chaleawsak (2001) found that the feeling of nurses toward ethical dilemma of any choices or of any actions induced stress. They often felt uncertainty with the selected choices, feeling guilty over what had been done, and frustration with the decision. Nurse administrators have to consult someone of greater experience in the organization to guide their ethical decision making. Therefore, they need someone around them to act as a consultant in the situation when they are confronted with a difficult ethical dilemma which they cannot resolve on their own.

Head nurses in this study made ethical decisions by consulting others in finding solutions. Resources used in their ethical decision making were, in order, higher authorities, colleagues, and the ethics committee. This finding is congruent with many previous studies which found that nursing colleagues, administrative colleagues, and an institutional ethics committee were most frequently used as a resource for ethical decision making of nursing administrators (Borawski, 1994; Camunas, 1991; Camunas, 1994; Sietsema and Spradley, 1987).

Consultation in ethical decision making is very important for head nurses in

dealing with ethical dilemmas in nursing administration. Lancaster (1999) stated that effective consultation can lead to the goal of solving problems and developing innovations (Lancaster, 1999). Saminpanya (1996) studied decision making of the head nurses in the Government Hospital in Bangkok Metropolitan. She also found that the decision making behavior of the head nurses, as reported by themselves and as evaluated by subordinates, were consultative II (30.73%) and the head nurses used a consultative approach (87%) in the management of their organization

This finding is congruent with a study by Colvin (1998) which found that nursing colleagues (59.6%), and administrative colleagues (59.6%) were used as resources in ethical decision making of nurse administrators.

This finding is also similar to various studies of nurses in Southern Thailand. In a study by Wipamat (2002), most nurses (98.18%) dealt with ethical dilemmas while providing care for HIV/AIDS patients by discussing with others how to solve problems; also 98.18% of them dealt with these problems by talking with trusted persons. Nurses (6 out of 10) who were working in a provincial hospital in Southern Thailand providing care for patients during the Tsunami disaster made ethical decisions by discussing alternatives with others in order to find solutions (Intawong, 2005). Rukchart (2000) also found that nurses working in intensive care units made ethical decisions by consulting with colleagues. In addition, Chaleawsak (2001) found that ethical dilemmas experienced by nurses working in providing care for terminally ill patients resolved ethical dilemmas by consulting or discussing the matter with superiors and nurse colleagues.

5. *Working for the nurses' benefit*

Nine head nurses (16.98%) made ethical decisions by *working for nurses' benefit* (incident = 12.04%) (Table 3). A head nurse, as a nurse administrator, has an

obligation and responsibility towards patients, subordinates, and the profession. Head nurses in this study used the ethical principle of beneficence in ethical decision making as they decided to do good for their subordinates. According to Beauchamp and Childress (1998), the principle of beneficence refers to the moral obligation to act for the benefit of patients and establishes an obligation to help patients further their important and legitimate interests. It consists of doing or promoting good, preventing harm, and removing harm (Burkhardt & Nathaniel, 2002). Therefore, head nurses in this study made ethical decisions to work for nurses' benefit including motivating for performance, training incompetent nurses, and protecting nurses from the insults of others.

Eight head nurses made ethical decisions in order to motivate others in their performance (incidents=9.26%. participants=15.00%). In a job performance appraisal, head nurses tried to minimize all errors in order to make the job performance evaluation correct and just. However, they encountered ethical dilemmas including *whether to choose motivation or justice in job performance evaluation.* Head nurses used the ethical principle of distributive justice, each person according to merit, to guide their decision (Perelman, 1963 cited in Curtin, 1994). Therefore, they decided to give merit raises in order to motivate nurses to be more responsible and to improve their job performance. As Marquis and Huston (2003) and Pierce, Gardner, and Dunham (2002) stated, motivation is a force within the individual that influences their strength or direction of behavior and creating motivating subordinates is a critical element in meeting subordinate and organizational goals.

Two head nurses made ethical decisions to train incompetent staff members to be more competent nurses (incidents = 1.85%, participants = 3.77%). Because of a nursing staff shortage, incompetent nurses were recruited into the ward. Even though

head nurses in this study wanted to recruit competent nurses, they also made ethical decision to act for the benefit of these nurses. They decided to train these incompetent nurses to be more competent.

A head nurse reported a critical incident of a nurse not being respected by the health team and she made ethical decision to protect this nurse from the insults of others (incidents = 0.93%, participants = 1.89%). She placed a high value on the nurse's dignity and decided to advocate on her behalf. Marquis & Huston (2003) stated that advocacy role is the most important leadership role in ethics of a nurse administrator and head nurses have the obligation to advocate for their subordinates.

6. *Following policies and regulation of the organization*

Nine head nurses (16.98%) made ethical decisions by *following the policy/ regulation of the organization* (incident = 10.19%) (Table 3) either those of the nursing department (incidents = 5.56%, participants = 11.32%) or those of the hospital (incidents = 4.63%, participants = 5.66%). Nurses and nurse administrators have both a legal and moral obligation to the organization (Burkhardt & Nathaniel, 2002). Within the organization, policies refer to rules and regulations that regulate aspects of an employee's position (Grohar-Murray & DoCroce, 1992). As an employee of the hospital which is a bureaucratic organization, nurses and nurse administrators are expected to represent and advocate for the hospital administration ,and to interpret and implement appropriate hospital policies and procedures in the care of patients and in the management of the nursing unit in rendering this care (Beaugard, 1990). Therefore, following the policies of the organization was the approach often used by head nurses in making ethical decisions. Murphy (1978, cited in Gibson, 1993) stated that each ethical issue requires an independent ethical judgment and a nurse must be able to engage in ethical reasoning that is based on

moral values and principles that are separate from institutional norms and authority, but nursing has espoused the values of unquestionable obedience to authority and strict adherence to fixed rules and regulations (Murphy, 1978 cited in Gibson, 1993).

Outcomes of ethical decision making

Findings from this study showed that outcomes of ethical decision making in nursing administration by head nurses varied and affected many people involved in providing nursing services for patients. Those outcomes affected to patients (incidents = 43.51%, participants = 50.95%), nurses (incidents = 23.15%, participants = %), head nurses and colleagues (incidents = 20.37%, participants = 24.53%), and ward (incidents = 12.96%, participants = 20.75%), respectively (Table 5). It can be explained that head nurses encountered various ethical dilemmas and made ethical decisions in many appropriate and different ways affecting various outcomes of ethical decision making.

The most frequent outcomes of ethical decision making of head nurses affected patients. This finding can be explained by the fact that most ethical dilemmas were dilemmas related to patients, such as ethical dilemmas in attempting to achieve quality of care for patients (26.65%), an advocacy role on behalf of patients or subordinates (20.56%), and adhering to policy and regulations which brought negative consequences to some patients or nurses (14.02%). Only dilemmas related to job performance evaluations (8.41%) did not directly affect patients. In addition, the findings showed that when head nurses made ethical decisions by following a higher authority, managing for quality care, and consulting with other in finding solutions, the most frequent outcomes were outcomes that affected patients.

Even though head nurses make ethical decision, the outcomes of ethical

decision making were unpredictable. They can be both positive and negative as a successful process of ethical decision making does not always result in a satisfactory outcome (Hamric, Spross, & Hanson, 1996). Similar to previous studies, outcomes of ethical decision making of nurses in providing care for patients also had positive and negative outcomes (Chaleawsak, 2001; Jantarapratin, 2004; Rukchart, 1999).

This study found that positive outcomes for patients included *patients receiving high quality care* and fostering *good relationship between patients and the health team*. Positive outcomes for nurses resulted in *higher motivation, promoting competence, respect, and respecting dignity, as well as a lessening in conflict among colleagues.* A positive outcome experienced for head nurses and colleagues was *becoming good colleagues.* A positive outcome realized by the ward was *protecting the interest of the ward.* This finding is congruent with the study of ethical dilemmas of nurses in providing care for terminally ill patients in that positive outcomes of ethical decision making were seen in patients receiving good care (Chaleawsak, 2001). In ethical decision making of nurses who provided care for pediatric patients, positive outcomes to patients were safer care, and care more closely based on family values and beliefs (Jantarapratin, 2004). Also, positive outcomes to patients of ethical decision making by nurses working in intensive care unit were that they received good care (Rukchat, 1999).

This study found that negative outcomes for patients were that they were *patient could not get good care* and *patients were not treated equity.* The negative outcomes for nurses were *nurses' needs were not met, nurses received unfair compensation,* and *nurses were dissatisfied.* Negative outcomes for head nurses and colleagues were *head nurses felt pressured in working as a team* and *colleagues had poor relationships.* The negative outcomes for the ward were *ward had incompetent*

nurse and *ward lost personnel and manpower.* Findings are congruent with the study of ethical dilemmas of nurses in providing care for pediatric patients. A negative outcome for the patients was that their patients' needs may not be met (Jantarapratin, 2004).

Summary

Head nurses in this study encountered unique ethical dilemmas in their administrative practice. As nurse administrators, head nurses have the responsibility to collaborate with many people, such as staff nurses, patients/families, physicians, and other head nurses who may have different values, beliefs, attitudes, and objectives, in order to achieve the organization's goals. These variances may lead to ethical dilemmas in nursing administration for the head nurse. A variety of ethical dilemmas resulted while carrying out their duties and obligations such in managing quality care, their advocacy role on behalf of patients and subordinates, staffing, implementing organizational policy, promoting collaboration in the health care team, and doing a job performance appraisal. Ethical dilemmas encountered were categorized into six themes including *obligation to manage/improve quality of care for patients vs. obligation to organization/colleagues, advocating for subordinates/ patients vs. maintaining relationship with the health team, duty to perform head nurse's role in personnel management vs. follower's duty to organization, whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses, having conflict when acting as a mediator, and whether to choose motivation or justice in job performance evaluation.*

In responding to their ethical dilemmas, they performed ethical decision

making while caring for all those involved in the conflict situation. Their ethical decision making included *following higher authorities, managing for quality care, maintaining good relationships/avoiding conflict among colleagues, consulting with others to find solutions, working for the nurses' benefit,* and *following the policy/regulation of the organization.*

Their ethical decision making affected patients, nurses, colleagues, the ward, and also head nurses. Positive outcomes included *patients received high quality care, nurses had higher motivation, good relationship between patients and the health team, colleagues had better conducts, nurses had promoted competence, nurses had respected dignity, conflict among colleagues were lessen, and the interest of the ward was protected.* Nine themes of negative outcomes were *head nurses felt pressured in working as a team, ward had incompetent nurse, patients could not get good care, patients were not treated with equity, nurses' needs were not met, nurses received unfair compensation, ward lost personnel and manpower, nurses were dissatisfied, and colleagues had poor relationship.*