CHAPTER 4

RESULTS AND DISCUSSION

This descriptive study was conducted to explore ethical dilemmas and resolutions in clinical practice encountered by nursing students in Health Polytechnic Semarang, Central Java, Indonesia. The results of the study are presented as follows:

1. Personal characteristics of subjects
2. Ethics teaching and learning
3. Ethical dilemmas
4. Resolutions of ethical dilemmas

Results

1. Personal characteristics of subjects

In this study, a total of 225 nursing students were recruited through proportionate random sampling. They were third year students in Health Polytechnic Semarang, Central Java including Nursing Programs in Semarang, Magelang, Purwokerto, Pekalongan, and Blora.

Table 1 shows the distribution of personal characteristics of the subjects. There were more female subjects (73.3%), than male subjects (26.7%). The subjects' age ranged from 20 to 26 years with mean of 21. 3 years (SD= 1.22). Most subjects were Javanese (97.8%) and the rest were from Sundanese (0.9%) and ethnic groups (1.3%)

such as Bataknese, Banten, Dayak. Most subjects were Muslims (96%), and followed by Christian (3.1%), and Catholic (0.9%). In Indonesia, Christian and Catholic are different and there are five religions that recognized by government including Muslims, Catholic, Christian, Buddhist, and Hindu.

Table 1 Frequency and percentage of the students' characteristics (N=225)

Characteristics	Frequency (N)	Percentage (%)
Gender		
Female	165	73.3
Male	60	26.7
Age (Mean = 21.3 years; SD = 1.22)		
18-20 years	53	23.5
21-23 years	156	69.3
24-26 years	16	7.1
Race		
Javanese	220	97.8
Sundanese	2	0.9
Others (Bataknese, Banten, Dayak)	3	1.3
Religion		
Muslims	216	96.0
Christian	7	3.1
Catholic	2	0.9

2. Ethics teaching and learning

2.1 Ethics Courses

Table 2 shows the frequencies and percentages of ethics teaching and learning, which included credits of ethics course, semester of ethics courses, course titles and methods of theoretical ethics teaching.

Every nursing school offered four credits of ethics course. Students were taught two credits of "General Ethics" in the first semester of the first year and two credits of "Nursing Ethics" in the second semester.

In this study, most subjects described that the most common methods of theoretical ethics teaching were lecture and discussion (71.6%). The other methods included lecture, discussion, and seminar (19.1%), and lecture, discussion and case study (7.1%).

Table 2 Frequencies and percentages of ethics teaching and learning

Ethics teaching and learning	Frequency (N)	Percentage (%)
Credits of ethics course (4 credits)	225	100.0
Semester of ethics courses (first year)		
1st semester : 2 credits	225	100.0
2nd semester: 2 credits	225	100.0
Course titles		
General Ethics	225	100.0
Nursing Ethics	225	100.0
Methods of theoretical ethics teaching*		
Lecture, & discussion	161	71.6
Lecture, discussion, & seminar	43	19.1
Lecture, discussion, & case study	16	7.1
Lecture, discussion, & self study	4	1.8
Lecture	1	0.4

* More than one item can be chosen

2.2 Ethics teachers

Table 3 shows the frequencies and percentages of the number of teachers who were involved in ethics courses, the number of ethics teachers who had taken ethics courses and the educational background of ethics teachers.

The number of teachers who were involved in ethics courses in Nursing Program in Semarang was four teachers (33.3%), and other schools had two teachers. All teachers had taken ethics courses.

For the educational background of ethics teachers, it was found that four teachers had a bachelor degree in nursing (33.3%), three teachers had a bachelor degree in public health (25.0%), two teachers had a master's degree in nursing (16.7%), two had a Diploma IV in nursing (16.7%), and one teacher had a master's degree in another discipline (8.3%)

Table 3 Frequencies and percentages of ethics teachers

Ethics teachers	Frequency (N)	Percentage (%)
The number of teachers involved in ethics courses		
Semarang	4	33.3
Magelang	2	16.6
Pekalongan	2	16.6
Purwokerto	2	16.6
Blora	2	16.6
The number of ethics teachers who had taken ethics courses	12	100.0

Table 3 (Continued)

Ethics teachers	Frequency (N)	Percentage (%)
The educational background of ethics teachers		
Bachelor degree in nursing	4	33.3
Bachelor degree in public health	3	25.0
Master's degree in nursing	2	16.7
Diploma IV in nursing	2	16.7
Master's degree in another discipline	1	8.3

3. Ethical dilemmas

3.1 The frequency of ethical dilemmas

Table 4 shows means, standard deviations, and frequencies of ethical dilemmas. All ethical dilemmas in this study presented at a moderate frequency. The highest mean score of ethical dilemma encountered by nursing students was advocating for patient vs. lacking authority (Mean= 2.66, SD= .69). Values conflicts in professional roles was the second highest with the mean score of 2.60 (SD= .95).

In addition, the lowest mean score was an ethical dilemma regarding prolonging life vs. ending life decisions with a mean score of 1.82 (SD= .73).

Table 4 Means, standard deviations, and frequencies of ethical dilemmas (N= 225)

	Ethical dilemmas	Mean	SD	Frequency
1	Advocating for patients vs. lacking authority	2.66	.69	Moderate
2	Values conflicts in professional roles	2.60	.95	Moderate
3	Professional obligations vs. protecting self from harm	2.23	.49	Moderate
4	Maintaining patient confidentiality vs. warning others from harm	2.22	.79	Moderate
5	Truth telling vs. withholding the truth	2.19	.67	Moderate
6	Prolonging life vs. ending life decisions	1.82	.73	Moderate

3.1.1 The frequency of ethical dilemmas regarding advocating for patients vs. lacking authority

Table 5 shows means, standard deviations, and frequencies of ethical dilemmas regarding advocating for patients vs. lacking authority.

Four items of the ethical dilemmas regarding advocating for patients vs. lacking authority were at a high frequency and the four other items were at a moderate frequency. The willingness to help patient when she/he received low quality of care by a health team, but no authority and to help the patient with low education/socioeconomic status when his/her rights were neglected, but no authority were the two items with the highest mean score of 2.85 (SD= .87). The willingness to help the patient when his/her requests were not followed by a health team, but no authority had the second highest

mean score of 2.72 (SD=. 99). Also, the subjects encountered an ethical dilemma regarding willingness to help the patient to receive quality of care, but no authority at a high frequency (Mean= 2.67, SD= .90).

The lowest mean score for advocating for patients vs. lacking authority was found when the subjects protected patient when he/she was neglected by nurses even though less authority (Mean= 2.35, SD= .92). However, the score was within the moderate frequency.

Table 5 Means, standard deviations, and frequencies of ethical dilemmas regarding advocating for patients vs. lacking authority (N= 225)

	Advocating for patients vs. lacking authority	Mean	SD	Frequency
1	Willing to help patient when he/she receives low quality of care by a health team, but no authority	2.85	.87	High
2	Willing to help the patient with low education/socioeconomic status when his/her rights are neglected, but no authority	2.85	.87	High
3	Willing to help patient when his/her requests are not followed by a health team, but no authority	2.72	.99	High
4	Willing to help patient to receive quality of care, but no authority	2.67	.90	High
5	Willing to provide information regarding patient's illness to families when they do not receive adequate information by a health team, but no authority	2.65	.95	Moderate

Table 5 (Continued)

	Advocating for patients vs. lacking authority	Mean	SD	Frequency
6	Willing to provide information regarding patient's illness when the patient does not receive adequate information from a health team, but no authority	2.60	1.01	Moderate
7	Willing to speak on behalf of the patient when patient's rights are violated, but no authority	2.60	1.06	Moderate
8	Protecting patient when he/she is neglected by nurses even though less authority	2.35	.92	Moderate

3.1.2 The frequency of ethical dilemmas regarding values conflicts in professional roles

Table 6 shows means, standard deviations, and frequencies of an ethical dilemma regarding values conflicts in professional roles. Four from twelve items of ethical dilemmas regarding values conflicts in professional roles were at a high frequency and the other items were at a moderate frequency. The results showed that the highest mean score was on an ethical dilemma of having to provide nursing intervention with limited equipment (Mean= 3.08, SD= .81).

Additionally, there were three items which mean scores reflected high frequency including (1) having conflict to help other profession while nursing students have many responsibilities (Mean= 2.83, SD= .98), (2) having conflict when nurses perform their duty only following doctor's order (Mean= 2.79, SD= .93), and (3) having conflict when facing unfair/unequal care from a health team (Mean= 2.69, SD= .94).

An ethical dilemma regarding the disagreement with doctors or other professional health team regarding the care of patients took place the lowest mean score of 1.95 (SD=1.11). However, this was within in the moderate frequency.

Table 6 Means, standard deviations, and frequencies of ethical dilemmas regarding values conflicts in professional roles (N= 225)

	Values conflicts in professional roles	Mean	SD	Frequency
1	Having to provide nursing intervention with limited equipment	3.08	.81	High
2	Having conflict to help other profession while nursing students have many responsibilities	2.83	.98	High
3	Having conflict when nurses perform their duty only following doctor's order	2.79	.93	High
4	Having conflict when facing unfair/unequal care from a health team	2.69	.94	High
5	Willing to maintain professional image by providing standard care but colleagues do not provide professional standard care	2.65	.92	Moderate
6	Feeling uncomfortable when incompetent nurses/health team are not warned/commented by the authority	2.53	1.06	Moderate
7	Feeling reluctant when facing with a patient/ family who does not cooperate in treatment/ care of patient	2.52	.84	Moderate
8	Having to act as a mediator between patients/relatives and health team	2.50	.95	Moderate

Table 6 (Continued)

	Values conflicts in professional roles	Mean	SD	Frequency
9	Helping other profession, even though it is not nursing student's responsibilities	2.46	1.02	Moderate
10	Having conflict with senior nurses who provide low quality of care	2.34	1.10	Moderate
11	Feeling reluctant to excuse when patient/family complains about nurses/health team behaviors	2.06	1.04	Moderate
12	Disagreement with doctors or other health team regarding the care of patients	1.95	1.11	Moderate

3.1.3 The frequency of ethical dilemmas regarding professional obligations vs. protecting self from harm

Table 7 shows means, standard deviations, and frequencies of ethical dilemmas regarding professional obligations vs. protecting self from harm.

As shown in Table 7, the mean scores of eight from ten items of ethical dilemmas were at a moderate frequency. Only two items including (1) having to care for patients despite the fear of being in danger, and (2) having to care for patients using inadequate facilities/equipment even though at high risk were at a high frequency. Those ethical dilemmas presenting a high frequency had the mean scores of 2.92 (SD= .99), and 2.76 (SD= .91) respectively.

The lowest mean score of ethical dilemma was found when the subjects had to care for patients with transmitted diseases without knowing diagnosis (Mean=1.80, SD= 1.16), which reflected a moderate frequency.

Table 7 Means, standard deviations, and frequencies of ethical dilemmas regarding professional obligations vs. protecting self from harm (N=225)

	Professional obligations vs. protecting self from harm	Mean	SD	Frequency
1	Having to care for patients despite the fear of being in danger	2.92	.99	High
2	Having to care for patients using inadequate facilities/equipment even though at high risk	2.76	.91	High
3	Providing nursing intervention for patients with infectious disease that may cause risk danger	2.66	.95	Moderate
4	Feeling uncomfortable to use protective barriers for caring patient with transmitted diseases because patient and family will feel isolated	2.63	.89	Moderate
5	Having to perform risk activities even though substandard protective equipment is provided	2.57	.94	Moderate
6	Having to help a nurse providing care for patients with transmitted diseases even though, proper equipment is not provided	2.54	.88	Moderate
7	Feeling uncomfortable to provide nursing intervention to patient with transmitted diseases due to lack of experiences	2.36	1.00	Moderate

Table 7 (Continued)

	Professional obligations vs. protecting self from harm	Mean	SD	Frequency
8	Providing nursing intervention for patients with transmitted diseases when have not learned in class.	2.22	.90	Moderate
9	Having to care for patients with transmitted diseases without adequate knowledge/skills	2.19	.90	Moderate
10	Having to care for patients with transmitted diseases without knowing diagnosis	1.80	1.16	Moderate

3.1.4 The frequency of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm

Table 8 presents means, standard deviations, and frequencies of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm.

All items of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm showed mean scores at a moderate frequency. The results showed that the highest mean score was "feeling uncomfortable to keep patient's information confidential when other parties, such as relatives wanted to know the patient's illness" (Mean= 2.12, SD= 1.03). The second highest mean score was "withholding confidential information of patients even though requested repeatedly by relatives/spouses" (Mean=2.02, SD=1.06).

Furthermore, the result showed that the lowest mean score of the ethical dilemma was "keeping patient's confidential information for fear that patient might be neglected/discriminated even though requested by spouses" (Mean= 1.61, SD= 1.07).

Table 8 Means, standard deviations, and frequencies of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm (N=225)

	Maintaining patient confidentiality vs. warning others from harm	Mean	SD	Frequency
1	Feeling uncomfortable to keep patient's information confidential when other parties, such as relatives want to know the patient's illness	2.12	1.03	Moderate
2	Withholding confidential information of patients even though requested repeatedly by relatives/spouses	2.02	1.06	Moderate
3	Feeling uncomfortable to keep patient's information confidential for respecting patient's wishes while it may harm others	1.94	1.04	Moderate
4	Being reluctant to keep patient's information confidential because believing that will danger for families	1.94	1.02	Moderate
5	Being uncomfortable when relatives/spouses continually ask about the patient's confidential information	1.67	1.15	Moderate
6	Keeping patient's confidential information for fear that patient might be neglected/discriminated even though requested by spouses	1.61	1.07	Moderate

3.1.5 The frequency of ethical dilemmas regarding truth telling vs. withholding the truth

Table 9 shows means, standard deviations, and frequencies of ethical dilemmas regarding truth telling vs. withholding the truth. In this category, all items were at a moderate frequency. The highest mean score was 2.35 (SD= .99) for an ethical dilemma of being unsure whether telling the truth helped the patient to accept his/her illness or better not telling the truth regarding severe illness. Moreover, an ethical dilemma regarding being reluctant whether to tell or not to tell the truth about bad news had the second highest mean score of 2.34 (SD=97).

The lowest mean score was 1.92 (SD= 1.08) for an ethical dilemma of being reluctant to tell the truth to a patient that a placebo could not reduce pain. However, the mean score of this ethical dilemma represented a moderate frequency.

Table 9 Means, standard deviations, and frequencies of ethical dilemmas regarding truth telling vs. withholding the truth (N= 225)

	Truth telling vs. withholding the truth	Mean	SD	Frequency
1	Being unsure whether telling the truth help the patient to accept his/her illness or better not telling the truth regarding severe illness	2.35	.99	Moderate
2	Being reluctant whether to tell or not to tell the truth about bad news	2.34	.97	Moderate
3	Being reluctant to inform inadequate of facilities/human resources of hospital when being asked by patient/family	2.28	1.10	Moderate

Table 9 (Continued)

	Truth telling vs. withholding the truth	Mean	SD	Frequency
4	Feeling uncomfortable to tell the truth to patient regarding patient's condition even though truth telling will be more beneficial	2.25	.96	Moderate
5	Withholding the truth from patient about poor prognosis because the truth might cause patient sadness even though being asked by patient	2.25	.99	Moderate
6	Being unsure to tell the truth the side effect of treatment/examination even though being asked by patient/family	2.11	1.06	Moderate
7	Being conflict to tell the truth to patient and family regarding invasive treatment that will be given even though being asked by patient/family	2.05	.96	Moderate
8	Being reluctant to tell the truth to a patient that a placebo cannot reduce pain	1.92	1.08	Moderate

3.1.6 The frequency of ethical dilemmas regarding prolonging life vs. ending life decisions

Table 10 shows means and standard deviations, and frequencies of ethical dilemmas regarding prolonging life vs. ending life decisions. Six from seven items of ethical dilemmas regarding prolonging life vs. ending life decisions were at a moderate frequency. Experiencing emotional conflict to care for patient who is hopeless had the highest mean score (Mean= 2.22, SD= .97), followed by feeling uncomfortable when life

sustaining treatment is used even though patient will be more suffering with the mean score of 2.06 (SD= .96).

Only one ethical dilemma had the mean score at a low frequency when the subjects had feeling reluctant to help a health team to withdraw life-sustaining treatment even though patient is dying and hopeless (Mean= 1.32, SD= 1.08).

Table 10 Means, standard deviations, and frequencies of ethical dilemmas regarding prolonging life vs. ending life decisions (N= 225)

	Prolonging life vs. ending life decisions	Mean	SD	Frequency
1	Experiencing emotional conflict to care for patient who is hopeless	2.22	.97	Moderate
2	Feeling uncomfortable when life-sustaining treatment is used even though patient will be more suffering	2.06	.96	Moderate
3	Experiencing emotional conflict when family requests to stop treatment even though it's possible to help patient	1.95	1.08	Moderate
4	Experiencing emotional conflict when family requests life-sustaining treatment for patient who is hopeless	1.92	1.05	Moderate
5	Experiencing emotional conflict when physician do many examinations for terminally ill patient who is hopeless	1.74	1.15	Moderate
6	Feeling reluctant to help a health team to withdraw life-sustaining treatment even though patient will benefit from the treatment	1.54	1.09	Moderate

Table 10 (Continued)

	Prolonging life vs. ending life decisions	Mean	SD	Frequency
7	Feeling reluctant to help a health team to withdraw life-sustaining treatment even though patient is dying and hopeless	1.32	1.08	Low

3.2 The level of disturbance of ethical dilemmas

Table 11 presents the means, standard deviations, and levels of disturbance of ethical dilemmas. The levels of disturbance of all ethical dilemmas were at a moderate level.

The highest mean score was 2.47 (SD=. 83) reflecting the disturbance of an ethical dilemma regarding advocating for patients vs. lacking authority followed by professional obligations vs. protecting self from harm, truth telling vs. withholding the truth, and prolonging life vs. ending life decisions with the mean scores of 2.36 (SD= .63), 2.19 (SD= .67), and 2.04 (SD= .86) respectively.

In addition, the two lowest mean scores for disturbance of ethical dilemmas were maintaining patient confidentiality vs. warning others from harm (Mean= 1.90, SD= .79), and values conflicts in professional roles (Mean= 1.65, SD= .55).

Table 11 Means, standard deviations, and levels of disturbance of ethical dilemmas (N=225)

	Ethical dilemmas	Disturbance		
		Mean	SD	Level
1	Advocating for patients vs. lacking authority	2.47	.83	Moderate
2	Professional obligations vs. protecting self from harm	2.36	.63	Moderate
3	Truth telling vs. withholding the truth	2.19	.67	Moderate
4	Prolonging life vs. ending life decisions	2.04	.86	Moderate
5	Maintaining patient confidentiality vs. warning others from harm	1.90	.79	Moderate
6	Values conflicts in professional roles	1.65	.55	Moderate

3.2.1 The levels of disturbance of ethical dilemmas regarding advocating for patients vs. lacking authority

Table 12 presents means, standard deviations and levels of disturbance of ethical dilemmas regarding advocating for patients vs. lacking authority.

All items presented disturbance of ethical dilemma at a moderate level. The highest mean score of the frequency of disturbance was on the item "willingness to help the patient with low education/socioeconomic status when his/her rights are neglected, but no authority" (Mean= 2.63, SD= 1.09) and the lowest mean score was 2.29 (SD= 1.12) on item "protecting patient when he/she is neglected by nurses even though less authority."

3.2.2 The levels of disturbance of ethical dilemmas regarding professional obligations vs. protecting self from harm

Table 13 shows means, standard deviations, and levels disturbance of ethical dilemmas regarding professional obligations vs. protecting self from harm. From the finding, the disturbance for all dilemmas represented mean scores at a moderate level.

As shown in the table, the highest mean score of the level of disturbance occurred when the subjects had to care for patients using inadequate facilities/equipment even though at high risk (Mean= 2.63, SD= 1.03). Moreover, the same mean scores (Mean= 2.61) of disturbance were shown for situations when the subjects had to care for patients with transmitted diseases without adequate knowledge/skills (SD= .99), and when the subjects had to help nurses to provide care for patients with transmitted diseases even though, proper equipment was not provided (SD= .98).

In addition, the lowest mean score of disturbance was 2.02 (SD= 1.20) when the subjects felt uncomfortable to use protective barriers for caring patients with transmitted diseases because patient and family would feel isolated.

Table 13 Means, standard deviations, and levels disturbance of ethical dilemmas regarding professional obligations vs. protecting self from harm (N= 225)

	Professional obligations vs. protecting self from harm	Disturbance		
		Mean	SD	Level
1	Having to care for patients using inadequate facilities/equipment even though at high risk	2.63	1.03	Moderate
2	Having to care for patients with transmitted diseases without adequate knowledge/skills	2.61	.99	Moderate
3	Having to help a nurse providing care for patients with transmitted diseases even though, proper equipment is not provided	2.61	.98	Moderate
4	Providing nursing intervention for patients with transmitted diseases when have not learned in class	2.59	1.00	Moderate
5	Feeling uncomfortable to provide nursing intervention to patient with transmitted diseases due to lack of experiences	2.50	.91	Moderate
6	Providing nursing intervention for patients with infectious disease that may cause risk danger	2.36	1.08	Moderate
7	Having to care for patients with transmitted diseases without knowing diagnosis	2.14	1.18	Moderate
8	Having to perform risk activities even though substandard protective equipment is provided	2.13	1.02	Moderate
9	Having to care for patients despite the fear of being in danger	2.03	.99	Moderate

Table 13 (Continued)

	Professional obligations vs. protecting self from harm	Disturbance		
		Mean	SD	Level
10	Feeling uncomfortable to use protective barriers for caring patients with transmitted diseases because patient and family will feel isolated	2.02	1.20	Moderate

3.2.3 The levels of disturbance of ethical dilemmas regarding truth telling vs. withholding the truth

Table 14 shows means, standard deviations, and levels of disturbance of ethical dilemmas regarding truth telling vs. withholding the truth. The findings of this study showed that all items were indicated their mean scores at a moderate frequency.

The highest mean score was 2.34 in situations when the subjects had disturbance for "being reluctant to inform inadequate facilities/equipment human resources of hospital when being asked by patient/family" (SD= 1.14) and "withholding the truth from patient about poor prognosis because the truth might cause patient sadness even though being asked by patient" (Mean= 2.34, SD=1.08).

In addition, the lowest mean score of the disturbance of ethical dilemma was 1.83 (SD=1.19) when the subjects were being reluctant to tell the truth to a patient that placebo could not reduce pain.

Table 14 Means, standard deviations, and levels of disturbance ethical dilemmas regarding truth telling vs. withholding the truth (N= 225)

	Truth telling vs. withholding the truth	Disturbance		
		Mean	SD	Level
1	Being reluctant to inform inadequate of facilities/equipment human resources of hospital when being asked by patient/family	2.34	1.14	Moderate
2	Withholding the truth from patient about poor prognosis because the truth might cause patient sadness even though being asked by patient	2.34	1.08	Moderate
3	Being unsure whether telling the truth help the patient to accept his/her illness or better not telling the truth regarding severe illness	2.32	1.02	Moderate
4	Being reluctant whether to tell or not to tell the truth about bad news	2.30	1.02	Moderate
5	Feeling uncomfortable to tell the truth to patient regarding patient's condition even though truth telling will be more beneficial	2.13	1.07	Moderate
6	Being unsure to tell the truth the side effect of treatment/examination even though being asked by patient/family	2.05	1.11	Moderate
7	Being conflict to tell the truth to patient and family regarding invasive treatment that will be given even though being asked by the patient/family	1.98	1.07	Moderate
8	Being reluctant to tell the truth to a patient that a placebo cannot reduce pain	1.83	1.19	Moderate

3.2.4 The levels of disturbance of ethical dilemmas regarding prolonging life vs. ending life decisions

Table 15 shows means, standard deviations, and levels of disturbance of ethical dilemmas regarding prolonging life vs. ending life decisions. Considering the levels of disturbance, all ethical dilemmas regarding prolonging life vs. ending life decisions were found at a moderate level.

The item with the highest level of disturbance was "experiencing emotional conflict when family requests to stop treatment even though it's possible to help patient" with the mean score of 2.28 (SD= 1.19). The second highest disturbed dilemma was "experiencing emotional conflict to care for patient who is hopeless" with the mean score of 2.24 (SD= 1.13).

Moreover, the lowest mean score was 1.71 (SD= 1.31) on the item "feeling reluctant to help nurses to withdraw life-sustaining treatment even though patient is dying and hopeless."

Table 15 Means, standard deviations, and levels of disturbance of ethical dilemmas regarding prolonging life vs. ending life decisions (N=225)

	Prolonging life vs. ending life decisions	Disturbance		
		Mean	SD	Level
1	Experiencing emotional conflict when family requests to stop treatment even though it's possible to help patient	2.28	1.19	Moderate
2	Experiencing emotional conflict to care for patient who is hopeless	2.24	1.13	Moderate

Table 15 (Continued)

	Prolonging life vs. ending life decisions	Disturbance		
		Mean	SD	Level
3	Feeling uncomfortable when life sustaining treatment is used even though patient will be more suffering	2.20	1.14	Moderate
4	Experiencing emotional conflict when physician do many examinations for terminally ill patient who is hopeless	2.06	1.25	Moderate
5	Feeling reluctant to help a health team to withdraw life sustaining treatment even though patient will benefit from the treatment	1.97	1.31	Moderate
6	Experiencing emotional conflict when family requests life-sustaining treatment for patient who is hopeless	1.84	1.16	Moderate
7	Feeling reluctant to help nurses to withdraw life-sustaining treatment even though patient is dying and hopeless	1.71	1.31	Moderate

3.2.5 The levels of disturbance of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm

Table 16 presents means, standard deviations, and levels of disturbance of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm. The results for all ethical dilemmas showed a moderate level of disturbance.

The highest mean score of the level of disturbance was regarding feeling uncomfortable to keep patient's information confidential when other parties, such as relatives, wanted to know patient's illness (Mean= 2.19, SD= 1.12). The second highest

mean score was 2.00 (SD=1.14) when the subjects were feeling uncomfortable to keep patient's information confidential to respect patient's wishes while it may harm others.

It can be seen from the table that the subjects felt reluctant when the relatives/spouses asked about the patient's confidential information with the lowest mean score of 1.67 (SD= 1.16).

Table 16 Means, standard deviations, and levels of disturbance of ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm (N=225)

	Maintaining patient confidentiality vs. warning others from harm	Disturbance		
		Mean	SD	Level
1	Feeling uncomfortable to keep patient's information confidential when other parties, such as relatives want to know patient's illness	2.19	1.12	Moderate
2	Feeling uncomfortable to keep patient's information confidential to respect patient's wishes while it may harm others	2.00	1.14	Moderate
3	Being reluctant to keep patient's information confidential because believing that will danger for families	1.96	2.00	Moderate
4	Withholding confidential information of patients requested by relatives/spouses	1.85	1.09	Moderate
5	Keeping patient's confidential information for fear that patient might be neglected/discriminated even though requested by spouses	1.69	1.20	Moderate

Table 16 (Continued)

	Maintaining patient confidentiality vs. warning others from harm	Disturbance		
		Mean	SD	Level
6	Being uncomfortable when relatives/spouses continually ask about the patient's confidential information	1.67	1.16	Moderate

3.2.6 The levels of disturbance of ethical dilemmas regarding values conflicts in professional roles

Table 17 presents means, standard deviations, and levels disturbance of the ethical dilemma regarding values conflicts in professional roles.

The results showed that all items, except item 1, had a moderate level of the disturbance with the mean scores ranging from 1.95 – 2.66. Item 1 "having to provide nursing intervention with limited equipment" had the highest mean score with a high level of disturbance (Mean= 2.69, SD= 1.04).

There were the two highest mean scores with a moderate level of the disturbance of values conflicts in professional roles. Those included "having conflict to help other profession while nursing students have many responsibilities" (Mean= 2.66, SD= 1.06) and "having conflict when nurses perform their duty only following doctor's order" (Mean= 2.62, SD= 1.10).

Furthermore, the subjects reported the lowest of disturbance when they had to act as a mediator between patients/relatives and health team (Mean= 1.82, SD= 1.13).

Table 17 Means, standard deviations, and levels of disturbance of ethical dilemmas regarding values conflicts in professional roles (N=225)

	Values conflicts in professional roles	Disturbance		
		Mean	SD	Level
1	Having to provide nursing intervention with limited equipment	2.69	1.04	High
2	Having conflict to help other profession nursing students have many responsibilities	2.66	1.06	Moderate
3	Having conflict when nurses perform their duty only following doctor's order	2.62	1.10	Moderate
4	Feeling reluctant when facing with a patient/ family who does not cooperate in treatment/ care of patient	2.58	1.00	Moderate
5	Having conflict when facing unfair/unequal care from health team	2.51	1.08	Moderate
6	Willing to maintain professional image by providing standard care but colleagues do not provide professional standard care	2.47	1.08	Moderate
7	Having conflict with senior nurses who provide low quality of care	2.44	1.10	Moderate
8	Feeling uncomfortable when incompetent nurses/health team are not warned/ commented by the authority	2.42	1.14	Moderate
9	Feeling reluctant to excuse when patient/family complains about nurses/health team behaviors	2.16	1.13	Moderate
10	Helping other profession even though it is not nursing students' responsibility	1.95	1.21	Moderate

Table 17 (Continued)

	Values conflicts in professional roles	Disturbance		
		Mean	SD	Level
11	Disagreement with doctors or other professional health team regarding the care of patients	1.92	1.23	Moderate
12	Having to act as a mediator between patients/relatives and health team	1.82	1.13	Moderate

4. Resolutions of ethical dilemmas

Table 18 shows the resolutions of ethical dilemmas that were used by nursing students. The mean score of resolution of ethical dilemmas by discussing and consulting with others was at a high level, and the mean scores of other two resolutions including emotional coping strategies and taking moral actions were at a moderate level. The highest mean score was 2.69 (SD= .46) for resolution of ethical dilemmas by discussing and consulting with others.

Table 18 Means, standard deviations, and frequencies of resolutions of ethical dilemmas (N= 225)

	Resolutions of ethical dilemmas	Mean	SD	Frequency
1	Discussing and consulting with others	2.69	.46	High
2	Emotional coping strategies	2.53	.61	Moderate
3	Taking moral actions	2.52	.53	Moderate

4.1 The frequency of resolutions of ethical dilemmas by discussing and consulting with others

Means, standard deviations and frequencies of resolutions of ethical dilemmas by discussing and consulting with others are shown in Table 19. There were five items of resolutions that had a high level and mean scores of three items were at a moderate level.

The two highest mean scores were "consulting with teachers in a nursing school" (Mean= 2.78, SD= 78), and "discussing with colleagues who work in the same ward" (Mean= 2.77, SD= .75).

The items of resolutions moderately used by the subjects were "consulting with physician/other profession who cares for patient" (Mean= 2.66, SD= .97), "discussing with medical students/senior students (Mean= 2.60, SD= .79), and "discussing with someone who is trusted" of 2.56 (SD= .86).

Table 19 Means, standard deviations and frequencies of resolutions of ethical dilemmas by discussing and consulting with others (N= 225)

	Discussing and consulting with others	Mean	SD	Frequency
1	Consulting with teachers in a nursing school	2.78	.78	High
2	Discussing with colleagues who work in the same team	2.77	.75	High
3	Consulting with senior nurses	2.73	.80	High
4	Discussing with family members	2.72	.76	High
5	Consulting with clinical instructors	2.71	.79	High

Table 19 (Continued)

	Discussing and consulting with others	Mean	SD	Frequency
6	Consulting with physician/other profession who cares for patient	2.66	.97	Moderate
7	Discussing with medical students/senior students	2.60	.79	Moderate
8	Discussing with someone who is trusted	2.56	.86	Moderate

4.2 The frequency of resolutions of ethical dilemmas by using emotional coping strategies

Table 20 shows means, standard deviations, and frequencies of resolutions of ethical dilemmas by using emotional coping strategies. Only one from six items of resolutions of ethical dilemmas by using emotional coping strategies was at a high level. The other items had mean scores at a moderate level.

The highest mean score of 2.81 (SD= .76) was on the item "trying to look for the situation or event in the positive way," and the second highest item was "expressing feeling with others" with the mean score of 2.63 (SD= .89).

Table 20 Means, standard deviations and frequencies of resolutions of ethical dilemmas by using emotional coping strategies (N=225)

	Emotional coping strategies	Mean	SD	Frequency
1	Trying to look for the situation or event in the positive way	2.81	.76	High
2	Expressing feeling with others	2.63	.89	Moderate
3	Accepting the situation in clinical practice	2.59	.86	Moderate
4	Trying to find reasons to comfort oneself	2.48	.79	Moderate
5	Isolating oneself from the controversy situation	2.43	1.08	Moderate
6	Trying to forget what it was happening	2.25	.93	Moderate

4.3 The frequency of resolutions of ethical dilemmas by taking moral actions

Table 21 presents means, standard deviations, and frequencies of resolutions of ethical dilemmas by taking moral actions. There were two items of resolutions by taking moral actions that had mean scores at a high level. Firstly, "providing nursing intervention that can help patient" had the mean score of 2.97 (SD= 62). Secondly, "providing information what patient/family needs" had the mean score of 2.79 (SD= .76).

Eight items of resolutions of ethical dilemmas were moderately used by the subjects with mean scores ranging from 2.12 - 2.60.

Table 21 Means, standard deviations and frequencies of resolutions of ethical dilemmas by taking moral actions (N= 225)

	Taking moral actions	Mean	SD	Frequency
1	Providing nursing intervention that can help patient	2.97	.62	High
2	Providing information what patient/family needs	2.79	.76	High
3	Trying to follow patient's wishes	2.60	.90	Moderate
4	Trying to support patient/relatives for participating in decision making	2.53	.90	Moderate
5	Advising the patients/relatives to directly ask the physicians/nurses about treatment	2.52	1.07	Moderate
6	Providing good care for patients when a health team neglected them	2.51	.89	Moderate
7	Providing professional standard care for patients	2.50	.99	Moderate
8	Acting as a mediator to communicate between patient/relatives and health team	2.41	.94	Moderate
9	Trying to assess patient's belief and values to inform other health team	2.26	.98	Moderate
10	Acting on behalf of patient/family members to protect the rights of patients	2.12	1.04	Moderate

Discussion

The study aimed to explore ethical dilemmas and resolutions in clinical practice encountered by nursing students in Health Polytechnic Semarang, Central Java, Indonesia. The discussion of this study will be carried in the following sequence: personal characteristics of subjects, ethics teaching and learning, ethical dilemmas, and resolutions of ethical dilemmas.

1. Personal characteristics of subjects

Most subjects were female (73.3%) ranging in age from 19-26 years. In Indonesia, females are the most common to enroll in nursing schools and a nursing career is more appropriate for females than males because nursing occupation is related to "mother instinct" (Purwanto & Rr-Pujiastuti, 1992). It means that mother instinct is needed for caring because mother characteristics are the foundation to develop a sense of responsibility based on the universal principle of caring. This is relevant with traditional view of nursing that "Florence Nightingale saw nursing as closely related to mothering because both used the natural feminine characteristics of nurturance, compassion, and submissiveness" (Leddy & Pepper, 1998). Adam's study (2000) mentioned that the nursing profession was composed primarily of women. Also, staff nurses are primarily women because women's sense appears with an ethic of care (DeMarco, 1998).

In the location of Health Polytechnic Semarang in Central Java, Javanese is the majority ethnic (60 %) among the Indonesian population and the population in Central Java (Ferguson, 2002). Therefore, the majority of the subjects were Javanese (97.8%). Of

the others, two people were Sundanese (0.9%), and others (1.3%) were from Bataknese (Sumatra Island), Banten (West Java Island), and Dayak (Kalimantan Island). Islam is the predominant religion in Indonesia, accounting for 88% of Indonesian population (Indonesian data, 2004). Among subjects, 96% were Muslims.

2. Ethics teaching and learning

2.1 Ethics Course

The curriculum of ethics courses in every nursing school of this study was the same because it was based on the national curriculum. Four credits of ethics courses were divided into two credits of "General Ethics" in the first semester of the first year, and two credits of "Nursing Ethics" in the second semester of the first year. The ethics courses for Indonesian nursing students and the national curriculum are needed because an ethics course is a central and fundamental subject in nursing profession to build on clarity of the professional role. Nursing students are expected to recognize the principles of ethics both conceptually and in practice settings. It is relevant that ethics is regarded as an essential part of the nursing curricula in many countries to conduct the most relevant teaching approaches, which will enable students to apply their ethical knowledge in clinical settings (Cassell & Redman, 1989; Nolan and Smith, 1995).

The results of this study showed the various methods of teaching ethics. The majority of subjects reported that lecture and discussion were the most common methods of theoretical teaching in their study (71.6%). In nursing program, lecture and discussion are the common methods of learning that used for all courses including ethics. Ethics

courses consist of abstract concepts that address the philosophical and professional foundations of ethics. It is relevant that lecture is the learning process where teachers are usually more active to provide information for students and may be the easiest strategy for specific topics, new knowledge and abstract concepts. Quinn (1995) described lecture as being commonly used in teaching learning because the speed delivery can be closely related to the level of difficulty of the subjects, and the role of the lecturer is to persuade the audience by virtue of the beliefs and values that are shared by both students and teachers. Lecture provides nursing students with the significant theories that make easy understanding about ethics contents, and discussion helps students to exercise their thinking especially the topic that needs to analysis. That is an important tool for evaluating the progress of learners in integrating ethics into practice (Dinc & Gorgulu, 2000). Therefore, lecture and discussion are the appropriate methods for ethics contents to build on awareness and critically analyze the situation by applying ethical principles, theories and codes. However, various types of teaching strategies can be used to develop students' thinking in an ethics course to stimulate them to be aware of ethical dilemmas and to be confident in resolutions of ethical dilemmas (Gaul, 1987).

2.2 Ethics teachers

The findings of this study showed that the majority of teachers had received their bachelor degrees (58.3%). This is relevant with the national data that 49.25% of teachers have bachelor degrees and the number of masters' degree is only 11.15 % in Diploma III nursing programs in Health Polytechnic in Indonesia (Pusdiknakes, 2003). The findings

showed that all teachers had taken ethics courses in their education. Therefore, the qualifications of teachers for ethics courses in Diploma III nursing programs were adequate to provide ethics courses. The qualification of the teachers is an important factor that contributes the quality of ethics courses in order to train nursing students to better participate in ethical decision-making and should facilitate students' moral reasoning development to make the high level ethical decisions (Dinc & Gorgulu, 2002; Mustapha & Seybert, 1989).

In summary, ethics teaching and learning is an essential process to develop a more consistent set of competencies for nursing profession to prepare students' knowledge and skills. Therefore, nursing students are more aware of ethical dilemmas and are able to analyze them and participate in finding resolutions of ethical dilemmas in clinical practice.

3. Ethical dilemmas

Ethical dilemmas have been frequently encountered by nursing students and have created disturbance for them in day-to-day clinical practice. The findings of this study showed that the subjects encountered ethical dilemmas at a moderate frequency regarding (1) advocating for patients vs. lacking authority, (2) values conflicts in professional roles, (3) professional obligations vs. protecting self from harm, (4) maintaining patient confidentiality vs. warning others from harm, (5) truth telling vs. withholding the truth, and (6) prolonging life vs. ending life decisions. For the levels of disturbance of those

ethical dilemmas were presented at a moderate level. Each dilemma will be discussed as follows.

3.1 Advocating for patients vs. lacking authority

Ethical dilemmas regarding advocating for patients vs. lacking authority were most frequently encountered and most frequently disturbed for nursing students with the mean scores of 2.66 and 2.47 (SD= .69, SD= .83) respectively. The frequencies of ethical dilemmas showed that four from eight items were at a high frequency and the others were at a moderate frequency. The high frequency of ethical dilemmas occurred when the subjects were willing to help the patients with some circumstances including (1) when patient received low quality of care by health team but no authority, (2) willing to help patient with low education/socioeconomic status when his/her rights were neglected but no authority, (3) when patient's requests were not followed by a health team, but no authority, and (4) willing to help patients to receive quality of care but no authority.

The levels of disturbance of all ethical dilemmas regarding advocating for patients vs. lacking authority were presented at a moderate level. The findings of this study showed that the subjects were most frequently disturbed by an ethical dilemma regarding "willing to help the patient with low education/socioeconomic status when his/her rights were neglected but no authority" (Mean= 2.63, SD= 1.09).

The findings of this study indicated that the subjects had awareness for their advocacy role. Advocacy is a unique function in which nurses help patients to assert control over the factors that affect patients' life and the nurses attempt to maintain basic

Kelly's study (1993) reported that senior undergraduate students experienced guilt when they did not help the patient, and they expressed disappointment. Tension and emotional conflicts may exist between ideal claims of the practice of advocacy. Yung (1997) stated that such restrictions could reduce the chance of gaining experience in resolving ethical conflicts in different care situations and further cultivate a sense of powerlessness, lack of autonomy in the clinical practice. Clinical and ethical knowledge and the perception of obligations are significant and necessary to ensure and protect patients' right in term of advocacy' roles (Altun & Ersoy, 2003; Granot & Tabak, 2002; Solum & Schaffer, 2003).

3.2 Values conflicts in professional roles

Ethical dilemmas of values conflicts in professional roles were inherent in clinical practice. The results of this finding showed that ethical dilemmas of values conflicts in professional roles were the second highest frequency of ethical dilemmas even though those ethical dilemmas caused the lowest level of disturbance for the subjects. This indicates that even though values conflicts often occurred in clinical practice, the subjects were not really disturbed by those dilemmas.

Moreover, the findings of this study showed that four from twelve items of ethical dilemmas regarding values conflicts in professional roles were at a high frequency and others were at a moderate frequency. Those ethical dilemmas included the situations where the subjects had conflicts: (1) to provide nursing intervention with limited equipment, (2) to help other professional while nursing students have many

human rights for the patients (Fry, 1994; Hyland, 2002). Indonesian nursing students were taught to care for patients ethically in clinical practice including critical reflective thinking for their duties as a member of a profession fulfilling advocacy roles and as good professional practice for the patient's interests (Granot & Tabak, 2000; Hewitt, 2002; Mallik, 1997; Milton, 2000). The findings of this study are relevant with a perspective of the nursing role that emphasizes patient advocacy as the priority of nursing students' responsibility (Altun & Ersoy, 2003; Han & Ahn, 2000; Nolan & Markert, 2002). This is supported by the code for nurses in Indonesia that "the nurse acts to protect clients from incompetent, unethical, or illegal health care conducted by others" (Indonesian Nurses Association, 2000).

The findings of this study are consistent with the health care system in Indonesia in which health care services are undertaken mostly by medical doctors. It may be a difficult factor for nursing profession to advocate for patients. As nursing students, they can make moral choices, but they may be restricted from independent action as an advocate, due to accountability to their authority. Nursing students may have different standards from those set forth by educational institutions or professional licensing bodies (Langan, 2003). Therefore, they perceive themselves as lacking power and autonomy in bureaucratic setting because their position is under the control of the institution. It is relevant that nursing students seem to face an insurmountable task in clinical practice to reconcile accountability to the patient and to their authority (Brockoop et al., 2003; Solum & schaffer, 2003).

responsibilities, (3) when nurses perform their duty only following doctor's order, and (4) when facing unfair/unequal care from a health team. The mean scores were 3.08, 2.81, 2.79, and 2.69 respectively. However, the level of disturbance caused by ethical dilemmas for values conflicts in professional roles had only one from twelve items at a high level that was "having to provide nursing intervention with limited equipment" (Mean= 2.69).

Considering the findings of this study, the lowest level of disturbance of ethical dilemmas related to the nature of students. As students, the subjects were most concerned to their responsibilities for their patients and their schools related to students' assignments. Also, their dependence on the senior nurses influences their personal values to accept the different situations. It is relevant that nursing students are groomed for subordination in clinical practice. Moreover, they tend to acquire the attitudes of their professional seniors and often learned to behave passively in team-work relations (Elder, Price, & Williams, 2003; Kelly, 1992). Therefore, differences in ethical attitudes had the potential to adverse effects on patient care and the purpose of learning of nursing students (Kelly, 1993; Magnussen & Amundson, 2003; Zilberg, Bar-Tal, & Krulik, 2003).

The students clearly expected a health team conducted the professional roles and had some awareness of what this entails in varying situations. It is relevant that nursing students think their missions is to offer the best caring to patients in order to promote the patient's welfare (Flarey, 1999; Swider, McMurry, & Yarling, 1984). Considering the findings of this study, the wide gap between theory and practice in nursing creates students' frustration especially when they recognize low quality care (Pagana, 1990).

Role conflict and role ambiguity are common sources of stress among them (Kalvemark Hoglund, Hansson, Westerholm, & Arnetz, 2004; Kelly, 1993). While seniors nurses and other health providers know the correct professional conduct in nursing practice, they will not always do it for their patients. The realities in clinical practice sometimes appear different from the students' values.

3.3 Professional obligations vs. protecting self from harm

Ethical dilemmas regarding professional obligations vs. protecting self from harm could not be avoided by nursing students in this study when they care for patients in clinical practice. The results of this study showed that the subjects confronted two from ten items of ethical dilemmas regarding professional obligations vs. protecting self from harm which is the high frequency including "having to care for patients despite the fear of being in danger" (Mean= 2.92) and "having to care for patients using inadequate facilities/equipment even though at high risk" (Mean= 2.76). Another eight ethical dilemmas were at a moderate frequency. The findings of this study also showed that the level of disturbance of all ethical dilemmas regarding professional obligations vs. protecting self from harm were at a moderate level. The most common disturbance was "having to care for patients using inadequate facilities/equipment even though at high risk" (Mean=2.63).

These findings are supported by a study of ethical dilemmas faced by nursing students in Thailand, which found that nursing students confronted a dilemma between professional obligation and duty to protect self from harm in providing care for patients

with HIV/AIDS (Chaowalit, Suttharangsee, & Takviriyanun, 1999). Similarly, Catalono (1992) mentioned that a nurse assigned to care for patients in the terminal stages of AIDS might have strong fears about contracting the disease and transmitting it to their family.

This study found that ethical dilemmas regarding professional obligations vs. protecting self from harm were the third highest frequency of ethical dilemmas, and the second highest for the level of disturbance. This demonstrated that the subjects recognized ethical dilemmas for protecting themselves when they provided care for patients and they had high disturbance. The risk versus duty or the duty to do good for patients when caring for a patient places the nursing students at some risk that creates ethically tension for them. Based on the ethics perspective, Catalano (1992) reported that caring for patients is the primary obligation even though there is fear of being in danger. Moreover, refusing to provide care would be unethical.

Health care providers should ensure in safe working conditions and society does not expect that nurses should put their own health or lives at the risk in order to complete their obligations and duties of nursing role (Catalano, 2003; Corley, 2002; Graham & Rumbold, 1986). Lack of resources such as limited equipment, unsafe environment, or inappropriate protective barriers causes the risk of danger for health care providers. Physical risk to the health care providers should be minimized by proper equipment/facilities, such as the provision of resuscitation equipment, protection from combative patient, proper specimen facilities (Corley, 2002, Graham & Rumbold, 1986; Tingle & Cribb, 2002). Although there are patients with transmitted diseases,

measures/facilities exist that can be taken to protect the nurses from infection (Aroskar, 1993; Fowler, 1989).

3.4 Maintaining patient confidentiality vs. warning others from harm

This study found that ethical dilemmas regarding maintaining patient confidentiality vs. warning others from harm were the third lowest levels of ethical dilemmas, and the second lowest level of disturbance. Both the level of ethical dilemmas and the level of disturbance presented at a moderate level. From the findings of this study, it can be assumed that ethical dilemmas regarding confidentiality vs. warning others from harm occurred in their practice even though not very often, and it causes less disturbance for the subjects. The most common ethical dilemma and the level of disturbance was "feeling uncomfortable to keep patient's information confidential when relatives want to know patient's illness" with the mean score of 2.12 and 2.19 respectively. It reflects that nursing students aware to keep patient confidentiality.

Confidentiality is the fundamental ethical principle of medical and nursing ethics that requires non-disclosure of private or secret information with which one is entrusted (Burkardt & Nathaniel, 2002; Snider & Hood, 2001). Nursing students are responsible for protecting the privacy and confidentiality of patient's information. Feeling reluctant to nondisclosure patients' information confidentiality is relevant with the pledge of nursing students before their practice. They cannot disclosure patient's information except when being asked by other parties via a court order (Nursing Academy of Semarang, 2000). As every code of ethics emphasizes, nurse have an

obligation to protect and use information from the patient appropriately. The Indonesian Code of Ethics for Nurses, which emphasizes that, "the nurse has to hold confidentiality all information of client except as needed by an authorized party and in concordance with the law" (Indonesian Nurses Association, 2000).

The relationships within Javanese culture supported the findings of this study. The close relationship among families and relatives for sharing any information build a trusting relationship among patients, families, and health care providers to know any situations of patient. The ideal community among all classes is gotong royong, which mean "mutual help," and rukun tetangga, which means "the bond of households" (Koentjaraningrat, 1985). These ideals require mutual attention and assistance among relatives, especially in times of sickness and death. However, family does not have secrets but sometimes patient asks students to keep secret. It causes an ethical dilemma for nursing students and breaking confidentiality always entails the risk of creating distrust in the health professional-patient relationship. The student may feel guilt and conflicts with any choices. Gulley (1999) reported that confronting confidentiality is as an area fraught with problems for the nursing practice.

3.4 Truth telling vs. withholding the truth

Ethical dilemmas regarding truth telling vs. withholding the truth generally involve the consideration of benevolence. This study found that ethical dilemmas regarding truth telling vs. withholding the truth were the second lowest frequency of ethical dilemmas and the third highest level of disturbance even though both of them

were within a moderate level. These findings demonstrated that the subjects rarely encountered these ethical dilemmas even though they were experienced quite disturbed by those dilemmas. This indicates that the subjects recognize to tell the truth for patients' rights, but they really consider the negative consequences in case to inform bad prognosis.

Truth telling is the moral action that refers to comprehensive, accurate, and objective transmission of information because individuals have the right to be told the truth and not to lie (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). Patients as human being with dignity have a right to know of their diagnoses and make their own decisions for diagnosis of a possible irreversible condition (Beauchamp & Childress, 2002; Fowler, 1989; Lorensen, Davis, Konishi, & Bunch, 2003; Reeder, 1989; Sukmak, 2001).

In Indonesia, telling the truth in health care systems is commonly provided by the medical doctors. The health care providers especially medical doctors prefer to inform the patient's prognosis to the family directly rather than to patients based on the basis of beneficence. It is reasonable when the students believe that disclosure information is not their responsibility. It is consistent with a study that conducted by Miyaji (1993) that the basic normative of truth telling is doctors' duty to inform the bad prognosis in order to preserve hope, respect the truth and consider patients' rights. Withholding the truth to protect hope considered a morally acceptable option (Begley & Blackwood, 2000).

Previous studies supported that breaking bad news had been challenging and could be stressful when the information of the bad prognosis may harm the patient (Davis, Aroskar, Liaschencko, & Drought, 1991; Hebert, Hoffmaker, Glass, & Singer, 1997). Sukmak (2001) stated that withholding patient's condition might experience greater anxiety and depression for nurses. The patients' feeling such as fear of nearing death, hopeless, stress, and worry will provoke to much emotion (Hebert, Hoffmaker, Glass, & Singer, 1997; Hu, 2002) and destroy hope's therapeutic effects that harmful for patient (Begley & Blackwood, 2000; Georgaki, Kalaidopoulou, Liarmakopoulos, & Mystakidou, 2002). This is consistent with eastern culture that the health professionals do not disclose the truth diagnoses directly to patient but to families in order to discuss the possible emotional reactions of patients (Hu, Chiu, Chuang, & Chen, 2002).

Some reasons such as religious beliefs and the awareness of the principle of truth telling strongly influence nursing students' disturbance. Considering the characteristic of the subjects, Indonesian nursing students desired to maintain the Islamic concept to be not lying. Truth telling is one of the tenet of the high path of Islam to be honest when one speaks. The prophet (Allah bless him and give him peace) said honest certainly leads to goodness, and goodness leads to paradise and lying leads to going wrong, and going wrong leads to hell (Keller, 2001). These beliefs may contribute to nursing students having disturbance for confronting ethical dilemmas regarding truth telling vs. withholding the truth.

3.6 Prolonging life vs. ending life decisions

This study found that ethical dilemmas regarding prolonging life vs. ending life decisions had the lowest mean score of the frequency of ethical dilemmas and the third lowest mean score of the level of disturbance. This demonstrates that the subjects rarely faced the ethical dilemmas regarding prolonging life vs. ending life decisions and were little disturbed by those dilemmas. Only one ethical dilemma regarding "feeling reluctant to help nurses to withdraw life-sustaining treatment even though the patient is hopeless" had low frequency (Mean= 1.32). The others presented at a moderate frequency of ethical dilemmas and a moderate level of disturbance.

The findings of this study showed that the subjects most commonly encountered ethical dilemmas regarding "experiencing emotional conflict to care for patient who is hopeless" (Mean= 2.22). This is relevant with previous studies that ethical dilemmas regarding end of life arise complex questions between respect for life and acceptance of death and commonly occur in clinical practice (Kuuppelomaki, 1993; Marshall, 2001; Volker, 2001; Wipawat, 2001). Fowler' study (1989) supported that some patients may not have their life sustained on the grounds that its quality would not be adequate. Overriding such a decision would require a very substantive and weighty ethical justification because it may be morally inadequate that included communication with patient, the suffering of the patient, and the appropriateness of the medical treatment (Georges & Grypdonck, 2002; Trnobranski, 1996).

Moreover, to administer futile treatments for patient who is hopeless because the family demands it is not morally appropriate (Fowler, 1989). Prolong lives through

medical interventions may result in other people having to forego treatment because of limited resources (Beauchamp & Childress, 2001). It is difficult to consider what is fair in terms of distribution of health care to society. Although there issues require the attention of nursing for society, nursing has to focus on the contextual needs of patient rather than societal needs (Aroskar, 1989).

Konishy, Davis and Aiba (2002) reported that the doctors' order, the family's request, or the patient's advanced age did not ethically justify to withdraw the treatment. It was a cruel action and an unethically act. Even though human life is impermanent, people should not take any action that will shorten it. However, prolongation of dying and suffering does harm to patient's dignity and nurses have obligation to save patient's life but also the obligation to diminish suffering (White & Zimbelman, 1999).

Bunch (2002) found that terminate treatment was an ethically and psychologically stressful process for all involved, for instance, when all trauma patients presented ambiguous and complex clinical pictures that take hours, days to unravel. The emotional consequences of the ethical dilemmas such as feeling of insecurity, being uncomfortable and powerlessness are considered in the caring of the terminal ill patients (Hudson, 2000; Main, 2002). Another study regarding ethical dilemmas experienced by nurses in providing care for terminally ill patients found that nurses were feeling guilty over what have been done (Chaleawsak, 2001). Ethical dilemma arises when the nurses should maintain life but they realize prolongation of dying does harm to patient's dignity.

In summary, as findings in this study, the basic nature of the ethical dilemmas consisted of a conflict of values, and complex situations with unfavorable solutions. The

findings of this study found that the subjects encountered various ethical dilemmas that produced disturbance for them in clinical practice.

4. Resolutions of ethical dilemmas

Resolutions of ethical dilemmas by discussing and consulting with others, using emotional coping strategies, and taking moral action were used by the subjects in clinical practice. The most common resolutions of ethical dilemmas was discussing and consulting with others which a mean score of 2.69 (SD= .46), followed by using emotional coping strategies and by taking moral actions with the mean scores of 2.53 (SD= .61) and 2.52 (SD= .53) respectively.

4.1 Discussing and consulting with others

The findings of this study found that the subjects commonly used the resolutions of ethical dilemmas by discussing and consulting with others. This indicates that the subjects need for help to resolve ethical dilemmas. The subjects demonstrated that they often discussed with (1) colleagues who worked in the same team and (2) family members. In addition, they commonly consulted with (1) teachers in nursing schools, (2) senior nurses, and (3) clinical instructors.

The findings of this study are relevant to the nature of students. Most students usually perceive themselves unable to do the best for patients and in confident to act independently in clinical practice, because of limited knowledge/skill or limited information. Discussing and consulting with others especially the authority is needed to

prevent the risk of actions. Therefore, they preferred to discuss and consult to the people who were more capable and competent to help them.

Concerning the findings of this study, the subjects often discussed with colleagues who worked in the same team and family members. It is relevant with Corley's study (2002) that nurses used support from other nurses, clinical nurse specialists, social workers, spouses/significant others, nurse managers, education programmers, and hospital ethics committees and enhanced family members to participate in resolving ethical dilemmas. Baggs and Schmitt's study (2000) supported that the involvement of family in making decisions is needed to judge to be best especially in terminally and chronically illness because health team expects that family more understand patient's values.

Tschudin and Schmitz (2003) stated that when nurses cannot remedy circumstances that could jeopardize standards of practice, they must report them to a senior person with sufficient authority to manage them. It is relevant that nursing education has an ethical obligation to provide nursing students with opportunities to learn to deal with situations of incompetent, illegal, and unethical practice (Aroskar, 1993; Kelly, 1993; Neville, 2003). Ethical dilemmas encountered by nursing students are complicated by issues of bureaucracy, autonomy, status and power (Altun, 2003; Sibson, 2003).) Nursing students have adopted the bureaucratic-centered approach in resolving ethical dilemmas in their clinical practice rather than the patient-centered when they lack confidence and experience.

The majority of students respect authority because they do not have independent licensing to practice. Therefore, nursing students were dependent on teachers and clinical instructors who were perceived as making and enforcing ethical decision rules. Hamill (1994) reported that discussing and consulting with others were much valued and derived comfort from mutual support.

4.2 Emotional coping strategies.

Emotional coping strategies had a mean score of 2.53 (SD= .61) and it was at a moderate frequency. This finding is congruent with the situations where there is no consensus or firm guidance for nursing students. Neville's study (2003) supported that as nursing students have difficulties to define accurately for doing the right thing, students may benefit by learning to cope with ambiguity, rejecting options, which are not appropriate and careful justification of actions taken. Emotional coping occurs because nursing students' action cannot be reconciled with their standards of what a good nurse would do (Kelly, 1993) and nursing students have difficulties to discuss to the authority (Hamill, 1994).

The finding of this study showed that trying to look for the event in the positive way was the highest mean score of 2.81. This finding is relevant with Lazarus and Folkmann's concept (1984) that emotional coping strategies include wresting positive value from negative events. Chaleawsak's study (2001) found that the resolutions of ethical dilemmas included accepting the reality and positive thinking. The strong belief of Javanese people regarding acceptance of destiny supported them to think in the positive

way, which promote keeping a peaceful mind. The common word is called "Takdir" and "Nrimo" (Everything is God's will and Acceptance). Also, idiom regarding Java cultural values described the characteristic of Javanese people included wisdom, hard worker, and acceptance of destiny (Ferguson, 2002).

The findings of this study demonstrated that nursing students had difficult ethically decision to help patients and they prefer to protect themselves by emotional coping strategies. It is relevant that nursing students with limited skills revealed themselves by citing feelings such as powerlessness, fear of another person's opinion, and disappointment. Therefore, their skills display some characteristics in managing ethically difficult situations, such as avoidance of patients and uncertainty and acceptance of traumatic experiences. Preventing burnout requires many of the same coping skills that we use to combat reaction to any stressor (Altun, 2002). Nursing students who experience negative outcome from decisions tend to have feelings of frustration and are less likely to feel empowered as a result of their participation in emotional coping strategies.

4.3 Taking moral actions

The findings of this study found resolutions of ethical dilemmas by taking moral actions had the moderate mean score of 2.52 (SD= .35). It reflects that the subjects were less using strategy by taking moral actions than other strategy. It is common in clinical practice that nursing students have difficulties in their actions when they still have limited knowledge/skills and experiences.

Taking moral actions is the resolution of ethical dilemmas when nursing students determine the scope of their knowledge, and competency. Taking moral actions as a resolution of ethical dilemmas is a rational and analytical process in which a morally best course of action in a situation involving conflicting alternatives is determined (Yung, 1997). Hamill (1994) reported that lack of practical skill associated with not feeling part of the ward team and students had stress to spend in direct patient care because in some situations, nursing students assist to help patients independently.

The findings of this study showed two strategies that were frequently used by the subjects including "providing nursing intervention that could help patient" and "providing information what patient/family needs." This demonstrated that the subjects realized their responsibility and acted autonomously for helping patients. They concerned with expressive role of caring including helping, comforting, and guiding (Sharp, 1998).

In conclusion, the growing awareness of ethical dilemmas in nursing practice requires various strategies for resolutions of ethical dilemmas. Discussing and consulting with others is the most common used by nursing students in clinical practice