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Ethical Problems Experienced by ICU Nurses Caring for Patients with DNR Orders

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Abstract

The purpose of this study was to identify the ethical problems experienced by the nurses in the ICU nurse and to understand the ethical value of the nurses. The research method is qualitative research using inductive content analysis method. The results of the analysis were as follows: 1) ethical problem situations 2) reason for ethical problem 3) behavior in ethical problem situation 4) reason for not being consistent in value and behavior. Each derived main category is as follows.

1) The main category of the ethical problem situation is 'decision to death that is too easy to select' and 'life that cannot be respected'. 2) The main category of reasons for thinking as an ethical problem are the two values: 'Death that the will of the patient and the caregiver should be respected', and 'Treatment that must be done to the end'. 3) The main categories of behavior in ethical problem situations are two behaviors: 'To act according to their own values' and 'To follow passively in situations'. 4) The main categories for why their values and behaviors are inconsistent are 'To do what they want', 'Not to go beyond the scope of doctors rather than follow my values',' Followed by three categories. Through this study, it is expected that the value of ethical problems of the ICU nurses caring for patients at the end of their life will be specified and it will be helpful to present the direction of the desired nursing according to the value.

Keywords: Ethical Problem; Intensive Care Units; Nurses; Qualitative Research; Resuscitation Orders

Introduction

The development of biotechnology and medicine has renewed the definition of human natural nature, life and death, and has shown new ethical problems that challenge the preconditions of traditional ethics by showing that domination and manipulation of nature are possible [1]. As a result of these changes, ethical problems cannot be solved by the oath or code of ethics because ethical rules and personal ethics perceptions can vary in various nursing situations. Therefore, nurses are required to present the criteria for how to resolve ethical conflicts that are encountered variously as professional practitioners on a philosophical basis, and it is necessary to establish the ethical value system of nurses themselves. Nursing is an activity that directly helps individuals, families and communities to acquire the knowledge, energy, and hope resources necessary for recovery of health, prevention of disease, maintenance and promotion of health [2]. This definition implies that nursing has the ethical purpose of promoting the patient's well-being, and the judgments and decisions in nursing practice are ethical judgments about what is for the subject. Essential ethical questions in nursing are considered to be a sub-scope of broader bioethics domains. The consequences of a moral dilemma involving life and death experienced by medical practitioners are often related to bioethics and to problems and practices based on nursing practice [3].

In general, the ethical questions faced by nurses are classified into four types according to the types of nurses' relationships: patient

relations, physician relations, fellow nurses, and relationships with other health professionals. Most ethical problems arise [4]. In other words, the nurse experiences ethical problems while performing nursing activities through various relationships centering on the patient in the clinical field. In particular, the intensive care unit is limited in the number of medical personnel who care for patients other than those prohibited by DNR(Do-Not-Resuscitate), and the nurses' focus on care for acute care patients is limited to the time spent on holistic nursing, differentiated nursing from acute phase patients is performed and results in accepting death as a routine task [5]. The ethical problems faced by nurses who do not benefit from DNR are that the ethical problems experienced by the nurse are related to the need to abandon their work in situations where they know what they are supposed to do but they cannot do anything and their value conflicts with the expectations of a professional or medical institution. It is difficult to take appropriate action due to confusion about the ethical value of the individual, and it appears as physical exhaustion [6], conflict and agony about turnover, and ethical dilemma [7]. Although these ethical problems frequently occur in the nursing field and are an obstacle to nursing work. The difficulty of resolving ethical problems is justified, and there is no institutional support for ethical problems. It does not provide specific directions for problem solving. Therefore, situations related to ethics are stressful to nurses, and ethical stresses are emotional and occupational stresses due to moral suffering [8]. In addition, nurses tend to act and become more self - defensive in situations of ethical problems. The negative image of nurses on these ethical issues is an impediment to the development of individual and nursing professions to nurses who do not have firm nursing beliefs [9].

According to previous studies on DNR decision-related perceptions, nurses felt that 99% of the need for DNR was necessary. The reason for this is that DNR determination is necessary for decent death (53%), and 94.5% of the DNR guidelines require sympathy [10]. The reason for determining DNR is to reduce the economic and psychological burden of the patient's family, to consider the input and effectiveness of medical services, [11] to relieve the pain of end-of-life patients who are unable to recover, Respectively [12]. Age was the most important determinant of DNR inhibition, rather than disease severity or prognosis [13]. In the study of Kim [14], the factors considered by the medical staff when deciding on the cardiopulmonary resuscitation of cancer patients were age, disease severity, cardiopulmonary resuscitation, long duration, economic burden, patient pain relief and dignified death.

In the meantime, the advancement of the nursing profession for high-quality research into ethical dilemmas in the nursing but died in ICU patients, 78.8% [15] DNR prohibited for patient ethical problems, and for that matter, have a value and the nurses study, saying the action was not yet underway. The ethical value in the issue is not only about what is important to the patient, but also about what is important both nurse's personal and professional [5]. Clarified ethical values for nurses influence the patient care situation in an environment surrounding unhealthy patients. Therefore, nurses need to be aware of individual values and patient values. Therefore, through this study, ethical problems related to patient nursing with DNR in the intensive care unit are identified, and how nurses are experiencing and coping with ethical problems by identifying the ethical values and behaviors of the nurses related to the problem.

Design and Sample

This study was to identify the ethical problems experienced by the nurses in the ICU nurse and to understand the ethical value of the nurses. The research method is qualitative research using inductive content analysis method. The study participants consisted of 13 nurses in ICU nurses who have experienced DNR patients and experienced ethical problems for 4 years or more. Data collection was conducted from June 23, 2013 to August 13, 2017, and individual interviews were conducted using semi-structured questionnaires on the ethical problems experienced during DNR patients nursing.

Ethical Considerations

Data collection was conducted with the approval of KU Bioethics Review Committee [KWNUIRB-2017-05-004-001]. This study explains the purpose of the study to the research participants, explains the confidentiality and anonymity of the participants, and can withdraw the research participation whenever they want. During the interview, I explained that the recorded contents were only used for research purpose. The information collected at the end of the research was discarded and the above contents were obtained after the written consent of the participants.

Results

The results of the analysis were as follows: 1) ethical problem situations 2) reason for ethical problem 3) behavior in ethical problem situation 4) reason for not being consistent in value and behavior. Each derived main category is as follows.

1) The main category of the ethical problem situation is 'decision to death that is too easy to select' and 'life that cannot be respected'. The subcategories of 'the decision on death so easily selected' are 'A decision on death that excludes a patient' and 'DNR determined with sufficient understanding and lack of explanation' (Table 1).

Code	Subcategory	Main category
DNR decision by guardian in conscious condition.	1) A decision on death that excludes a patient	1. A decision on death that is so easily selected
There is a talk about refusing treatment next to a conscious patient.		
DNR which is determined by economic burden or family situation.		
Guardians who first think long-term donations for economic reasons rather than expectations for patient recovery.		
According to the request of the guardian, the patient is not informed of the condition of his illness to the impending death.		
Insufficient explanation of DNR to guardians.	2) DNR determined with sufficient understanding and lack of explanation.	
DNR determination time is too fast and easy for the guardian.		
The process of explaining, understanding, and determining the DNR to the Guardian is led by the medical staff.		
The situation in which the family of sudden accident patients decides to have a DNR without thinking, and must accept death.		

Interruption of treatment for unidentified patients who are not likely to revive.	1) Treatment that stops while anticipating death	2. An unexpected life
Perform drug prescription prescribed for DNR patients.		
As soon as he was admitted, he suddenly decided to stop the drug.		
Removal of the ventilator with verbal agreement of the DNR decision between the guardian and the physician.		
As a result of economic problems, I accompany my patients to their home.		
Due to economic problems, the family members give up treatment and know that the patient is going to die.		
Cancer patients die in an unconscious state due to pain killers.	2) Treatment that does not do the best	
Neglected nursing in ICU ‘for DNR patients.		
The coordination required by the patient does not occur smoothly by the situation of medical staff.		
Protector protested against resuscitation performed on DNR patients.		
The drug applied to the patient has been rejected by the parental request.		
The protector prevents the DNR patient from treating the respirator .		
Lifetime treatment related to hospital revenues.	3) An active treatment that persists despite being a DNR patient	
Significant active treatment for DNR patients.		
After the DNR decision, all measures are done due to medical judgment and expectation.		
A doctor who wants to continue life-saving treatment for DNR patients going to the death stage.		
Doctor who actively treat patients with DNR.		

Table 1: Situation of ethical problems.

2) The main category of reasons for thinking as an ethical problem are the two values: 'Death that the will of the patient and the caregiver should be respected', and 'Treatment that must be done to the end' (Table 2).

Code	Subcategory	Main Category
Patients have a right to know about their death.	1)Self-determination of death to be respected	1. Death where the will of the patient and
Suspension of the life support of unconscious patients is a violation of the human rights of the patient even if the guardian consent.		
DNR decisions should be made on the part of the patient and the family, not on the basis of the medical staff.		
DNR should not be determined by economic circumstances.		
Patients and doctors should not control the patient's life.		
DNR, which makes hasty decisions, is in violation of the dignity of life	2) DNR to be carefully determined	caregiver should be fully respected
When deciding on a DNR, caregivers should carefully decide on the dignity of life.		
The situation of living families with economic difficulties is important.		
The DNR agreement requires that the Guardian have sufficient understanding and explanation before accepting the consent.		
DNR determination should be made during the patient's natural state change process.		
The decision to discontinue treatment should be made by writing a DNR agreement, not verbal.		
Death needs time to accept and prepare.		

Treatment should not be discontinued with patient consciousness.	1) The treatment that must be sustained to protect the dignity of life	2.Treatment to be the best until the end
People want to live even at the last minute, so if there is hope, treatment should be maintained.		
Until the end, treatment that is comfortable to the patient should be maintained.		
Do not stop treatment for the patient even if there is no family to represent the patient.		
For economic reasons, it should not be interrupted to sustain life, even if the guardians require a ventilator stop.		
Drugs should not be discontinued to maintain the life of the breathing patient.		
If the patient is in an emergency, medication should be administered first to preserve life without a doctor's prescription.		
Even if the range of treatment is not defined, life sustaining drugs should be administered.		
Family members should not give up patients easily in terms of life dignity.		
Medical staff should accept and communicate the opinions of the nurses for the patient.		
Netting treatment for profits is counterintuitive to human dignity.		
Regarding the symptoms that appear to the patient, even if it is DNR, it is cooperated and actively carries out.	2) Treatment and nursing to be equal to DNR patients	
For terminally ill patients, treatment is necessary to relieve the discomfort caused by the symptoms.		
In the ICU, the DNR patient should provide equal care to other patients.		
The DNR patient must also have an integrative care system at the integrated treatment level		

I think a comfortable death is right rather than a life time treatment.	3)Comfortable death to be respected	
The process of death must be a path of happiness.		
For DNR patients, comfortable death should be respected rather than expectation of treatment.		
Dignified death should be respected rather than painful treatment.		
The process of death is a happily turning back.		
Hospice nursing that accepts the process of death rather than meaningless lifetime treatment is right for the elderly.		
The patient's pain relievers should not lead to death by conscious use of the appropriate capacity in accordance with the condition.		

Table 2: Reasons for ethical problems: Value of nurses.

3) The main categories of behavior in ethical problem situations are two behaviors: 'To act according to their own values' and 'To follow passively in situations' (Table 3).

Code	Subcategory	Main category
Provides information on how to be treated through a guardian consultation.	1) Seeking change to help caregivers	1. Acting on your own value
Encourage changes in DNR treatment through caregivers of rapport.	1) Seeking change to help caregivers	
Approach problems through guardian interviews and seek cooperation with social welfare departments and primary ministry.	1) Seeking change to help caregivers	
For economic support, cooperate with social welfare and discuss with family.	1) Seeking change to help caregivers	
Discusses the patient's condition and guides the doctor's interview by interviewing the caregiver who abandoned the patient's condition.	1) Seeking change to help caregivers	
Give your doctor an active opinion on the treatment of DNR patients.	2) Demonstrate his own opinion about the problem.	
Give your doctor a comment on how to treat cancer patients.	2) Demonstrate his own opinion about the problem.	
During the work, we cooperate with the doctor and opinions are openly informed.	2) Demonstrate his own opinion about the problem.	
Report to the Nursing Department about the doctor's active treatment for DNR patients.	2) Demonstrate his own opinion about the problem.	
Ask the other medical doctors to look at the results of the patient 's test, unless the request for cooperation is made but the condition is getting worse.	2) Demonstrate his own opinion about the problem.	

Provide emotional and spiritual care to the patient after stopping life-saving treatment.	3) I perform patient-centered nursing that I think is right.	
As a nurse, take a look at the symptoms of the patient's pain often and take a look at the changing symptoms.	3) I perform patient-centered nursing that I think is right.	
Perform physical care for the patient when the mind is afforded.	3) I perform patient-centered nursing that I think is right.	
If the doctor cannot be reached, take the drug first.	3) I perform patient-centered nursing that I think is right.	
If the protector wants to stop the drug, it retains the medication that is being administered.	3) I perform patient-centered nursing that I think is right.	
To preserve the patient's life, give the prescription drug once and inform the doctor.	3) I perform patient-centered nursing that I think is right.	
Do nothing to the attitude of a guardian who strongly wants DNR.	1) Even if you do not think it is right, it takes care of your guardian.	2. Passively follow in situations.
I help the caregiver discharge the desired, I cannot appeal to a guardian who stops life-saving treatment.	1) Even if you do not think it is right, it takes care of your guardian.	
Not informing the patient about death as requested by the guardian.	1) Even if you do not think it is right, it takes care of your guardian.	
I will check once more about prescription drug stopping, but will follow the prescription as it is.	2) Inevitably, he performed the doctor's prescription.	
Aborted the ventilator as a doctor prescriber.	2) Inevitably, he performed the doctor's prescription.	
Inevitably perform prescription for ventilator interruption.	2) Inevitably, he performed the doctor's prescription.	
Just watch the doctor who actively explains DNR.	3) One step back from the situation	
There are complaints about the treatment of doctors, but not in the nurse's position.	3) One step back from the situation	
I just passed a family that has to accept untried death.	3) One step back from the situation	
Do not engage in a doctor's patient care direction.	3) One step back from the situation	
Do not act as a nurse for a doctor's action to cure netting for revenue.	3) One step back from the situation	
Do nothing because acting nurse.	3) One step back from the situation	
Acceptance of business affairs and business practices, and do not say anything against seniors.	3) One step back from the situation	

Table 3: Behavior in ethical problem situations.

4) The main categories for why their values and behaviors are inconsistent are 'To do what they want', 'Not to go beyond the scope of doctors rather than follow my values',' Followed by three categories (Table 4).

Statement of why behavior is not consistent	Code	Category
Protectors are so strong that they do not want any more treatment anymore...	Protectors demand too strong	1. I have to do as my guardian wants.
I was forced to do as the guardian demanded.	According to the request of the guardian	1. I have to do as my guardian wants.
Because it's a doctor's prescription, I cannot give more medication.	Following doctor's prescription	2. Cannot get involved in doctor's work
I cannot follow the prescription, but there is something I cannot help it.	I have no choice but to prescribe	2. Can not get involved in doctor's work
I think we have to do the order.	The nurse should follow the order	2. Can not get involved in doctor's work
Because I had to do the order, I had to hand over it because it was a doctor's order.	Do as doctor order.	2. Can not get involved in doctor's work
Because we are nurses, we have limitations.	Recognizing the limits as a nurse	2. Can not get involved in doctor's work
The nurses are not going to break the brakes for that action.	As a nurse, you cannot appeal physician behavior.	2. Can not get involved in doctor's work
I have no voice. Not the situation that I would oppose...	As a nurse, I do not have the right to decide.	2. Can not get involved in doctor's work
It's hard to touch about doctors' problems, and few doctors accept opinions.	It is difficult to get involved in doctor's work and no doctor accepts nurse's opinion.	2. Can not get involved in doctor's work
We are not speaking because we are excesses... Doctors are very uncomfortable with the intervention of the nurse.	As a nurse, we recognize the act as a excesses, and doctors do not like the intervention of nurses.	2. Can not get involved in doctor's work
Because 'That way,' and taking over, as we move into practice...	Follow the practices	3. Rather than think deeply, follow the practice.
'Because I'm in charge of acting...	According to my job position	3. Rather than think deeply, follow the practice.
I did not think deeply about these problems.	Don't think deeply	3. Rather than think deeply, follow the practice.

Table 4: Reasons why your values and actions are inconsistent.

Discussion

The purpose of this study is to discuss ethical problems, reason for ethical problems, behavior in ethical problems of nurses, reason for not cooperating with oneself value, and comprehensive discussion.

Situation of Ethical Problems and Value of Nurses

Looking at the category of 'Too easy choice of death', the most ethical problem faced by nurses is the fact that in many cases the decision to prohibit DNR for patients is made too easily because of family economic problems. This requires that the family be exhausted and exhausted at the end of the patient's life, and that the patient should be given minimal passive treatment in order to speed up the time to death [15,16]. The results in the category of 'unrequited life' were perceived as an ethical problem for both active and discontinued treatments for DNR patients. In particular, ICU nurses recognized that they were more sensitive to ethical problems than the general wards. The value of nurses has also shown that they have two values: the value of sustaining treatment for the dignity of life, and the opposition to longevity therapy for a comfortable death. This result shows that nurses have different values for death and DNR, they are confused themselves

Behaviors and Reasons According to Ethical Problems

Nurses' behaviors in the ethical problem situation were largely classified into 2 kinds of behaviors according to their own values or passive behavior in the context. First, behaviors according to their values show that they act based on the sense of duty as a nurse and their own values. These behaviors are not by the doctor's prescription but by the autonomous will and beliefs of the nurses. The second behavior is 'follow-through passively in situations' showed most nurses stepping away from ethical problems according to their doctor's prescription. The reason for this is that in Korea, the subject of decision to prohibit DNR is mainly doctors and caregivers [7], and this can be attributed to the characteristics of family-centered Korean culture. All decisions are discussed and verified through the main protector. Nurses must consider the structural and cultural characteristics of patients with consciousness, which require the consent of the guardian to proceed with the treatment.

Because doctors are ultimately responsible for the treatment of patients, the nurses themselves are perceived to be involved in doctor's work and are reluctant to object to the doctor' s prescription [17]. And the reason for passively following a doctor's prescription in an ethical problem situation may be due to the mutual non - collaborative relationship with the nurse - doctor. However, on the other hand, the passive attitude of these nurses to doctors is considered to be difficult for nurses to communicate with doctors themselves, and it is necessary to take a passive attitude do. It may also be intended to prevent unnecessary friction with the doctor in advance. Nurses also showed contradictory behaviors that followed the practices of their seniors in the nursing organization they belonged to while valuing life and dignified death. The reason for this is that nursing organizations place a priority on hierarchical and relationship-oriented ones that emphasize the existing procedures and rules while emphasizing the efficiency within the organization on a stable basis [18]. However, ICU nurses recognize that seniors need to be aware of unidirectional communication for early work and efficient nursing due to the nature of ICU. These results show that the relationship with the nurse and the nurse is unequal and the communication is not smooth.

Recognition and Coping with Ethical Problems of Nurses

The results of this study indicate that the value of treatment and death for ICU nurses, In the case of ethical problems experienced while nursing patients who are prohibited DNR, is not firmly established and changes according to the patient 's situation. First, as a nurse, the perception of ethical problems and ethical values are not clear. The results showed that the clinical nurses were 10.1% of those who said their ethical values were firm [19]. The results suggest that ethical awareness and values of ethics should be prioritized through planned and systematic ethics education. Ethics is being taught in nursing curriculum during college education. However, ethics education through actual ethical problems should be provided to students who have experienced clinical practice, and sensitivity to ethical problems should be raised in nursing practice through education.

The second reason nurses perceive the confusion of ethical values according to the patient's specific situation is that there are situations that cannot be solved by ethical value only in face of various problems of human life. The reason is that the patient-related problems are related to unplanned, unexpected ethics. Also, it is complicated because it is accompanied by moral uncertainty and dilemma [20], and it can be difficult to solve as a nurse. The role of a nurse in a clinical setting is a nurse who has to experience nursing care while experiencing frustration and torture while taking care of the patient [21]. However, the reality that nurses have no authority or role to solve ethical problems is considered institutional problem.

In the area of communication with doctors, nurse's ethical expertise should be raised. It may be that the ethical problems faced by the nurse have a negative attitude toward the physician, or an ethical problem between the nurse and the physician, for reasons such as the nurse's ability to work, problem solving ability, lack of communication skills with the doctor. Proper information sharing between nurses and physicians is an important part of the nurse's position to address ethical problems surrounding patient care. Therefore, in order to solve ethical problems, it is necessary

to try various methods for communication between nurse and doctor in order to respect the active attitude for the relationship with the doctor and the role of each other.

It is also important to think about the fact that hospitals are not seriously aware of the importance of bioethics problems for patients' lives and deaths. Although doctors may have guidelines, do not pay much attention to them, and do not want to apply ethical guidelines in the field of health care, despite their 'medical ethics guidelines', this is the result of supporting this part [22]. Therefore, there is a need to regularly conduct training on bioethics for medical practitioners at the association or academia level. Ethical problems related to bioethics may be more difficult to solve or more difficult to solve by themselves. In order to solve these problems, efforts should be made to publicize ethical problems in the nursing organization and solve problems together by sharing the nurses' opinions.

Another problem is that there is a negative aspect that nurses do not perform patient-centered nursing that recognizes the patient's individuality in situations where they cannot actively solve ethical problems [23]. This may be due to the nursing delivery system. There are hospitals where individual patient care is provided for each nurse, but in hospitals where there are not enough nursing personnel, tasks are divided according to the job. Therefore, it is necessary to carry out the nursing work for the whole patient in the case of the actress nurse, so there is a limit to the whole nursing considering the individuality of the patient and the importance of the ethical problem is not considered. Also, it is necessary to prevent the intensive care unit admission in the aspect of efficient nursing service allocation and to make other institutional devices related to care when maintaining nonsensical lifetime treatment.

In addition, ethics advisory committees have been set up in large hospitals, but actual ethics advisory committees have not been active due to lack of cases or lack of financial support [24]. Therefore, it is necessary to establish system and institutional support for effective operation of ethical advisory committee and resolve specific problems.

Conclusion

Through this study, it is expected that the value of ethical problems of the ICU nurses caring for patients at the end of their life will be specified and it will be helpful to present the direction of the desired nursing according to the value.

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