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Original Article

Awareness of Ethical Issues by Nursing Professionals at a General Local Hospital in Japan

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Abstract In recent years, various ethical issues have arisen in the field of medical practice because of the dramatic changes in medical technology and diversity among the different population. It is generally believed that nurses often find themselves in ethical dilemmas because of their closeness to their patients. In this study, we examined nursing professionals' awareness about ethical issues and examined their responses to them at a general hospital performing important roles in the Chugoku district in Japan.

The subjects consisted of 335 nurses working at this hospital. An anonymous self-administrated questionnaire was given to them in 2003. As a result, 30–35% of the nurses responded that they were either worried about or were faced with ethical issues when considering specific situations as examples. About 15% of the nurses thought that they were currently worried about or were faced with some ethical issues in practice, which implied a low awareness level of the existence of ethical issues.

In terms of their responses to such issues, they usually consulted medical staff members who were directly involved in the case. However, approximately 45% of the nurses reported that no official investigation such as one conducted by an ethics committee, had been conducted regarding such issues, which thus left the problem unsolved.

These results suggested that the “subjectivity of nurses” and the “worries and dilemmas of nurses themselves” impacted the nurses' awareness of ethical issues. It appears that further inquiry into ethical issues is needed, with consideration by an ethics committee to better deal with many of the ethical issues.

Key words : ethical issues, awareness of nurses, dilemma, ethics committee

Introduction

In modern medicine, medical care has been conducted with treatment and therapeutic measures using nursing, with relationships between patients and medical professionals as the mainstay, and with physicians playing a central role. In recent years, as medical technology has progressed, disease profiles and the medical

insurance system have changed, and people's value systems have diversified. In accordance with such changes, ethical issues have been controversial.

Ethical issues in medicine and health care are not confined to fields dealing with advanced medical technology such as genetic diagnosis and organ transplantations, which include experimental elements. It rather encompasses a wide range of areas such as abortion, euthanasia, death with dignity, use of placebos and physical restraint, which raise questions regarding life, death, and the quality of life.

Medicine is practiced in a team, but nurses

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stand closest to the patients and thus provide more direct care to patients. Therefore, nurses can approach and protect patients' rights most on the one hand. On the other hand, nurses may have dilemmas in their practice because of this very proximity.

The spread of Hospital Ethics Committees began in 1980's in the USA. The purpose of such committees was to examine ethically difficult medical actions or decisions¹⁾²⁾ such as "the withdraw of a life-sustaining device" or "withholding life-sustaining treatment." Recently, consultations regarding such difficult ethical judgments are performed in 80% of all hospitals in the USA^{3)~9)}.

Nurses belong to a member of medical team and report on ethical issues from the viewpoint of the nurse. For example, a journal called "Nursing Ethics" was published in 1994¹⁰⁾. On the other hand, there have not been many reports published on ethical issues regarding nurses in Japan so far. In addition, there have been especially few reports regarding the role of Ethics Committees in making difficult ethical decisions^{11)~13)}.

In 1997, the Japan Nursing Association conducted a nation-wide survey on nursing professionals' awareness and reaction to ethical issues¹⁴⁾. Subsequently, revisions were made in *the Act of Public Health Nurse, Midwives and Nurses and The Medical Service Law* related to Nursing Ethics¹⁵⁾¹⁶⁾ and guidance was provided by the Ministry of Health and Labor in accordance with *The Handbook on Abolishing Physical Restraint*¹⁷⁾. In the meantime, the number of hospital ethics committees (ethics committees, hereafter) at general hospitals has been on the increase. Although there is an increasing need for case consultation as practiced in the United States, it is reported that these ethics committees in Japan are not yet actually functioning as such¹⁸⁾. The actual response methods used by medical staff in relation to ethical issues are believed to influence the response itself. In the

present study, we investigated the awareness of nurses and their responses to ethical issues at general hospitals.

Methods

We began this study in 2003. The subjects consisted of 335 nurses working at a general hospital in the Chugoku district. The hospital had 20 different medical departments and about 500 beds, and performed many important roles for a city of 100,000 people. An anonymous self-administrated questionnaire was given to them, asking about their age, the number of years in clinical experience, work place, awareness and response to ethical issues, how they react when issues arise, the existence and awareness of an ethics committee at their institution, the existence of place and opportunity for consultation, and the ethical issues which they were facing.

In terms of awareness and response to ethical issues, we used Nursing Ethical Issues Recognized by Nursing Professionals¹⁴⁾. And we asked questions about "worrying" and "facing" issues in relation to 17 nursing situations that raise ethical questions in the daily medical services (Table 1). The above 17 situations included in the Japan Nursing Association Ethics Committee's 5 categories are based on the ideas of J.E. Thompson's et al. The method of categorization that clarifies ethical issues includes the following categories: (1) Issues related to ethical principles (the most basic principles); (2) Issues related to ethical rights (individuals' rights that can be ethically recognized); (3) Issues related to ethical responsibilities and duties (responsibility and duty to be carried out by medical professionals); (4) Issues related to ethical loyalty; (5) Issues related to the life cycle (definition of life and ethics on procreation).

Data Analysis

We showed descriptive statistics and performed statistical analyses for by a Cochran-Armitage Test at the 0.05 level of

Table 1 Nursing professionals' awareness about ethical issues (n = 313)

No	contacted form : questionnaire	worried	faced
1	a dilemma of the conflict : I feel a dilemma between one client's needs and another's needs. (e.g., whether to keep confidentiality of a certain client's contagious disease or to disclose it in order to prevent its contagion to others).	52.6	28.4
2	a colleague's inappropriate judgment : I do not feel that a colleague's judgment or practice is right, but I cannot speak up or must acquiesce to it.	45.4	48.6
3	a doctor's inappropriate order : I do not regard the doctor's direction as the best one for the interests of the client, but I cannot convey my opinion to the doctor or have to obey the doctor's order.	39.6	55.6
4	unequal care services : I cannot provide equal care services to all clients.	37.7	44.7
5	extreme commercial policies : I feel resistance against our hospital's extreme policies in regard to commercial and financial gains, but I have to obey them.	39.0	34.8
6	using placebos : I have to commit myself to a treatment with using placebos.	17.3	41.5
7	a clinical trials : I do not feel that clinical trials are serving clients' needs, but I have to be involved in the trials anyway.	30.0	20.8
8	clients' right to know : I find that clients' right to know their diagnosis or methods of treatment is not protected, but I cannot help them.	39.9	30.7
9	beyond one's ability : I have to do some types of work that are beyond my ability despite the lack of confidence concerning my knowledge and skills	41.9	46.8
10	physical restraint : I have to sometimes restrain patients, which would not be necessary if we hired sufficient manpower	29.7	46.3
11	student nurse's care : I feel that part of my work depends on student nurses in clinical practice.	18.8	16.3
12	burden due to student nurse's care : I think that student nurses' caring might have caused mental or physical burdens on clients	25.6	21.4
13	clients' privacy : I feel that clients' privacy and confidential information are not kept properly, but I cannot do anything to resolve the situation.	37.7	28.8
14	a difficulty of intervention in abuse: Patients are abused by their family members or vice versa. But my intervention is rejected or I find it difficult to intervene.	29.1	14.7
15	Testifying against facts : During processing medical accidents, I have to testify against facts and sometimes cannot tell the truth.	27.5	7.0
16	artificial manipulation of life : I must sometimes be involved in "artificial manipulation of life" such as transplantation, prenatal diagnosis, or abortion.	25.6	8.9
17	terminal treatment : I have to perform terminal treatment or care which I cannot regard as the choice for clients' best interests, but I cannot either solve or improve the situation.	41.9	42.2
average response rate		31.6	34.1

[Notice] Reference : Ethical issues and Nursing ethics, 1997 Report on Status of nursing Personal. Japanese Nursing Association Research Report No.54, 69-72, 1999.

This questionnaire was translated from Japanese into English by the present researchers.

significance.

In order to meet ethical considerations for the study, we used the anonymity of all participants and the self-administrated questionnaire and explained the purposes, method and contents of this study the nursing department beforehand. Then, we asked for their cooperation. After-

wards, we read the written briefing to individual nurses about the purpose, methods, and ethical considerations of this study and obtained their consent for participation. Those who consented were asked to fill out the questionnaire.

Permission for this study was obtained through the *Yamaguchi Prefectural University Ethics*

Committee (No. 251, 2003. Sep).

Results

1. Subjects' backgrounds

Of the 331 subjects, 313 responded to the questionnaire, whose responses were analyzed. The response rate was 94.6%. The average age of the subjects was 34.1 ± 9.2 years. In terms of the age group distribution, those in their 20's and 30's constituted the majority while those in their 40's and 50's were fewer. The average years of clinical experience was 12.8 ± 9.0 years with those with less than 10 years being the majority, followed by those with 10–14 years. The subsequent divisions had increasingly fewer subjects. In terms of the work place, 67 subjects worked in the outpatient department while 246 worked in the sections other than the outpatient section such as wards, operation rooms, and ICUs.

2. Awareness of ethical issues (worries, issues they faced)

In terms of situations that created ethical issues in the item cluster of “worry,” “a dilemma of the conflict” (Table 1–item #1) was the highest with the rate of 53% ; the item “a colleague's inappropriate judgment” (Table 1–#2) and the item “beyond one's ability” (Table 1–#9) were the second highest (42%), followed by other items including “clients' right to know” (Table 1–#8) “a doctor's inappropriate order” (Table 1–#3) and “extreme commercial policies” (Table 1–#5). In terms of problematic situations the subjects “faced,” “ a doctor's inappropriate order” (item #3) was the highest with the rate of 56%. “a colleague's inappropriate judgment” (Item #2) was the second highest (49%), followed by the “beyond one's ability” (items #9) and “physical restraint” (Table 1–#10) (46%). For all the 17 items on ethical issues, the average response rate was 34.1% for the items “worried” and 31.6% for the items “I faced the problem” (see Table 1). As for the response rate for ethical issues, the subjects faced showed no significant difference

among the age groups on all the 17 items except for 2 items. Over 40% of the subjects responded affirmatively to the following items: #2 “a colleague's inappropriate judgment” #3 “a doctor's inappropriate order” Table 1–#4 “unequal care services” Table 1–#6 “using placebos” #9 “beyond one's ability” #10 “physical restraint” and Table 1–#17 “terminal treatment”. The only items that showed significant difference among the age groups were Table1–#4 “unequal care services” and #6 “using placebos” ($p < 0.05$).

3. Response to ethical issues

Many of the responses to worries and situations in one's daily work were to “consult a uninvolved medical staff worker” “consult the problem with a directly involved medical staff member,” comprising 60% (Fig. 1). In terms of the age groups, the proportion of the response “consult a uninvolved medical worker” was significantly higher for the younger groups ($p < 0.01$) and the response “consult the problem with directly involved medical staff member” for the older groups ($p < 0.01$). The responses “worry by oneself” and “try not to think about the problem too much” comprised amounted to about 20% in all groups regarding clinical experience (Fig. 1).

4. Availability of a place and opportunity to discuss ethical issues

In terms of the availability of a place and opportunity to discuss ethical issues, the response “Not sure” was the highest (45.4%), the response “Yes, there is” was 14.4%, and “No, there isn't” was 36.4%. In terms of the age groups, “Not sure” was significantly higher for the young groups and “No, there isn't” was higher for the older groups ($p < 0.01$). There was no significant difference between the age groups for the item “There is a place or an opportunity to discuss ethical issues” (Fig. 2).

5. Ethics committees at the work place

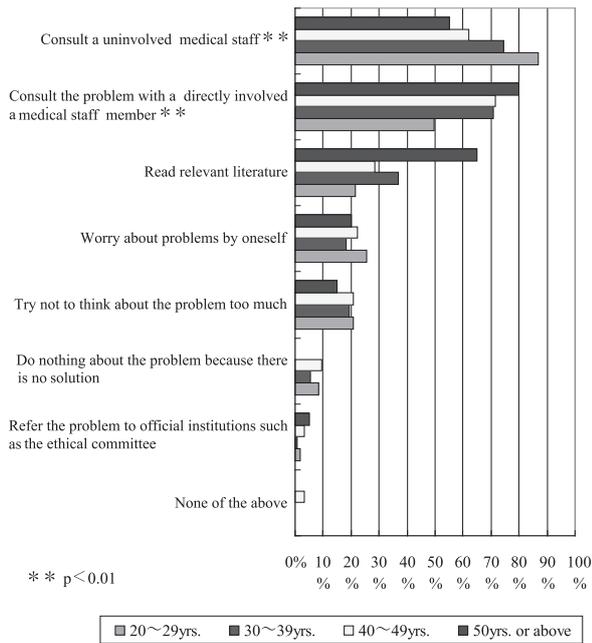


Fig. 1 How do you deal with ethical problems? (n = 313)

In terms of the subjects' awareness of the presence of an ethics committee at their work place, the response "Not sure" comprised the majority (46.6%), followed by "No, there isn't" (36.4%) and "Yes, there is" (17%). In terms of the age groups, "Not sure" was significantly higher for the young groups and "No, there isn't" was higher for the older groups ($p < 0.01$). There was no significant difference for "Yes, there is" between the age groups (Fig. 3).

6. Presence of ethical issues facing them

In terms of having some kind of ethical issues, 15% of them responded "Yes". There was no significant difference among the age groups. The response rate for "Not sure" was 43% for the subjects in their 20's, while it was 20-30% for the older groups, indicating that many of the younger subjects did not know whether such issues existed ($p = 0.07$).

Discussions

1. Awareness of ethical issues (characteristics of the awareness)

When we extracted the top 3 items in terms of

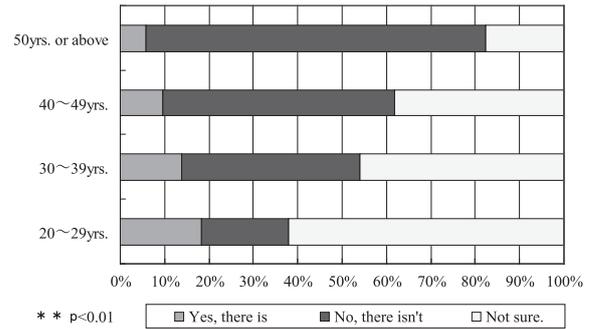


Fig. 2 Do you have any opportunities or places to discuss ethical problems? (n = 303)

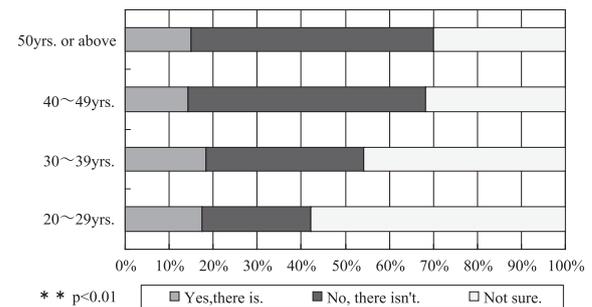


Fig. 3 Is there an ethical committee at your work place? (n = 309)

the response rate in relation to the awareness about ethical issues, #1 "a dilemma of the conflict" was the highest, followed by #2 "a colleague's inappropriate judgment" #9 "beyond one's ability" and #17 "terminal treatment (tied for the 3rd). In terms of the issues they faced, #3 "a doctor's inappropriate order" was the highest, followed by #2 "a colleague's inappropriate judgment" #9 "beyond one's ability" and #10 "physical restraint".

The Japanese Nursing Association conducts Nursing Professionals' Actual Condition Survey every 5 years. Its subjects are selected using stratified random sampling from its nationwide membership. The survey shows nurses' employment situation¹⁹⁾. Their concurrent survey on nurses' ethical issues shows that the top 3 issues that worry the nurses are "beyond one's ability" (c.f., the item #9) as the highest, "a dilemma of conflict" (#1) and "terminal treatment" (#17). Moreover the issues nurses face, are "a doctor's inappropriate order" (#3) as the highest, followed by "beyond one's ability" (#9) and "clients' right to know" (#8).

Despite the differences among their age groups,

the issues they all worry about and face are related to conflicts among client's needs, dilemmas concerning judgment and responses within the medical team. And the issues are related to conflicts with one's own competence of understanding ethical issues. This is related to medical care for clients, concerning ethical principles, nurses' role within the medical team, and nurses' duties and responsibilities, reflecting autonomy of nurses. In comparing with a previous study¹⁹⁾, which showed 10% or more significant differences in terms of the rate of awareness, "clients' right to know" (#8) was low and "physical restraint" (#10) was high. While the autonomy of the patient and respect for human rights are being promoted, it was speculated that changes in the systems^{15)~17)} are also exerting some influences.

2. Dealing with ethical issues

Ethical issues in the medical field have been discussed for problem solution by medical staff who were directly involved or who were not done in the case. However, there were few responses confirming an opportunity or a place to talk about such issues. This is believed to be causing the situation in which 20% of the subjects indicated that they "worry about problems by oneself" and "try not to think about the problem too much." In medical actions such as treatment and medical care done through doctors and medical professionals, there are various value judgments and response methods. Consultation with a uninvolved medical staff member or discussion about the problem with directly involved medical staff member alone would only lead to the possibility of medical professionals with specialized knowledge and information taking the lead, which may in turn prevent from solving the issue incorporating opinions of different specialties as well as preferences of patients and their families, who should be the main agents of the process.

3. Characteristics concerning the awareness about ethical issues

It was characteristic of the results of the present study that a high proportion of the subjects responded that they are "not sure" whether there was an opportunity or a place for discussing ethical issues at their work place, or whether there was an ethics committee there. The subjects of the study were not just nurse administrators but also nurses of the institution in general. Even if we were to conduct another study with the same method with doctors and other medical professionals instead, it would be difficult to expect different results. In fact, as we stated in the introduction, in many of the institutions in Japan, the main role of ethics committees has to do with research ethics, and few of them deal with cases of ethical issues. The response "not sure" probably does not mean the subjects do not know anything about opportunities or places to discuss ethical issues or about the existence of ethics committees. Rather, it probably means that it is not clear to them what kind of functions the ethics committees fulfill and what opportunities and places are available. It was thus implied that there is a need to promote information disclosure on the roles and activities of ethics committees in a given organization.

4. Awareness of ethical issues and reaction to them

Our results showed that nurses had little awareness about opportunities and places to discuss the ethical issues with their colleagues and they also had little awareness about the role of the ethics committee. It seems that in many institutions in Japan, the response systems are not systematically organized to deal with daily ethical issues¹¹⁾¹²⁾¹⁸⁾. As a result, there is a high expectation for consultations when an actual need for responding to a case with ethical issues arises. However, it seems that the systems do as not function adequately. One of the possible reasons for this is that there are not enough staff human resources to facilitate reviewing cases with ethical issues. At the moment, a circle staff

development is expanding, including *the University of Tokyo Center for Biomedical Ethics and Law*²⁰⁾ as the leading group. Last year, the Japanese Nursing Association distributed copies of *Guidelines for Establishing Clinical Ethics Committees and Their Use* to all its member institutions of its all members, promoting the setting up and running of Nursing Ethics Committees²¹⁾. Nurses have the best access to patients in both physical and psychological senses and are thus able to understand their patient's feelings based on their conditions and also to provide the necessary information. They thus have a high potential for contributing in dealing with ethical issues. In our study, the answers that they did not have an opportunity or a place to discuss ethical issues was 45%. And it is reported that they did not have an opportunity to discuss ethical issues with the appropriate responsible person or committee.

It was suggested that from now on, ethical issues would be solved or mitigated in two ways. Firstly, the nurses should become more aware of ethical issues and obtain skills to respond to them. Secondly, nurses, or hospitals as a whole should be able to organize the systematic responses to the issues.

There are several limitations regarding our study. We examined subjects working at just a local-city hospital. However, ethical issues are known to occur at any hospital. Our results, therefore, do not reflect the universal standard concerning awareness of Japanese nurses. The design of our study was thus limited in its scope. In the future, we will examine nurses at a main-city hospital.

Moreover, there are various possible answers due to different depending on the nature of organizations, the size of hospitals, the type of hospitals, and the qualifications of the subjects²²⁾. In the future, we intend to investigate the awareness of nurses in regard to ethical issues.

Conclusion

The average response rates for the ethical issues were as follows: 34.1% for "worried" and 31.6% for "faced." The issues that the subjects worried about had "a dilemma of conflict" as the highest (53%) answer ; concerning the issues they faced, "a doctor's inappropriate order" was the highest (56%), thus reflecting nurses' autonomy.

Regarding dealing with ethical issues, "consult a uninvolved medical staff" and "consult the problem with a directly involved medical staff member" were the highest. However, about 20% of the responses were "worry by oneself" and "not thinking too about it", thus implying a lack of adequate issue solving skills.

Regarding the availability of a place and an opportunity to review ethical issues, the response "not sure" was the highest (45%), thus suggesting the possibility that such place and opportunity, even when they were available, were not effectively utilized.

The awareness about ethics committees set up in hospitals was relatively low on the whole. It was therefore suggested that ethics committees were not functioning effectively to deal with ethical issues such as a dilemma about the client's needs.

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(和文抄録)

日本の地方都市の基幹病院における倫理的問題に対する 看護者の専門性からみた認識

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近年、医療現場では技術進歩や価値観の多様化などから医療の倫理が問われるようになってきている。医療はチームで行われているが、看護者は患者に近い存在として、人間の生と死やQOLに関わる倫理的問題にジレンマを感じている可能性がある。また倫理的問題に対する組織的取組みは問題の対処に影響を与えられとされる。そのような問題点を考え、本研究では日本の地方都市の基幹病院の看護者が医療現場で出会う倫理的問題に対する認識と対処に関する調査を行いその特徴について検討した。

地方都市の基幹病院の看護師を対象に自記式無記名の質問紙調査を行った。回答者331名のうち、倫理的問題の認識で「悩む」および「直面した」と回答した看護職は平均回答率30~35%程度であった。「悩む」では対象者間のニーズ、「直面した」では医療従事者間の意見の違いがあり、倫理原則をめぐって、対象者の自律性や看護者の専門性が反映されていると考えられた。一方、現在悩んだり、直面していると回答した看護者は15%程度であり、倫理的問題が実際には起こっているにも拘わらず、それらを倫理的問題と認識していない可能性があることが考えられた。

倫理的問題の対処として、「関係者と話し合う」「第三者に相談する」とした回答が多かったが、問題を検討する場や機会の存在については「わからない」が45%と約半数を占めており、倫理的問題の対処が十分に行なえていない可能性が考えられた。また、所属病院の倫理委員会の存在を知っている者は17%と少数であった。

今後、医療の場で生じる「対象者間のニーズの対立」などの倫理的問題の対処に向けて、看護者の専門性に基づく倫理的問題に関する認識力を高めることと、これらの問題を検討する場や機会の充実および組織的対処の充実を図っていく必要性が示唆された。