Ethical concerns and dilemmas of Finnish and Dutch health professionals

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Abstract

Background: Healthcare professionals encounter ethical dilemmas and concerns in their practice. More research is needed to understand these ethical problems and to know how to educate professionals to respond to them.
Research objective: To describe ethical dilemmas and concerns at work from the perspectives of Finnish and Dutch healthcare professionals studying at the master's level.
Research design: Exploratory, qualitative study that used the text of student online discussions of ethical dilemmas at work as data.
Method: Participants' online discussions were analyzed using inductive content analysis.
Participants: The sample consisted of 49 students at master's level enrolled in professional ethics courses at universities in Finland and the Netherlands.
Ethical considerations: Permission for conducting the study was granted from both universities of applied sciences. All students provided their informed consent for the use of their assignments as research data.
Findings: Participants described 51 problematic work situations. Among these, 16 were found to be ethical dilemmas, and the remaining were work issues with an ethical concern and did not meet criteria of a dilemma. The most common problems resulted from concerns about quality care, safety of healthcare professionals, patients' rights, and working with too few staff and inadequate resources.
Discussion: The results indicated that participants were concerned about providing quality of care and raised numerous questions about how to provide it in challenging situations. The results show that it was difficult for students to differentiate ethical dilemmas from other ethical work concerns.
Conclusion: Online discussions among healthcare providers give them an opportunity to relate ethical principles to real ethical dilemmas and problems in their work as well as to critically analyze ethical issues. We found that discussions with descriptions of ethical dilemmas and concerns by health professionals provide important information and recommendations not only for education and practice but also for health policy.

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Background

Researchers have documented that healthcare providers regularly encounter numerous ethical dilemmas and problems.[1–6] Bolmsjö et al.[7] discuss ethical problems in older people care, and Daly and Fahey-McCarthy[8] describe ways to improve the quality of dementia care by applying ethical principles and resolving dilemmas. Tiedje[9] highlights moral distress in perinatal nursing and the need to empower nurses to take action to reduce problematic ethical situations. Tsaloglidou et al.[10] suggest ways for nurses to deal with ethical decisions about provision of artificial nutritional support. Other studies have examined ethical problems and dilemmas from the perspectives of nurse managers or head nurses.[1,4,11–13]

Others have highlighted the need for nurses to acquire more competence in their ethical decision making and assertiveness.[3,14–18] Ahern and McDonald[19] reported that nearly 3 in 10 of their sample of nurses failed to report an action of their colleague that jeopardized the rights or safety of their patients. Bolmsjö et al.[7] cited examples from observations in older people care that indicated caretakers were unable or unmotivated to communicate adequately with those entrusted to their care and that efforts were not supportive of the general well-being of some older patients. The general theme of these articles was that the ability to make acceptable ethical decisions is necessary for someone to be a good and competent caregiver.

In recognition of the need to have competent nurses, research has also focused on how to provide adequate ethical education for nurses. Woods[6] argues that adjustments are needed in approaches to teaching professional ethics at both the undergraduate and graduate levels. He reviewed studies that found that nurses face ethical distress but encounter barriers to taking action to reduce the distress. Common barriers were feeling powerless, lack of confidence, being ignored or overruled, frustrations with system rules or administrators, and observing other health professionals disrespect the autonomy and rights of patients. Recommendations for revising ethical education by Woods and others[2,18,20] include providing opportunities for students to link ethical principles more directly to practice and to reflect on and critically analyze likely ethical demands of their workplace. Banks[21] claims that in teaching ethics often examples only involve decontextualized cases rather than focusing more on the emotions, motivations, and complexities associated with the relationships of those in ethically challenging situations.

Juujärvi et al.[22] also highlight the importance of reflective discussions that involve actual ethical conflicts of students in the education of nurses and social workers. Using data from eight studies from different areas of the world, Dierckx de Casterlé et al.[3] examined reasoning patterns of nurses in response to ethical dilemmas in nursing practice. They found that nurses tended to use conventions and conformist practice rather than critical reflection and creativity in ethical decision making. They concluded that such practice hinders doing what is best for the well-being of their patients. Furthermore, they stressed that these findings show that much needs to be done by instructors and researchers in order to educate and enable nurses to develop better reflection and critical skills, so that they can provide quality care for their patients.

After analyzing 19 focus groups of nurses at three professional levels, Doane et al.[23] emphasize that an important component of effective ethical education is the opportunity for students to learn about themselves and to examine the connection between their own values and their professional ethics principles. According to Doane et al.,[23] goals of ethics education should include not only identifying ethical issues and problems in their work but also developing skills of critical thinking, self-exploration, and understanding how to think about micro and macro contexts of ethical problems. Doane et al.[23] further state that particular types of

educational experiences may help nurses develop the skills and knowledge needed to apply ethical principles in their practice. First, they emphasize that although rational principles and codes provide valuable information, they alone cannot provide an adequate basis for ethical development. The complex nature of many ethical issues requires an acknowledgement of the many factors that impact ethical decisions such as role expectations, personal values, organizational, social, political and economic contexts, emotions, as well as rationality and reason. In addition, interpretative inquiry and an ongoing reflection process are important in moral development.

Callister et al.[2] also highlighted the importance of including the development of critical thinking and ethical reasoning in professional ethics education. These researchers believe that their assignment of having students write about their clinical experiences in journals would support such development. Students were told to describe an experience of an ethical problem in healthcare, critically analyze what the experience meant to them, and discuss the implications of the ethical issue for nursing practice. They followed the guidelines of Bergum[24] who stated that guided reflection can be a meaningful learning activity in helping students connect the context of working with patients and families with self-reflection and caring actions. Callister et al.[2] concluded that self-awareness writing leads to increased self-confidence in ethical decision making and fosters a respect and care for others. Researchers have also stressed that it is indeed the acceptance of their duty to provide quality care and respect for their patients that contributes to ethical problems and stress for healthcare professionals.[1,5,11,22,25]

As the aforementioned literature review documents, there are many complexities involved in the ethical problems and dilemmas healthcare professionals face in their everyday practice. Numminen et al.[26] state that additional attention is needed to identify more versatile and effective methods in teaching ethics. There is general agreement that in addition to the necessity of teaching nurses applied technical skills and ethical codes, educators of nurses need to include reflective opportunities for nurses in their teaching. Two nursing educators, one from the United Kingdom and the other from the United States, describe their collaboration in offering a hybrid course that combined standard classroom and Internet-assisted components to nursing students in their respective countries.[20] The Internet aspect of the course consisted of online discussions of ethics cases provided by the instructors. Subsequently, students were asked to describe an ethical dilemma that they had experienced at work and to comment on other students' dilemmas. Student evaluations of this method indicated high levels of satisfaction and learning. Students were able to reflect on their responses to their ethical dilemma and identify positive and negative aspects of their actions. Leppa and Terry[20] concluded that online discussions offer opportunities for reflective thinking and critical analyses in ethical decision making.

Our literature review revealed that there is a need for more research that examines how health providers apply ethical principles and knowledge to dilemmas they encounter in their everyday work. In this article, we describe one assignment of two online graduate professional ethics courses. Consistent with recommendations from the aforementioned research, the assignment required students to describe real ethical dilemmas and concerns from their work experience and provided an opportunity for them to critically analyze and reflect on multiple perspectives of those affected by decisions associated with the dilemmas. Consistent with recent research, we define an ethical dilemma as a situation in which a choice has to be made between at least two options, none of which resolves the situation in an ethically acceptable way.[1,4,21] In these cases, professional, societal, and personal ethical guidelines provide no satisfactory outcome for a choice.

Objectives and research questions

The objective of this article is to describe ethical dilemmas and concerns at work from the perspective of healthcare professionals who were studying for their master's degree. The results should provide valuable

Table 1. Participants' background characteristics (n = 49).

Characteristics	Finnish participants	Dutch participants
Course 2011	n = 12	n = 12
Sex	11 female; 1 male	10 female; 2 male
Age (median, range) (years)	Median 41; range 29–58	Median 39; range 24–56
Profession	12 nurses	5 nurses; 2 dental care specialists; 2 teachers of Cesar therapy; 1 physiotherapist; 1 logopedist; 1 Cesar therapist
Course 2012	n = 14	n = 11
Sex	13 female; 1 male	10 female; 1 male
Age (median, range) (years)	Median 36; range 29–46	Median 38; range 25–49
Profession	13 nurses; 1 physiotherapist	7 nurses; 1 physiotherapist; 1 manager in healthcare; 1 skin therapist; 1 policy-maker

information for managers, educators, and policy-makers to help them improve the working environment, adjust teaching methods and course content, and increase quality of patient care.

Research questions

1. What kinds of ethical dilemmas were described by the healthcare professionals?
2. What kinds of ethical concerns were described by the healthcare professionals?

Research design

This was an explorative study applying content analysis method based on procedures of Elo and Kyngäs.[27]

Participants

A convenience sample of 49 master's degree students was used from two universities of applied sciences in Finland and the Netherlands. Participants were enrolled in a 100% online required Professional Ethics course in 2011 or 2012. Participants' background characteristics are described in Table 1.

Data collection procedure

Data were based on the assignment "Describe and Discuss Ethical Dilemma." For this assignment, student participants were given several weeks to describe an ethical dilemma at work and discuss it according to specific guidelines within groups of 3–6 participants. Each group included students from Finland and the Netherlands; in 2011, there were seven groups compared to five in 2012. Data consisted of 86 single-spaced typed pages of participants' discussion.

Description of the assignment

Students were informed that the assignment was to give them the opportunity to discuss and reflect on ethical dilemmas with other health professionals including those from another country. The aim was to strengthen students' skills in identifying and reflecting on ethical dilemmas experienced in everyday work as well as to guide students in critical analyses of ethical issues. Students were given guidelines on how to

conduct a meaningful dialogue and also were asked to include in their discussion responses to several questions. These guidelines and questions were intended to promote critical thinking, new ideas, and multiple perspectives. The teachers' role in the group discussion was to give appropriate literature recommendations, suggest different perspectives for discussion, and guide participants, so that they followed the assignment instructions. In order not to bias students, instructors did not push the discussion in a particular direction and made only neutral comments. The instructions required students to discuss why the situation was a dilemma and not another type of ethical concern, to identify characteristics of the dilemma, and to refer to ethical principles and literature that applied to their dilemma. In order to satisfactorily complete the assignment, the group discussion had to include consideration of at least three ethical principles, at least three different perspectives from those involved in the dilemma, and references relevant to their dilemma. In both courses, the teachers' role and the evaluation criteria were identical.

Analysis

Data were analyzed using the inductive content analysis method that is appropriate to examine the multifaceted and sensitive phenomena of nursing.[27,28] This method is commonly applied when conducting exploratory research in area where not much is known.[29,30] As Vaismoradi et al.[30] recommends for the first stage of analysis, three researchers read the transcription several times in order to obtain a sense of the whole content. In the second stage, each group reported "dilemma" was identified and extracted. Second, these "dilemmas" were then analyzed and categorized as either ethical dilemmas or nonethical dilemmas by the first and second authors. The third stage of analysis involved categorizing and subcategorizing of ethical dilemmas and nonethical dilemmas. The division into categories and subcategories was repeated and revised several times by the first author in collaboration with coauthors until majority agreement was obtained. The main categories of ethical dilemmas were determined by an examination of differences and commonalities. The content analysis was conducted by three researchers who represent different backgrounds and disciplines, nursing, ethics, and sociology. This diversity allowed us to discuss the text from different perspectives and increased our confidence in the final categories and subcategory groupings.

Findings: ethical dilemmas

Students were informed to include only necessary information about a dilemma and were specifically instructed not to reveal any personal information about people involved or any details of a workplace. Permission for conducting the study was granted from both universities of applied sciences. All students provided their written informed consent for the use of their assignments as research data.

Findings

Data analysis resulted in 51 work situations described by participants in their discussions as possibilities for the ethical dilemma their group should analyze according to the assignment directions. Of these 51 situations, 16 met the requirements of the definition stated earlier of an ethical dilemma. These 16 dilemmas could be combined into 8 main categories with 5 dilemmas in multiple categories. The remaining 35 work situations were categorized as work issues with an ethical concern. Table 2 lists the dilemma category followed by number of dilemmas in that category and questions of participants about the dilemma. For one dilemma "protecting most patients vs. providing quality care for one patient," surprisingly no questions were raised. We now briefly describe each of the eight ethical dilemma categories.

Table 2. Dilemma category followed by number of dilemmas in category and questions of participants about the dilemma.

Dilemma category (5): safety of professionals versus patient's right to care
What types of threats do nurses need to tolerate and accept?
Is there an option to refuse to care for a patient?
How can nurses' safety be protected?
How can nurses build the professional relationship with patients who are acting violently and/or unpredictably toward personnel and other patients?
Is there anything that professionals can do before the act of violence happens?
Why do physicians not listen to or trust a nurse's observation of patient's behavior changes?

Dilemma category (1): power of health provider versus vulnerability of patient
How do we know that a fellow health provider is providing quality care?
How do we know that the nursing outcomes are achieved as it has been agreed upon in the patient's care plan?

Dilemma category (4): protection of personnel versus acceptance of patient's autonomy
Do people with mental health problems have a right to refuse care even though they need it from a medical and/or nursing perspective?
Do personnel have to intervene and provide nursing care for a mentally and/or physically sick patient who refuses nursing care?
Do professionals have to support a patient's decision when he or she is neglecting his or her own health and well-being?
Who has the authority to decide when a patient has the capacity to make a decision about care?
Does the health case manager risk employees' health by sending them to a violently acting patient's home?
Suppose the patient does not want to take his or her medicine and it is well known that this will cause violent actions of the patient. What can the personnel do in that kind of situation?

Dilemma category (1): nondiscrimination toward and privacy of patient versus protection of professionals
Will information about a patient negatively influence the care offered by nurses and lead to lack of respect of the patient?
Will lack of information about a patient endanger the safety of health professionals?

Dilemma category (2): maintenance of professional attitude versus negative attitude toward patient
How can we maintain a professional attitude toward a patient whom you cannot take seriously because you think he or she is wasting professionals' time by complaining about something that from an objective standpoint is not a relevant health issue?
How can one determine what is behind the behavioral pattern of too demanding patients? How do we solve this problem in general?
Is there a risk that overly complaining patients will not be taken seriously if they have real health problems?
Why is it so easy to stigmatize a patient? What should the nurse do if she cannot stand the patient anymore?
Do nurses have a right to show their negative feelings toward a patient? Should professionals control emotions or express them in front of patients?

Dilemma category (5): obedience to the law versus protection of personnel and/or patient
Why do patients have a right to harm and even hurt personnel? Do patients also have obligations and not just rights?
Do we communicate in an understandable manner with violent and other challenging patients?
Should we report every act of violence to the police?
Where does the violence from patients come from?
How can nurses maintain a professional attitude at work in a situation where a patient is harming or hurting personnel or other patients?
Do we have to tolerate anything that comes from a patient?
Why do we have to only consider the medical point of view when making decisions about a patient's well-being?

(continued)

Table 2. (continued)

Dilemma category (2): protection of patients' rights versus obedience to orders

What if nurses do not implement what doctors have ordered them to do in cases where nurses want to protect patient's rights to autonomy and it is in contradiction to doctor's orders?

What is the power of workers compared to the patients' vulnerability?

In what situations can nurses advocate for patients and encourage patients to rely on their own decision?

Do doctors, is some cases, cause ethical dilemmas for nurses? Is there a lack of clarity concerning the roles and duties of different healthcare professionals?

What is the role of professional codes of conduct in a situation where you have to choose between following the rules or protecting the rights of patients?

No questions were raised by the students for the dilemma of protecting most patients versus providing quality care for one patient (1).

Safety of professionals versus patient's right to care

Patients who are acting violently toward personnel raised a variety of feelings in participants such as help-lessness, frustration, fear, sympathy for the patient, and confusion. Participants felt unsure about how to follow the ethical guidelines of nursing that state that it is a nurse's duty to create mutual trust between a patient and nurse when he or she cannot trust a violent patient. Patients who are under the influence of drugs, alcohol, and/or with mental health problems may have physically harm the professional. One participant felt that "We need to accept the threat of violence as a part of our work in the hospital." Another participant commented: "We should do something before the act of violence happens." The conflict between reality and ethical codes indicated that nurses sometimes were scared of patients' behavior, but at the same time, they were worried about patients' rights to be treated. Some felt that despite the fear of the staff, patients should be given care.

Power of health provider versus vulnerability of patient

Participants described their concern about a situation where professionals are working alone and may not be providing high-quality care to older and fragile clients. The possibility for abuse and neglect was raised as more health services are now offered at home. Thus, participants were worried about how to ensure that high-quality home care is delivered.

Protection of personnel versus acceptance of patient's autonomy

Participants were concerned about how to handle a patient with mental and/or physical health problems who refuses care and acts violently toward home care personnel. Participants were worried about their professional duty under the law to provide care, but at the same time, they were concerned about protecting themselves from violence. Health professionals did not know how to resolve the conflict between protecting their safety and fulfilling their legal responsibilities and at the same time accepting patients' rights to make their own decisions concerning their care or well-being. Another example described by a participant involved a patient who refused to take prescribed medicine and started violently attacking health personnel.

Nondiscrimination toward and privacy of patient versus protection of professionals

Participants were concerned about their safety when they are not permitted to have access to information about a patient's background that may include inappropriate behavior such as violence and other forms of abuse. At the same time, participants worried about having disrespectful and unprofessional attitudes

toward a patient with a history of some type of abuse or disapproved behavior such as drug or alcohol addiction. Participants wondered if it is right to document in a patient's record a patient's threat of violence or act of violence during an appointment or hospitalization. Participants questioned how this information affects them as professionals. Participants thought that level of stress at work is high and that this might be the reason why it is so difficult to respect disturbing patients.

Maintenance of professional attitude versus negative attitude toward patient

Participants stated that it is very easy to stigmatize patients before you have even met them. One participant stated, "It is so easy to stigmatize them (patients), then they will not be taken seriously anymore . . . " The stigma referred to was based on patients' previous health problems and/or lifestyles that are known for patients who come repeatedly to the unit complaining about their extremely minor health problems. Participants felt that these patients also take too much time from the other patients with obvious serious health needs. Some participants thought it is a professional's right to be angry at a patient who is under the influence of alcohol or drugs and/or acting out in a hostile and violent ways toward other patients or staff.

Protecting most patients versus providing quality care for one patient

Participants were concerned that aggressive dementia patients may hurt other patients who cannot defend themselves in the ward. Participants discussed whether they should start or increase a sedative medication for a dementia patient to protect other patients from dementia patient's violent and disturbing acts. Participants felt guilty because they had to give the dementia patient an extra medication to ensure the safety of other patients.

Obedience to the law versus protection of personnel and/or patient

Participants were aware that if a patient is acting violently, they should report it to the police. Despite this knowledge, participants indicated that it is rare to report a threat or act of violence. Some participants thought that because the patient's behavior is a result of his or her medical condition, they do not need to report violent cases. Some participants wrote that based on their experience, police are not necessarily willing to start an investigation because their view is also that the patient is not responsible for his or her conditions due to illness. Some participants also wanted to protect themselves from the long and exhausting investigation (such as being a witness, writing the reports, and taking part in the court activities) performed by the police when they reported a patient's violent acts.

Additionally, participants discussed whether they should obey rules or protect themselves. In one participant example, a surgeon wanted to perform a major operation on a patient despite the objection of the patient. The nurse asked the surgeon to discuss this topic more with the patient and also with her adult children. Due to pressure from both the doctor and her relatives, this patient asked the nurse if she should accept the operation. The nurse was confused and wondered if it was right to say that she did not know the answer: "Is it right to say to the patient I do not know when she is asking whether or not she should accept the operation to be performed even though it will not cure her?"

Protection of patients' rights versus obedience to orders

Participants gave examples where the nurse did not obey the doctor's orders because he or she strongly believed that he or she needed to protect the patient's autonomy and well-being instead of following orders that seemed not to benefit the patient. On one hand, it is the responsibility of nurses to follow medical orders, but it is also the nurse's responsibility to support a patient's own decision and rights to control his or her life.

Participants were considering what good care is when the patient is terminally ill and when there is no treatment that could cure him or her.

Findings: nonethical dilemma classifications

As indicated in the directions for the assignment, participants were told to suggest ethical dilemmas from their work experience for their group discussion. At the beginning of the discussions, participants were involved in a "brainstorming" process and mentioned a variety of concerns important from an ethical perspective. We defined an ethical concern that was not a dilemma as an ethical problem that did not require an immediate choice by a health professional or a situation where a health professional had questions about how to provide the best care to challenging patients or information to patient families. In the first type of non-dilemma ethical concerns, the choice had already been made by the work organization or by a professional with higher authority. Thus, these dilemmas were mostly at meso or macro levels. In the later type of ethical concern, health professionals needed guidance and/or instruction about how to perform their duties to provide the best and appropriate care and information.

Most of these non-dilemmas were related to a violation of the ethical principle that everyone has the right to receive the care they need. Due to changes in the healthcare system, participants in both countries felt that the quality of care had decreased. One example was a new practice of not delivering free diapers; this practice not only contributed to patient discomfort but also required extra time by a worker to change bedding and clothes of patients more often. Another practice that disturbed participants was forcing or pressuring psychiatric patients to move from their institutions to smaller homes. These patients had lived a long time in the institution, and the professionals were concerned about patients' lack of independence, skills, or potential to manage in everyday life outside the institution. Lack of space for patients in hospitals was also a concern; patients were sometimes discharged too early, had to stay in corridors, or were put in rooms with a patient who disturbed their care. Another health system problem mentioned was a frequent shortage of nurses on shifts. Such shortages cause stress to nurses who feel unable to provide the quality of care they feel is necessary.

Participants also reported concerns related to doctors. In their view, sometimes doctors failed to act in accordance with a patient's decision or did not adequately discuss issues about the need to make a living will with patients. In addition to questioning competence of doctors, participants expressed concern that some nurses do not base their treatment on evidence and that still others are not interested in updating their skills through courses and educational workshops.

Other situations that troubled participants involved a patient or a patient's family member rather than other health providers. Questions asked were how to take care of patients such as alcoholics who often are not motivated to take care of themselves or how to respect a patient's right to refuse care even if it is known such refusal will have negative consequences for the patient. This situation was also mentioned in connection to parents who refused a lifesaving blood transfusion for their newborn. Other issues brought up were how to treat patients when the treatment caused extreme discomfort or pain and how to interact with a family whose relative has no hope of recovery but insists on further intensive care. Another concern involved the time involved in resuscitation procedures. The participant stated that sometimes he works extra time when he knows hope is lost simply to ensure family members that all efforts have been made to save the life of their loved one. Two other situations mentioned involved the stigma of treating patients with mental health problems and how much health providers should promote products of the pharmaceutical industry.

Other work concerns often out of control of a health provider involved the problem of no-shows for appointments, patients with unrealistic demands on health providers, how to know for sure that patients understand important information about their care, and how to deal with pregnant women. Patients with unrealistic demands on health providers, how to know for sure that patients understand important information about their care, and how to deal with pregnant women and parents whose actions endanger the health of

their children. Another issue raised involved the need for female interpreters for women who have been in their new country for decades. What responsibilities do people have for their own health? This question also relates to the problem of no-shows. Participants seemed to think that patients with mental health problems should not be responsible for payment for missing an appointment because in their view, the illness of these patients is largely responsible for the no-show. Another concern of participants was that there was no time to discuss ethical issues with their colleagues. The view was expressed that the common practice of making ethical decisions alone not only increases job stress but impacts the quality of care provided negatively.

Evidence for critical analysis

Students in all groups were able to apply ethical principles and appropriate references that related to dilemmas. Furthermore, students were able to discuss ethical issues from multiple perspectives. Critical thinking was also shown by the number of questions asked relating to dilemmas. This questioning indicates that they were looking for information and solutions outside of traditional conventions and rules.

Discussion

Findings of this study underscore the importance of ethical dilemmas and concerns that professionals experience across a range of practice settings in two European countries. We found no major differences in ethical concerns and issues discussed by student participants in Finland and the Netherlands. This may be at least partly because both countries have the same description and level of competencies for bachelor and master's degree education due to the European Higher Education Area agreements; furthermore, their healthcare systems are comparable.

Nearly all dilemmas described by participants in this study involved the theme related to concern for patients' rights and provision of quality care. Thus, consistent with previous studies,[1,5,11] participants were very much aware of their duty to provide quality care and protect patients' rights when confronting ethical decisions. The second major theme found in 11 of the 16 ethical dilemma discussions was the concern that health professionals had for their own safety. González-de-Paz et al.[31] found "that nurses do not see the norms that may affect their personal safety as ethically sensitive" (p. 2758). They further write that putting the needs of patients always above the needs of care providers seems to warrant consideration to more than codes of ethics and extend to other moral values. In a review of frequently cited nurse dilemmas, providing care with possible risk to the nurse's health was listing as one of the five most frequent concerns.[11]

The concern and fear of patients acting violently toward themselves or other personnel led them to ask questions related to their own rights and protection. Despite their fear situation, some participants were not willing to report the threat or act of violence to the police. This is consistent with the results of Edward et al.[32] who found in their systematic review that there is a high level of non-reporting by nurses after aggressive verbal and/or physical incidents. Edward et al.[32] also found that non-reporting was due to poor or absent support by management and that nurses who have had a previous experience of non-action after an aggressive incident opt to ignore future ones.

The last two general themes we found in the dilemma discussions were nurses' rights versus patients' rights (half of the dilemmas) and conflict or competence concerns with other health professionals (over one-quarter of the dilemmas); these also have been found in previous research.[4,5,11] Many of the ethical dilemmas discussed by participants were due to what Cohen and Ezer[33] call "dual loyalty" (p. 8), which they define as a health provider's simultaneous obligations either expressed or implied to a patient and another party, often the state. They advocate for the application of human rights principles to patient care and the need to educate both healthcare workers and patients about the human rights of both patients and care providers in addition to the rights of patients. Participants in this study were more aware of patients' rights than their own.

We were at first surprised that participants discussed so many ethical issues that did not meet the criteria of an ethical dilemma. However, Andrews[11] and Berggren et al.[12] point out that many of the decisions that are ethically disturbing to nurses are those where the nurse has little control such as staffing problems or incompetent colleagues. The findings of this study show that although ethical dilemmas are an important focus for healthcare professionals to identify and make decisions about, there are many nondilemma ethical issues that professionals find disturbing. The non-dilemma concern most cited in this study dealt with the trend to cut budgets and reduce resources in healthcare. Our participants and others have cited lack of time and an inadequate number of staff as contributing to the major ethical concern of providing quality care and protecting patients' rights as well as producing high stress for workers.[4,5,11] In one study,[5] 37% of nurses cited staffing problems as negatively affecting their work, and it was listed as the ethical problem that most frequently caused them a high or very high degree of stress.

Recommendations

From an analysis of the ethical dilemma discussions, we derived recommendations for educators, managers, and policy-makers. Indeed, the recommendations we discuss below are a major contribution of this study.

Education. With respect to the use of online discussions and assignments that focus on ethical dilemmas and concerns, we have several ideas. First, we now suggest that students be asked to consider both ethical dilemmas and ethical concerns in assignments rather than a focus only on dilemmas. Second, students should be required to include the level of analysis (micro, meso, and macro) in their discussions. Such acknowledgement would be helpful in designing strategies to mitigate the dilemma or concern. Third, students should be reminded to be more precise about the nature of the dilemma and what the likely consequences would be for each option. We emphasized this precision in the assignment directions, yet students often failed to include this crucial information. Such inclusion requires specific assignment directions and more instructor monitoring of and input for discussions. We believe that dividing the questions into small groups and setting a deadline for students to focus on a small number of issues at a time might be a more efficient way to facilitate critical analysis in discussions. Despite the multiple weeks that students had for their discussion, many of the groups did not attempt to discuss all the issues we requested.

Another suggestion for educators to consider is to have students write about an ethical dilemma they encountered and then have group discussions focus on the reactions of other students to these dilemmas. A personally experienced dilemma may promote the reflection and self-awareness goals mentioned in the literature we cited earlier in this article. Reflection about a dilemma seems more appropriate about an actual experience someone has had rather than one in the abstract. Of course, for this assignment as well, the directions and guidelines would require specificity. The focus on analysis of a personal ethical issue would also allow students to more efficiently use their time for actual analysis instead of discussions of which dilemma to analyze in depth.

In addition to identifying ethical dilemmas and concerns in the online discussions, we looked for evidence of critical analysis. In this process, we had difficulty in operationalizing comprehensive criteria for critical analysis. If, as our literature review highlights, such analysis is needed by nurses and other health providers, we recommend that attention be given not only on ways to promote critical thinking in courses but also on how to identify and measure it. In this regard, Whitcomb and Tinkler's[34] study about moral reflection in an online course for future teachers may be helpful in adapting and applying their methodology for health professional ethics courses in future research.

In addition to offering suggestions about student dilemma analysis, we found substantive knowledge lacking by some participants. Specific areas of instruction that needed attention included human rights of healthcare providers, proper use of nonpharmacological techniques for aggressive patients, and how

to provide ethical care for challenging patients such as those who may endanger their health and the health of other patients, those who need painful treatment, those who refuse needed care, and those who are consistently noncompliant with care instructions. Finally, health professionals also need reinforcement of the need to take care of themselves and protect their own rights for these are important conditions for them being able to take care of others.

Management. Managers should discuss guidelines and policies for how to handle violence or the threat of violence with their staff. This includes clarifying the roles for all staff and ensuring that staff have information about a potentially violent patient. Managers should reinforce the need for all staff to protect the privacy of information about their patients. In addition, managers should know the rules about reporting behavior of patients to the police and communicate this to staff. Managers should do what they can to reduce the fear of violence to staff and to patients from other patients. Managers should also make sure that their staff are aware of legal rules involving patients' rights, including especially those with reduced mental and physical abilities. Finally, managers should allot time for staff to meet together to discuss ethical concerns and dilemmas. There is little hope for improvement and change without time to exchange ideas to reduce problems and stress. This last recommendation is consistent with one by Yakov et al.[35] who stated that hospital staff should have regular multi-professional discussion forums on ethics; such forums were helpful for their staff in expanding knowledge of ethical concerns. Goldman and Tabak[36] emphasize the changing nature of work environments and that this frequent change supports the need for consideration of possible new ethical problems as they are impacted by change. Recent research[37] in different healthcare institutions shows that quality of care of professionals who work in organizations where there is time for moral case deliberation improves.

Policy. A major concern of our health professional sample was the lack of resources and staff. Due to budget restraints, this study and others have reported ethical concerns about declining quality of care. At the very least, policy-makers should be informed about such ethical issues. If money is to be withheld from programs, policy-makers should be cautious about which programs to reduce funding for and which ones are preventative in nature and may save money in the long run. Both Finland and the Netherlands offer a multitude of benefits. Some meet more crucial needs than others. Another recommendation for policy-makers is to survey managers to learn what their needs are in terms of staffing and resources for quality care. In this regard, the problem of how to assure quality care when health providers are unsupervised was a concern by some participants in our study. Such participants were concerned about the competence of some colleagues. If policy is moving toward more home care, then more monitoring and evaluation of this form of healthcare is needed. It would be worthwhile for an expert panel of educators, managers, and policy-makers to meet to discuss the student questions associated with the dilemmas and our recommendations. We would add that nurses and health providers, in general, also be included in this panel.

Study limitations

Online discussions have limitations that likely influence their content. Participants were not always online at the same time and had to wait for responses from others in their group. Such interruptions may have hindered more in-depth and/or focused examinations of ethical issues. Another barrier to the exchange of ideas and thoughts was that participants had to write their comments in English and not in their native language. However, our examination of the text data revealed valuable and important aspects of ethical problems and included clear and sensitive ethical concerns and conflicts of participants' everyday practice despite these potential problems.

The subjective nature of qualitative analysis is always a concern due to variations in knowledge, background, and values of researchers. Furthermore, a different definition of a dilemma could have resulted in more ethical concerns being categorized as dilemmas. In our analysis, occasionally disagreements occurred, but these mainly dealt with the number, not the meaning of categories. We chose to include more rather than fewer categories to conform to the context of participants' comments. In our analysis, a few disagreements involved situations that required a health professional to be an assertive, competent, and determined patient advocate for change at either meso or macro level.

Conclusion

A majority of the ethical dilemmas were related to quality care provision, professionals' safety and protection, professional attitudes and whether to follow rules and obey the law. At the same time, participants were genuinely concerned about patients' rights such as autonomy and privacy and how they can be realized in specific situations. The online discussions gave student participants the opportunity to relate the theory of ethics to their real-work situations. We learned, however, that despite the high degree of ethical sensitivity of our participants, the large number of questions raised indicated a need for more information about their own human rights and further skills in reasoning and critical analysis to confront and reduce the ethical dilemmas and concerns they face. Consistent with findings referred to by Numminen et al.,[26] the ethical issues highlighted by participants underscore the need to educate health professionals about their ethical responsibilities to promote health at meso and macro levels, the social dimensions of ethical principles, and the importance of their involvement in decisions that influence quality of healthcare.

We found that discussions with descriptions of ethical dilemmas and concerns in the workplace by health professionals provided important information not only for education and practice but also for policy. If policy-makers want to promote quality care, they should be aware of the ethical dilemmas and concerns of health providers. Because ethical concerns impact quality of care negatively, it is important for health professionals to be able to deal with them, for managers to reduce ethical stress for their staff and for policy-makers to be informed of the ethical issues that are frequently encountered. A major conclusion of this study supported by research cited in our literature review is that quality of care is compromised when health providers confront ethical problems at work.

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