

## Original Article

## Ethical Decision-Making Levels of Nurses and it's Affecting Factors

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**Correspondence:** Associated Prof Dr. Selda Rizalar, Medipol University, School of Health Science, Department of Nursing, Istanbul, Turkey e-mail: srizalar@medipol.edu.tr**Abstract****Aim:** This research was done to investigate the ethical decision-making levels of nurses and its effective factors.**Method:** It was conducted between January and March, 2014, among 200 nurses working in hospitals in northern Turkey. The data was collected via Nursing Dilemma Test and was evaluated in the SPSS 15 package program.**Results:** The Principled Thinking point average of  $49.38 \pm 6.26$  and Practical Consideration point average of  $18.38 \pm 3.9$  of nurses were rated at medium level. The majority of nurses (72%) were familiar with similar dilemmas as it was determined. It had been detected that when compared to nurses who worked only at nights, only at daytimes and sometimes only at nights, the points among these working schedules differed distinctively ( $p < .05$ ).**Conclusions:** Consequently, it was confirmed that nurses had capability of average ethical decision-making when they faced ethical dilemma, and their ethical decisions have been influenced by environmental factors.**Key words:** ethics, ethical decision making, ethic dilemmas, nursing**Introduction**

Ethics is a field in philosophy that aims to individuate the rights and wrongs by trying to understand the nature of morality (Senturk, 2013; Karaoz, 2000). The main goal of vocational ethic principals is to guide people through the way of making occupations serve better for people (Ipbuker, Goksel & Deniz, 2016). The increasing researches on nursing, and theoretical interest of information on nursing have made the way for the development of ethical concept of nursing (Senturk, 2013). The ethical view in nursing is fairly important because it ensures the patient's safety and protects the patient's rights. It has derived from the moral extent of the concept of care-giving. Today's rapid development in science and technology and its effects on the field of health

and its practices such as organ transplantation, gene technology, artificial fertilization have caused nurses to face ethical problems (Gul, et al, 2013; Senturk, 2013).

Thanks to technological progresses, such as heart reactivation, respiratory preservation, organ transplantation and nursing patients who are unable to be fed orally, are all possible in today's world. These facilities also make the line between life and death blurry, emerge ethical problems and makes care-giving more complicated. Ethical problems are complicated situations that require moral judgment and making choices. They do not have easy and precise solutions that can be defined as absolute rights and wrongs. They make people face dilemmas. Ethical dilemma is a condition in which there are more than one choice, or a conflict

between ethical values (Kirilmaz & Kirilmaz 2014; Elcigil et al., 2011). Ethical dilemmas are conditions that the right answers are unknown and they do not have distinct rules providing solutions (Elcigil et al., 2011). According to researches, conducted; among the ethical dilemmas that nurses experience mostly are; the end of life care, life support, patient rights, getting an approval, allocation of resources, ambiguity of the authority and responsibilities of a nurse, different views of health-care team and institution policies concerning care-giving and treatment, doctor orders, informing the patient and the family, medicine practices (Mallari & Tariman, 2017; Gul et al., 2013; Elcigil et al., 2011). To find a solution to ethical dilemmas, personal moral values of nurses, moral values of other medical professionals, and the institution's moral values need to be solidified (Burkhart & Nathaniel, 2013, Sentürk, 2013). Nurses are expected to have the capability of making ethical decisions towards ethical problems. Berggren et al. defines making an ethical decision as in a situation where there are conflicted options, a logical process in which deciding morally the most accurate action by thinking systematically (Berggren et al., 2002). The capability of making an ethical decision is important for showing a professional approach towards ethical problems. For nursing, making an ethical decision reflects a nurse's in making a judgement by using his/her cognitive skills towards a situation bearing an ethical problem and taking this judgement into action required. Ethical decision-making process involves nurses' education and their own learned potential inhibitors, such as personal and professional experiences, moral development levels and moral judgement levels, beliefs and cultures (Cerit, 2010; Goethals et al., 2010; Kulmala, 2016).

The nature of health services, require an ethical point of view to protect and develop human health in situations that are ambiguous, hard and risky (Kirilmaz & Kirilmaz, 2014). The person who is the closest to and has a constant communication with the patient and the family, and who serves them health facilities, is the nurse (Babadag, 2010; Eser et al., 2007). For nursing; ethical values are rather crucial while taking action within the sense of duty and moral standards (Sentürk, 2013). Comparing earlier; today with widened the roles and functions in health-care systems that nurses

have to make more complicated decisions and take the responsibility of these decisions (Sentürk, 2013, Weaver et al., 2008; Yurttas et al., 2014). A nurse has to make the most accurate decision for the patient considering logically and emotionally, and to choose ethical values among difficult choices. As the interest of scientific information grows, nursing has to find solutions to ethical problems regarding its specified area (Beerman, 1997; Schroeter, 1999)

Ethical decision-making, professional ethic values, critical thinking, clinical experience, academic background, person's ability of foreseeing results within personal information, courage for taking an action, models of ethical decisions and ethical committees assist nurses. (Weaver et al., 2008; Goethals et al., 2010; Sentürk, 2013). As caring is a continuous process, nurses spend more time with patients than any other health-care professionals. It is important to note that the nurses and the patients who are diagnosed with the disease are more likely to have a history of nursing (19 (Cerit, B & Dinc, 2012). Meanwhile, because of the complex ethical issues raised by developments in medicine and technology, it is necessary for nurses to be involved in ethical decision-making processes. In terms of ethical processes, decision-making is inevitable for nurses. Ethical decision-making is required for a professional. Thus, it is critical to investigate nurses' ethical decision-making levels. As ethical guidance, it is related to one's cultural background and professional behaviours, and it is of interest to ethicists and nurses across cultures to follow the nurses' ethical decision-making levels.

This research was done in order to study the levels of ethical decision-making in situations with ethical dilemmas and the factors affecting the process.

## Methods

**The research type:** This study is cross-sectional and descriptive.

**Research population and samples:** The research population included 316 nurses working at the Ondokuz Mayıs University Health Administration and Research Centre located in Samsun, and 224 nurses working in a training and research hospital linked to the Ministry of Health. The research aimed to reach every member of the research population; though 200 nurses, who were able to be

contacted, worked and accepted participation to the study between the dates of January 13<sup>th</sup> - March 13<sup>th</sup>, 2014 in which the research was conducted.

A total of 200 nurses were directly involved in patient care research sample; 112 of them attended from the training and research hospital while 88 of them attended from the university hospital. Nurses, working as managers or polyclinic nurses were excluded. The rate of participation was (200/470) 42.5 %. The number of nurses reduced due to their duty that required them to work upstate, their limited time due to workload during service hours, and their disapproval on participation.

When some qualities of the nurses who had participated in the study was evaluated, it was confirmed that 97 % of them were clinical nurses, 77.5 % of them loved their job, 68.5% of them did not know that there was an ethical board in their hospital, 37% of them were able to choose their department and 10 % of them followed a termed broadcast.

#### **Data Collection**

The data was collected via personal information forms and the Nursing Dilemma Test (NDT) in order to measure ethical decision-making with respect to realistic dilemmas in nursing.

**Personal Information Form:** In the personal information form which has been developed by researchers; there are 14 close-ended questions to specify nurses' socio-demographic and professional characteristics who have participated.

**Nursing Dilemma Test:** Created by Patricia Crisham in 1981, 'Nursing Dilemma Test' was translated into Turkish by Cerit (Cerit, 2010; Cerit & Dinc, 2013). Crisham developed six dilemmas peculiar to nursing practices. These dilemmas are signified as; revitalizing initiation to a baby who was born with an anomaly, practicing medicine by force, euthanasia, accordance to the clinic, whose nurse have just started the job, reporting practices of wrong medicine, informing adult patients who has a terminal illness (Crisham, 1981). Each dilemma consists of three categories. In the first stage, (A) the nurse is asked to what to do in a scenario related to an explained dilemma and expected to mark one of the three options related to each dilemma. In the second stage, (B) the nurse is expected to put six statements in order, considering

the scenario with ethical dilemma according to the extent of importance. With the answers given for this stage of the test, it is aimed to determine levels of Nursing Principled Thinking (NP) and the Practical Considerations (PC) of nurses. PC shows the importance given considering moral values while making a moral decision. The level of NP in NDT that was developed by being based on Kohlberg's moral development theory stands for the unified version of 5<sup>th</sup> and 6<sup>th</sup> stages (Post-Conventional Level) of his model. The lowest NP point that can be reached in this test is 18, and the highest point is 66. PC evaluates the importance given to environmental factors while making decisions related to ethical problems. The lowest PC point that can be reached is 6, and the highest point is 36. In the third stage, (C) the condition of nurses facing a similar dilemma beforehand by evaluating with 5 Likert scale is the Familiarity (F) determined. Points between 6-17 shows that participants are familiar with a similar dilemma, and points between 18-30 shows that they are unfamiliar with a similar dilemma.

The data was collected by conducting surveys to 200 nurses who agreed to participate in the research on the dates stated. The survey papers distributed to nurses within work hours and nurses who were asked to fill and fulfil the papers had later been collected by researchers. Answering the survey took approximately 20 minutes.

#### **Data Analysis**

The data was analyzed with SPSS 15.0 program. The data evaluation related to stages A and C of NDT was done by frequency, percentage and rate, and on the determination of nurses' behaviours of ethical decision-making. Rate and standard deviation rates were also used. The competence of variables to normal distribution in statistical analysis was evaluated by the Kolmogorov-Smirnov test. While determining whether there were statically significant differences in scale averages between groups due to data which do not show normal distribution and comparing averages of the two groups, the Mann-Whitney U-test was used, and while comparing more than two group averages, the Kruskal-Wallis test was used. For all the data, the statistical significance level was accepted as  $p < .05$ .

### **Ethical consideration**

Before conducting the research, written institution consents from hospitals involved in were taken. In order to use the Turkish version of NDT, the consent of Birgul Cerit was taken, and information about the aim and content of research was given to participants, and the consents of participants were taken thus data collected. The research was conducted according to the standards expressed in the 2013 revision of the Helsinki Declaration. Before conducting the survey, the questionnaires were reviewed and approved by an institutional review board (No: 61127492-044/470). All the respondents had signed a consent form.

### **Limitations of the Research**

The fact of the study having been conducted only in one city consists of limitations of research. The findings of the study are limited within samples and cannot be generalized all over the country.

### **Results**

The average age of participant nurses' is 32.27 (6.98). 65.5% of them are married, and 56% of them have a bachelor's degree. 39% of the nurses have been working for more than 10 years, and 66% of them had been on guard duty. 63% of the nurses had expressed that the unit they work is not their choice while 67.5% of them had stated that they chose their job willingly. Nurses were trained on ethics during vocational training which consisted 93% of the participant nurses (Chart 1). According to data obtained from stage B of NDT, 50% of the nurses preferred 'to resuscitate a newborn with an anomaly' while 61.5% of the nurses –even with the patient's refusal, chose 'the nurse should forcefully give the medicine' as an option, concerning the second dilemma. It was observed that most of nurses (79.5%) marked the option 'the patient should be given respiratory support' concerning the third dilemma in a case where a patient had to be operated due to suffering from tumor spread. The fourth dilemma includes nurses working in paediatrics despite the limited

sources, allocating their time to help another nurse to orient to the clinic instead of allocating their time to look after babies. Concerning this dilemma, 39.5% of nurses answered as 'nurses should not allocate their time for the accommodation of a new nurse' and 40% of them answered as 'nurses should spend their time for the orientation of a new nurse'. Concerning the fifth dilemma, it was reported that most of the nurses (81%) have the view 'wrong medicine practice should be reported'. According to the final dilemma, despite the fact that a patient with a terminal case was informed on his/her diagnosis neither by the doctor nor by the family, only 39.5% of the nurses had marked the option 'the nurse should not answer questions of the patient' (Chart 2). The nurses, subject to were the most indecisive in stating 'An adult person with a terminal case should not be informed on his/her diagnosis. On the subject 'Wrong medicine practice should be reported', 81% of the nurses shared the same positive response. By evaluating data obtained from stage B of NDT, the possible NP and PC average points of the nurses had been calculated. According to this calculation, NP average point of the nurses was determined as  $49.38 \pm 6.26$ , and PC average point was determined as  $18.38 \pm 3.92$  (Chart 3). On stage C of the test, it was reported that nurses were familiar with dilemmas (15.30) like the ones within NDT (Chart 3). At the same time, when evaluated, 72% rate points of the nurses' answers concerning this stage had been determined in between 6-17.

Depending on the situations such as nurses' marital status, educational degrees, time period they spend on the job, units they work for, their duty in the facility, whether they have got the job willingly or not, whether they have taken a course on ethics during their training or not, between the average points they obtained from NDT concerning NP, PC and Familiarity; a significant difference was not found ( $p > 0.05$ ). They obtained average points on NP and Familiarity concerning their working schedule ( $p < 0.05$ ; Table 4).

**Table 1 : Personal and Professional Characteristics of Nurses (N : 200)**

<b>Characteristic</b>	<b>n</b>	<b>(%)</b>
<b>Marital status</b>		
Single	69	(34.5)
Married	131	(65.5)
<b>Educational status</b>		
High School	33	(16.5)
Undergraduate	49	(24.5)
Bachelor's Degree	112	(56.0)
Master's Degree	6	(3.0)
<b>Time period of working in the field</b>		
Less than a year	11	(5.5)
1-5 years	61	(30.5)
6-10 years	50	(25.0)
More than 10 years	78	(39.0)
<b>Job unit</b>		
Internal medicine clinics	58	(29.0)
Surgical Clinics	56	(28.0)
Intensive care, Emergency room	86	(43.0)
<b>Working style</b>		
Only night	52	(26.0)
Only daytime	16	(8.0)
Sometimes night shift	132	(66.0)
<b>Choosing the job willingly</b>		
Yes	135	(67.5)
No	65	(32.5)
<b>Having taken a course on ethics</b>		
Yes	186	(93.0)
No	14	(7.0)

**Table 2 : Distribution of Answers on Question ‘What should a nurse do?’ Concerning Dilemmas (N: 200)**

Dilemmas	The answers to the question “What should a nurse do?”	
	n	(%)
1.To a newborn baby with an anomaly Practice of resuscitation initiation	100	(50.0)
I am indecisive	44	(22.0)
It should not be practiced	56	(28.0)
2.Practice of initiating medicine by force should be practiced	123	(61.5)
I am indecisive	41	(20.5)
It should not be practiced	36	(18.0)
3.Adult’s request to die should be agreed	159	(79.5)
I am indecisive	36	(18.0)
It should not be reported	5	(2.50)
4.Orientation process of a nurse started a new clinic should be practiced	80	(40.0)
I am indecisive	41	(20.50)
Time should not be allocated	79	(39.5)
5.Medication error should be reported	162	(81.0)
I am indecisive	27	(13.5)
It should not be reported	11	(5.50)
6.Terminally ill adults should be informed	58	(29.0)
I am indecisive	63	(31.5)
Patient should not be informed	79	(39.50)

**Table 3 : Nurse’s NDT subscale scores**

Points of NDT	n	Min.	Max.	Mean	SD
Nursing Principled Thinking (NP)	200	25.00	63.00	49.38	±6.26
The Practical Considerations (PC)	200	12.00	31.00	18.38	±3.92
Familiarity	200	6.00	24.00	15.30	±3.37

SD: Standard Deviation

**Table 4 : According to Nurses' Characteristics, Their NDT Subscale Points (N: 200)**

Definitive Characteristics	n	PC		PT		F	
		M	SD	M	SD	M	SD
<b>Marital Status</b>							
Single	69	49.26	±5.84	18.01	±3.81	15.28	±3.09
Married	131	49.45	±6.50	18.58	±3.97	15.31	±3.52
Z (p)		-0.480 (0.631)		-1.117 (0.264)		-0.494 (0.621)	
<b>Educational Degree</b>							
High School	33	48.81	±5.97	18.21	±4.27	15.72	±3.42
Associate Degree	49	48.06	±7.65	18.89	±4.03	15.38	±3.36
Bachelor's Degree	112	49.83	±5.57	18.26	±3.85	15.15	±3.44
Master's Degree	6	54.83	±4.95	17.33	±2.33	15.16	±1.94
KW (p)		5.546 (0.136)		1.575 (0.665)		2.872 (0.412)	
<b>Time period spent on the job</b>							
Less than a year	11	48.81	±9.78	20.27	±6.27	16.63	±2.87
1-5 years	61	49.50	±5.69	18.59	±3.68	15.96	±2.88
6-10 years	50	49.22	±6.50	18.08	±3.93	15.20	±3.88
More than 10 years	78	49.47	±6.06	18.15	±3.67	14.66	±3.35
KW (p)		0.155 (0.984)		1.299 (0.729)		7.447 (0.059)	
<b>Unit they work at</b>							
Internal Medicine Clinics	58	49.58	±6.27	18.60	±4.40	15.03	±3.36
Surgical Clinics	56	49.28	±6.23	18.83	±3.97	15.33	±3.04
Intensive Care, ER etc.	86	49.31	±6.35	17.94	±3.52	15.46	±3.60
KW (p)		0.319 (0.853)		1.814 (0.404)		0.397 (0.820)	
<b>Working Schedule</b>							
Only night	52	47.69	±6.75	18.28	±4.36	14.01	±3.55
Only daytime	16	50.75	±4.98	17.93	±4.35	16.87	±4.04
Sometimes night shift	132	49.88	±6.12	18.47	±3.70	15.62	±3.07
KW (p)		6.033(0.049)		1.436 (0.488)		8.726(0.013)	
<b>Choosing the job willingly</b>							
Yes	135	49.52	±6.06	18.39	±3.97	15.42	±3.34
No	65	49.09	±6.70	18.36	±3.83	15.06	±3.44
Z (p)		-.388 (0.698)		-.063 (0.950)		-1.378 (0.168)	
<b>Having taken a course on ethics</b>							
Yes	186	49.44	±6.23	18.36	±3.98	15.40	±3.32
No	14	48.64	±6.86	18.71	±3.12	13.92	±3.85
Z (p)		-0.487 (0.626)		-0.617 (0.537)		-1.539(0.124)	

## Discussion

This study was conducted with the purpose of determining the levels of nurses' –working in medical surgical unit and critical care unit- in ethical decision-making. Indications concerning subscales such as nursing principled thinking, the practical considerations and familiarities were obtained by data through NDT with 200 nurses.

In this study, most nurses were familiar with ethical dilemmas of NDT. Our findings were parallel to other studies suggesting that nurses constantly had faced ethical dilemmas (Hatfield, 1991; Ham, 2004; Cerit & Dinc, 2012). Familiarity with such dilemmas may create nurses' awareness of ethical problems in health care and can increase their ability of reasoning and finding possible solutions for problems that take ethical decision-making. Nurses' reactions to dilemma 1 (*resuscitation of an anomalous newborn*) and dilemma 3 (*an adult's demand to die*) suggested that most of them rather pro-life to life quality.

Their responses to dilemma 3 and the final dilemma (*a terminal adult's right to know*) revealed their concern for the patient's life rather than respecting autonomy. Responses to scenarios on forceful administration of medication and reporting a medication error indicated that they considered patients' comfort from a paternalistic point of view. These findings can be attributed to nurses' religious orientations and cultural backgrounds. Studies declare that culture and religion can influence ethical decision-making (Keller, Smith, & Smith, 2007; Roxas & Stoneback, 1997). Islam, the main religion in Turkey, stresses sanctity of life, and Turkish culture is highly patriarchal and collectivistic. In this study, nurses' pro-life and paternalistic choices against patients' autonomy mean that religious and cultural orientations influence ethical decisions.

*Nursing Principled Thinking* showed the importance of considering the ethical values while making a moral decision in nursing profession. NP level of NDT, which progressed on Kohlberg's moral development based theory, represented the unified form of the 5th and 6th stages of his model, determining NP point average at a medium rate (Cerit, 2010). According to this result, it can be assumed that nurses consider taking ethical values into account while facing ethical problems even not

in sufficient amount. When comparing data from other studies in literature and this study, it has been seen that similar results were obtained (Crisham, 1981; Ham, 2004; Corley & Selig, 1992). For example, Crisham had found NP points of the nurses as  $54.85 \pm 6.75$  while Ham found it as  $51.74 \pm 5.95$ , and Corley & Selig found it as  $50.9 \pm 5.8$  (20,22,25). While on studies conducted in Turkey, NP points of the nurses was found as  $47.89 \pm 8.16$  in Cerit & Dinc's study, and as  $54.74 \pm 3.80$  in Yurttas et al.'s study (Cerit & Dinc, 2012; Yurttas et al., 2014). Nursing PT level is critical at the stage of making a decision and following a certain path concerning a solution of the situations that require an ethical decision. Regarding to being able to show a moral point of view while deciding an action, ethical values are enlightening. In addition to this, in Uyer et al.'s study, most of the nurses consult their colleagues for the solution of ethical problems which they face (45.1%), and as a second option they share them with no one at all (27.5%) (Cerit, 2010). In Cobanoglu and Algier's study, they have concluded that nurses try to solve the problems by consulting doctors, and they don't follow an ethical model while making an ethical decision (Cerit, 2010; Cobanoglu & Algier, 2004). According to average NP point in this research, nurses take ethical values into account towards ethical problems they come across in clinical surrounding when it is needed to make an ethical decision even not in a sufficient amount, but it is assumed that nurses' Nursing PT level is not sufficient as it should be.

Another point acquired from NDT is the Practical Consideration point. PC points measure the importance of environmental factors on nurses' decision-making process concerning ethical problems, such as the number of patients, resource use, institutional policies, the extent of nurses' perception about support given by institutional management (Cerit, 2010; Corley & Selig, 1992).

Within the study, the average PC point rate of the nurses is defined as  $18.38 \pm 3.92$ . This indicates that nurses are affected by environmental factors comparatively in the process of making a decision regarding solutions to ethical dilemmas. The indication of our study shows similarity to other studies on the same subject (Ham, 2004; Corley & Selig, 1992). Nurses' PC points were reported as

17.2±3.96 in Crisham's study, 18.62±3.6 in Ham's study, and 18.2±3.7 in Corley and Selig's study (Crisham, 1981; Ham, 2004; Corley & Selig, 1992). In Cerit's study, PC points were indicated as 17.54±4.13, while in Gul et al.'s study PC points were indicated as 17.07 (Gul et al., 2014; Cerit, 2010). In one of her articles, Crisham states that; nurses feel pressure on the process of decision-making, regarding ethical dilemmas because of environmental factors such as institutional policies conflicting with nurses' own justice concepts, obedience to the doctor, time limitations, loyalty towards nursing job, the patient and the hospital, vocational information load increasing continuously and complexity of finding the most efficient way of benefiting this information, uncertainty of vocational duties and responsibilities, and different expectations from colleagues and managers (Crisham, 1981). The study done with Persian nurses show that ethical leaders act as role models in nursing practices and ethical decision-makings, and that their actions are observed and repeated by others (Esmaelzadeh et al., 2017). Consequently, nurses are affected by so many environmental factors while reflecting their values, life experiences, cognitive skills, moral sensitivity, reasoning capability in ethical decision-making process (Fry & Johnstone, 2008). Parallel to the views in literature stated above and based on the PC average point rating in this study, while making a decision regarding ethical problems they face, nurses consider environmental factors and pressures, and they experience uncertainty on their decisions.

On the third stage of NDT, nurses' condition on facing a similar dilemma in the past means that their *Familiarity* was evaluated. In our study, it was indicated that 72% of the nurses were familiar with similar situations. This indicates that nurses encounter similar situations with dilemmas in NDT all through their professional careers. Results of the studies included in literature also show nurses coming across similar dilemmas on their practices (Crisham, 1981; Ham, 2004). For example, in Crisham's study, Crisham found that 96% of nurses were familiar with dilemmas. In Cerit's study, it was indicated that most of the nurses (74%) were familiar with similar dilemmas (Cerit, 2010). In Corley and Selig's study, more than 50% of reported nurses experienced deciding on a similar

dilemma (Corley & Selig, 1992). In Yurttas et al.'s study, it was indicated that nurses got 18.92± 3.25 points from this section of the study (Yurttas et al., 2014). It is understood that during their professional career, nurses often face deciding on similar situations. Even though different measuring means have been used, it presents nurses experiencing ethical dilemmas (Goethals et al., 2010; Gjerberg et al. 2010; Tang et al., 2007). Being familiar with an ethical dilemma; elevates nurses' capability in discussing new ethical problems, finding solutions regarding the problem and ability of making an ethical decision. Thus, being familiar with ethical dilemmas can help making ethical decisions. Though, it should not be disregarded that only being familiar with ethical dilemmas, an effective ethical decision process cannot be monitored, and only familiarity cannot show the right way regarding a solution to the dilemma.

During the process of nursing care that the environment needs, values and expectations of a patient conflicting with nurse's vocational values and the nurse's expectations may occur. Problems originated from ethical dilemmas happen because nurses are affected from traditions and other limitations during decision process. Goethals et al. examined 39 studies on nurses' ethical decision process and their ethical behaviours between 1988 and 2008. They stated that the process of making an ethical decision and taking this decision into action is a hard process and this process is affected by personal and situational factors (Goethals, 2010). In literature, it is stated that young and new nurses face more ethical problems. This situation is explained as it may be related with little experience and self-confidence (Cohen & Erickson, 2006). In Corley et al.'s study it is stated that; as the age increases the ethical problems decrease (Corley, Minick, 2005). Elcigil et al.'s research on the subject that factors affecting ethical dilemmas are determined as nurses between the age group of 20-29 experience more ethical dilemmas (Elcigil et al., 2011). In our study the age of a nurse does not have a distinctive effect on ethical decision making levels. In our study, among detached variables, the working schedules have been found distinctive on both NP and Familiarity point ratings. The point averages of NP and Familiarity were found the lowest among nurses working only at night. In our

study, while average points on NP and Familiarity were found slightly higher among nurses who had been trained on ethics, the difference was not determined statically. In the thesis, conducted by Heather in 2015 with 164 nurses; age, educational degree, working schedule, and job position do not have any effect on nursing principled thinking, and it has been stated that; only the genders of nurses are effective on NP, and women have higher NP points than men significantly (Heather, 2016). In Owen Rankin's study, a significant relationship was found in the area of gender and level of moral reasoning that being female resulted in a higher PC score (Owen-Rankin,2015).

### Conclusion and Suggestions

As a result of this study, conducted to specify the levels of nurses' ability of making an ethical decision when gathered data analyzed, it was determined that nurses had often faced situations with ethical problems. Though their decisions were not sufficient enough because of environmental factors, they paid attention considering ethical values. It was stated that night shifts affected nursing-principled thinking and familiarity negatively. To support nurses' ethical decision-making levels, making an awareness of this subject, caring more about formal and continuous education and lengthening education process can be suggested. Further study on effects of working night shift can also be suggested.

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