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Ethical Responsibilities in Nursing: Research Findings and Issues

VIRGINIA R. CASSIDY, EdD, RN*

Discussions in the literature assert that nurses are becoming increasingly cognizant of their ethical responsibilities, but that they are often ill prepared to participate in ethical decision making. A review of selected research literature from 1970 to 1987 was undertaken to validate these assertions. A total of 12 studies related to ethical responsibilities was identified in the review; all studies were published between 1980 and 1987. The majority of studies were at the descriptive and exploratory levels and employed Kohlberg's cognitive theory of moral development as their conceptual framework. Significant findings related to educational level and ethical responsibilities were consistent across studies. Findings related to age and clinical experience were mixed; the effects of economic level, religion-religiosity, ethnicity, and other variables on ethical responsibilities were not significant. Issues raised in the light of the existing research include the use of Kohlberg's theory as a conceptual orientation in nursing groups and limited data on the reliability and validity of instruments used in measuring ethical constructs. Recommendations for future research on ethical responsibilities include the validation of Kohlberg's theory for nursing investigations, exploration of other frameworks for developing a multidimensional view of ethical responsibilities, and the use of qualitative research designs. (Index words: Ethical decision making; Ethical responsibilities; Professional ethics) *J Prof Nurs* 7:112-118, 1991. Copyright © 1991 by W.B. Saunders Company

ADVANCES in technology, the dependence of health care delivery on this technology, and recent regulations regarding the allocation of health care resources are major factors that have contributed to a new and intense awareness of the ethical aspects of health care delivery. Since the 1970s, the use of technology in health care has become widespread and advances in diagnostic and treatment modalities have

transformed care into what is now perceived as a "high tech" endeavor. In the last 2 decades attention has focused on the changing role of health care professionals in addressing the ethical dimensions of health care delivery. The creation of ethics committees is one example of how perspectives about the role of health care professional in ethical decision making has changed. These committees exemplify the value of interdisciplinary discussion and debate in addressing complex issues, formulating policies, and identifying educational approaches in the area of ethics.

The need for nurses to be able to recognize the ethical dimensions of their practice, and to be active participants in decision making about ethical issues, is addressed in a growing body of nursing literature. Two assertions are made on a recurring basis in this literature. The first is that nurses are becoming increasingly cognizant of their ethical responsibilities in providing care (Davis, 1981; Murphy, 1984). The second is that nurses are, however, often times ill-prepared to participate in the decision-making processes used to address ethical dilemmas due to role constraints, inability to recognize a dilemma, or lack of knowledge about ethical decision-making processes (Aroskar, 1982; Fry, 1985).

In an attempt to validate these assertions in the literature and to determine the current level of understanding of ethical responsibilities in nursing, a review of selected research literature was conducted. The following discussion describes the major findings from this review, raises issues inherent in the conceptualization and implementation of the research, and offers some recommendations for additional research in the area of ethical responsibilities.

Approach

Seven journals* that are dedicated in whole or in part to the publication of nursing research were selected as the sources for this review because they serve

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**Advances in Nursing Science, Image, International Journal of Nursing Studies, Journal of Nursing Education, Nursing Research, Research in Nursing and Health, Western Journal of Nursing Research*

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as the major outlets for the dissemination of research findings for the profession. Studies were selected if they were (1) published between 1970 and 1987, (2) scientifically executed and reported, (3) included subjects who were students enrolled in nursing programs in institutions of higher learning and/or were registered nurses, and (4) at least one variable of the study was concerned with ethical responsibilities. Ethical responsibilities were defined as the cognitive and affective processes used in recognizing, assessing, or evaluating situations that necessitate a moral decision. Studies that included variables such as moral behavior, moral reasoning, moral judgment, ethical choice, ethical action, ethical decision making, and attitudes towards patients' rights were included in the analysis.

Overview of Studies

A total of 12 studies that met the requirements for inclusion in the analysis was identified in the review. None of the studies were published during the 1970s. Five of the studies were published in 1980 or 1981 and the remaining seven were published in 1985 or 1987.

The majority of the studies were either descriptive in nature (Davis, 1981; Kurtzman, Block, & Steiner-Freud, 1985; Munnhall, 1980; Swider, McElmurry, & Yarlning, 1985) or explored the relationships between ethical decision making and other variables (Crisham, 1981; Felton & Parsons, 1987; Kertefian, 1981a, 1981b, 1985; Pinch, 1985). Two studies (Frisch, 1987; Gaul, 1987) were quasi-experimental in their design.

Kohlberg's cognitive theory of moral development provided the conceptual orientation for the majority of studies (Crisham, 1981; Felton & Parsons, 1987; Frisch, 1987; Gaul, 1987; Kertefian, 1981b; Munnhall, 1980; Pinch, 1985). Other theoretical perspectives for the studies were derived from Heider's attribution of responsibility construct (Felton & Parsons, 1987), the *Code for Nurses* (Gaul, 1987; Kertefian, 1981b, 1985), and concepts related to professionalism (Kertefian, 1985). Three studies (Davis, 1981; Kurtzman, Block, & Steiner-Freud, 1985; Swider, McElmurry, & Yarlning, 1985) did not report a theoretical orientation in their studies.

In the majority of studies students served as the research subjects; bachelor's degree nursing majors comprised a portion of the sample in all the studies (1987; Frisch, 1987; Gaul, 1987; Kurtzman, Block,

TABLE 1. Variables Measured by the DIT

Author	Variable	DIT Scores
Crisham (1981)	Moral judgment, familiarity with dilemmas	F and D scores
Felton & Parsons (1987)	Ethical-moral dilemmas	D score
Felton & Parsons (1987)	Level of principled reasoning, dilemma resolution	DR score
Frisch (1987)	Level of principled thinking	I score, stage score
Kertefian (1981a)	Moral reasoning-judgment	F score
Kertefian (1981b)	Moral reasoning	F score
Munnhall (1980)	Level of moral reasoning	D score

FINDINGS

Numerous instruments were used to measure ethical responsibilities. In six of the studies the Defining Issues Test (DIT) developed by Rest (1979) was used to measure various aspects of moral development. A summary of the variables measured by the DIT in these studies is provided in Table 1. Other measures of ethical responsibility are summarized in Table 2.

Davis (1981) found that approximately 25 per cent of the sample in her study did not define or incorrectly defined an ethical dilemma. Approximately 40 per cent defined the term "ethical dilemma" with a broad conceptual definition and the remaining subjects defined it specifically (ie, abortion, death, and dying). Eighty-seven per cent of the subjects described an incident where they faced an ethical dilemma; these dilemmas were placed into categories that included withholding treatment, prolonging life, and the allocation of resources, among others.

Swider, McElmurry, & Yarlning (1985) reported that the decisions made by student groups about the case study employed in the research were classified as

correlations between DIT-P scores and the JAND subscales, Idealistic Behavior and Realistic Behavior. In evaluating the effect of education on ethical responsibility the finding across studies was generally consistent. Davis (1981) found significant differences in how ethical dilemmas were described by subjects; diploma nurses gave fewer general definitions of ethical dilemmas than bachelor's degree nurses. Kertefian (1981a) found that educational level and critical thinking ability explain a significant proportion of the variance (32.89 per cent) in DIT-P scores. Kertefian also found significant differences on DIT-P scores and JAND Idealist Behavior subscale scores between technically and professionally prepared nurses; differences between the two groups on JAND Realistic Behavior subscale scores were not significant. Significant differences by educational level were found on DIT-D scores by Crisham (1981) and Felton & Parsons (1987). Crisham also found a significant difference by educational level on the DIT-P and NDT scores. No significant differences by educational level were observed on DIT-DR or AR scores in the Felton and Parsons' study.

Kurtzman, Block, and Steiner-Freud (1985) reported that scores on attitudes toward patient's rights were high among all nursing and medical student groups and significant differences only between first- and fourth-year nursing students. Finch (1985) found that freshmen selected a patient advocacy approach as their first choice in decision making significantly less often than did senior students and graduate nurses. Munhall (1980) concluded that the average level of moral reasoning (DIT scores) for bachelor's degree students was at the conventional level and that the average level for faculty was at the principled level. No significant differences on DIT-D or DIT stage scores were found among the student groups, but significant differences between faculty and students were found on DIT-D scores.

The effects of experimental educational approaches on ethical responsibility were generally not significant. Gaul (1987) observed no significant differences between experimental and control groups on JAND Idealistic or Realistic Behavior subscale scores. Frisch (1987) reported no significant differences between groups on DIT-P scores. Significant changes from pretest to posttest were found in DIT stage scores for the experimental group, but stages of moral development could not be calculated for more than 50 per cent of the subjects.

The findings related to age and ethical responsibility-

bureaucracy-centered (60 per cent), physician-centered (19 per cent), and patient-centered decisions (9 per cent). In analyzing the categories of decisions made by various demographic data, bureaucracy-centered decisions were selected at least 55 per cent of the time and patient-centered decisions were made only 5 per cent to 9 per cent of the time.

Two authors (Crisham, 1981; Kertefian, 1981b) looked at the relationships between components of ethical responsibilities by comparing scores on the DIT with scores on instruments that they had developed. Crisham reported significant low correlations between scores on DIT-P, DIT-D, and the NDT. Similarly, Kertefian (1981b) reported significant low

TABLE 2. Other Measures of Ethical Responsibility

Author	Variable	Instrument
Crisham (1981)	Responses to real life, nursing dilemmas	NDT (Crisham)
Davis (1981)	Nurses' understanding of the concept of ethical dilemma developed (researcher)	Open-ended questionnaire
Felton & Parsons (1987)	Commission, foreseeability, intentionality, and justification levels of responsibility in relation to ethical-moral dilemmas	AR (Felton & Parsons)
Gaul (1987)	Ethical choice and action	JAND (Kertefian)
Kertefian (1981b)	Idealistic and realistic moral behavior	JAND (Kertefian)
Kertefian (1985)	Realistic moral behavior	JAND (Kertefian)
Kurtzman, Block, & Steiner-Freud (1985)	Attitudes towards the rights of hospitalized patients	Questionnaire (researcher developed)
Pinch (1985)	Decision making in ethical dilemmas	Situations (researcher developed)
Swider, McElmurry, & Varling (1985)	Priorities in the decisions depicting an ethical dilemma	Case study (researcher developed)

Abbreviations: NDT, Nursing Dilemma Test; AR, Attribution of Responsibility; JAND, Judgments About Nursing Decisions.

ities were less consistent. No significant differences by age were found on scores of ethical responsibilities (Crisham, 1981; Kertfian, 1981a, 1981b; Munhall, 1980) or the types of dilemmas reported by subjects (Davis, 1981) in several studies. Kertfian (1985) did report significant differences by age on JAND Idealistic and Realistic Behavior subscale scores in a later study. Davis (1981) also reported that age was significantly related to the frequency of dilemmas encountered with patients, families, physicians, and the institution of employment.

In evaluating the effects of years of clinical experiences on ethical responsibilities, Crisham (1981) and Munhall (1980) found no differences on DIT scores and DIT stages scores, respectively; Kertfian (1981b) found no significant differences on JAND Realistic Behavior subscale scores. Crisham did find significant differences on NDT scores and Kertfian reported significant differences on JAND Idealistic Behavior subscale scores by years of clinical experience.

The effects of economic level (Munhall, 1980), religion-religiosity (Davis, 1980; Kertfian, 1981a; Munhall, 1980), ethnicity (Davis, 1980; Kertfian, 1981a, 1981b), and other nonspecified demographic characteristics (Pinch, 1985; Swider, McElmurry, & Yarlring, 1985) on ethical responsibility were not significant. Kertfian reported only one significant finding related to ethnicity with caucasian nurses scoring higher on the Idealistic Behavior subscale than minority nurses.

Kertfian (1985) also studied the relationships between professional and bureaucratic role conceptions and moral behavior. Using force stepwise regression analysis, professional normative and bureaucratic normative role conceptions scores were statistically significant in explaining JAND Realistic Behavior subscale scores; however, they only accounted for 3 per cent of the explained variance. A significant proportion of the variance in JAND Realistic Behavior subscale scores was also explained by professional role conception and bureaucratic role conception scores (11.4 per cent), and by professional role discrepancy and bureaucratic role discrepancy scores (12.5 per cent).

Issues

In the majority of studies included in this review, Kohlberg's cognitive theory of moral development was used as the framework for the investigations. While this theory of moral development is widely discussed in the literature, the basis of its formulation may present problems that are significant to nursing. Kohlberg based his theoretical assumptions on data collected from only male subjects; because nurses are

Despite heightened awareness ... little research related to the ethical responsibilities of nurses has been published.

The majority of studies in this review were at a descriptive or exploratory level. Given the limited amount of research in this area this finding is appropriate. Only one study, however, explored the ethical dilemmas that nurses actually encounter in practice (Davis, 1981). Because this study was published in 1981, it should be replicated and additional studies should then be proposed to identify the impact of these "real-life" dilemmas on nurses and their practice.

Research Design

Gortner (1985, p. 144) described a "paucity of research on the topic of ethical inquiry in nursing" and attributed it to the relatively recent interest in ethical matters and the difficulty of measuring ethical principles and concepts. These factors, particularly the latter, may well explain the few publications that were identified. Measurement is still problematic and will be addressed later in this discussion.

Theoretical Orientation

Two studies (Frisch, 1987; Gaul, 1987) were quasi-experimental in their design. It seems premature to propose additional studies at this level for the present. Clearly, additional studies that evaluate the effects of cognitive, affective, and experimental variables on ethical responsibilities are needed before interventions to impact on these responsibilities can be determined.

