

Ethical Dilemmas of Nurses on Patient Autonomy in End-Of-Life Care in A Selected Tertiary Hospital in Nanyang City, China



Yanrong Jia

Emilio Aguinaldo College- Manila, San Marcelino St. Manila, Philippines

ABSTRACT: This study examines the ethical dilemmas faced by nurses concerning patient autonomy in end-of-life care at a tertiary hospital in Nanyang City, China. The research focuses on how nurses navigate complex decisions involving autonomy, beneficence, non-maleficence, justice, and cultural and religious beliefs. Using a quantitative comparative design, data were collected from 250 nurse respondents through a researcher-made questionnaire. Results indicate that nurses frequently encounter ethical conflicts, particularly when legal and institutional policies clash with patient autonomy, and when family expectations conflict with patient wishes. The study underscores the need for ongoing ethics education and support for nurses to enhance ethical decision-making and patient care. It is recommended to implement specialized training programs, develop communication and mediation skills, advocate for supportive policies, and foster interdisciplinary collaboration to effectively address these ethical challenges.

KEYWORDS: ethical dilemmas, nurses, patient autonomy, end-of-life care, healthcare ethics

I. INTRODUCTION

The Council of Europe (2020) emphasizes the ethical principles of autonomy, beneficence, non-maleficence, and justice in the European Convention on Human Rights and Biomedicine. These principles are crucial in end-of-life decision-making, especially in culturally diverse regions like China, where cultural and systemic challenges exist (Karnik, S. and Kanekar, A. 2016). Nurses face ethical dilemmas balancing patient autonomy, beneficence, non-maleficence, and justice (Reeder, F., 1989; Bhanji, S., 2013). In oncology, nurses use decision-making models to resolve ethical issues (Ferrell, R., and Rivera, R., 1995). Additionally, the rise of intelligent computer programs in healthcare decision-making presents new ethical challenges (Thalanjeri, S., Balakrishnan, V., and Vaswani, R., 2022).

In China, nurses encounter ethical dilemmas regarding confidentiality and cultural norms, particularly with STD patients (Wang, X., and Song, Y., 2023). The COVID-19 pandemic has further complicated these dilemmas, impacting resource allocation and nurse-patient relationships (Yildirim, S., and Kocatepe, V., 2022). During the pandemic, ethical decision-making models emphasize autonomy, generosity, justice, and honesty (Aty, et al., 2023). Nurses in Russia and South Africa also face ethical dilemmas, highlighting the need for standardized ethical education and frameworks (Konopleva, S. and Ostapenko, T., 2019; Mbangula, J., 2015).

Continuous ethics education and interdisciplinary collaboration are vital for addressing these challenges (Reamer, F., 2014). Comprehensive training and support can enhance ethical decision-making and patient care, fostering a culture of ethical awareness and responsibility in healthcare systems.

II. RESEARCH METHODOLOGY

The study employed a quantitative comparative design to systematically assess and compare the ethical dilemmas experienced by nurses in relation to patient autonomy in end-of-life care. Conducted at the Second People's Hospital of Nanyang City, Henan Province, the research setting provided a comprehensive healthcare environment for investigating the ethical challenges faced by nursing staff. Participants were purposefully selected based on criteria including being registered nurses with a valid license to practice in China, having provided direct patient care in end-of-life situations within the past year, and representing various employment types and positions within the hospital. A total of 250 nurses were selected to capture a broad spectrum of insights and experiences.

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A researcher-made questionnaire was used to measure the ethical dilemmas experienced by nurses. The questionnaire consisted of two parts: demographic information (sex, age, length of service, type of employment, and position) and ethical dilemmas measured using a 4-point Likert scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often) across constructs such as patient autonomy, beneficence and non-maleficence, justice, cultural and religious beliefs, life-sustaining treatment, decision-making capacity, conflicts between patient and proxy, and advance directive ambiguity. Content validity was established through expert review, and reliability was confirmed via a pilot study with a Cronbach's alpha of 0.70 or above.

Ethical approval was obtained before data collection. Participants were informed about the study's purpose and consent was obtained. The questionnaires were distributed, and participants were given a set timeframe to complete them. Completed questionnaires were collected, and any discrepancies were addressed. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to profile the respondents and summarize the ethical dilemmas. Inferential statistics (ANOVA and t-tests) were employed to compare mean scores of ethical dilemmas across demographic groups, with reliability assessed using Cronbach's alpha.

Ethical considerations included obtaining necessary approvals, ensuring informed consent, maintaining confidentiality and anonymity, and adhering to ethical guidelines throughout the research process. Data was securely stored, and findings were transparently communicated. This comprehensive approach ensured robust and reliable findings to inform practice and policy, providing a thorough understanding of the ethical dilemmas faced by nurses in end-of-life care at the Second People's Hospital of Nanyang City, China.

III. RESULTS AND DISCUSSION

Level of Ethical Dilemma on Patient Autonomy in End-Of-Life Care Experienced by the Nurse-Respondents

Indicator	Weighted Mean	Rank	SD	Verbal Interpretation	Adjectival Interpretation
1. Right to Autonomy	3.19	4	0.29	Agree	Experienced
2. Beneficence and Non-maleficence	3.05	7	0.32	Agree	Experienced
3. Justice	3.24	1	0.35	Agree	Experienced
4. Cultural and Religious Beliefs	3.22	2	0.37	Agree	Experienced
5. Withholding or Withdrawing Life-Sustaining Treatment	3.15	5	0.38	Agree	Experienced
6. Competence and Decision-Making Capacity	3.20	3	0.46	Agree	Experienced
7. Conflicts Between Patient and Proxy or Family Members	3.06	6	0.38	Agree	Experienced
8. Right to Refuse Treatment	3.00	8	0.41	Agree	Experienced
9. Advance Directive Ambiguity	2.92	9	0.39	Agree	Experienced
OVERALL MEAN	3.11	0.18	0.18	Agree	Experienced

The table on the level of ethical dilemmas related to patient autonomy in end-of-life care experienced by nurse-respondents reveals several notable findings. The overall mean score of 3.11, with a standard deviation of 0.18, indicates that nurses generally agree and have experienced ethical dilemmas in this context. This overall score falls within the "Agree" category, meaning that ethical dilemmas are a common experience among the respondents.

Among the specific indicators, "Justice" ranks highest with a weighted mean of 3.24 and a standard deviation of 0.35. This suggests that issues related to fairness and equity in patient care are the most frequently encountered ethical dilemmas. The high ranking and relatively low variability imply a consistent experience among nurses regarding the importance of just treatment in end-of-life care.

"Cultural and Religious Beliefs" is the second-highest indicator, with a mean of 3.22 and a standard deviation of 0.37. This finding underscores the significant impact that cultural and religious factors have on ethical decision-making in end-of-life scenarios. Nurses frequently navigate these complexities, indicating that these factors are critical in shaping patient care.

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"Competence and Decision-Making Capacity" follows closely with a mean score of 3.20 and a standard deviation of 0.46. This area involves assessing patients' ability to make informed decisions, which is a crucial aspect of respecting patient autonomy. The higher standard deviation suggests more variability in nurses' experiences with this dilemma, possibly due to differing levels of patient competence in various cases.

The "Right to Autonomy" indicator, with a mean of 3.19 and a standard deviation of 0.29, ranks fourth. Nurses agree that respecting patients' autonomy is a frequent ethical challenge, highlighting the importance of allowing patients to make their own medical decisions.

"Withholding or Withdrawing Life-Sustaining Treatment" has a mean score of 3.15 and a standard deviation of 0.38, placing it in the middle rank. This indicator reflects the dilemmas nurses face when deciding whether to continue or terminate life-sustaining interventions, which often involves complex ethical considerations.

"Conflicts Between Patient and Proxy or Family Members" (mean of 3.06, SD 0.38) and "Beneficence and Non-maleficence" (mean of 3.05, SD 0.32) rank sixth and seventh, respectively. These scores indicate that nurses frequently encounter conflicts between patients and their families and must balance doing good and avoiding harm.

The "Right to Refuse Treatment" indicator, with a mean of 3.00 and a standard deviation of 0.41, ranks eighth. This finding highlights the ethical challenges nurses face when patients refuse treatments that could potentially save or prolong their lives.

Finally, "Advance Directive Ambiguity" is the lowest-ranked indicator, with a mean score of 2.92 and a standard deviation of 0.39. Despite being the lowest, it still falls within the "Agree" category, indicating that ambiguity in advance directives is a significant ethical dilemma, though slightly less frequent than the others.

In summary, nurses in the selected tertiary hospital in Nanyang City, China, commonly experience a range of ethical dilemmas in end-of-life care, with justice, cultural and religious beliefs, and competence in decision-making capacity being the most prevalent. These findings highlight the need for comprehensive ethics education and support systems to help nurses navigate these complex situations effectively.

IV. CONCLUSION

Nurses frequently encounter ethical dilemmas across various constructs, including the right to autonomy, beneficence and non-maleficence, justice, cultural and religious beliefs, withholding or withdrawing life-sustaining treatment, competence and decision-making capacity, conflicts between patient and proxy or family members, the right to refuse treatment, and advance directive ambiguity. Each construct reveals significant challenges, with difficulty noted in navigating patient autonomy and legal/institutional policies, and in managing cultural and religious conflicts. To address these issues, it is recommended to implement specialized training programs to help nurses navigate ethical dilemmas in end-of-life care. These programs should focus on key areas such as patient autonomy, cultural and religious sensitivity, and decision-making capacity. Offering workshops and seminars that address these specific challenges can equip nurses with the necessary skills and knowledge. Additionally, developing communication and mediation skills among nurses can help them better manage conflicts between patients, families, and healthcare teams. Training in these areas can help nurses facilitate discussions and resolve disputes, ensuring that patient wishes are respected while addressing family concerns. Advocating for policies that support ethical decision-making in end-of-life care is also crucial. Healthcare institutions should develop clear guidelines that balance patient autonomy with legal and institutional requirements. Providing nurses with access to ethics committees and support groups can also help them navigate complex situations. Furthermore, fostering interdisciplinary collaboration to address ethical dilemmas in end-of-life care is essential. Bringing together healthcare professionals from various disciplines can provide a holistic approach to patient care, ensuring that different perspectives are considered and integrated into the decision-making process.

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