Ethical issues registered nurses experience working in intensive care

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Laurea University of Applied Sciences **Abstract**

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The goal of this study was to strengthen the ethical competence of nurses working in the intensive care unit, (ICU). The primary objective of this study was to identify the intensive care setting-related ethical issues registered nurses identify from their work and what type of competencies arise. The research questions revolved around investigating the nature of ethical issues encountered and experienced by registered nurses while working in the ICU, as well as exploring the ethical means that nurses find beneficial when faced with ethically challenging situations.

In recent years, registered nurses have faced an increasing number of ethical issues, where the principles of maintaining dignity and doing no harm were jeopardized. The COVID-19 pandemic made nurses struggle with the most challenging ethical issues of our time. The focus shift to slow ethics, and the stories registered nurses have to share about coping and creative responses can help to develop care ethics. By identifying these ethical issues registered nurses encounter, nurses' ethical competence can be built today and in the future. Healthcare organizations should actively highlight and share stories of nurses who demonstrate coping and resilience in the face of challenges. These positive narratives can inspire and motivate both current and prospective nurses, fostering a sense of purpose and joy in their work.

This study was a qualitative study with an online questionnaire. The data were collected with an online questionnaire with open-ended questions. It was analyzed using inductive content analysis. Seven registered nurses working in intensive care settings answered the online inquiry questions anonymously. Informants were recruited with snowball- sampling through several contact persons working in the ICU setting. The results provide valuable insights into the ethical challenges faced by registered nurses in the ICU and the means they employ to navigate these complex situations. The study underscores the dedication, resilience, and patient-centeredness of nurses in delivering care while grappling with ethical issues. Recognizing and addressing ethical issues is essential to promote a supportive work environment and enhance the well-being of registered nurses in the intensive care unit.

This thesis was a small-scale study, which may however inspire larger studies on ethical issues registered nurses encounter and the competencies they experience beneficial. The results of this study enable the construction of simulation cases and other tools for open access use of student and clinical nurses and midwives as well as teachers and managers. The results are strengthening the knowledge base of ethical issues and competence in daily practice in intensive care settings. The results are obtained as a part of the ETHCOM Erasmus+ project.

Keywords: Ethics, nursing, nursing ethics, ethical issues, ethical competence, intensive care nursing

Contents

1 Introduction

The demands of healthcare and nursing have been under pressure lately, especially during the pandemic. The pandemic increased the number of patients that needed critical care. Nurses working in intensive care unit (ICU) were facing more pressure from critically ill patients. Increased workload and worsened work environment affected nurses and resulted in ethical stress. Ethical issues were mainly described as how patient safety and care quality were compromised. (Bergman et al. 2021.) There has also been attention to the impact of COVID-19 on nurses' well-being and health, while several hundred nurses have lost their lives from COVID-19. The globe is gripped by the pandemic and nurses are facing the most challenging ethical issues of our time. (Gallagher 2020a.) Especially during the COVID-19 pandemic, intensive care nurses assumed tremendous responsibility for critically ill patients. This was due to their education and experience. In response to moral distress, healthcare providers experience negative emotional consequences, affecting patient care. Because of moral distress, many nurses working in intensive care are considering leaving their current position. (Landen et al. 2017; Andersson, Nordin & Engström 2022.)

Ethics can be defined as the professional code of conduct that is guiding nurses in what they ought to do in daily practice and making decisions about right and wrong in specific clinical situations. An ethical issue is when there is a question of what should and what should not a person do, a question about appropriate action and behavior. (Klugman 2017 33-37.) Ethical issues cause negative consequences, can compromise the quality and ethical standards of the nursing profession and are a source of stress. Nurses working in ICU experience exposure to ethical issues more frequent that nurses working in other fields of clinical practice (Cho et al. 2014). Skills for a deeper understanding of ethical issues allow nurses to recognize situations in daily clinical practice. Solving ethical issues and ethical competence are considered to be the key requirements for being a professional nurse. This thesis uses Gallagher's framework of ethical competence and slow ethics (Gallagher 2020a; Gallagher 2020b; Gallagher 2022). Moral well-being is related to skills in ethical conflicts and actions. (Franco-Correia, Khanal & Mosteiro-Diaz 2022.) Nurses' skills in ethical decision-making can affect patients' recovery and decrease medical costs. (Asadi et al. 2021.)

The goal of this study is to strengthen the ethical competence of nurses working in intensive care. The primary objective is to explore ethical issues nurses experience in intensive care. This study will be conducted as a part of the Erasmus+ ETHCOM project. This Erasmus-project is aiming to strengthen the ethical competence of future midwives and registered nurses. ETHCOM project is an action-learning approach to improve knowledge and prepare future nurses to face better ethical issues. The results of this study will come as part of the open

access database of ETHCOM project. There is a need for up-to-date data about the ethical challenges nurses experience in the rapidly changing world due to pandemics, technological development, and globalization. The data is aiming to strengthen knowledge of ethical issues in nursing and strengthen ethical competence.

2 Health ethics and ethical issues in intensive care settings

Ethics, coming from Greek “ethos”, is considered to answer questions about right and wrong, or good and bad, as well as answering questions that come up from situations where values conflict. Health ethics is promoting the considerations of values in the justification and prioritization of actions by health professional, policymakers, researchers that can have an impact on patients and communities. (WHO 2017, 7.) Health ethics is the field of study and practice that seeks answers to understand the values undergirding actions and values in health care. Health care ethics provides guidance for action when values conflict. Health ethics is the broad focus, taking in ethical issues faced by health professionals, policymakers and health-researchers, patients, families and communities in the context of health. Most health practitioners want to provide the best care for their patients, first do-no-harm - principle, trust and beneficence at the heart of clinical health care. (WHO 2015, 10-17.)

The health care exist for the patient and the ethical duty for this is also articulated in the law: “The aim of the professional activities of healthcare professionals is to promote and maintain health, to prevent illness, to cure those who are ill and to alleviate their suffering” (Finlex 559/1994). While facing ethical issues, there are certain perspectives health care persons may use for decision making. Two of these are ethics of justice and ethics of care. The ethics of justice is a perspective where ethical decision making is guided by basis of universal rules and principles and in a verifiable and impartial manner by a way to ensure fair and equitable treatment of people. It is characterized by fairness, equality, and rational functions. The ethics of care is caring, a perspective where ethical decision is guided by involvement, the needs of others and harmonious relations. This view is holistic, need-centred and holistic point of view. The health care should strike the balance between these perspectives in ethical decision making and find an integration application of both. The treatment should so be fair and equitable and at the same time holistic, need-centred, and holistic. (Botes 2000.)

Nursing ethics is the discipline that addresses the moral features of nursing practice. It is a subset of bioethics or health care ethics. Nursing ethics can be divided in three main dimensions which are prescribing the ethical norms, generating ethical guidance, and describing the ethical aspects of nursing. Empirical nursing ethics is guiding by empirical research the understanding of ethical and unethical nursing practice. Philosophical nursing

ethics is providing the key concepts for nurses to understand ethical concepts. The third dimension of nursing ethics is adopting and understanding a critical approach to ethical frameworks guided by regulative organisations and professionals. (Gallagher 2012.)

The code of ethics for Finnish nurses states the ethical values and principles of nurses' work. Under this code, nurses promote good patient care and avoid harming patients. The code is meant for nurses, students, and other healthcare professionals. Nurses need to respect human dignity throughout life and treat patients in respectful ways. Patients have the right to self-determination, and nurses encourage and support the patients in their care. Every patient needs to be treated with justice and equity. The nurse collaborates with the patient's family, thinking the best of the patient. Confidentiality and patients' privacy are an important part of the code of nursing ethics, and information is shared by professionals involved in care providing. Nurses are responsible for evidence-based professional development and need to collaborate and respect other nurses and colleagues from other professionals. (The Finnish Nurses Association 2021.)

Ethics is a necessary part of nursing. It involves being a good nurse and aiming for the right thing for patients, families and the community. There are three main aspects of ethics, normative, metaethics and empirical ethics. Normative ethics involves reflection of the norms, principles, rules and theories guiding nursing practice. It provides tools to think critically about ethical issues, help with decision making and justify actions. Metaethics involves the meaning of ethical concepts, like what is meaning behind compassion, dignity, or responsibility. Empirical ethics involves researching and describing the moral life, for example, how much moral distress nurses experience. (Chadwick, Gallagher & Tadd 2016.)

It is helpful for every nurse to understand ethics while nurses face the same ethical problems and questions as any other human being. The nature of nursing is arising specific ethical questions and problems, questions of patient rights, confidentially and questions of life and death. An understanding of ethics can be helpful for a nurse to get a clear view of difficult cases, courses of action and principles of right action. Law and ethics are not the same, but law describes the minimum standards of acceptable behaviour. Ethics should set the highest moral standards of behaviour. (Lachman 2006, 4,5.) A formal code of ethics enables professionals to clear duties and obligations that can be expected. However, being ethical is much more than a professional code of ethics; it needs the infusion of personal ideals and virtues. For example, two nurses can mandate respecting others but still end up in conflict while discussing patients' ideas, decisions and beliefs. Differing personal values help explain why conflict can also arise between two ethically sound individuals. (Ulrich 2012, 17.)

Saxen (2021) completed an multiprofessional analysis to deepen the understanding of different professional cultures related to ethics and how it reflects upon the professional

diversity of ethical discourse in the healthcare context. The study brings the complexity of healthcare ethics to light. Healthcare professionals face ethical issues and, moral uncertainty as they face human vulnerability in situation between life and death. The moral uncertainty is roughly defined, the uncertainty about the right thing to do, in situations there are options available. It looks like different professional cultures have different conceptions of moral uncertainty and there is a lack of shared ethical language. The recognition of existence and permanence of uncertainty concerns all in health environment and moral space should be kept open with shared dialogue. (Saxen 2021, 7.)

2.1 The characteristic of intensive care ethics

Intensive care unit (ICU) is an organized system for the provision of critically ill patients that is providing intensive and specialized medical and nursing care. It has an enhanced capacity for monitoring and modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency. ICU's activities often extend beyond the defined geographic area of hospital, including emergency department, hospital wards and follow-up clinic. Depending on the level of the specific ICU it has capacity to provide care from providing oxygen and non-invasive monitoring to full spectrum of monitoring and life support technologies. (Adhikari et al. 2017) ICU provides expensive care by highly qualified personnel in a high-pressure environment. There is a limited number of beds and financial pressure from society and higher management, ICU is an ethically charged environment with daily discussions about life and death, situations are often highly emotional, and patients are mostly legally totally incompetent. (Dekkers et al. 2015.)

The situations requiring intensive care are, for example, circulatory and respiratory deficiencies due to various reasons, disturbances in the level of consciousness, serious accidents, severe infections, post-resuscitation situations as well as large surgeries requiring follow-up. The patients in greatest need of intensive care, have either one or more severe dysfunction of the central organ system or an immediate threat of their occurrence. A typical intensive care patient often needs ventilator treatment and for example, dialysis. Properly targeted intensive care is effective, and the majority of patients survive, and the costs of the treatment are moderate in relation to achievements. But unfortunately, not every patient benefits. Intensive care can cause or increase suffering, despite efforts to relieve the patient's pain, anxiety and discomfort. Intensive care must be targeted to patients, who are seriously ill, but who are estimated to have chances of good recovery by treatment, the chances of a good recovery. Assessing recovery prognosis is the most central challenges of intensive care. Treatment solutions are made differently as a collaboration of doctors from specialized fields in cooperation with the patient or relatives. (Lönnroos et al. 2022.)

Intensive care nursing is a specialized field of medical care, and it sets requirements for nurses in terms of professional qualifications and competence. A nurse's most important areas of expertise and tasks in the intensive care unit include monitoring the patient's clinical condition. This can be seen as a process where information about the patient is processed, and decisions are made based on it. This requires nurses to have versatile skills and competences, related to the functioning of the body, technical equipment and, for example, teamwork. (Alastalo 2021.) A recent study from Norway is defining the core qualities and competencies of ICU nurses in eight different conceptual categories. Technical skills and biophysical knowledge, teamwork and communication skills, constant and attentive bedside presence, creating participative care, creating confidence through daily care, creating good atmosphere and building relationship to maintain self-esteem. This framework was built on overarching theme, “feeling safe and being safe”. (Hansen et al. 2021.) The competencies required from nurses working in ICU setting where studied in Finland in a literature review by Lakanmaa (2015). Competence is a concept that has many dimensions, it can be divided in to clinical and generic professional competence. ICU nurses’ competences are divided forward in four main categories, knowledge base, skill base, attitude and value base and experience. (Lakanmaa 2015.)

The demanding care settings of ICU sets a lot of ethical demands on nurses working in the ICU. The ethical principles of medicine remain unchanged; however, the world surrounding them is changing. The realization of ethical values in practice is tied to time. The Finnish intensive care association created new ethical guidelines after 23 years. (Kari, Reinikainen & Valtonen 2020.) COVID-19 has been showing some new themes also when talking about ethical issues faced in everyday work in critical care settings. Moral distress was caused by a lack of knowledge and uncertainty related to this new illness. Nurses were also afraid to be exposed to this new illness. This leads to suboptimal care. The team model of nursing care caused intra-professional tensions and miscommunicating. ICU nurses were practicing within crisis standards of care and facing medical resource scarcity. (Day, Kheirbek, Moscou-Jackson & Silverman 2021.)

Nurses working in intensive care face ethical issues, which can lead to moral distress and burnout. Ethical conflicts challenge the daily practice of critical care nurses. Organizational resources that support nurses are helpful in resolute these conflicts. Ethical education can improve the management of these conflicts. (Hardin & McAndrew 2020.) Poor teamwork and communication within the intensive team are also leading to decreasing level of moral distress. (Andersson, Nordin & Engström 2022.) An Italian study among 374 nurses was about ethical difficulties arising from healthcare practices. There was a high frequency of ethical conflicts but mostly due to a lack of support and educational activities. Education is one of the key factors in improving the capacity to manage ethical issues. (Lancia et al. 2012.) Let’s take another, more recent example from studies in Europe. In Spain, there was a lack of

qualified nurses, and the government authorized hiring senior students. There is research about ethical dilemmas and conflicts these students faced working during the pandemic. These students were overwhelmed by coping with patient triage and especially coping with end-of-life care and death. (Alvarez-Embarba et al. 2021.) In a Finnish study about nursing students' self-assessing their competences the students were rating their clinical and professional competence lower compared to other fields. (Lakanmaa 2015.)

2.2 Ethical issues in nursing

Ethical issues are common in nursing care. Ethical basic questions about what is good and what is bad in some human action or precise situation. Ethical issues occur when values conflict. The problem can also be when values become concrete in action. Ethical problems don't usually have one right or wrong solution, but many possible ways to solve the issue. Ethical issues occur mostly in the interaction between people, in discussions and actions. (Leino-Kilpi & Välimäki 2015.) Ethical conflict is a problem with negative consequences and can compromise ethical standards and the quality of nursing and is a source of stress. Most frequently, ethical conflicts are related to treatment and clinical procedures, and the intensity is highest on the same issue as well as in the dynamics of the service and working environment. A deeper understanding and identification of ethical issues allows the recognition of the situations occurring in everyday practice. (Cho et al. 2014)

Decision-making in the context of intensive care while the clinical status places time demands. It has been hard to have a holistic view of the person and of the benefit of long-term treatment while the focus is on the immediate situation. End-of-life discussions, privacy, the interaction between nurses and nurses' families and teamwork and access to care arise on daily bases. (Fernandes & Modeira 2012.) ICU's patient's wishes are often unknown, this is also causing ethical challenges for nursing. Early discussion patient's wishes could be helpful, but often difficult. Caring is also highly technological by nature, and this can lead to over-treatment. (Dekkers et al. 2015.)

In a study encountering ethical issues in different types of nursing units, the three most frequent issues were conflict in nurse-physician (or nurse) relationship, providing care to the possible risk to your health and staffing patterns that limit patient access to nursing care. Issues seemed to be frequent across units, but there were also differences. Among the three component scales, intensive care nurses set the end-of-life treatment issues on the greatest mean. Other units suffer mostly from human rights issues, followed by patient care issues. Intensive care nurses also had the highest frequency among all ethical issues. According to this study, the frequency of encountering ethical issues was most dependent on the type of nursing, not on in perceived knowledge level of ethics, need for education or years of experience. (Cho et al. 2014.) In a recent Swedish study, intensive care nurses experienced

the highest intensity of moral distress when no one decided to withdraw ventilator support from a patient that hopelessly ill. Moral stress levels were also high when nurses needed to assist in giving incompetent care; this could be also poor teamwork. (Andersson, Engström & Nordin 2022.)

Covid-19 was also bringing new aspects to ethical issues. Moral distress was caused by uncertainty and lack of knowledge; nurses were exposed to new illnesses and were overwhelmed by the depth and breadth of it. Fear of illness leads to suboptimal care and caused miscommunications and tensions between professions. Nurses experience specific ethical issues according to their roles in each clinical area. The skills in identifying and managing ethical issues in practice is based on ethical knowledge, which includes ethical theories, values, and principles, can improve ethical competence and nurses' professional behaviour. (Cho & et al. 2014)

2.3 Ethical competence in nursing

Ethical competence is a necessity to guarantee quality care in the future. The research field has been limited but increasing. The focus areas of research measure, conceptualization and realization of ethical competence. The conceptualization of ethical competence is new, and constructions and definitions vary. The theoretical base of the concept is currently transition phase from theorization to empirical measurement. (Leino-Kilpi, Stolt & Suhonen 2018.) Ethical competence can be defined as ethical awareness, terms of character strength, willingness to do good and moral judgement skills. It requires virtuous professional experience, human communication, ethical knowledge and supporting surroundings in the organization. Ethical competence reduces moral stress and results in the best solutions for the patient. (Kulju et al. 2016.)

Ethical competence is defined in the literature in terms of moral competence as the capacity or ability to recognize feelings while encountering what is morally right or wrong in particular situations. Then detecting how these reflect these feelings to decisions and act so that the highest level of benefaction for the patient’s best interest is filled. Ethical competence is virtuous professional, human communication, the experience of a professional and supporting surrounding in the organization. (Leino-Kilpi, Stolt & Suhonen 2018.) There are several competence scales to be used: Kohlberg 1964, has defined moral judgement competence by the capacity to make judgement and decisions which are moral and to act in order of the judgements made. Lind 2012 has developed moral judgement test and Colby the Moral judgement interview. In Japan Asahara, Kobayashi and Ono (2015) created a questionnaire for public health nurses in for measuring ethical competence, in this model ethical competence was defined in five components moral sensitive, moral judgement, moral motivation, moral character and implementing the moral decision.

As a part of the ETHCOM project Gallagher's framework of ethical competence is used as tool in this thesis. Five ethical competences are all necessary and connected. The competencies are ethical seeing, knowing, reflecting, doing and being. In care ethical relation starts with seeing the other and engaging oneself for the other, being there. It is important to know the person by name, as an individual with history and by knowing what counts and is important. In ethical seeing most importantly you need to be receptive. Being open for vulnerability and letting the other come in as a friend kind of way, but still being engaged to professional knowledge are in the core of ethical competence. Ethical knowing is knowing the other in relation "as a friend", but also scientific and technical knowledge that be useful for engaging good, particularly in intensive care. Gallagher defined the ethical knowing as a constant process with reflecting and shifting between objective and engaged knowing. Ethical reflection is needed thorough the whole process and needs to be done after every action. In relationships reflection is a source of learning. What is happening and is it serving the needs of the care receiver and is it in balance with the care givers needs? Care providers need continuously adapt actions and ideas to the appearance in the relationship. (Gallagher 2022.)

Gallagher states that in the crux of the ethical competencies, that when taking about care ethics, ethics is a practice, not an attitude. Sometimes it is just to be there with full attention. Ethical doing is being fully present, recognizing and promoting the person and doing what the other needs. It requires connection between both parties. What the other needs is defined from patient perspective but cannot be separate from of one's professional knowledge. The things that need to be done should be defined in the relationship, as well as in the concrete circumstances. Ethical doing should be always responsive, it is either considered good or continued depending on the patient's reaction. It is important to not be doing the "what should be done", but also to recognize the person and with this reflection determine the ethical appropriateness. (Gallagher 2022.)

Ethical being is the foundation of ethical practice, it is the prerequisite that developed by ethical doing and reflecting. It the competency to encage oneself to other and leaving the freedom to also refuse the offered engagement and to go also way that is not good for the patient. In these situations, care givers stay and support. Here one's own needs are not to be filled. Ethical being is concerning persons deepest layers, the identity. Oneself need to outlook on further from "I" and requires great amount of care from others and well as self-care. (Gallagher 2022.)

Experiential learning should stimulate the growing of the five ethical competencies. It makes bodily experiences rise to bodily knowing. When reflecting the bodily knowing can it be translated into concepts, broadened by examples, or generalized into human condition or to generalized to other instances. This knowledge becomes a part of identity, for example knowing about human vulnerability will you be careful not hurt or injury others. The

experience of vulnerability for seeing others differently, which can be translated into behavioural intention. Seeing the vulnerability of others can strengthen the ethical identity, care giver feels herself as person who values taking into account the vulnerability of others. This can help overcome barriers related to ethical issues. (Gallagher 2022.)

3 Goal, objectives and research questions

The goal of this study is to strengthen the ethical competence of nurses working in intensive care. The primary objective is to explore ethical issues nurses encounter and experience in intensive care settings.

The research questions will be following:

1. What kind of ethical issues registered nurses encounter and experience while working in the ICU?
2. What kind of ethical means nurses experience beneficial in encountering ethically challenging situation?

This study is conducted as a part of the ETHCOM project. ETHCOM project is financed under the Erasmus + program. ETHCOM aims to strengthen the ethical competence of future midwives and registered nurses. ETHCOM is an action learning approach to improve knowledge and prepare future nurses to face better ethical issues. The results of this study will come a part of the database of ETHCOM. There is a need for up-to-date data about the ethical challenges nurses experience in the rapidly changing world due to pandemics, technological development, and globalization. The data is aiming to strengthen knowledge in ethical issues in nursing and strengthen ethical competence. (Erasmus 2021.)

The ETHCOM project objectives are adapting the education needs to the everyday nursing practice regarding ethical competence, developing experiential interprofessional training methods to enhance the ethical competence of nursing and midwifery students. And also impacting and making user-evaluation of the developed experiential interprofessional training methods from the perspective of students, professional healthcare, teachers as well as education program managers. ETHCOM is based on transitional and co-creative action learning approach. Eight interdisciplinary action learning teams will develop, test and evaluate experiential learning methods in different clinical contexts. The whole process, innovation, implementation and evaluation is based on participatory action research, and it relies on three important corner stones that structures the method that is innovative action learning. The approach is from interprofessional point of view, secondly it applies on the emerging challenges of patient diversity in health care and thirdly, it is conducted in co-operation with higher education and clinical practice. All the partners are facilitating two action learning

teams that will be developing, enrolling and evaluating experiential learning methods. In first phase will all the partners describe the needs concerning the ethical competence. This thesis will be studying the needs in intensive care context concerning ethical competence. In later phases guided by Kolb's experiential Learning cycle, the experiences will be transferred into ethical case studies of ethically demanding situations that are urging for ethical competence. These will be applied for constructing ethical scenarios to implement in the simulation-based learning sessions. The scenarios will be transformed into experiential learning methods specific for every learning environment. These methods will be tested in co-creation of all partners to gain ethical competence. (Erasmus 2021.)

4 Methods

4.1 Qualitative research

The thesis was conducted as a qualitative study. The phenomenon of ethical issues in intensive care settings is a complex phenomenon and based on human experiences. Individual experiences are valuable while studying this phenomenon. Qualitative study is mainly used to describe people's subjective experiences and review views. (Juuti & Puusa 2020, 182.) Qualitative research is interested in nuanced and particular descriptions, not for to look for big generalizable answers. (Salmons 2022.) The qualitative research approach is used when there is little understanding of a complex phenomenon that physical measures cannot measure, if the issue is considered from a new perspective or when the current knowledge is fragmented. Content analysis is one of the methods used in qualitative research. It is a content-sensitive method and be applied in flexible research designs to analyze many types of qualitative data. (Kyngäs 2020.)

The phenomenon of ethical issues and ethical competence has guided the author to choose a qualitative approach to understand this phenomenon. Ethical competence is a complex phenomenon and has not been studied or conceptualized too much in literature or studies in Finland. Quantitative analysis might give a higher number of informants, but the qualitative approach answers better at this point on research questions. Qualitative research is typically focused on participants' descriptions of experiences, histories, insights, and perspectives. Qualitative researchers operate from the assumption that people construct their own realities of the world in their own unique ways. (Salmons 2022.)

The data acquisition for this thesis is completed under Laurea University of Applied sciences library's electric materials and data portals Cinahl, Medic, PubMed, Sage premium and Google Scholar. The words used for the search are "ethics", "ethics in healthcare", "ethics in nursing", "ethical issues intensive care"," ethical competence", ethical competence in

intensive care" AND / OR he same research words in Finnish. The data search is narrowed down to the last ten years. The theoretical framework for this thesis has been written about the theoretical background of ethics in health care, including the code of ethics and characteristics of ethical issues in intensive care.

4.2 Research design, target group and ethical framework of the study

The goal of this study was to exam the ethical issues nurses experience in intensive care settings and strengthen the ethical competence. Previous research found related to this phenomenon is mainly from abroad when studying intensive care. In other countries in Europe has this phenomenon been studied more, especially after COVID-19 making the intensive care a topic that needs attention. In Finland there are some studies related to ethical issues done in intensive care setting, but there are not many. Meriläinen (2012) studied ICU as care as setting from the patients' point of view. Grönroos and Hirvonen (2012) studied the ethical burdens and ethical dilemmas among health care workers on municipality care. Lakanmaa (2014) has studied competence required in ICU and critical care nursing to develop a basic assessment scale for nursing students. Saxen (2021) has made a recent analysis to explore moral uncertainty and diversity of ethics in healthcare professions. There is a need for open dialogue and creating a shared language in the landscape of healthcare ethics. There is a need for discovering ethical issues nurses encounter and experience in everyday to practice keeping the moral space open through dialogue. Permanency of uncertainty concerns all professions in healthcare environment. (Saxen 2021, 8.)

The empirical data of this study was collected with snowball technic. The purpose was to study precise hospital and unit in Finland, and the research permit was permitted in April 2023. Unfortunately due to resource and time lack in this institution, the data could not be collected from the planned study group. Due to these last minute changes the data collection was conducted as "snowball sampling" with the help of several different active organizations that work with intensive care nurses.

The target group for the questionnaire was registered nurses working in intensive care. The context of the settings was considered important, as the intensive care's pressure has seen to be chancing the experienced ethical issues frequency and meaning while compering to other practices. The Erasmus+ ETHCOM as study setting is giving needs for this study. The need for discovering ethical issues arises from the need analysis under ETHCOM project, collected data for the need analysis shows lack under this theme.

This thesis uses Gallagher's framework about ethical competence and the slow ethics. This thesis is telling the stories of nurses, what type of ethical issues they encounter. Stories, one of six elements of slow ethics, among solidarity, sustainability, space scholarship and sensitivity. A renewed focus on solidarity and social justice is critical for ethical response to

pandemic and forever changing field of health care. When focused on resilience and coping of nurses are they more likely to get support from the public and inspire future nurses. Creative responses and stories of nurses overcoming challenges can help to change the scope. There is a need for learning, collaboration and supporting in global community. It begins with investing in nursing education by specific ethical guidance from ethics excellence centers. Focus should be moved away from moral distress to on moral resilience. There is a need for increasing visibility of creative compassionate and prioritization for non-abandonment. (Gallagher 2020a.)

4.3 Data collection and recruitment of participants

Data collection in qualitative research can be done in many ways, most used methods are observations, interviews and focus groups. (Burn & Grove 2017.) In this qualitative research the data collection is made online with e-inquire-tool. Due to COVID-19 pandemic online questionnaires have become more popular data collection tools. The topic is sensitive, which also support the chosen data collection tool. Online questionnaires are easy to approach, flexible and save time. By this it was aimed to increase the number of participants in the study.

The questionnaire (Appendix 1) had a set of open-ended questions. Open-ended questions did give the participant opportunity to give answer in their own words. The questionnaire was created to be easily approachable and can be opened with QR-code or with link. The questionnaire was in interactive form. This was hoped to encourage more participants to take part. Usually in online studies respondents will receive electronic mail to participate survey via link to an online website or as an alternative survey can be embedded into a email. These surveys are inexpensive the results can be for example recorded instantly into a database that is online. (Bhattacherjee 2012, 75.) Despite the easy access the motivating to participate was harder than expected.

The data was collected anonymously via online form. No personal data was be collected. The participants were guided to secure IP-address in the information letter to ensure anonymity. The questionnaire was only in Finnish. This was decided by the target group, it is most likely that all the nurses working in intensive care settings in Finland, speak Finnish. However, for the research rapport, the questionnaires language has been gone through with bilingual person, English, and Finnish native speaker. This as to ensure the content of questions and equivalence by meaning, is the same in both languages. This was reassured after piloting the questions. To make sure that the questions are presented understandable, they were piloted by four health care professionals working in intensive care settings. The pilot group considered questions understandable and time to answer was between 20-40 minutes. Some considered that the time might be the issue for some nurses to participate. Some minor

adjustments were made in the questions by the comments from piloting. The intention was to create a questionnaire that gives motivates the nurses to tell wide scale of experiences but still be reasonable with time.

The recruitment of the participants did begin with looking for links that can share the QR-code and link to potential target group. The plan was to study target group in a hospital but due to organisational changes and lack of resources the study was done by recruiting potential informants by Finnish intensive care associations and platforms. The data collection was prosecuted with a snowball-sampling. (Tuomi & Sarajärvi 2018, 216.) Snowball sampling is a non-probability sampling method used to gather data from hard-to-reach or hidden populations, where there is no comprehensive list or sampling frame available. This method involves identifying a few initial participants, who meet the criteria for the study and then asking these participants to refer other potential participants they know who also meet the criteria. The process continues iteratively, like a snowball rolling downhill and gathering more snow as it progresses. Snowball sampling is often used in studies involving sensitive topics or marginalized communities where conventional sampling techniques may not be feasible due to the lack of a known population or difficulties in accessing participants. (Berger 2015.)

The sharing of QR-code and link to study was made by email and other platforms of online messaging. A short invitation letter or a poster was shared to contact persons, who forwarded those to the potential target group. This did also help to avoid bias in participant selection and secure anonymity. The invitation message or letter included the link to the online questionnaire (Appendix 1). The questionnaire did include both the information letter (Appendix 2) and the informed consent form (Appendix 3). To submit the answers the informed consent must be approved.

The data collection was implemented after the permitted research permit, but in a different form as planned, but also the thesis timeframe gave guidelines to execute the study. There was in the beginning two weeks' timeframe to answer the questionnaire, however due to the low response rate the time was prolonged. The recruiting of informants was difficult, the inquiry was open online for four weeks but still the study received fairly low number of answers. Due to the time limitations of the thesis project, the finally ended up with 7 informants sharing their information. The answers reached some data saturation, so for qualitative study this was accorded to be enough. According to Tuomi and Sarajärvi (2018, 214) in smaller studies the saturation is reached faster and the deepness of the answers matter. In this study the meaningfulness of the answers was more valuable than number of answers to describe phenomenon. The collected data showed that the informants had a lot of meaningful information and experience on the studied subject. (Tuomi & Sarajärvi 2018, 212.)

4.4 Inductive content analysis

Inductive content analysis was used for the analysis of the data of this study. Content analysis is a systematic analysis on the text content, it can be done as a qualitative or quantitative manner. The process begins when the researcher starts by sampling selected sets of texts from collected from the chosen population. The texts should be chosen selectively not randomly. After this the text is unitized, divided into segments that can be treated as separate units in the analysis. The researcher applies the texts in one or more concepts and constructs by this way utilized text segment in a process called coding. Coding scheme is used based on the themes the researcher is willing to uncover while classifying the text. Finally, the data is analyzed, qualitative or quantitative, or both to determine the themes that occur most frequently and what contexts are related. (Bhattacherjee 2012, 115-116.)

Inductive content analysis is a good method when building a model to describe phenomenon in a conceptual form. It is used in phenomenon that are not studied before or when it is fragmented. Qualitative concept analysis is commonly used in nursing studies. Content analysis represented in phases preparation, organizing and reporting. In inductive analysis the concepts are derived from the text the informants have produced. (Elo & Kyngäs 2008.)

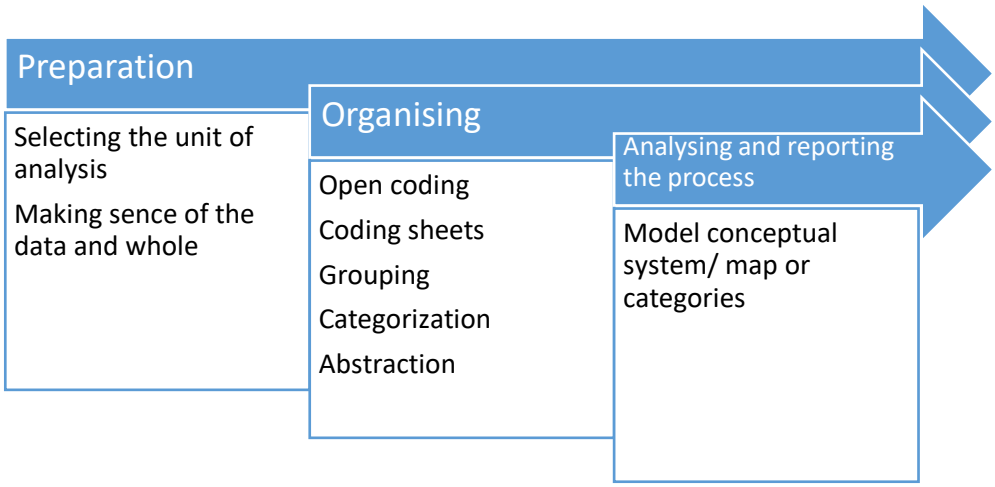

Figure 1: Content analysis phases (adapted from Elo & Kyngäs 2008)

The content analysis was made according to the recommendation and analysis phases from the literature. The analysis includes three phases and were made by the guidance from Elo & Kyngäs 2008 and Tuomi and Sarajärvi (2018). The three phases are following: preparation, organizing and reporting (Figure 1). Starting from the preparation and getting acquainted with the answers and stories from the nurses. First, the data was made into a Word-document and translated into English. First the text needed to be understood as a whole. The author read the answers several times both in Finnish and in English, to be sure that the translation

did not affect the content. First of all, it was really important to make a strong decision about what to analyze and what is the interest in the data. Then the data was analyzed from that point of interest and rest of the information was not necessary to be included. (Tuomi & Sarajärvi 2018, 232.) After understanding the text as a whole, the selection of the analysis units was done based on the research questions. These analysis units can be words, phrases or thoughts that include several sentences. After this preparation the data was organized, this is the next phase of the analysis. (Tuomi & Sarajärvi 2018, 232.)

This study is about the stories from the intensive care nurses. While making the content analysis it was important not to lose voice of the informants. The analysis did begin after understanding the text as whole. In every phrase it was important to go back reading the original answer and reflect the confirmability in the analysis. In the preparation phase of the original text, was highlighted by the research questions. The feelings arising from the issues nurses counter was not a research question but was strongly arising from the answers and therefore considered important. The informants were numbered from P1-P7 and Questions from Q1-Q5. These codes were used while in organizing phase of the analysis. After this was the analysis units gathered to a table question by question. The analysis units where coded by the informant and the question, so it was easier to reflect with the original answer. In figure 2 the process is described step by step adapted from Tuomi & Sarajärvi (2018).

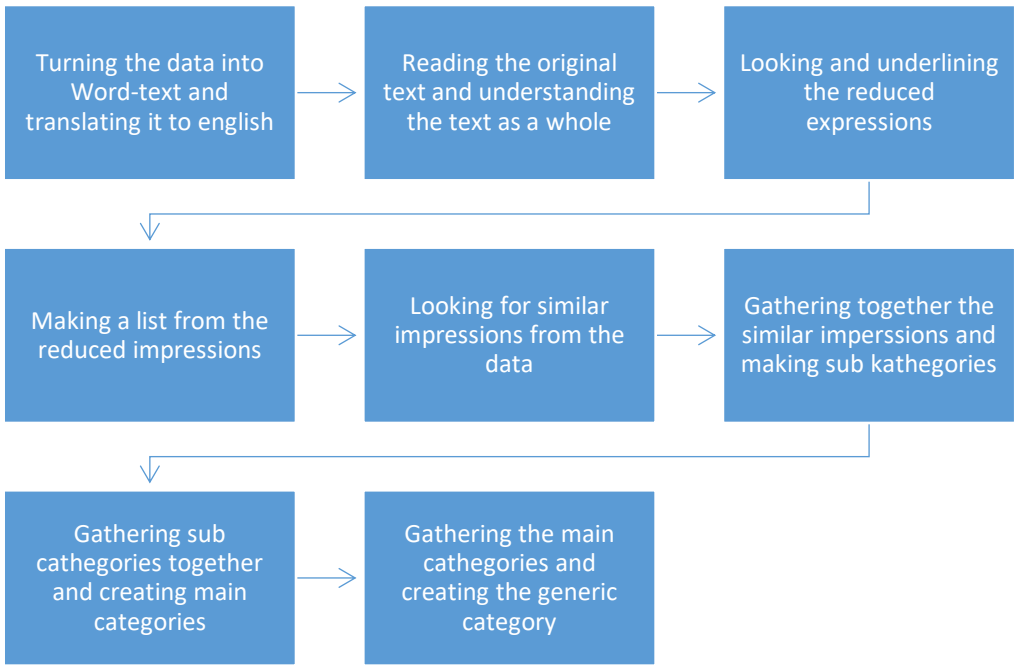

Figure 2: Process of inductive content analysis in this study (adapted from Tuomi & Sarajärvi 2018)

After gathering the expression in to table, the author did read all the analyses units through and created reduced expressions. As this point it was taking a lot of time and effort, while

always returning to the original data to make sure the content is not changing from the original expression. Then the author catered together the similar expressions from the reduced expression. The sub-categories were created from the groups of reduced impressions. In the end there are 8 sub-categories under three main categories answering research question number one. Under research question number 2 there are 17 sub-categories under four main categories. The two generic categories are simply the two research questions. Table 1 shows an example from part of the inductive content analysis process of this study.

Table 1: Example of the content analysis process from this study

Analysis unit	Reduced expressions	Sub-category	Main-category
The patient and his willingness to treat may not be available (Can't get to the Kanta, etc.). Few have usually thought about their care if something happens. The biggest challenges	Patient's willingness to care does not exist	Patient autonomy	Patient Autonomy and Ethical Decision-Making
Nurses often don't think about being the patient's advocate on a daily basis.	Nurses not considering themselves as advocates for the patient	Advocacy	Advocacy and Emotional Impact
The ethical aspects of the situation are contradictory, because on the one hand, every person is entitled to good and high-quality intensive care. The patient himself is not able to influence the care given to him, in which case the nurse must be the patient's advocate. It's frustrating sometimes when you can't treat the patient as well as you'd like	The patient being unable to influence the care Nurse needs to be patients advocate Emotions caused by feeling of inadequacy	Patient autonomy Advocacy Emotional impact	Advocacy and emotional impact

5 Results

The result of the analysis data of this study is presented in the following eight main categories and 25 sub-categories. The quotes from informants are considered important to

illustrate the content of the data and not to lose the voice from the nurses. The registered nurses participating this study are working intensive care settings and therefore are having the experience and knowledge to address the issues related to ethical issues in intensive care settings. Two of seven nurses stated that they have many years of experience working in intensive care. The answers and personal experiences varied, but similarities were to be found in the answers. The open-ended questions give a large perspective and opportunities to answer widely, also ethical issues cover a large scale of topics to discuss about. In the following the results will be explained under the two research questions. The figure 3 is illustrating the ethical issues the informants encounter while working in intensive care. The results are divided in to three different main categories.

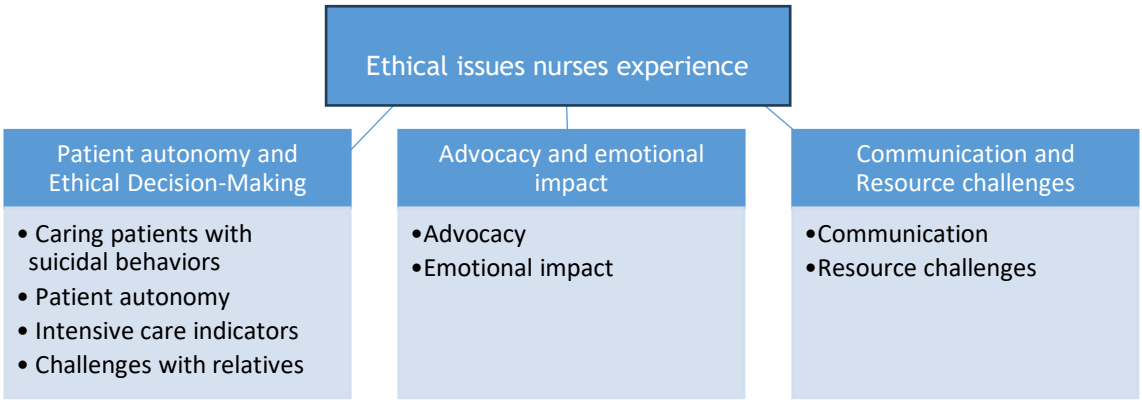

Figure 3: Synthesis of the results related ethical issues nurses experience and encounter

5.1 Patient autonomy and ethical decision-making

One of the recurring topics encountered by informants in their daily experiences is the challenges related to patient autonomy and ethical decision-making in intensive care settings. The nature of intensive care patients often leaves them unable to influence their own care, giving rise to ethical issues. The informants listed the issues surrounding patients' willingness to receive care. Informants reported that many patients lack existing willingness to receive care, and few have considered their care preferences in case of an emergency. The absence of clear care authorizations leads to ethical challenges for healthcare providers, especially when patients are unable to express their desires regarding treatment.

> The patient and his willingness to treat may not be available (Can't get to the Kanta, etc.). Few have usually thought about their care if something happens.

Two out of seven informants were describing the ethical issues related to relatives involving with care. Many patients in intensive care heavily rely on their relatives for communication and decision-making when they are unable to do so themselves. However, this reliance can lead to ethical issues when the relatives' desires for treatment do not align with the patient's wishes or best interests. Relatives play a crucial role in providing information about the

patient's wishes and communicating on their behalf. However, there are instances when the patient may not want certain treatments, yet it is considered that they lack the capacity to make decisions, leading to potential conflicts between the patient's desires and the relatives' preferences.

> The relative wants the patient to be treated in a way that is not justified. The patient does not want treatment, but it is considered that he is not capable of deciding on the matter.
>
> The relatives of a patient in intensive care sometimes also pose an ethical challenge, whether it is a person with multiple illnesses or a child patient with developmental disabilities. Relatives insist on treatment, even though heavy intensive care clearly causes the patient more pain and prolonged suffering than improved quality of life for the rest of their lives.

In some cases, relatives may insist on treatment that is not justified or against the patient's explicit wishes or consent. This ethical issue is particularly pronounced in cases where the patient has multiple illnesses or is a child with developmental disabilities. In such situations, heavy intensive care can cause prolonged suffering without significant improvement in the patient's quality of life. Dealing with these ethical issues effect nurses emotionally. Nurses describe experiencing frustration, anxiety, and a sense of compromise in providing care when faced with conflicting demands from relatives and the patient's best interests.

Indicators for intensive care can be complex and challenging to navigate. There are questions about who is privileged in receiving such treatment and whether it leads to unnecessary suffering rather than improved quality of life. According to one informant’s accounts, some of the most significant challenges arise when patients, especially elderly individuals with multiple illnesses, express their wishes not to be put on a ventilator. Despite their preferences, circumstances may lead to them being placed on ventilators, leading to an ethical issue for both the patients and healthcare providers. The process of weaning patients off ventilators is not without difficulties and can be emotionally taxing, as patients question their treatment and silently plead for a different outcome.

> Personally, I have experienced as the biggest challenges situations where an old person or a person who has already been diagnosed with multiple illnesses has wished not to be on a ventilator, but for one reason or another the patient is on a ventilator. Weaning off the ventilator is not without problems. It drags on, the patient looks me in the eye and silently asks, why am I on a ventilator? I haven't wanted this. Let me die.

Among the informants, two highlighted the unique dilemma of caring for suicidal patients. This patient group tends to revisit intensive care frequently, often not showing motivation for treatment. This recurrent cycle raises emotions among healthcare providers, given the difficulty in managing their care effectively. For patients who have made multiple suicide attempts, the decision to "forcibly" keep them alive can be emotionally challenging for both

the patient and the nurses. The repetitive nature of their situation, where they keep returning to the same starting point, is causing frustration and hopelessness.

> After several suicide attempts, one is "forcibly" kept alive”.

> Suicidal patients who repeatedly go through the intensive care unit and quickly end up back at the starting point and the cycle starts again. After the patient recovers, anger and the hopelessness of life are reflected in his eyes. The patient asks why didn't you let me die?

5.2 Advocacy and emotional impact

Despite the crucial significance of advocacy in patient care, some nurses may not fully recognize their role as advocates for their patients. Among a group of seven nurses, three mentioned finding it ethically challenging to be the advocate for the patient. Many nurses do not actively consider themselves as the patient's advocate in their daily responsibilities. The ethical aspects of this situation are complex. On one hand, every individual is entitled to receive good and high-quality intensive care. However, the patient themselves may not be able to influence the care they receive, necessitating the nurse to step in as their advocate. This can be frustrating at times when the nurse feels unable to provide the desired level of care.

> Nurses often don't think about being the patient's advocate on a daily basis.

> The ethical aspects of the situation are contradictory, because on the one hand, every person is entitled to good and high-quality intensive care. The patient himself is not able to influence the care given to him, in which case the nurse must be the patient's advocate. It's frustrating sometimes when you can't treat the patient as well as you'd like.

Dealing with situations where the patient's wishes conflict with those of their relatives can be emotionally taxing. Such scenarios are common in intensive care settings and underscore the nurse's role in patient care. Even when information is available, decisions may still align with the relatives' wishes, disregarding the patient's preferences.

> It hurts on behalf of the patient, even if the information was there, then the patient will be treated according to the wishes of the relatives.

There are instances where nurses must act as advocates for the patient, such as when the patient is unable to express their wishes, when relatives insist on unjustified care, or when doctors' orders do not serve the patient's best interests. Some nurses mentioned that care is provided against the patient's will or without any apparent will. Balancing the demands of intensive care can be challenging, leading to feeling of inadequacy.

> It seems strange that I need to "argue" with the doctor, while the doctor should communicate and agree with the patient about things.

It feels peculiar to be in a position where a nurse must "argue" with a doctor about patient care, as ideally, doctors should communicate and reach agreements with patients directly. This can sometimes hinder the nurse's ability to perform optimally, and certain aspects of patient care, like rehabilitation, may have to be compromised.

> I can't work as well as I should, but I have to cut out, for example, rehabilitation.

As the informants pointed out, the nurses play a crucial role as advocates for their patients, especially in intensive care settings, where patient input may be limited. Addressing the ethical challenges and emotional impact of these situations is essential to ensure the highest quality of care and patient well-being.

5.3 Communication and resource challenges

Main-category number three in the results pertains to communication and resource challenges. The ethical issues related to these topics emerged from the responses of the informants, who mentioned various issues related to organizational or personal resources. In the intensive care unit, where all beds are occupied, a new patient requiring intensive care is reported to the department. Nurse can be the person in charge and must discuss with the doctors which patient should be transferred to the general ward and which patient's intensive care should be discontinued.

> The intensive care unit is full and all patients are in intensive care. A new patient in need of intensive care is reported to the department. I am in charge and have to discuss with the doctors which patient will be transferred to the bed ward and which patient's intensive care will be stopped.

Effective communication between the organization, nurses, and doctors is of paramount importance. The emotions arising from the lack of resources place significant burdens on nurses in the intensive care setting. One informant shared an instance where they had to follow doctors' orders that went against the patient's will, and despite arguing about the care, it did not help. This left the nurse providing care while feeling that the patient remained unaware of what was happening.

> By doing the work there, in a way I followed the doctor's order, but in a way I didn't. e.g. I rehabilitate the patient for a couple of minutes, so that I can record that the patient has been rehabilitated and the patient rarely has time to realize after a couple of minutes.
>
> Anxiety, feeling of inadequacy and sadness arising (Nurse revering to lack of resources)

Feelings of anxiety, inadequacy, and sadness were mentioned by a nurse in relation to the lack of resources. Another informant raised concerns about staffing, where an inexperienced

nurse was assigned to care for a difficult patient. Such situations can evoke strong emotions and may also be detrimental to the patient's well-being.

> An underly experienced nurse has to treat a patient who is too demanding, or one nurse has two patients to treat due to too few nurses. This is a matter related to patient safety, and in my opinion, the patient does not receive high-quality treatment.

Moreover, resource and communication-related ethical issues extend to different patient groups. One informant questioned the allocation of resources for treating suicidal patients. The use of resources to prolong life against the expressed desires of a person raises ethical concerns.

> The use of resources to forcibly keep alive in relation to the non-existent desire of a person to stay alive.(Referring to care of suicide patients)

Overall, addressing communication and resource challenges is essential in intensive care settings. Proper communication among the healthcare team is crucial, and resource allocation must be done thoughtfully to ensure high-quality patient care and the well-being of both patients and healthcare providers.

5.4 Providing good care and organisational support

The informants were questioned about the means they employ to navigate the ethical issues they encounter. Many nurses expressed positive sentiments regarding their ethical strategies and coping mechanisms in dealing with these challenges. They found that exerting their best personal effort for the patients helped ease the burden when dealing with “difficult patients”. This perspective was shared by several informants from both an organizational and personal standpoint. One nurse mentioned that she/he strive to treat patients in the best possible way, holding onto hope that the mental aspect of care will yield further improvements in the future, especially when dealing with suicidal patients.

> Treating in the best possible way and hoping that the mental side will be able to offer something more in the future (referring to suicidal patient)

Furthermore, efforts to address staffing and resource-related issues were discussed. One nurse expressed the commitment to do everything within their power to bring more nurses to the intensive care unit, thereby ensuring quality care for every patient. Despite the difficulties arising from staffing and resource constraints, intensive care nurses rely on personal determination and support from their colleagues to ensure that they can provide at least the minimum required care for their patients.

> In addition, I will do everything I can to get more nurses to the intensive care unit, so that we can ensure quality care for every patient

In supporting new nurses, experienced nurses try to provide assistance and ensure that the minimum standards of care are met. They may also adjust patient assignments, placing more inexperienced nurses with less demanding patients and more experienced ones with more challenging cases.

> I have tried to support the new nurse as best I can and made sure that at least the minimum care is done correctly.

> I try to resolve the situation either by changing the more inexperienced nurse to another patient and the experienced one to a demanding patient

The quotes from informants shed light on how nurses employ different strategies to cope with ethical issues in their work. They emphasize the significance of personal effort, teamwork, and a commitment to patient well-being.

5.5 Advocacy and communication

One of the significant ethical issues raised by the informants was patient advocacy, particularly concerning issues related to the patient's willingness for care and the authorization of treatment. Nurses rely on communication as a means to navigate and address these challenges. They seek information from colleagues and relatives to understand the patient's wishes for care and ensure they are taken into account.

> I ask the doctors or relatives to find out if they have access to Kanta or know their relatives' wishes for treatment. I always remind my colleagues about the second.

As part of patient advocacy, nurses ask doctors or relatives if they have access to relevant medical information (e.g., through Kanta) or if they are aware of the patient's treatment preferences. They also consistently remind their colleagues to consider the patient's perspective. Patient advocacy is not only an ethical responsibility but also a way to alleviate the burden that may arise when patient care is not aligned with the patient's wishes or best interests. The informants provide insights into different ways of communicating and advocating for the patients.

In ethically challenging situations, nurses try to bring out the patient's viewpoint and communicate with both the patient and their relatives. They discuss treatment decisions with family members and, when necessary, direct them to speak with a doctor. Advocating for the patient in the midst of doctor-patient-relative dynamics is acknowledged as a complex task.

> I try to bring out the patient's point of view in these

> I tell the family member on what basis the treatment is decided, and if necessary I direct them to talk to a doctor. I bring up the patient's wish to the doctor.

Communication with relatives is considered crucial during ethically challenging situations. Nurses offer support through their presence, active listening, and physical touch. Sometimes, simple gestures like holding the patient's hand and reassuring them that they are not alone can make a difference. Nurses find it beneficial to listen to the relatives' feelings and concerns, acknowledging that they may not have had enough time with their loved ones. Understanding the relatives' perspectives and finding positive aspects to help them cope with their emotions is highlighted as essential.

> I talk, listen and once again listen and talk, both with the patient and the relatives.
>
> No words, just a look and a touch. Sometimes I hold the hand and ask the patient to fight together, I am by your side. We'll get through this together.
>
> With relatives, the most important thing is often to listen to their bad feelings, to hear how they haven't had time to be with their loved ones enough. To understand them. Find some positive things about it, with which the relatives can help themselves from feeling bad.

In supporting relatives, nurses recognize the importance of providing relief and assistance. One informant suggests offering support services such as crisis help, psychiatric nurses, priests, or other professionals for relatives to talk to when needed.

Overall, effective communication and patient advocacy play crucial roles in addressing ethical issues in patient care. The quotes provided offer valuable insights into the strategies nurses employ to navigate these challenges, ensuring the well-being of both patients and their families. Figure 4 illustrades the ethical means nurses experience beneficial while facing ethical issues.

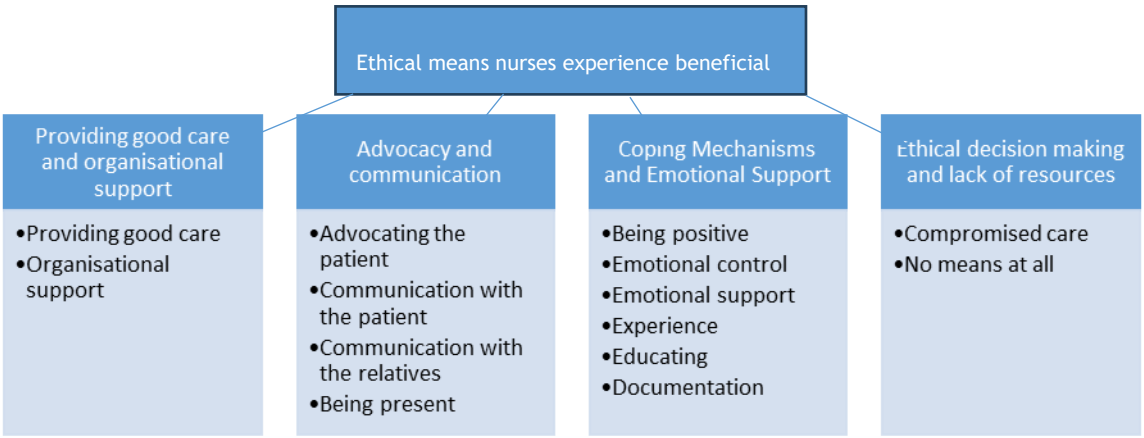

Figure 4: Synthesis of the results related to ethical means

5.6 Coping mechanisms and emotional support

One of the key insights that emerged from nurses' experiences in handling ethical issues in intensive care was the importance of coping mechanisms and seeking emotional support. Virtually all nurses recognized the significance of emotional support, often finding solace through open discussions with their nurse colleagues. Having someone who truly comprehends the unique challenges of working in intensive care proved indispensable for their overall well-being. Additionally, nurses found support in communicating with doctors, particularly when navigating complex issues like patient advocacy.

> Talking with colleagues and doctors.
>
> I talk with my colleagues, I think that's enough for what I can do and I can't do more.
>
> Discuss with colleagues about the role as a patient representative

Engaging in candid conversations with colleagues and medical professionals allowed them to gain valuable insights and emotional support. Discussing with colleagues about the role of being a patient representative emerged as an important aspect of coping. By seeking input from others in similar roles, nurses were better equipped to navigate complex situations. Beyond the support of individual colleagues, the intensive care work community proved to be a critical resource. Informant expressed,

> The excellent intensive care work community allows us to share the ethical challenges we face in real-time. Having another intensive care nurse who listens becomes the best means of survival.

This sense of camaraderie and mutual understanding among peers offered significant comfort, especially in challenging situations like major accidents, where ethical problems were collectively addressed under work supervision.

Staying positive and finding hope played an essential role in nurses' coping strategies. Through personal anecdotes, nurses shared how embracing hope and conveying positivity through words or thoughts helped them persevere in the face of ethical issues.

> I try to bring hope for the better and tell how he can influence his recovery. I try to catch up as much as I can. I prioritized, reassessed which things can be compromised.

> Find some positive things about it, with which the relatives can help themselves from feeling bad.

Past positive experiences help to stay positive and it easier to trust that you will survive. Two of the nurses were mentioning that long work experience helps with facing ethical issues, it gives confidence a wider scope to facing these issues.

> Long work experience in intensive care work brings certainty and insight into things.

> Experience brings certainty to act in ethically challenging situations. I know that I will get through this, even if I feel bad now. This has been solved before.

Accepting the presence of ethical issues is important. Three informants mentioned that ethical issues are a part of the everyday work. Acceptance that these issues exist is helping with the burden of ethical issues. Accepting the inevitability of such issues helped to alleviate the burden. However, they also recognized that prolonged exposure to ethical challenges could lead to emotional strain. Therefore, nurses sought coping mechanisms to manage emotional overwhelm, emphasizing the significance of sharing experiences and feelings.

> Ethical conflict situations are part of the intensive care nurse's work. Ethical conflict situations are part of the intensive care nurse's work. But when prolonged, they hurt. Tears may come to your eyes. Sometimes they even arouse feelings of anger, e.g. in the case of suicidal patients. At times, ethical challenges are also tiring. Fortunately, we can exchange nursing responsibilities with other nurses.

One of the informants describes how ethical challenges can be tiring, indicating that the mental and emotional strain of dealing with these situations can be exhausting. The demanding nature of intensive care work combined with the ethical considerations can be emotionally draining.

However, the informant finds support and respite in the work environment. She/he mention the possibility of exchanging nursing responsibilities with other nurses. This team-based approach allows them to share the burden of ethical decision-making and seek assistance

when facing particularly challenging cases. The collaborative nature of their work community provides a valuable source of support and understanding. By sharing experiences and feelings with fellow nurses, they can find solace and gain valuable perspectives, ultimately contributing to better patient care and well-being for themselves as healthcare professionals.

From many answers of the informants conveys a sense of optimism and determination. It reflects the belief that despite the challenges and difficulties encountered in the intensive care unit, nurses, possess the strength and capability to overcome them. This positive outlook is essential in an environment where critical situations and high-stress scenarios are a daily occurrence. It reinforces the idea that with the right attitude and support, healthcare providers can navigate even the most challenging circumstances.

> You can get through everything. And sometimes you have to raise the issue or make a HaiPro announcement.

"And sometimes you have to raise the issue or make a HaiPro announcement," speaks to the importance of speaking up. In the ICU, where patients' lives are often at stake, prompt and assertive action is crucial. The mention of a "HaiPro announcement" refers to a formal process of reporting and escalating concerns or adverse events in healthcare settings. This may involve notifying relevant authorities or superiors about issues that require immediate attention to ensure patient safety.

In conclusion, nurses' coping mechanisms and emotional support are vital elements in navigating ethical issues in intensive care. Through open communication, optimism, shared experiences, and a supportive work community, nurses ensure they can continue to provide quality patient care while addressing the complex ethical issues they face.

5.7 Ethical decision-making and lack of means

Despite not being in charge of patient care, nurses actively participate in care decision-making and often make decisions that directly impact patient well-being. However, when nurses face resource shortages, the ethical challenges intensify. In such situations, they must prioritize care and, in the worst-case scenario, may need to compromise certain aspects of it.

For instance, one nurse described situation where they followed doctors' orders to some extent but also had to make decisions on their own. They shared an example of briefly performing rehabilitation for a patient solely to document it, even though the patient may not have enough time to fully benefit from the intervention. Another nurse mentioned how they prioritize and reassess the care plan, considering which aspects can be compromised given the limitations they encounter.

> By doing the work there, in a way I followed the doctor's order, but in a way I didn't. e.g. I rehabilitate the patient for a couple of minutes, so that I can

> record that the patient has been rehabilitated and the patient rarely has time to realize after a couple of minutes.
>
> I prioritized, reassessed which things can be compromised.
>
> No means at all.

One informant out of seven was describing having no means at all when describing the means to face ethical issues in intensive care settings. This type of answer is crucial and should be further studied to find out what lies under. Understanding the specific reasons behind the nurse's response can help address any gaps and ensure that appropriate measures are in place to support ethical decision-making in the intensive care settings.

In the context of resource scarcity and ethical decision-making, nurses face complex issues. They must carefully weigh the available resources, patient needs, and ethical principles to make decisions that provide the best possible care within the given constraints. While nurses may not have ultimate authority over patient care, their role in decision-making demonstrates their dedication to patient well-being and their commitment to navigating ethical challenges in the intensive care setting.

6 Discussion

In this chapter, are the findings of this thesis presented and discussed in the context of existing research on the topic. Following the results discussion, are the study's limitations and its trustworthiness examined. The purpose of this thesis was to identify the intensive care setting-related ethical issues registered nurses identify from their work and what type of competencies arise. The primary objective was to explore ethical issues nurses encounter and experience in the ICU. The thesis answered following questions: 1. What kind of ethical issues registered nurses encounter and experience while working in the ICU? 2. What ethical means do nurses experience beneficial in encountering ethically challenging situations?

The results of the study highlighted three main categories of ethical issues in the intensive care setting: patient autonomy and ethical decision-making, advocacy and emotional impact, and communication and resource challenges. The study revealed that patients in the ICU often lack the ability to influence their own care due to their critical condition, leading to ethical issues concerning patient autonomy. Moreover, conflicts with relatives' preferences, especially in the context of patients unable to express their preferences, further complicate ethical decision-making. Caring for patients with multiple illnesses or developmental disabilities also presents challenges as nurses may need to balance patients' explicit wishes or consent with their relatives' demands. Furthermore, the repetitive nature of caring for

suicidal patients, where they frequently return to the same starting point, leads to feelings of anguish and hopelessness for both patients and healthcare providers. In such situations, empathy and focus on providing appropriate care and addressing underlying mental health issues are crucial.

The study also found that some nurses may not fully recognize their role as advocates for their patients, which can be ethically challenging when patients' wishes conflict with those of their relatives or when patients cannot express their preferences. Effective patient advocacy and communication with patients and relatives were identified as essential means to address these challenges and provide patient-centred care. Additionally, coping mechanisms and emotional support were highlighted as vital means for nurses when dealing with ethical issues. The study emphasized the importance of a supportive work environment and organizational resources to facilitate nurses' coping and resilience in the face of ethical challenges.

In addition to the highlighted ethical challenges and means employed by nurses in the intensive care setting, this study uses approach slow ethics and the art of care in navigating complex ethical situations. Slow ethics refers to a thoughtful and deliberate approach to ethical decision-making, particularly in situations where time constraints and urgency may be prevalent, such as in the fast-paced environment of the intensive care unit. (Gallagher 2020b, 28, 47.) While quick decisions are often necessary in critical care, slow ethics encourages healthcare professionals, including nurses, to take the time to reflect, consult with colleagues, and carefully consider the ethical implications of their actions. By engaging in slow ethics, nurses can enhance their ability to provide patient-centred care that respects individual autonomy, values, and preferences, even in challenging circumstances.

The art of care encompasses the compassionate and empathetic aspects of nursing that go beyond the technical aspects of medical treatment. It involves understanding patients' emotions, fears, and concerns, and providing care that is not only clinically effective but also sensitive to the patient's emotional and psychological well-being. (Gallagher 2020b, 27-28.) In the context of ethical challenges, the art of care allows nurses to approach difficult situations with empathy and understanding, forging strong connections with patients and their families while ensuring that the patient's dignity and rights are upheld.

6.1 Ethical issues nurses encountered and experienced while working in the ICU.

The study findings presented next shed light on the ethical challenges that nurses encounter while working in intensive care settings. These challenges primarily revolve around patient autonomy and decision-making, as well as issues related to the involvement of patients' relatives. Additionally, the study highlights the emotional impact on nurses as they navigate these complex ethical issues.

Intensive care patients often find themselves unable to influence their own care due to their critical condition, leading to ethical issues concerning patient autonomy. This study reveals that many patients lack existing willingness to receive care and have not considered their preferences for emergency situations. In this study the informants where raising this ethical issue where patient autonomy and ethical decision-making are a daily burden. According to some previous research, patients' rights, autonomy, and informant consent are among the frequently occurring ethical issues in the ICU (Ulrich et al. 2010; Andersson, Nordin & Engström 2022).

The absence of clear care authorizations becomes a significant concern for healthcare providers, particularly when patients are unable to express their treatment desires. The nurse's ethical decision-making can affect patient recovery studied by Asadi et al. 2021; Dekkers et al. 2015; Harlin and McAndrew 2020. Ethical decision making is a multidimensional process and nurses hesitating between their own benefits and patients' benefits can be really stressful (Asadi et al. 2021). According to Gallagher et al. (2015) even though nurses do not make *ultimate* decision regarding to patient care (end-of life-decision in this precise study) they are engaged in core practises such as consensus seeking and emotional holding. The ethical implications of providing care without explicit consent raise questions about respecting patient autonomy and ensuring the delivery of patient-centred care.

Patients in intensive care settings heavily rely on their relatives for communication and decision-making, which can lead to ethical issues when the relatives' desires for treatment conflict with the patient's wishes or best interests. This issue has been studied in ethical care settings (Bleicher et al. 2021; Henrich et al. 2016; Azoulay & Pochard, 2003). In some cases, patients may not want certain treatments, but their capacity to make decisions may be questioned. This results in potential conflicts between the patient's desires and the preferences of their relatives. The emotional burden on nurses arises from trying to balance the patients' best interests with the relatives' wishes, emphasizing the importance of open communication and shared decision-making.

The involvement of relatives in patient care in intensive care settings presents complex ethical challenges. Balancing the preferences and desires of both the patient and their relatives requires careful consideration and open communication. Healthcare providers must navigate these difficult situations with empathy and adherence to ethical principles, ensuring that the patient's well-being and wishes would remain central in the decision-making process. By acknowledging and addressing these challenges, healthcare teams can strive to provide the best possible care for patients in intensive care units. (Azoulay & Pochard, 2003.)

The study highlights that patients with multiple illnesses or developmental disabilities may experience prolonged suffering without significant improvements in their quality of life due to

heavy intensive care treatments. In these cases, relatives may insist on treatments that go against the patient's explicit wishes or consent. Nurses describe emotional distress and feelings of frustration and compromise when faced with these situations. In the past there are studies addressing this same issue. High moral distress reveals among nurses while caring for patients' unclear goals and with aggressive care (Bleicher et al. 2021). Frustration, anger, quilt and feeling of inadequacy is experienced among health care workers due to unauthorised or futility end-of-life care (Henrich et al. 2016.) This situation is challenging for nurses while there is always uncertainty with prognosis (Gallagher et al. 2014). Addressing these ethical challenges requires careful consideration of the patient's best interests and open communication with both the patient and their relatives.

Caring for suicidal patients presents a unique dilemma for healthcare providers, as these patients tend to revisit intensive care frequently and may not show motivation for treatment. The decision to "forcibly" keep them alive can be emotionally challenging for both patients and the medical team. The repetitive nature of their situation, where they repeatedly return to the same starting point, leads to feelings of anguish and hopelessness for both the patients and healthcare providers. It is crucial to approach these cases with empathy and a focus on providing appropriate care and addressing underlying mental health issues. Saigle and Racine (2018), have studied the ethical challenges related to suicidal patients and listing how ethically and clinically challenging it is for nurses. There is a considerable uncertainty about how to solve ethical issues with care of suicidal patients.

The study highlights that some nurses may not fully recognize their role as advocates for their patients. This can be particularly ethically challenging when patients' wishes conflict with those of their relatives or when patients cannot express their preferences. The emotional impact on nurses is evident, with feelings of frustration and inadequacy being reported. Ensuring proper training and support for nurses in patient advocacy is essential to address these challenges and enhance patient-centred care. Using patient advocacy as tool for resolving ethical issues is studied by LaWanda (2020). This study revealed how important it is for the nurses to have skills to advocate the patient, recognise the suffering and provide social support and improve self-care behaviours. As Gallagher (2022) stated, ethical doing provides full presence and promoting the person and doing what the other needs. But it requires connection and doing what the patient needs is defined from patient perspective but cannot be separate from of one's professional knowledge.

Advocating for patients can evoke a wide range of emotions for nurses. These emotions may become positive experiences among nurses when successfully championing patients' needs and preferences. Conversely, advocating for challenging cases may lead to feelings of frustration, especially when facing obstacles in decision-making or communication. The emotional investment in patient advocacy underscores the compassion and dedication nurses

have for their patients' well-being. Being an effective patient advocate is essential for providing high-quality care in the ICU. Advocacy involves actively listening to patients' concerns and desires, ensuring their wishes are communicated to the healthcare team, and empowering patients to make informed decisions about their care. By advocating for their patients, nurses can help bridge the communication gap between patients, families, and the medical team, fostering a patient-centred approach to care. (Lawanda 2020.)

The study identifies communication and resource challenges as significant ethical issues in intensive care settings. Effective communication among healthcare providers is crucial to ensuring that patient care aligns with the patients' desires and preferences. The emotional burden on nurses arising from the lack of resources is evident, and proper resource allocation is essential to maintain patient safety and well-being. Organisational resources are conspired potential to reduce moral stress among nurses (Hardin & McAndrew 2020; Dekkers et al. 2015).

Working in intensive care settings presents nurses with various ethical issues related to patient autonomy, communication, and resource allocation. Patients' inability to influence their own care, conflicts with relatives' preferences, caring for patients with complex medical conditions, and managing repeated instances of suicide attempts all pose significant ethical dilemmas. Nurses must recognize their role as patient advocates and prioritize open communication and shared decision-making. Moreover, addressing emotional distress and ensuring adequate resource allocation are vital in providing high-quality patient care and promoting the well-being of both patients and healthcare providers in intensive care settings.

6.2 Ethical means nurses encounter beneficial in ethically challenging situations

The research question number two explored the ethical means that nurses find beneficial when encountering ethically challenging situations in the intensive care setting. The findings from the informants shed light on several important themes, including providing good care and organizational support, advocacy and communication, coping mechanisms and emotional support, and ethical decision-making. These themes provide valuable insights into the strategies employed by nurses to navigate complex ethical issues and ensure patient well-being.

One of the key themes that emerged was the emphasis on providing good care and organizational support. Nurses expressed positive sentiments about their ethical strategies, which included exerting their best personal effort for the patients. This commitment to providing the best possible care is essential, particularly in the high-stress environment of intensive care where difficult cases are frequent. The perspective of treating patients in the best possible way and hoping for future improvements for example in mental care reflects the nurses' dedication to continuous improvement and patient-centred care. This type of moral

sensitivity is about the awareness about how our behaviour is impacting the other people The quotes and stories from nurses are describing how they are responding situations in an ethically sensitive way, reading, and expressing emotions. Being described as it simplest, the ethical sensitivity involves understanding the need of the people and being helpful and respectful in responding those needs. (Gallagher 2020b, 27-28, 45.)

Moreover, the efforts to address staffing and resource-related issues underscore the importance of adequate support from the organization to ensure quality care for every patient. The organisational support is playing a vital role with supporting nurses and providing resources (Hardin & McAndrew 2020). Creating a supportive ethical climate can be helpful restoring nurses' moral resiliency (Silverman et al. 2021). Despite facing difficulties arising from constraints, the commitment of intensive care nurses to deliver at least the minimum required care showcases their resilience and determination in the face of challenges.

Another significant theme that emerged was patient advocacy and communication. Nurses recognized the ethical responsibility of advocating for patients and ensuring their wishes and treatment preferences are taken into account. Effective communication with colleagues and relatives was identified as a crucial means to navigate and address these challenges. By seeking information from relevant parties, nurses can better understand the patient's perspective and tailor the care accordingly. The emphasis on communication with relatives during ethically challenging situations demonstrates the importance of involving them in the decision-making process and offering support through active listening and empathy. These types of results were also occurring in study from Hardin and McAndrew (2020) and Borowske (2012). Care-givers role in comforting families with conduit of love, cannot be overstated Gallagher (2020a). This patient-centred approach not only aligns with ethical principles but also contributes to improved patient outcomes and family satisfaction.

Coping mechanisms and emotional support were also highlighted as essential means for nurses when dealing with ethical issues. The intensive care work community played a critical role in providing emotional support, with open discussions with nurse colleagues serving as a valuable source of solace and understanding. The sense of camaraderie and mutual support among peers demonstrated the significance of teamwork and collective coping in a high-stress environment. This study finding get support from other studies made in intensive care settings: Andersson, Engström and Nordin 2022 and Lancia et al. 2012. Nurses' emphasis on staying positive and finding hope reveals their resilience and determination to persevere even in challenging situations. The focus on moral and emotional frailty rather than coping and resilience is sure to arise more future inspirations for future recruits (Gallagher 2020a). However, accepting the presence of ethical issues and recognizing the potential emotional strain associated with prolonged exposure to such challenges further reinforces the importance of coping mechanisms and emotional support in maintaining nurses' well-being.

Ethical decision-making emerged as another key means employed by nurses when facing challenging situations. Despite not being in charge of patient care, nurses actively participate in care decision-making and strive to make decisions that prioritize patient well-being. The need to prioritize care and the potential for compromising certain aspects due to resource shortages highlight the ethical complexity that nurses encounter in their decision-making (Gallagher et al. 2015). By carefully weighing available resources, patient needs, and ethical principles, nurses strive to provide the best possible care within the constraints they face. This dedication to ethical decision-making reflects the nurses' commitment to their ethical responsibilities and patient-centred care.

However, one informant's response about having "no means at all" is a critical finding that warrants further investigation. Understanding the reasons behind this response is crucial in identifying potential gaps in support and resources for nurses when facing ethical challenges. Ensuring that appropriate measures are in place to support ethical decision-making in the intensive care unit is essential to promote ethical care and well-being of both patients and healthcare professionals.

In conclusion, the study sheds light on the various ethical means that nurses find beneficial in encountering ethically challenging situations in the intensive care setting. These means include providing good care and organizational support, advocacy and communication, coping mechanisms and emotional support, and ethical decision-making. The findings highlight the dedication, resilience, and patient-centeredness of nurses in navigating complex ethical dilemmas while ensuring the well-being of both patients and themselves. The study also points to the need for ongoing support and resources to facilitate ethical decision-making and care in the intensive care unit. Further research in this area can contribute to the continuous improvement of ethical practices and support systems for healthcare professionals in high-stress settings.

6.3 Limitations of the study

As with most research studies, this thesis has its limitations, which should be taken into consideration when interpreting the findings on ethical issues. Ethical issues in healthcare are multifaceted and can involve a wide range of factors, including patient autonomy, resource allocation, and conflicts with relatives' preferences. Exploring the depth and breadth of ethical issues within the scope of this study may have been challenging. Only 7 nurses participated in the study, which may be considered a limited sample size. Even though data saturation was achieved, having a larger number of participants could have provided more diverse viewpoints and strengthened the study's findings (Tuomi & Sarajärvi 2018, 172.)

The use of an anonymous online questionnaire for data collection may have restricted the depth of responses from the participants. Face-to-face interviews could have provided more detailed and nuanced insights into nurses' perspectives and experiences with ethical issues.

The author's inexperience in conducting data collection could have influenced the response rate and the quality of answers. More experienced researchers may have employed strategies to encourage participation and elicit more comprehensive responses. The snowball sampling can also introduce bias in the sample composition. Due to the non-random nature of snowball sampling, the findings obtained from this sampling method may have limited generalizability to the larger population. (Berger 2015.) This can lead to the overrepresentation of key informants who are highly connected within the target population. These individuals may provide valuable insights, but their overrepresentation can skew the findings and potentially give undue influence on certain perspectives. (Ghaljaie, Goli & Naderifar 2017.) The author should have considered complementing this method with other sampling techniques, but this is also time-consuming. Here the time limitation and last-minute changes according to thesis timetable affected the data collection.

6.4 Trustworthiness

The evaluation criteria will guide the thesis process as well as facilitate the quality of the study. Qualitative research is usually context-dependent and subjective, and the goal is to interpret social reality. (Bhattacherjee 2012, 110.) The trustworthiness of a study is the degree of confidence in the data, the methods used, and the interpretation to ensure the quality of a study. The researcher should establish the protocols and procedures necessary for the study to be considered worthy for readers. Lincoln and Cuba (1985) outlined criteria are credibility, confirmability, dependability, transferability and later (1994), authenticity. Not all procedures are needed in each study. (Connelly 2016.) The criteria were applied during the whole thesis process.

Credibility is measuring the truth of the study or whether the findings are correct and accurate. The study should be conducted using standard procedures typical for the qualitative approach. A qualitative should describe the human experience so that they are immediately recognized by individuals sharing the same experience, so it can be considered credible. (Connelly 2016.) Lincoln and Cuba (1985) recommend researcher triangulation, data collection triangulation, persistent observations, and external debriefings for credibility insurance. The researcher needs to demonstrate methods of observations, engagement, and written trails to support the credibility when reporting. The thesis study was done with guidance and discussion with the supervisor. Dependability refers to the constancy of the data over similar conditions. (Cope 2014.) The methods and the process should be reported with details, and the reporting should be logical and traceable (Nowell et all. 2017). Despite the

low number of informants and that the answers are same what concise, the data saturation needs to be reached and similarity of the experiences discovered.

Confirmability of qualitative data should be assured by checking and rechecking the data throughout data collection and analysis. The researcher needs to have the ability to demonstrate that the data represents the participants' responses and not the researcher's viewpoint or biases. The researcher needs to describe how conclusions and interpretations were established and give examples of how the data is derived directly from the data. In reporting qualitative research, rich quotes from participants can help depict emerging themes. (Cope 2014.) Detailed notes from all decisions related to the analysis are essential for the qualitative researcher (Connelly 2016.) These notes can be discussed, for example, with the supervisor to prevent possible bias. Also, reflecting on previous research on the topic can prevent personal preconceptions.

Transferability refers to the generalization of the findings and how the findings can be applied to other groups or settings (Cope 2014.) The findings of a qualitative study are, however, often experiences bound to time and context. To provide quality, the researcher needs to "think the description" and provide detailed descriptions of the research context and describe the structures, assumptions and processes. By doing so, the readers can independently assess if the reported findings are transferable to other settings. (Bhattacherjee 2012, 111.)

6.5 Ethical considerations

This study will be conducted as a part of ETHCOM project in the Laurea University of Applied Sciences, following the guidelines of the Helsinki declaration (2013). The research plan was sent for approval to a hospital in Finland but after the approval in the hospital the target unit informed with a great lack in resources and this study needed to be prosecuted otherwise. The researcher used snow-ball technic to recruit informants. This type of information gathering does not need research permit. Snowball sampling raises ethical concerns related to informed consent and privacy. In some cases, participants may not fully understand the implications of recruiting others into the study, leading to potential issues with informed consent. Additionally, the process of referring others to participate in the study may inadvertently breach the privacy of potential participants. (Ghaljaie, Goli & Naderifar, 2017.) To avoid these issues all informants needed to read the information letters and give consent before accessing the questionnaire. These forms did give clear instructions and details from the thesis project. The research was voluntary, and informants had the right to withdraw from the study at all times. No personal data was collected in this study. The participants were guided not to give any personal data in this study. The anonymity of the informants was a priority in this study.

Data collection was made as on online questionnaire with open-ended questions, without any personal data involved. The data was held in the authors personal computer with secured access. Also, all the hard copies existing were storied securely. Only the supervisor had access to the anonymous data, to secure the reliability of the study. After the thesis has been published, all the hard copies will be destroyed, and electronic data will be destroyed after two years of the thesis publication. The General Data Protection Regulation (GDPR) was followed thorough the project.

An ethical review of the research was not deemed necessary since this study does not fall under the category of medical research, nor does it involve research on vulnerable groups or minors. Moreover, it does not pose any threat of mental harm, require physical interventions, or deviate from the principle of informed consent (Arene 2019, 9). The subjects were gathered by various people working in the intensive care field. Subjects volunteer to participate the study and no compensation for participation is provided. The participants were informed that anonymity is secured, and no personal information is used outside this study. Participants did not get any payments or benefits for participation. All participants received written information letter (Appendix 2) they need to accept online to indicate their informed consent. The results and the thesis were published in August 2023. The thesis can be openly accessed in the Theseus archive.

6.6 Ethical narrative from intensive care

In the following there is an ethical narrative based on answers from one informant, modified into narrative by the author.

> In the bustling realm of the intensive care unit, Nurse Anna’s (name not real) days were marked by the intricate dance between medical protocols, patient desires, and the overarching principle of doing what's best for the patient. As the stories of challenging ethical situations unfolded, it became evident that her commitment to patient well-being and ethical integrity shaped her decisions. One recurring challenge in Nurse Anna’s journey was navigating the delicate balance between the doctor's instructions and the patient's wishes. Often, the doctor's treatment plan diverged from what the patient desired or believed was in their best interest. Nurse Anna found herself as the bridge between these differing perspectives.
>
> When faced with these situations, Nurse Anna demonstrated her commitment to transparency and advocacy. She diligently verified the doctor's instructions, and then took the time to explain the patient's viewpoint on the matter. But if the medical team still persisted with a treatment plan against the patient's will, Nurse Anna went the extra mile. *” I verify the instructions given by the*

doctor and tell the patient's point of view on the matter. if the doctor still thinks that the patient is being treated according to the order he gave, I ask the doctor to motivate the patient and justify his order to the patient". She would respectfully ask the doctor to directly communicate the reasoning behind their decision to the patient. This empowered the patient to better understand their situation and, ideally, find common ground with their medical team.

These ethical issues, however, stirred within Nurse Anna a sense of discomfort. *"It seems strange that I need to "argue" with the doctor, while the doctor should communicate and agree with the patient about things".* She couldn't help but feel that the ideal doctor-patient relationship, one built on open communication and shared decision-making, was not always fully realized.

Nurse Anna developed a subtle strategy of balancing adherence to the doctor's orders while also respecting the patient's wishes. "*By doing the work there, in a way I followed the doctor's order, but in a way I didn't. e.g. I rehabilitate the patient for a couple of minutes, so that I can record that the patient has been rehabilitated and the patient rarely has time to realize after a couple of minutes".* She would find creative ways to complete the task partially, noting in the records that the rehabilitation had been initiated.

Managing the emotional toll of these ethical issues required a unique set of coping mechanisms for Nurse Anna. She understood that such moments weighed heavily on her heart, and so felt she that "*from time to time I have no means of any kind*" to face the ethical issues. She then cultivated resilience through introspection and self-care.

Nurse Anna's journey highlighted the intricate nature of ethical decision-making in the healthcare field. Through her actions, she revealed the power of empathy, communication, and creativity in managing challenging situations. She stood as a beacon of hope, demonstrating that even within the complexities of the intensive care unit, ethics and compassion could find common ground.

Nurse Anna's story can serve as a case study to educate healthcare professionals, students, and trainees about the complexities of ethical decision-making. It provides real-world examples of how ethical principles are applied in clinical settings. The narrative can be used in ethics workshops and training sessions to stimulate discussions on topics like patient autonomy, communication, and advocacy. Students can analyse Nurse Anna's actions in the context of Ann Gallagher's ethical competencies, fostering deeper understanding.

7 Conclusions

The voices of the nurses from this study shows, that integration of slow ethics and the art of care can be particularly valuable. By taking the time for reflection and thoughtful consideration, nurses can make well-informed ethical decisions that are aligned with the patients' best interests. Additionally, the art of care fosters a deeper understanding of the patients' needs and concerns, which can lead to more effective communication and patient advocacy. Incorporating slow ethics and the art of care into nursing practice can positively influence the way nurses encounter ethical challenges in the ICU. These approaches not only benefit the patients by promoting patient-centred care but also contribute to the well-being of nurses themselves, as they are more likely to feel fulfilled and emotionally supported in their roles. Furthermore, the integration of slow ethics and the art of care can enhance the overall ethical climate of the healthcare organization.

In conclusion, by acknowledging the significance of slow ethics and the art of care in the intensive care setting, nurses can develop a more holistic and compassionate approach to address the ethical challenges they encounter. By fostering a supportive work environment that values these approaches, healthcare organizations can contribute to the well-being of both patients and healthcare professionals, ensuring the delivery of high-quality, ethical care in the intensive care unit.

8 Recommendations

Healthcare organizations should invest in ethical education and training programs for nurses working in intensive care settings. These programs should focus on enhancing ethical competence, patient advocacy, communication skills, and coping mechanisms. Providing nurses with the necessary tools and knowledge to navigate ethical issues will contribute to better patient-centred care and nurse well-being. Also providing organizational support to nurses in the intensive care unit. This includes addressing staffing issues, ensuring sufficient resources, and creating a supportive work environment. Patient-centred care should be a core value in intensive care settings. Involving patients and their families in the decision-making process, actively listening to their preferences, and advocating for their well-being. Healthcare organizations should foster a culture that values and prioritizes patient voices and choices.

Further research could be conducted to explore effective coping mechanisms and emotional support strategies for nurses dealing with ethical challenges. Understanding the coping mechanisms that positively impact nurses' resilience.

Professional Development: Healthcare practitioners can use the narrative to reflect on their own practice. They can assess how they handle similar ethical challenges, considering whether they exhibit the competencies highlighted in the story. For example nurse Anna's empathetic approach can be integrated into empathy and compassion training for healthcare providers, encouraging them to connect with patients on a deeper level.

In the future would be important to integrate Slow Ethics and Art of Care: Integrate the concept of "slow ethics" and the art of care into nursing practices. Emphasize the importance of empathy, moral sensitivity, and patient-focused care, drawing from the teachings of pioneers like Florence Nightingale (Gallagher, 2020a). By promoting positive stories and experiences of nurses who find joy and fulfilment in their work despite facing ethical issues. Sharing these stories can inspire and motivate other nurses and individuals considering a career in nursing, contributing to the attractiveness of the profession.

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Figures

Tables

Appendices

Appendix 1: Questionnaire in English and Finnish

Sairaanhoitajien kokemat eettiset haasteet tehohoidossa. Kuvaile omin sanoi kokemuksia ja tilanteita, jotka olet kokenut eettisesti haastaviksi. Voit kertoa konkreettisia esimerkkejä ja/tai tarinaa tapahtumista.

Ethical issues registered nurses experience working in intensive care. Please describe with own words the experiences and situations you experience ethically challenging. You can give concrete examples and/or stories about what happened.

Vältä sellaisen tiedon antamista, mikä vaarantaa potilaasi anonymiteetin. Kiitos osallistumisesta!

Please remember to avoid giving any personal data to jeopardize anonymity of patient with the answer! Thank you for your participation.

1. Minkälaisiin eettisiin haasteisiin olet päivittäisessä työssäsi teho-osastolla törmännyt?
   Would you please describe what kind of challenging ethical situations you have had in your daily practice in the intensive care unit?

2. Miten toimit näissä tilanteissa?
   How did you act in these situations?

3. Mitä tunteita tilanne sinussa herätti?
   How did you feel in these situations?

4. Miten selvisit näistä tilanteista?
   How did you manage these situations?

5. Minkälaisia keinoja sinulla on kohdata eettisiä haasteita?
   What type of coping mechanisms do you use to manage these ethical situations?

Appendix 2: Information letter for participants (English and Finnish)

PARTICIPANT INFORMATION SHEET

Study title: Ethical issues registered nurses experience working in intensive care
Invitation to participate in a research study

We'd like to invite You to take part in our research study, where our purpose is to examine the ethical issues registered nurses encounter and experience while working in ICU. Therefore, we would like to hear your encounters and experiences related to ethical issues. All data will be collected anonymously, and no personal data is included.

This information sheet describes the study and Your role in it. Before you decide, it is important that You understand why the research is being done and what it would involve for You. Please take time to read this information and discuss it with others if You wish. If there is anything that is not clear, or if You would like more information, please ask us. After that we will ask You to sign a consent form to participate in the study.

Voluntary nature of participation

The participation in this study is voluntary. You can withdraw from the study at any time before submitting the data without giving any reason and without there being any negative consequences. After submitting the e-form it is not possible to remove the data due to the total anonymity of the survey. The data collector is not able to connect the participants to the submitted answers.

Purpose of the study

The goal of this study is to strengthen the ethical competence of nurses working in intensive care unit, (ICU). The primary objective is to explore ethical issues nurses encounter and experience in ICU. The purpose of this study is to identify the intensive care setting related ethical issues registered nurses identify issues and the means nurses implement in solving the ethical questions in daily practice in intensive care settings. The results will strengthen the knowledge base of ethical issues and competence faced in daily practice in intensive care settings. The results will be conducted as a part of the ETHCOM Erasmus+ -project in constructing tools for simulation learning, such as cases and scenarios.

Who is organising and funding the research?

The study is conducted by registered nurse Susanna Huttunen, Master's degree student from Laurea University of applied sciences. The supervisor of this study T[redacted], PhD, LicEd, Principal Lecturer at Laurea UAS.

No outside funding on this research is required. There is no affiliation or identified bias between the researcher and study setting.

What will the participation involve?

The data collection will conduct as e-form, an anonymous online questionnaire. The questionnaire includes five open questions, and it takes 20-40 minutes to answer. There is two weeks' time to answer the questionnaire. No personal information is collected. The researcher will not know the identity of the participants. The recruitment of participants is done through contact person working in Helsinki University Hospital by invitation letter including a QR code for the online data collection e-form. The consent form does not require personal information. Also, the IP address used to answer the questionnaire will secured by the Finnish service deliverer of the online e-form.

This study has a qualitative approach studying the nurses' experiences of ethical issues. We want to hear the stories and deeper experiences of registered nurses working in intensive care. Online questionnaire is suitable for this sensitive topic.

Data management

The data collection via QR-link will be anonymous, so no personal data is registered. The data will be storaged by following EU data protection protocols and accessed by password only. The anonymous data is stored on author's personal computer on secure database. The supervisor of the thesis has access to the anonymous data. The electronic anonymous data collected is destroyed two years after thesis approval. This ensures possibilities for potential research integrity assessments.

Possible benefits of taking part

There are no direct benefits for participating this study. However, the study will be published, and it will increase awareness of an important subject and strengthen the competences of nurses today and in the future.

Possible disadvantages and risks of taking part

Participating in anonymous and if you have any questions or thoughts, you can contact the researcher. Answering may cause emotions because the sensitivity of the topic. Questionnaire takes approximately 20-40 min of your time.

Financial information

Participation is free and there is no costs.

Informing about the research results

The results and the thesis will be published in autumn 2023. The thesis can openly be accessed in the Theseus archive.

Termination of the study

The researcher will be conducting the study with best effort to complete.

Further information
Further information related to the study can be requested from the researcher / person in charge of the study.

Contact details of the researchers
Researcher / Student
Name: Susanna Huttunen
Tel. n
Email:

Person in charge of the study / Supervisor
Name: Teija-Kaisa Aholaakko
Name of the organisation / Laurea University of Applied sciences
Tel. number
Email: t

Tiedotuskirje osallistujille

OSALLISTUJAN TIEDOT

Tutkimuksen nimi: Sairaanhoitajien kokemat eettiset haasteet tehohoitotyössä

Kutsu osallistua tutkimukseen

Haluamme kutsua sinut mukaan tutkimukseemme, jossa tavoitteenamme on tutkia sairaanhoitajien kohtaamia eettisiä haasteita tehohoitotyössä. Haluaisimme kuulla kokemuksiasi aiheesta. Kaikki tiedot kerätään anonyymisti QR-linkin välityksellä, henkilötietoja ei kysytä tutkimuksessa.

Tämä tiedote kuvaa tutkimusta ja rooliasi siinä. Ennen kuin teet päätöksen, on tärkeää, että ymmärrät, miksi tutkimusta tehdään ja mitä se sisältäisi sinulle. Varaa aikaa näiden tietojen lukemiseen ja keskustele niistä muiden kanssa, jos haluat. Jos jokin on epäselvää tai jos haluat lisätietoja, kysy meiltä. Hyväksymällä tämän lomakkeen ja jatkamalle eteenpäin, annat suostumuksen osallistumisestasi tutkimukseen.

Osallistumisen vapaaehtoisuus

Tähän tutkimukseen osallistuminen on vapaaehtoista. Voit vetäytyä tutkimuksesta milloin tahansa ennen e-lomakkeen lähettämistä ilman syytä ja ilman kielteisiä seurauksia. Jos peruutat tutkimuksesta tai peruutat suostumuksesi, kaikki sinulta ennen peruuttamista kerätyt tiedot voidaan sisällyttää osaksi tutkimustietoa koska tiedonkerääjä ei voi yhdistää nimettömänä lähettämääsi e-lomaketta.

Tutkimuksen tarkoitus

Tämän tutkimuksen tarkoituksena on vahvistaa teho-osastolla (ICU) työskentelevien sairaanhoitajien eettistä osaamista. Ensisijaisena tavoitteena on tutkia hoitajien kohtaamia ja kokemia eettisiä haasteita teho-osastolla ja tunnistaa minkälaisia keinoja sairaanhoitajat käyttävät ratkaistessaan tehohoitoon liittyviä eettisiä kysymyksiä. Tulokset vahvistavat tietopohjaa tehohoidon eettisistä kysymyksistä ja osaamisesta jokapäiväisessä käytännössä. Tulokset toteutetaan osana ETHCOM Erasmus+ -projektia ja niitä hyödynnetään rakennettaessa työkaluja eettisen osaamisen kehittämiseen, kuten simulaatio caseja ja skenaarioita.

Kuka tutkimuksen organisoi ja rahoittaa?

Tutkimuksen suorittaa sairaanhoitaja Susanna Huttunen, maisteriopiskelija Laurea-ammattikorkeakoulusta. Tämän tutkimuksen ohjaaja [redacted] yliopettaja Laurea AMK:sta.

Tähän tutkimukseen ei tarvita ulkopuolista rahoitusta. Tutkijalla ei ole tutkimukseen liittyviä sidonnaisuuksia.

Mitä osallistuminen sisältää?

Tiedonkeruu toteutetaan sähköisellä e-lomakkeella anonyyminä verkkokyselynä. Kysely sisältää viisi avointa kysymystä, ja vastaaminen vie 20-40 minuuttia. Aikaa kyselyyn vastaamiseen on kaksi viikkoa. Henkilötietoja ei kerätä. Tutkija ei tiedä osallistujien henkilöllisyyttä. Osallistujien rekrytointi tapahtuu Helsingin yliopistollisessa sairaalassa työskentelevän yhteyshenkilön kautta. Suostumuslomake ei vaadi henkilötietoja. Kyselyyn vastaamiseen käytetyn tietokoneen IP-osoite jää ainoastaan suomalaisen palveluntarjoajan palvelimelle, eikä tiedonkerääjä näin ovi yhdistää vastaajan tietoja vastauksiin.

Tässä tutkimuksessa käytetään laadullista lähestymistapa, jossa tutkitaan kokemuksia eettisistä asioista. Haluamme kuulla tehohoidossa työskentelevien sairaanhoitajien tarinoita ja syvempiä kokemuksia. Verkkokysely sopii tähän arkaluonteiseen aiheeseen.

Tiedonhallinta

Tiedonkeruu on anonyymiä, joten henkilötietoja ei kerätä eikä rekisteröidä. Vastaukset säilytetään EU:n tietosuojakäytäntöjen mukaisesti ja niihin pääsee käsiksi vain salasanalla. Anonyymit tiedot tallennetaan kirjoittajan henkilökohtaiselle tietokoneelle Laurean suojaamaan S-tietokantaan. Opinnäytetyön ohjaajalla on pääsy anonyymiin tietoon. Kerätyt sähköisesti anonyymit tiedot tuhotaan kahden vuoden kuluttua opinnäytetyön hyväksymisestä. Tämä varmistaa mahdollisuudet mahdollisille tutkimuksen eheyden arvioinneille.

Osallistumisen mahdolliset edut

Tähän tutkimukseen osallistumisesta ei ole suoria etuja. Tutkimus kuitenkin julkaistaan ja se lisää tietoisuutta tärkeästä aiheesta ja vahvistaa sairaanhoitajien eettistä osaamista nyt ja tulevaisuudessa.

Osallistumisen mahdolliset haitat ja riskit

Osallistut anonyymisti ja jos sinulla on kysyttävää tai ajatuksia, voit olla yhteydessä tutkijaan. Vastaaminen voi aiheuttaa tunteita aiheen herkkyyden vuoksi. Kyselyyn kuluu aikaasi noin 20-40 minuuttia.

Taloustiedot

Osallistuminen on ilmaista, eikä siitä aiheudu kuluja.

Tiedottaminen tutkimustuloksista

Tulokset ja opinnäytetyö julkaistaan syksyllä 2023. Opinnäytetyöhön voi vapaasti tutustua Theseus-arkistosta. Tutkimuksen tuloksia hyödynnetään ETHCOM-hankkeessa rakennettaessa eettisiä simulaatio-oppimisen mahdollistavia caseja ja skenaarioita.

Tutkimuksen keskeytyminen

Tutkija suorittaa tutkimuksen parhaansa mukaan.

Lisätietoa

Tutkimukseen liittyviä lisätietoja voi pyytää tutkijalta/tutkimuksesta vastaavalta henkilöltä.
Tutkijoiden yhteystiedot
Tutkija / opiskelija
Nimi: Susanna Huttunen
Puh. n[redacted]
Sähköp[redacted]
Tutkimuksen vastuuhenkilö / Ohjaaja
Nimi: [redacted]
Organisaation nimi / Laurea-ammattikorkeakoulu
Puh. numero: +[redacted]
Sähköposti: [redacted]

Appendix 3: Consent form for participants (English and Finnish)

PARTICIPANT CONSENT FORM

Title of the study: Ethical issues registered nurses experience working in intensive care unit

Location of the study: Online questionnaire, via QR-code (e-form)

Author: Susanna Huttunen, [redacted] Master's degree student in Global Health and Crisis Management, Laurea University of Applied sciences

Supervisor: T[redacted]

I have been invited to participate in the above online study. The purpose of this study is to identify the intensive care setting related ethical issues registered nurses identify from their what type of competences arises.

The results will strengthen the knowledge base of ethical issues and the means nurses implement in solving the ethical questions in daily practice in intensive care settings. The results will be used in the ETHCOM Erasmus+ project in constructing scenarios and cases for simulation learning.

I have read and understood the written participant information sheet.
The information sheet has provided me sufficient information about above study, the purpose and execution of the study, about my rights as well as about the benefits and risks involved in it.

I have had the opportunity to ask questions about the study and have had these answered satisfactorily.

I have had sufficient information of the collection, processing and transfer/disclosure of my personal data during the study and the Privacy Notice has been available.

I voluntarily consent to participate in this study. I have not been pressurized or persuaded into participation.

I have had enough time to consider my participation in the study.

I understand that my participation is entirely voluntary and that I am free to withdraw my consent at any time during answering the e-form before submitting it, without giving any reason.

I am aware that if I withdraw from the study or withdraw my consent, any data collected from me before submission can be included as part of the research data. After submitting the e-form I am not able to remove the data I submitted due to the total anonymity of the survey. The data collector is not able to connect the participants to the submitted answers.

[redacted] **By approving this form, I confirm that I voluntarily consent to participate in this study.**

TUTKITTAVAN SUOSTUMUSLOMAKE

TUTKITTAVAN SUOSTUMUSLOMAKE

Tutkimuksen nimi: Sairaanhoitajien kokemat eettiset haasteet tehohoitotyössä

Tutkimuksen sijainti: Verkkokysely, QR-koodin välityksellä täytetty e-lomake

Tutkimuksen toteuttaja: Susanna Huttunen, [redacted] (Master's Degree Global Crisis and Health management), YAMK-opiskelija, Laurea-ammattikorkeakoulu, Vantaa.

Opinnäytetyön ohjaaja: [redacted]

Minut on kutsuttu osallistumaan tehohoitotyöhön liittyviä eettisiä kysymyksiä tunnistavaan verkkokyselyyn.

Tulokset vahvistavat tietopohjaa tehohoidon eettisistä kysymyksistä ja siitä, miten sairaanhoitajat ratkaisevat eettisiä haasteita tehohoitotyössään. Tulokset hyödynnetään osana ETHCOM Erasmus+ -projektia laadittaessa simulaatio-oppimiseen skenaarioita ja case studyja.

Olen lukenut ja ymmärtänyt osallistujatietolomakkeen.

Tutkittavan tietolomake on antanut minulle riittävästi tietoa yllä olevasta tutkimuksesta, tutkimuksen tarkoituksesta ja toteutuksesta, oikeuksistani sekä tutkimukseen liittyvistä eduista ja riskeistä.

Minulla on ollut tilaisuus esittää kysymyksiä tutkimuksesta ja olen saanut niihin tyydyttävät vastaukset.

Minulla on ollut tutkimuksen aikana riittävästi tietoa henkilötietojeni keräämisestä, käsittelystä ja siirtämisestä/luovuttamisesta ja tietosuojaseloste on ollut saatavilla.

Suostun vapaaehtoisesti osallistumaan tähän tutkimukseen. Minua ei ole painostettu tai suostuteltu osallistumaan.

Minulla on ollut tarpeeksi aikaa harkita osallistumistani tutkimukseen.

Ymmärrän, että osallistumiseni on vapaaehtoista ja että voin peruuttaa tämän suostumukseni koska tahansa kyselyyn vastaamisen aikana syytä ilmoittamatta. Olen tietoinen siitä, että mikäli keskeytän tutkimuksen tai peruutan suostumuksen, minusta keskeyttämiseen ja suostumuksen peruuttamiseen mennessä jo tallennettuja tietoja voidaan käyttää osana tutkimusaineistoa. Lomakkeen lähettämisen jälkeen en voi enää perua osallistumistani, koska tiedonkerääjällä ei ole käytettävissään yksittäisen vastaajan tietoja, eikä vastauksia näin voida yksilöidä tietylle vastaajalle. Tutkimus on siis täysin anonyymi.

[redacted] Hyväksymällä tämän lomakkeen vahvistan, että suostun vapaaehtoisesti osallistumaan tähän tutkimukseen.

Appendix 4: Thesis timetable

JUNE 2022	Defining the Topic, Thesis topic analysis presentation
OCTOBER 2022	Preparing the thesis plan, questionnaire and information letter
NOVEMBER 2022	Thesis plan presentation 16th November, research permit application form, piloting questionnaire
JANUARY & FEBRUARY 2023	Applying study permission accepted, but the target group has no resources to participate. New technic discussed
APRIL & MAY 2023 JUNE & JULY 2023	Data collection Data analysis and synthesis
AUGUST 2023	Thesis presentation, Publication

Appendix 5: Inductive content analysis of the study

Inductive content analysis for thesis about Ethical issues registered nurses experience working in intensive care. Raw date from informants is after the tables.

Research question number 1 (Generetic category 1)

Original phrase Analysis unit (47)	Reduced expressions	Sub-category	Main-category
1.P1Q1 “After several suicide attempts, one is "forcibly" kept alive”.	1.1 Forcibly keeping suicidal patients alive	Caring patients with suicidal behaviors	Patient Autonomy and Ethical Decision-Making
2. P6Q2 “Patients are suicidal patients who repeatedly go through the intensive care unit and quickly end up back at the starting point and the cycle starts again. After the patient recovers, anger and the hopelessness of life are reflected in his eyes. The patient asks why didn't you let me die?”	1.2 Patients who repeatedly go through the intensive care unit due to suicidal behaviors Feelings of anger and hopelessness within patient		
3. P2Q2 The patient and his willingness to treat may not be available (Can't get to the Kanta, etc.). Few have usually thought about their care if something happens. The biggest challenges.	1.3 Patient’s willingness to care does not exist	Patient autonomy	Patient Autonomy and Ethical Decision-Making

4. P2Q2 Nurses often don't think about being the patient's advocate on a daily basis.	2.1 Nurses not considering themselves as advocates for the patient	Advocacy	Advocacy and Emotional Impact
5. P2Q3 It hurts on behalf of the patient, even if the information was there, then the patient will be treated according to the wishes of the relatives.	2.2 Emotions arising from treating patients against their will	Emotional impact of advocacy	
6. P5Q3 The ethical aspects of the situation are contradictory, because on the one hand, every person is entitled to good and high-quality intensive care. The patient himself is not able to influence the care given to him, in which case the nurse must be the patient's advocate. It's frustrating sometimes when you can't treat the patient as well as you'd like.	1.4 The patient being unable to influence the care	Patient autonomy	Patient Autonomy and Ethical Decision-Making
	2.3 Nurse needs to be patients advocate	Advocacy	Advocacy and Emotional Impact
	2.4 Emotions caused by feeling of inadequacy	Emotional impact	

7. P4Q1 The instructions given by the doctor vs. the patient's wishes or the patient's good 8. P4Q3 It seems strange that I need to "argue" with the doctor, while the doctor should communicate and agree with the patient about things.	1.5 The doctors orders are not aligned with patients willingness or good 2.5 Emotions arising while advocating the patient	Patient autonomy Emotional impact	Patient Autonomy and Ethical Decision-Making Advocacy and Emotional Impact
9. P6Q1 Personally, I have experienced as the biggest challenges situations where an old person or a person who has already been diagnosed with multiple illnesses has wished not to be on a ventilator, but for one reason or another the patient is on a ventilator. Weaning off the ventilator is not without problems. It drags on, the patient looks me in the eye and silently asks, why am I on a ventilator? I haven't wanted this. Let me die.	1.6 Challenges with indicators (multiple illnesses) of being in ventilator 1.7 Patients not wanting care but unable to influence it 1.8 Weaning from ventilator is complicated and patient unable to influence care	Intensive care indicators Patient autonomy Intensive care indicators	Patient Autonomy and Ethical Decision-Making

10. P7Q1 The relative wants the patient to be treated in a way that is not justified. The patient does not want treatment, but it is considered that he is not capable of deciding on the matter. 11. P7Q3 Frustration. Anxiety for the patients bad feeling.	1.9 Challenges with relatives requiring care that is not justified 1.10 Patient not wanting care but unable to influence it 2.6 Managing frustration and anxiety for patients' situations	Challenges with relatives Patient autonomy Emotional impact	Patient Autonomy and Ethical Decision-Making Advocacy and emotional impact
12. P6Q1 The relatives of a patient in intensive care sometimes also pose an ethical challenge, whether it is a person with multiple illnesses or a child patient with developmental disabilities. Relatives insist on treatment, even though heavy intensive care clearly causes the patient more pain and prolonged suffering than improved quality of life	1.11 Challenges with relatives requiring care that is not justified 1.12 Intensive care is causing more pain than quality end of life	Challenges with relatives Patient autonomy Intensive care indicators	Patient Autonomy and Ethical Decision-Making

for the rest of their lives.			
13. P7Q1 I can't work as well as I should, but I have to cut out, for example, rehabilitation.	2.7 Feeling inadequacy when you can't work as well as you should	Emotional impact	Advocacy and Emotional Impact
14. P5Q1 An overly experienced nurse has to treat a patient who is too demanding, or one nurse has two patients to treat due to too few nurses. This is a matter related to patient safety, and in my opinion, the patient does not receive high-quality treatment.	3.1 Challenges with inexperienced nurses taking care of demanding patient (nurse has probably written wrong here and meaning underexperienced nurse)	Resource challenges	Communication and Resource Challenges
15. P3Q1 The intensive care unit is full and all patients are in intensive care. A new patient in need of intensive care is reported to the department. I am in charge and have to discuss with the doctors which patient will be transferred to the bed ward and which patient's intensive care will be stopped.	3.2 Head nurse in a full unit needing to communicate with doctors about indicators	Resource challenges Communication	Communication and Resource Challenges

16. P3Q3 Anxiety, feelings of inadequacy and sadness	3.3 Anxiety, feeling of inadequacy and sadness arising from lack of resources		
17. P1Q3 The use of resources to forcibly keep alive in relation to the non-existent desire of a person to stay alive.(Referring to care of suicide patients)	3.4 The use of resources while treating suicide patients	Resource challenges	Communication and Resource Challenges
18. P4Q4 By doing the work there, in a way I followed the doctor's order, but in a way I didn't. e.g. I rehabilitate the patient for a couple of minutes, so that I can record that the patient has been rehabilitated and the patient rarely has time to realize after a couple of minutes.	3.5 Working by following the doctors order but without patient understanding it	Resource challenges Communication Advocacy Patient autonomy	Communication and Resource Challenges

Research question Nr 2 (Generetic category number 2)

19. P1Q2 Treating in the best possible way and hoping that the mental side will be able to offer something more in the future.	1.1 Providing the best possible care	Providing good care	Providing good care and organisational support
20. P2Q2 I ask the doctors or relatives to find out if they have access to Kanta or know their relatives' wishes for treatment. I always remind my colleagues about the second.	2.1 Asking from colleagues and relatives about patients' willingness to care 2.2 Reminding colleagues about also asking about the patients´ willingness to care	Communication with relatives Discussing with colleagues	Advocacy and communication
21.P3Q2 I try to bring out the patient's point of view in these 22. P7Q2 I tell the family member on what basis the treatment is decided, and if necessary I direct them to talk to a doctor. I bring up the patient's wish to the doctor.	2.3 Advocating for the patient 2.4 Informing the family about the basis of the care 2.5 Directing family to talk with doctor when necessary	Advocating the patient Communication with relatives	Advocacy and communication Advocacy and communication

	2.6 Advocating the patient	Advocating the patient	
23. P3Q2 In addition, I will do everything I can to get more nurses to the intensive care unit, so that we can ensure quality care for every patient	1.2 Providing good care by organising enough nurse staff	Providing good care Organisational support	Providing Good Care and Organizational Support
24. P5Q2 I try to resolve the situation either by changing the more inexperienced nurse to another patient and the experienced one to a demanding patient	1.3 Providing good care by situating the nurses	Providing good care Organisational support	Providing Good Care and Organizational Support
25. P5Q2 I have tried to support the new nurse as best I can and made sure that at least the minimum care is done correctly.	1.4 Supporting the less experienced nurses 1.5 Providing at least minimum care by personal effort	Providing good care	Providing Good Care and Organizational Support

26. P6Q3 I talk, listen and once again listen and talk, both with the patient and the relatives.	2.1 Communicating with the patient and relatives, active listening 2.2 Being present and supporting the relatives	Communication with the relatives	Communication and Advocacy
27. P6Q2 No words, just a look and a touch. Sometimes I hold the hand and ask the patient to fight together, I am by your side. We'll get through this together.	2.3 Touch, being there for the patient	Communication with the patient Being present	Communication and Advocacy
28. P6Q3 With relatives, the most important thing is often to listen to their bad feelings, to hear how they haven't had time to be with their loved ones enough. To understand them. Find some positive things about it, with which the relatives can help themselves from feeling bad. Or refer to crisis help, offer a psychiatric nurse on duty to help with the	2.4 Listening to the relatives feelings 2.5 Understanding the relatives 2.6 Being present 3.1 Finding positivity	Communication with the relatives Being present Being positive	Communication and Advocacy Coping Mechanisms and Emotional Support

conversation. Sometimes even the priest can act as a resource for them.	2.7 Offering supportive actions; Crisis help, psychiatric nurse or priest	Communication with the relatives	Communication and Advocacy
29. P7Q2 I try to bring hope for the better and tell how he can influence his recovery. I try to catch up as much as I can. I prioritized, reassessed which things can be compromised.	2.8 Talking with family 3.1 Finding hope 4.1 Compromising care	Communication with the relatives Being positive Compromising care	Communication and Advocacy Coping Mechanisms and Emotional Support Ethical Decision-Making

30. P2Q4 You can get through everything. And sometimes you have to raise the issue or make a HaiPro announcement.	3.2 Positive attitude 3.3 Raising the issue	Being positive Documentation	Coping Mechanisms and Emotional Support

	3.4 Documenting the problem		
31. P1Q4 By talking feelings open with the co-workers	3.5 Discussing with colleagues	Discussing with colleagues	Coping Mechanisms and Emotional Support
32.P3Q4 Talking with colleagues and doctors. 33. P2Q4 Discuss with colleagues about the role as a patient representative	3.6 Discussing with colleagues 3.7 Discussing patient advocacy role with colleagues	Discussing with colleagues Discussing with colleagues	Coping Mechanisms and Emotional Support
36. P5Q4 These are everyday things and are part of the job. In intensive care work, there are many situations where ethics and challenging situations are put to the test.	3.8 Ethical issues are part of intensive care work 3.9 Acceptance of ethical issues existing	Acceptance	Coping Mechanisms and Emotional Support
37. P5Q4 If you can't stand these things, it's good to change to a job.	3.11 Acceptance of ethical issues are part of intensive care work	Acceptance	Coping Mechanisms and Emotional Support

38. P4Q4 By doing the work there, in a way I followed the doctor's order, but in a way I didn't. e.g. I rehabilitate the patient for a couple of minutes, so that I can record that the patient has been rehabilitated and the patient rarely has time to realize after a couple of minutes.	4.2 Doing the work by doctors orders but with compromises	Compromised care	Ethical decision making and lack of means
39. P6Q4 Ethical conflict situations are part of the intensive care nurse's work. Ethical conflict situations are part of the intensive care nurse's work. But when prolonged, they hurt. Tears may come to your eyes. Sometimes they even arouse feelings of anger, e.g. in the case of suicidal patients. At times, ethical challenges are also tiring. Fortunately, we can exchange nursing responsibilities with other nurses.	3.12 Ethical issues are part of intensive care work 3.13 Coping with prolonged ethical issues and emotional load 3.14 Prolonged ethical issues causing feelings like sadness and anger 3.15 Changing responsibilities with other nurses	Acceptance Emotional control Emotional control Emotional support	Coping Mechanisms and Emotional Support

40. H6Q5 I think I have coped well with situations. I am calm by nature and although I act quickly when necessary, I am not quick-tempered. I manage to control myself, I grit my teeth in my mind. I use a lot of resources to listen, understand and encourage both the patient and the family.	3.16 Coped before 3.17 Staying calm and being aware of temperament 2.9 Talking with the relatives, listening 2.10 Encouraging the patient and family	Experience Emotion control Communication with relatives	Coping Mechanisms and Emotional Support Communication and Advocacy
41. P6Q5 But sometimes, when I feel like I can no longer handle the patient and his problems day after day, I tell the other nurses that I can no longer bear to watch his suffering, please take him as a patient today, and then I can handle it again tomorrow.	3.18 Feeling emotional load from patients problems 3.19 Hope to get support from co-workers	Emotional control Emotional support	Coping Mechanisms and Emotional Support

42. P6Q5 Especially with child patients, I have sometimes left the treatment situation to another room and let the tears flow. I have cried, then pulled myself together and gone back to the treatment situation calm and composed.	3.20 Challenges with controlling emotions 3.21 Crying over the patients situation	Emotion control Emotional control	Coping Mechanisms and Emotional Support
43. P2Q5 In general, raising the issue and educating the group, both doctors and nurses, to be more aware of issues.	3.22 Raising the issue, educating doctors and nurses	Educating Dokumentation	Coping Mechanisms and Emotional Support
44. H3Q5 By putting your own feelings aside when a decision is made to end the patient's intensive care. By talking and listening	3.23 Putting own feelings aside in end-care decicions 3.24 Talking and listening	Emotion control Communication with relatives	Coping Mechanisms and Emotional Support
44. P4Q5 From time to time no means of any kind.	5.1 No means at all	No means	Ethical decision making and lack of means
45. P5Q5 Long work experience in intensive care work brings certainty and insight into things.	3.25 Long experience brings certainty	Experience	Coping Mechanisms and Emotional Support

46. P6Q6 Experience brings certainty to act in ethically challenging situations. I know that I will get through this, even if I feel bad now. This has been solved before.	3.26 Experience brings certainty to face ethical issues 3.27 Being positive and drawing from past experiences	Experience Being positive	Coping Mechanisms and Emotional Support
47. P6Q6 One of the most important, however, is the excellent intensive care work community. We can acutely share the ethical challenges brought by work in the middle of the working day. The best means of survival is therefore another intensive care nurse who listens. If the situation is very challenging, e.g. in major accident situations, ethical problems have been considered together with work supervision.	3.28 Talking and listening with the work community to share thoughts 3.29 Seeking support from work supervision and discussing issues with colleagues	Discussing with colleagues Emotional support Discussing with colleagues Organisational support	Coping Mechanisms and Emotional Support

48. P7Q5 I talk with my colleagues, I think that's enough for what I can do and I can't do more.	3.3 Discussing issues with colleagues	Discussing with colleagues	Coping Mechanisms and Emotional Support