

Ethical dilemmas and ethical decision making in nursing administration experienced by Head Nurses from regional hospitals in southern Thailand[@]

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Ethical dilemmas and ethical decision making in nursing administration experienced by Head Nurses from regional hospitals in southern Thailand

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[@]บทความนี้เป็นส่วนหนึ่งของวิทยานิพนธ์ระดับปริญญาเอก และบางส่วนได้นำเสนอในการประชุม The 28th International Association for Human Caring เมื่อวันที่ 1 มิถุนายน 2549 ณ ประเทศออสเตรเลีย

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Abstract:

Objective: To investigate ethical dilemmas and ethical decision making in nursing administration by Head Nurses in the regional hospitals of southern Thailand.

Design: A qualitative approach involving the "Critical Incident Technique" presented by Flanagan (1954)

Materials and methods: Fifty-three Head Nurses who met the inclusion criteria were purposively recruited from five regional hospitals. Data was collected and analysed by using the Critical Incident Technique.

Result: Among one hundred and eight critical incidents in nursing administration reported by 53 Head Nurses, six themes of ethical dilemmas, and six themes of ethical decision making were identified. The six themes of ethical dilemmas included 1) obligation to manage/improve quality of care for the benefit of patients vs. obligation to the organisation/colleagues, 2) advocating for subordinates/patients vs. maintaining relationships with the health team, 3) a duty to perform Head Nurse's roles in personnel management vs. follower's duty to organisation, 4) whether or not to follow policies/commands which result in negative consequences for some patients/nurses, 5) having conflict when acting as a mediator, and 6) whether to choose motivation or justice in job performance evaluation. For ethical decision making by Head Nurses, six themes emerged 1) following higher authority, 2) managing for quality of care, 3) maintaining good relationships and avoiding conflict among colleagues, 4) consulting with others to find solutions, 5) working for the benefit of nurses, and 6) following the policy and regulations of the organisation.

Conclusion: Head Nurses in regional hospitals of southern Thailand encountered a wide range of ethical dilemmas for critical incidents in their daily administrative practice. They made a variety of ethical decisions in order to solve ethical dilemmas. The results of this study reflect the ethical dilemmas and ethical decision making in nursing administration by head nurses which can be used as baseline data and guidelines to improve the ethical decision making skills of Head Nurses.

Key words: critical incident technique, ethical decision making, ethical dilemmas, Head Nurse, nursing administration

บทคัดย่อ:

วัตถุประสงค์: เพื่อศึกษาประเด็นขัดแย้งทางจริยธรรมและการตัดสินใจเชิงจริยธรรมในการบริหารการพยาบาลของหัวหน้าหอผู้ป่วย

แบบวิจัย: การวิจัยเชิงคุณภาพ

วัสดุและวิธีการ: ผู้ให้ข้อมูลเป็นหัวหน้าหอผู้ป่วยโรงพยาบาลศูนย์ ภาคใต้ ประเทศไทย จำนวน 53 คน คัดเลือกแบบเฉพาะเจาะจงจากหัวหน้าหอผู้ป่วยที่มีคุณสมบัติตามที่กำหนดและยินดีที่จะให้ข้อมูล เก็บข้อมูลและวิเคราะห์ข้อมูลเชิงคุณภาพด้วยเทคนิคการวิเคราะห์เหตุการณ์สำคัญ

ผลการศึกษา: จากการวิเคราะห์เหตุการณ์สำคัญที่เป็นประเด็นขัดแย้งทางจริยธรรมในการบริหารการพยาบาลของหัวหน้าหอผู้ป่วยจำนวน 108 เหตุการณ์ ผลการวิจัยพบว่า ผู้ให้ข้อมูลประสบกับประเด็นขัดแย้งทางจริยธรรมในการบริหารการพยาบาล 6 ประเด็นคือ 1) การทำเพื่อประโยชน์ของผู้ป่วยหรือการทำเพื่อประโยชน์ขององค์กร/ทีม 2) การทำหน้าที่แทนผู้บังคับบัญชา/ผู้ป่วย หรือการรักษาสัมพันธภาพกับทีมสุขภาพ 3) การทำหน้าที่ของหัวหน้าหอผู้ป่วยในการบริหารงานบุคคล หรือการทำหน้าที่ต่อองค์กร 4) การปฏิบัติหรือไม่ปฏิบัติตามนโยบาย/คำสั่งที่ส่งผลกระทบต่อผู้ป่วย/พยาบาล 5) ลำบากใจที่ต้องเป็นตัวกลาง และ 6) การสร้างแรงจูงใจในการทำงาน หรือการคงความยุติธรรมในการประเมินผลการปฏิบัติงาน เมื่อประสบกับประเด็นขัดแย้งทางจริยธรรมดังกล่าว ผู้ให้ข้อมูลมีวิธีการตัดสินใจเชิงจริยธรรมใน 6 ลักษณะคือ 1) ทำตามคำสั่ง/ความเห็นของผู้มีอำนาจเหนือกว่า 2) บริหารจัดการเพื่อคุณภาพการดูแล 3) สร้างความสัมพันธ์อันดี/หลีกเลี่ยงความขัดแย้งระหว่างผู้ร่วมงาน 4) ปรึกษากับผู้อื่นเพื่อหาแนวทางแก้ไขปัญหา 5) ลงมือกระทำสิ่งที่เห็นประโยชน์ต่อพยาบาล และ 6) ปฏิบัติตามนโยบาย/แนวปฏิบัติของหน่วยงาน

สรุป: หัวหน้าหอผู้ป่วยโรงพยาบาลศูนย์ ภาคใต้ของประเทศไทยเผชิญกับประเด็นขัดแย้งทางจริยธรรมในสถานการณ์ที่หลากหลาย และหัวหน้าหอผู้ป่วยใช้วิธีการตัดสินใจเชิงจริยธรรมที่แตกต่างกันหลายวิธีเพื่อแก้ไขประเด็นขัดแย้งทางจริยธรรมดังกล่าว ผลการศึกษาครั้งนี้สะท้อนถึงประเด็นขัดแย้งทางจริยธรรมและการตัดสินใจเชิงจริยธรรมในการบริหารการพยาบาลของหัวหน้าหอผู้ป่วย ซึ่งจะเป็ นข้อมูลพื้นฐานสำหรับการพัฒนาทักษะการตัดสินใจเชิงจริยธรรมในการบริหารการพยาบาลของหัวหน้าหอผู้ป่วยต่อไป

คำสำคัญ: การตัดสินใจเชิงจริยธรรม, การบริหารการพยาบาล, การวิเคราะห์เหตุการณ์สำคัญ, ประเด็นขัดแย้งทางจริยธรรม, หัวหน้าหอผู้ป่วย

Introduction

Major changes to certain aspects of the economic, social, political, scientific and technological areas of health care have resulted in an increase in complexity of ethical dilemmas in the health care service.¹⁻⁴ In nursing administration, nurse administrators especially head nurses are regularly confronted with ethical dilemmas when making their daily administrative decisions that require choices of both a moral and ethical nature. Head Nurses are the first line of nursing administrators who participate in varying degree of policy formation and decision making with other members of the nursing administration.⁵ In particular head nurses working in regional hospitals are faced with complex ethical dilemmas because of their essential function as tertiary health care organisations to provide care for patients with complex health problems.

Studies in western countries have indicated that nurse administrators encounter ethical dilemmas involving the allocation of resources, quality of care issues and patient care standards, issues relating to staffing and its mix, a concern for fairness, using their power for good, treatment vs. non-treatment, conflict between organisational and professional philosophy and standards, lack of knowledge or skills to competently perform their duties, concern with preventing harm, consumer and patient choice, balancing the needs of different groups of patients, conflict between budgetary constraints and patient needs, and professional autonomy.⁶⁻¹⁵

Although studies from other countries have been reported in nursing literature for more than 15 years the number on ethical dilemma and ethical decision making in

nursing administration in Thailand is very limited with the main focus being on nursing students and nurses in various settings.^{1, 16} However, findings from these various studies on nursing students and nurses as well as those from previous studies in western culture do not fit Thai nurse administrators. Ethical dilemmas and ethical decision making in Thai nurse administrators have some differences from their counterparts in other countries because of the differences in values and ethical concerns. As a study by Wros, Doutrich, and Izumi has shown that while nurses from Japan and the USA hold some similar common values and ethical concerns the background meanings and their actions are different.¹⁷ Therefore, it is vital to develop adequate resources to assist head nurses to make effective ethical decision in the nursing administration arena by clarifying their ethical dilemmas and ethical decision making issues. Thus, this study aimed to investigate ethical dilemmas and ethical decision making by head nurses in nursing administration in the regional hospitals of southern Thailand. The research questions were; 1) what are the ethical dilemmas Head Nurses in regional hospitals of southern Thailand encounter in nursing administration?, and 2) what are the ethical decisions made by head nurses in the regional hospitals of southern Thailand when confronted with ethical dilemmas in nursing administration?

Materials and methods

Through the Critical Incident Analysis technique a qualitative approach was employed to explore the ethics of dilemmas and decision making by Head Nurses in nursing administration at regional hospitals in southern Thailand.

Sample and setting

There were 53 participants in this study. All were head nurses working in the five regional hospitals of southern Thailand. The inclusion criteria for participants were at least one year experience as a head nurse with experience in ethical dilemmas and ethical decision making in nursing administration.

Data collecting and data analysis

The methodology used was the Critical Incident Technique developed by Flanagan¹⁸ who defined an incident as *"any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act"*. To qualify as critical, the incident must occur in a situation where the purpose or intention of the acts seems clear to the observer and consequently definitive as to leave little doubt concerning its effects. The number of incidents required depends on the complexity of the problem under investigation but generally a total of 100 incidents are sufficient for a qualitative analysis.¹⁸ In this study, critical incidents are those situations in nursing administration practice that induce ethical dilemmas of Head Nurses. Each of the participants was interviewed at a time and place convenient to the individual participant. Interview data was recorded and transcribed verbatim.

The research proposal and instruments were approved by the Institutional Review Board of the Faculty of Nursing at Prince of Songkla University. The study protected participant confidentiality and prior to data collection consent was obtained in order to assure the protection of human rights.

Data analysis consisted of identifying critical incidents; extracting ethical dilemmas and ethical decision making situations; sorting them into categories with similar contents and labeling each theme. For major areas, common themes were created and within each theme there were also sub-themes. The reliability of the categories was checked through Consultation with experts.

Demographic data was described by frequency and percentage while the areas of critical incidents in nursing administration, ethical dilemmas of the Head Nurses, and ethical decision making were all described by frequency and percentage.

Results

The 108 critical incidents identified and then categorized into six themes of ethical dilemmas and six themes of ethical decision making using an inductive method.

Characteristic of participants

All the 53 head nurses from the five regional hospitals were female. The highest age frequency ranged from 40–44 years (39.62%). Forty-nine head nurses were Buddhist (92.45%) and four were Muslim (7.55%). Thirty three Head Nurses had bachelor's degrees (62.26%) and twenty three had master's degrees (37.74%). Most were working in surgical wards (28.30%) followed by medical wards (20.75%). The lowest frequency was working in EENT (1.89%). The highest frequency showed 20–24 years of experience as a nurse (43.39%) and 5–9 years of experience as a Head Nurse (32.08%). Fifty-two Head Nurses (98.11%) had studied ethics from nursing ethics courses and nursing courses. Only one Head Nurse had never taken any ethics courses (1.89%) but three Head Nurses (5.66%) had never attended any conference related to nursing ethics.

Ethical dilemmas in nursing administration

The six themes of ethical dilemmas are presented in Table 1

Head Nurses described their critical incidents regarding ethical dilemmas in nursing administration to the interviewer:

1. Obligation to manage and improve the quality of care for the benefit of patients vs. obligation to the organisation and colleagues

Twenty Head Nurses described a total of 29 critical incidents and below is a typical case as one participant stated:

"...There were many patients...a lot of patients were admitted throughout the day but there was a shortage of nurses ...We need more nurses but no one comes...mostly new nurses work in private hospitals which pay higher salaries and have a lower workload...I was concerned about the quality of care for our/the patients so the nurses had to work very hard...I pitied the nurses but I needed to provide good care for the patients...I didn't know how to manage?..."

Table 1 Frequency and percentage of ethical dilemmas in 108 incidents encountered by 53 Head Nurses

Ethical dilemmas	Incidents		Participants	
	N (108)	%	N (53)	%
1. Obligation to manage/improve the quality of care for the benefit of patients vs. obligation to the organisation/colleagues	29	26.85	20	37.74
2. Advocating for subordinates/patients vs. maintaining relationship with the health team	22	20.56	12	22.64
3. Duty to perform head nurse's roles in personnel management vs. follower's duty to organisation	21	19.63	14	26.42
4. Whether or not to follow policies/commands which resulted in negative consequences for some patients/nurses	15	14.02	7	13.21
5. Having conflict when acting as a mediator	12	11.21	8	15.09
6. Whether to choose motivation or justice in job performance evaluation	9	8.41	6	11.32

Table 2 Frequency and percentage of ethical decision making (incidents = 108) encountered by 53 Head Nurses

Ethical decision making	Incidents		Participants	
	N (108)	%	N (53)	%
1. Following higher authorities	22	20.37	9	16.98
2. Managing for quality of care	21	19.44	15	28.30
3. Maintaining good relationships/avoiding conflict among colleagues	21	19.44	14	26.42
4. Consulting with others to find solutions	20	18.52	15	28.30
5. Working for the nurses' benefit	13	12.04	9	16.98
6. Following the policy/regulation of the organization	11	10.19	9	16.98

2. Advocating for subordinates/patients vs. maintaining relationship with the health team

Twelve head nurses cited 22 critical incidents when they felt the pressure because they could not be an advocate for the patients or subordinates; a typical example is:

"...sometimes our junior nurses are upset with a doctor and they don't want to take care of their patients. I feel reluctant to discuss this issue with them because I don't want to be in conflict with them..."

3. Duty to perform head nurse's roles in personnel management vs. follower's duty to organisation

Twenty one critical incidents were described by 14 Head Nurses regarding their dilemmas when they had no

authority in personnel management even though they were Head Nurses. As one participant stated:

"... I had trained my nursing staff in quality assurance...One day my director told me that they would like to move those staff members to work in other wards...I tried to reason with the director because QA is a continuous process and needs time for them to understand. I didn't want to be in conflict with her. In the end I had to accept her request.. but it wasn't really fair..."

4. Whether or not to follow policies and commands which result in negative consequences for some patients or nurses

There were 7 Head Nurses who recounted 15 critical incidents of when they felt frustrated. As one participant stated:

"...My subordinates – nurses – didn't agree with the policy of night shift payment reduction. The pay for night shift nurses decreased, so the nurses received less and less. It wasn't fair because nurses work very hard...I felt very unhappy...I sympathise with them...but it was the policy of the hospital...As a head nurse, I had to follow the policy...Follow the policy even though I didn't agree...Even though it wasn't fair..."

5. Having conflict when acting as a mediator

Twelve incidents were faced by eight head nurses. A typical case is told by one nurse:

"...A patient and his family were unhappy with a doctor... I was the go-between ...I had to solve the problem because of the hospital... I had to do it on behalf of the hospital...As a Head Nurse I have to compromise every time any patient or their family have conflict with doctors...it's difficult to deal with this problem alone..."

6. Whether to choose motivation or justice in job performance evaluation

Head Nurses have a dilemma when they have to choose between motivating some nurses and at the same time being fair to other nurses. Nine critical incidents relating to job performance evaluation were described by six head nurses. As one participant stated:

"...A merit pay rise must be given to a person who has done good work...one of my staff hadn't had a merit pay rise for five years...her work was just fine...she had once commented to her colleagues that she had never had one...she felt very unhappy...I know that her competence level was not fit for a merit pay award...nevertheless, I cared for her concern...I felt a tremendous conflict..."

Ethical decision making by head nurses

When responding to ethical dilemmas in nursing administration the Head Nurses in this study made their decisions as follows:

1. Following higher authority

Nine head nurses reported 22 incidents of making critical ethical decisions by following guidance from higher authority. As one participant reported:

"...There was an incident with a patient who had a caesarean section...She had complications after being discharged. At home, she had bleeding and a bad smelling discharge from her vagina with some pieces of placenta, she returned to the hospital. I told my staff that we should write a (incident) report and find out strategies to manage this problem to maintain our quality care. However, a Nursing Supervisor didn't agree...I had to do what she suggested...No one wanted conflict with the superior..."

2. Managing for quality of care

There were reports from 15 Head Nurses of having made 21 ethical decisions in this category. A typical example is quoted below:

"...Many patients had been admitted throughout the day and we had a severe shortage of nurses ...nurses had to work very hard but providing good care for the patients was important... I was concerned about the quality of care for the patients so I added more staff to take care of the patients ...both on overtime and on call..."

3. Maintaining good relationships/avoiding conflict among colleagues

Fourteen head nurses faced 21 critical incidents in which they had to make decisions while keeping the peace. A respondent said:

"...when a nurse notifies the doctor at night, sometimes he does not come to see his patients... as a Head Nurse I have to accept this, to avoid conflict... I can do nothing... as a team, I have to collaborate with him...I have to maintain relationships with the health team"

4. Consulting with others to find solutions

Fifteen head nurses described 20 critical consultation incidents. An example of which can be seen below:

"...Three technical nurses passed an examination and wanted to study in the university at the same time... but there was a nursing staff shortage...So I consulted and discussed with other Head Nurses from the other wards in order to help me solve the problem..."

5. Working for nurses' benefit

From nine Head Nurses there were 13 reported critical incidents involving decisions to work for the benefit of their nurses. A story is reported as follows:

"...In a job performance evaluation, everyone is assessed by themselves, by their colleagues, and by the Head Nurse. Nurses who work well usually receive a repeated merit pay rise...a nurse whose work is only adequate never receives a merit pay rise...I felt sorry for one particular nurse who had worked for years but had never received any merit pay rise... she might lose her motivation and needed encouragement, I thought...So I decided to motivate her...to give her a merit pay raise..."

6. Following the policy/regulation of the organisation

Here were 11 reported critical incidents in which 9 Head Nurses made their decision by following the policy or regulations of the organisation. As one participant stated:

"...Post partum patients had to come here for breast feeding every three hours because of the breast feeding policy... some nurses followed the policy strictly but some nurses placed greater respect on the needs of the patients ...there was a conflict between the two sides...the head nurse has to follow the policy, as well as the other nurses... I tried to explain this to the nurses that all of us had to follow the policy..."

Discussion

Ethical dilemmas in nursing administration encountered by Head Nurses

The Head Nurses who participated in this study experienced ethical dilemma regarding their obligation to manage and improve the quality of care for the benefit of patients vs. an obligation to the organisation and colleagues. They expressed concern in managing quality care for patients because providing health care services is an important goal of hospitals and managing quality care is the main obligation of head nurses. In addition, many changes in the health care system in Thailand are calling for quality care for patients such as the Declaration of Patient's Rights and the Hospital Accreditation policy.

Advocating for subordinates/patients vs. maintaining relationship with the health team was an ethical dilemma that head nurses experienced in their role. As a nurse administrator, they are expected to advocate for patients, subordinates, and the profession. The problem of advocacy for subordinates arises when nurses are not respected by the health team because they have a duty to advocate for them and they also have an obligation to collaborate with the health team to enhance the quality of care for the patients.

Assuming the role of advocate on behalf of a patient can give rise to ethical and legal concerns related to the differing moral values of the nurse and the patient and the interaction of the nurse with other nurses and allied health professionals.¹⁹⁻²⁰ Conflict arises when head nurses cannot advocate for their patients. This finding is compatible with the findings from a previous study of nurses in southern Thailand which determined that the most frequent ethical dilemma of nurses in providing care for pediatric patients arose when acting as a patient advocate brought them into conflict with others.²¹

Head Nurses in this study encountered an ethical dilemma regarding a duty to perform their roles in personnel management vs. following the duty to an organisation. Personnel management, an important managerial function of Head Nurses, is a management activity that provides for appropriate and adequate personnel to fulfill the organisation's objectives.²²⁻²³ Brosnan and Roper stated that the hospital is an extremely political environment and a political-ethical conflicts occurs when people are told what to do or what they feel compelled to do by those having more power in the organization is in direct conflict with a persons ethical beliefs.²⁴ The head nurses in this study encountered ethical dilemmas when they could not effectively fulfill the objectives of personnel management even though they were responsible to manage their subordinates.

Head Nurses also experienced problems with whether or not to follow policies or commands which resulted in negative consequences for some patients and nurses. As an administrator, a head nurses has an obligation to honour the hospital's policies and put them into practice but at the same

time, they have a subordinate role to follow their superiors' orders or command. This result is an ethical dilemma between following the policy or command and providing care specific to the patients' needs which do not conform to such policies or instructions. In addition, Head Nurses have ethical dilemmas when trying to balance a need to follow policy and at the same time protect their subordinates especially when such policies or commands do not meet the needs of their subordinates. An example of an ethical dilemma related to this type of conflict have been presented by Katsuhara.²⁵ in a study where a Japanese public hospital needed to follow a local government instruction to reduce staffing level against the will of the hospital president and nurse administrator in order to solve a financial deficit.

Conflict as a mediator was encountered at work while providing care for patients. Head nurses are individuals with personal and professional values and have to work with both their nursing staff and multidisciplinary healthcare teams. Differences in attitudes, values, beliefs, and behavior induces conflicts among individuals which can arise when individuals involved do not have the same facts, define the problem differently, have different pieces of information, place more or less importance on various aspects or have divergent views of their power and authority.²⁶ It is no surprise, therefore, that head nurses experienced ethical dilemmas when acting as mediators. The current finding showed that there was both intradisciplinary and interdisciplinary conflict which the study group encountered when acting as a mediator between patients and nurses, patients and physician, nurses and physician, and among nurses. This finding corroborates a study by Chaowalit et al, who found that intradisciplinary and interdisciplinary conflict is one out of eight ethical dilemmas in nursing practice encountered by nurses in southern Thailand.¹

Head Nurses were also faced with an ethical dilemma regarding whether to choose motivation or justice when giving job performance evaluation as the data can be used to determine job competence, enhance staff development, motivate personnel toward higher achievement, select qualified nurses for advancement and provide a merit pay award or salary increase.²⁶ Being fair-minded is an important characteristic

of a head nurse²⁷ and according to the ethical principles of justice is defined as the "fair, equitable, and appropriate treatment of what is due or owed"²⁸ so they should be aware and try to minimise errors in order to provide a correct and fair job performance. Another important art for the head nurse as a leader is motivation²⁷ in which they should arouse enthusiasm and persistence to pursue a certain course of action.²⁹ In this study being just and motivating personnel by giving merit awards created ethical dilemmas for head nurses. They felt conflict when trying to do the best for all of their subordinates. They faced the ethical dilemma of balancing motivation and justice in doing job performance evaluations. Camunas found similar results while studying middle ranking managers and determined that a difficult ethical dilemma arose when giving a merit raise.⁷

Ethical decision making

Findings from this study showed that head nurses made decisions to resolve their ethical dilemmas in many different ways. Their ethical decision making focused on higher authority, patients, nurses, colleagues, and the policy of the organization.

Within the bureaucratic hierarchy of a hospital, the subordinates usually tend to follow the superiors' opinion. In the hospital, the hospital director is perceived as the most authoritative person and the nursing director is the highest position in the Nursing Department and usually is more capable and competent than a Head Nurses. Head Nurses, therefore, tend to make ethical decisions by following a higher authority. It is not, however, surprising that Thai head nurses decide to do this because the Thais are very hierarchical by nature and from an early age follow their parents and later their teacher when students.^{27, 30} In addition to following higher authority, the Head Nurses in this study also followed the organisations policies and regulations. Nurses and nurse administrators have both a legal and moral obligation to the organisation³¹ and as an employee of the hospital, which is a bureaucratic organisation, they are expected to represent and advocate for the hospital administration. It is their duty/role to interpret and implement the appropriate hospital policies and procedures

for the care of patients and in the management of the nursing unit while rendering this care.³² Following the organisation policies was the approach used by Thai Head Nurses when making ethical decisions.

All the Head Nurses in this study made ethical decisions concerning the need to manage quality of care. They focused on the quality assurance for patients because this is the main focus of a hospital to enhance its hospital accreditation. All nurse administrators are responsible for monitoring the quality of the product that their units produce. In health care organisations, that product is patient care.³³ Head Nurses, as front line managers, are directly responsible for managing to achieve the institution's goals—providing efficient health care service to consumers. In response to the quality of care goals, head nurses made ethical decisions by taking action in managing personnel for quality of care, advocating for patients, and allocating scarce resources for patient in other wards. This finding confirmed that head nurses do value their patients. Their decision to improve the quality of care is supported mainly by ethical principles of beneficence and non-maleficence. Beauchamp and Childress have pointed out that the principle of beneficence refers to *"the moral obligation to act for the benefit of patients and establishes an obligation to help patients further their important and legitimate interests; the principle of non-maleficence involves the duty to do no harm"*.²⁸ Following these principles, nurse administrators have a duty to create practice settings in which nurses can deliver quality patient care and refrain from doing harm to others. All of their actions should be undertaken for the patients' best interest.

Head Nurses are also responsible for managing interpersonal conflict created within the ward and also among health care teams. They focus on collaborating with patients and health teams to enhance the quality of care for patients. According to Marquis and Huston, *"collaboration, one of the common conflict management strategies, is an assertive and cooperative means of conflict resolution that results in a win-win solution"*.³³ Cooperation is an ethical concept that is central to nursing administration. It consists of active participation with others to obtain quality of care for patients.³⁴

In this study Head Nurses made ethical decisions through the maintenance of good relationships with the health team.

Besides maintaining good relationships, head nurses made ethical decisions when avoiding open conflict. In their jobs they have a responsibility to participate with others in order to achieve quality care for patients as quoted in the Code of Ethics that *"nurses should always collaborate with others in order to promote the nursing profession"*.³⁵ This resulted in the Head Nurses deciding to avoid conflict in order to maintain good relationships. As Jantarapratin found, 15.62% of nurses in his/her study made ethical decisions by choosing to avoid conflict to maintain relationships.²¹

Some Head Nurses consulted with others to help them find solutions when making ethical decisions. Consultation in ethical decision making is very important for head nurses in dealing with ethical dilemmas in nursing administration. Lancaster has stated that effective consultation can lead to the goal of solving problems and developing innovations.³⁶ Catalano declared that nurses who have experience in clinical nursing judgment are not automatically skilled in ethical decision making.³⁷ Hence, in dealing with ethical dilemmas, it is difficult for nurse administrators to decide what is right or wrong or what ethical principles can be used to support their decisions. This finding falls in line with a study by Colvin who found that both nursing and administrative colleagues were used equally as a resource by nurse administrators when making ethical decisions.¹⁰

As administrators, the Head Nurse has both the obligation for and responsibility to patients, subordinates as well as their profession. Head Nurses in this study used the ethical principle of beneficence in ethical decision making as they decided to do good for their subordinates. According to Beauchamp and Childress, the principle of beneficence refers to the moral obligation to act for the benefit of patients and establishes an obligation to help patients further their important and legitimate interests.²⁸ It consists of doing or promoting good, preventing harm, and removing harm.³¹ Therefore, head nurses in this study made Ethical decisions to work for the benefit of their nurses including motivating them to improve performance, training unskilled nurses, and protecting nurses from verbal abuse.

Conclusion

This finding found that ethical dilemmas encountered by head nurses in southern Thailand varied over a wide range of critical incidents in their daily administrative practice. These incidents were related to their administrative roles and responsibilities. In dealing with ethical dilemmas, Head Nurses made decisions in many different ways. Their ethical decision making focused on higher authority, patients, nurses, colleagues and the policy of the organisation. The findings are beneficial for healthcare organisations to train nurse administrators to be skillful in ethical decision making. Providing education for nurses and Head Nurse on ways to enhance and facilitate support for those encountering ethical dilemmas and ethical decision making would promote ethical decision making skill and also assist in developing an ethical climate.

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