Experiences of being in ethically difficult care situations and an intervention with clinical ethics support

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Akademisk avhandling

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Abstract

Background: Healthcare professionals encounter ethical difficulties in their everyday clinical practice which sometimes are difficult to handle. Failing to act or relate in accordance to ones values for good care can cause guilty feeling from a troubled conscience. Therefore it is important with clinical ethics support (CES) to share experiences and find out how to handle the situation **Aim:** The overall aim was to increase our understanding about being in ethically difficult care situations and about how communication concerning ethical issues in healthcare can be promoted. More specifically, the aim of studies I and II was to illuminate experiences of being in ethically difficult situations giving rise to a troubled conscience among registered nurses (RNs) and physicians, while studies III and IV aimed to describe the communication of value conflicts (III), the organisation and performance of a CES intervention inspired by Habermas' communicative action theory (IV). **Methods:** Studies I and II present narrative interviews with ten RNs (I) and five physicians (II) working in dialysis care. The interviews were analysed using a phenomenological hermeneutic approach. In studies III and IV, eight audio- and video-recorded and two audio-recorded sessions of a CES intervention were conducted and analysed using qualitative content analysis (III), concept- and data driven qualitative content analysis (IV). **Results:** The results show that both RNs and physicians (I, II) working at the same ward and encountering the similar ethically difficult situations expressed feelings of uncertainty, solitude, abandonment and guilt but from different points of view. The lack of communication and feelings of not being confirmed promoted mistrust and isolation. The results points to the need of listening to reflections created by the conscience of others in a trustful relationship. Such dialog showed to enhance a wider understanding of the situation, encourage energy and creativity to find good solutions (III). The CES intervention, inspired by Habermas' communicative action theory offered the possibility to deal with experiences of ethically difficulties in an atmosphere where everyone could feel free to speak (III, IV). The results showed a CES-framework with a provided given structure as well as an openness for variation, promoting confidence and a free dialogue (III). **Conclusion:** In the permissive atmosphere, the professionals helped each other to balance their ambiguity, frustrations, powerlessness, and came to agreement about ways to handle the situation. Seemingly, they developed professionalism. The findings from this single intervention constitute a step towards a CES method regarding ethical care issues, so clearly described that leaders can be educated and extended intervention studies with different kinds of data can be conducted in order to further develop knowledge about how to promote a dialogue about ethically difficulties.

Keywords