

Lorri Birkholz¹, DNP, RN, NE-BC; Rebecca Poston¹ PhD, RN, CPNP; Margitta Beil-Hildebrand², PhD, MSc, Dip. Nur. Mgmt., PG Cert HE, RN
 Old Dominion University, Norfolk, Virginia USA¹ Paracelsus Medical University, Salzburg, Austria²

SIGNIFICANCE

Nurse leaders, whether involved in direct patient care or administrative roles, are challenged by ethical issues in today's complex healthcare settings. A nuanced understanding of the ethical landscape from the perspective of nurse leaders can provide important lessons for shaping advanced nursing ethics education. Identification of key elements of positive and negative experiences in working through ethical issues can highlight important avenues for nurse leaders to consider as they guide complex ethics discussions in the places and spaces where they practice.

OBJECTIVES

The purpose of this research project was to describe key elements of both positive and negative experiences in addressing ethical issues from the perspective of nurse leaders in complex health care systems in the U.S., Germany, Austria & Switzerland. This aligns with the conference objective: *To identify vulnerability in one's own practice and the impact of this vulnerability on one's professional comportment and on the self.*

METHODS

This descriptive cross-sectional study surveyed a convenience sample of nurse leaders in the U.S. (members of DNP, Inc.), Germany, Switzerland and Austria (members of various professional nursing organizations). In this survey nurse leaders include Advanced Practice Nurses (APN) and Nurse Executives in the U.S. and APNs, Clinical Nurse Specialists, Nurse Educators, Nurse Practitioners, Nurse Anesthetists, Directors of Nursing and Deputy of Nursing Directors in Germany, Switzerland, and Austria. Comparative qualitative analysis identified similarities and differences between the two groups. The voluntary anonymous survey was distributed using the Qualtrics platform.

Total survey respondents: Germany, Switzerland, Austria 840 opened, 242 completed; U.S. 171 opened, 91 completed.

The project was reviewed and approved by the ODU Institutional Review Board. Findings presented here represent one section of a larger survey.

RESULTS



Thinking about some of the ethical challenges that you have faced in your practice as a Nurse Leader or an Advanced Practice Nurse, please provide a brief description of one **positive/rewarding** experience related to working through an ethical issues paying special attention to the elements that made that experience positive/rewarding.

	N=248	POSITIVE EXPERIENCES	N=53
COMMUNICATION • Effective communication • Interprofessional collaboration • Ethical case discussions	"The possibility to call an ethical consultant for multidisciplinary cooperation, "to be heard", to be taken seriously by team consensus and support by management" "Recognizing and naming ethical issues as such makes dialogue between different people and professions involved in care easier."	ADVOCACY • Patient centered care • Respect for patient autonomy	"Helped a patient transition to comfort care after discussing treatment option and realizing he didn't want treatment." "Supporting a patient and family during their decision making process to withdraw life support for a young patient."
TEAMWORK	"The cohesion of the team was very fruitful. Team members supported and strengthened each other" "A team meeting on treatment decisions for a palliative patient. All the opinions, statements, and ideas of the team, patient, and patient's relatives were heard and considered"	COMMUNICATION • Collaboration	"A rich and rewarding discussion among 7-8 nurses in the Nurse Practice Council after presenting research. ... The collaborative thinking that occurred was positive in many dimensions: both in helping solve a problem and empowering bedside nurses to be researchers."
RESPECT FOR PATIENT AUTONOMY	"Respecting the autonomy of a patient by acting according to the Living Will and not withholding further interventions in order to meet the patient's desire and allow him to die with dignity"	SOCIAL JUSTICE	"Negotiating the appropriate care for patients despite insurance status." "Working with the homeless and helping return to community living."

Thinking about some of the ethical challenges that you have faced in your practice as a Nurse Leader or an Advanced Practice Nurse, please provide a brief description of one **negative/not rewarding** experience related to working through an ethical issues paying special attention to the elements that made that experience negative/not rewarding

	N=275	NEGATIVE EXPERIENCES	N=89
ORGANIZATIONAL CHALLENGES • MD Hierarchy • Poor teamwork	"The ability to use further education on ethical issues is hampered by staff shortages and/or disinterest of ward manager, departmental leader or nursing director. Thus there is no sensitization of employees for ethical issues/challenges/conflicts...and the possibility of reflecting on one's own work." "Some doctors think it does not need ethics in medicine, and certainly not interprofessional discussions about decision-making or problematic cases."	POOR LEADERSHIP & LACK OF SUPPORT	"It is frustrating because we are constantly doing "re-education" when the true issue is compliance and accountability" "The values of the organization were more of a priority than the employee"
POOR STAFFING NO TIME	"Due to the extreme staff shortage, it is often not possible to maintain the quality of care ..." "Due to lack of time the patient care cannot be performed/insufficient" "The patient died because I did not care for them due to work overload"	INCIVILITY	"Confronting acts of horizontal/lateral violence and not being supported by colleagues." "Lack of support from nursing leaders & executives allow slanderous behaviors to continue."
AGGRESSIVE CARE AT END-OF-LIFE	"Overriding the wishes of the patient" "Life sustaining measures for people in the terminal stage. Sometimes questionable operations." "The lack of real-life information in case of poor prognosis ..."	LACK OF RESOURCES	"Limited availability or tight control over approval for adjunct therapies, lack of proficient mental health/behavioral supports ..." "The resources for trauma patients with no insurance or funding with life changing injuries, is limited to none."
FINANCES/METRICS NEGATIVELY EFFECTING CARE	"Patient safety and employee health play no role in relation to the commercial side" "Ethical issues are often overlooked and the economic aspects dominate the treatment"	FINANCES/METRICS NEGATIVELY EFFECTING CARE	"Efforts to limit available services to children and their families to sole budget restrictions" "Nurses feeling overwhelmed by the amount of work they are required to complete in one shift in order to meet regulatory requirements, core measures, HCAHP criteria, and still give quality care"

CONCLUSIONS

- Positive ethical experiences shared by the German, Swiss, and Austrian nurses were strongly influenced by effective communication, interprofessional collaboration, teamwork, respecting the patient's autonomy, and a structure and process for ethical case discussions.
- Positive experiences shared by U.S. nurses demonstrated a strong individualistic approach to a situation with emphasis being placed on advocacy and respect for the patient's autonomy.
- The German, Swiss and Austrian nurses articulated a clear understanding and use of ethical language in their responses and shared experiences involving ethics case discussions, ethics consultation, reflective practice and preventative ethics that was not paralleled in the U.S. nurse responses.
- The German, Swiss and Austrian nurses described negative patient outcomes that resulted from not having adequate time with patients due to staffing shortages.
- U.S. nurses identified issues with incivility and bullying by both nurses and physicians
- Both groups of nurses expressed negative ethical experiences as a result of finances and/or metrics driving patient care decisions.
- Both groups identified physician hierarchy as a cause for negative experiences.
- Both groups expressed negative experiences related to aggressive care at the end of life, 'bad deaths', and resistance to engage palliative care and/or respect patient wishes in end of life care decision making.

LIMITATIONS

Limitations include:

- Preliminary data analysis
- Small U.S. Nurse leader sample surveyed through one access point
- Dis-similar sample size between groups
- Translation was done using a single bilingual translator

ACKNOWLEDGEMENTS

The authors have no relevant financial disclosures.

Forward and backward translation was provided by a bilingual member within the research team

A special thank you to Hannah Smith, RN, PNP Student for study support.

Additional findings related to moral distress and what keeps nurses up at night have been previously presented at the American Society of Bioethics annual meeting October 2018.