Acute and critical care nurses regularly encounter situations fraught with conflict and tension, ethical “quandaries” such as disagreements about withdrawal of life support, allocation of resources, and the adequacy of informed consent. Events commonly thought of as ethical situations include disputes among nurses, physicians, patients, and patients’ family members about the benefit or futility of treatment options or who knows best or has the most power. But many other instances are also ethically important. These instances may involve recognition of the situation and the development of the skills of sensitivity and interpretation in addition to ethical reasoning and the ability to implement a chosen action. Such situations may also be the ordinary, everyday ethical occurrences that go unrecognized, and thus their importance to moral nursing practice is diminished. An example of such an occurrence (C.R., unpublished data, 2007) is provided in the following scenario shared by a nurse when asked to talk about her experiences with end-of-life care in a pediatric intensive care unit (PICU).

An 8-year-old boy was basically brain dead because of a gunshot wound. The doctors were trying to talk with his mother, but she did not want to hear anything. She was distraught, crying and screaming and sitting in the corner just rocking herself. So I said to her, “Do you want to hold him and just be with him?” And she stopped crying and said, “Yes!” And so we moved all the equipment over and put her in bed with him and she held him. We just worked around her and tried to keep the catheters and things straight and she stayed in the bed with him the whole day.

Does this scene reflect an ethical situation? What, if any, is the ethical content? Possible disputes about life support and organ donation could be anticipated, but what about the mother’s immediate state or circumstances and the nurse’s interpretation and action?

In this column, I present a framework that may provide a useful approach to the development of ethical skills for acute and critical care nurses. The Four Component Model (FCM) of James Rest, an educational psychologist, addresses the role of the ethical practitioner from initial recognition that an ethical situation exists to implementation of a justifiable action. Patient/provider scenarios are used to illustrate components of Rest’s model followed by an approach to distinguish ethical from nonethical situations. Practical strategies to enhance ethical skills such as development of nursing ethics groups and providing continuing ethics education also are presented.

(Critical Care Nurse. 2012;32[2]:65-72)
After discussing the FCM, I present an approach to distinguishing ethical from nonethical situations. Finally, I suggest strategies to enhance the development of ethical skills. I use the terms ethical and moral interchangeably.

**Four Component Model**

**Ethical Sensitivity**

The first component of the FCM, ethical sensitivity, involves the skill or ability to interpret the reactions and feelings of others. More than that, ethical sensitivity is also the capacity to feel and be moved by others, to identify with their distress, to be aware of how one’s action or inaction may affect them, and to assume a sense of responsibility or obligation. Before reasoning or action can occur, a nurse must recognize that an ethical situation exists. This first step can be particularly challenging in the current health care environment, particularly in the intensive care unit (ICU), where attention is often focused on the efficient, the economical, and the procedural. Evidence suggests that professional socialization and organizational structures may diminish or limit the abilities of health care providers to be sensitive to the moral content of everyday practice. Lack of time and support to provide the care that patients need and perceived inability to live up to expectations of oneself and those of peers and supervisors, have been associated with diminished ethical sensitivity and dulling of moral conscience.

Development of ethical sensitivity includes an awareness of alternative courses of action and how each course of action could affect all those involved, including patients, patients’ family members, health care colleagues, members of the administration, and others. Recognition of and respect for alternative perspectives are essential if constructive ethical dialogue is to occur and may contribute to maintaining a healthy workplace. Empathy and role-taking skills contribute to ethical sensitivity because they allow imaginative construction of possible scenarios and consideration of potential immediate and long-term consequences. The demands of a particular situation may also be compared with external standards and guides such as professional codes, ethical theories, and academic knowledge. Feelings of uncertainty and tension among competing loyalties to patients, patients’ family members, nurses, and oneself can characterize this process.

Emotion, an element often downplayed or marginalized in traditional ethical theories, may further affect the ethics response. Educated emotion, that is, emotion tempered by insight and experience, may help nurses avoid inappropriate reaction and also provide access to the moral domain of a situation. To discriminate and respond appropriately, nurses must be in a relationship with the patient involved, identify with the patient, and put themselves in the patient’s position. Although affective responses such as emotion enable engagement, they are subject to personal motives and misunderstandings. Thus, increasing self-knowledge, critical reflection, and awareness of individual biases and assumptions also become important aspects of the development of ethical sensitivity.

Sensitivity—that is, accurate perception of, exquisite attention to, and assessment of the needs of patients’ and patients’ families—is an essential precursor to clinically competent reasoning and nursing practice. This same attention and sensitivity are essential to the development of ethically competent reasoning and nursing practice. Benner also suggests that clinical judgment cannot be separated from ethical sensitivity and reasoning because such judgment determines what good is at stake and what to do in each particular situation:

> If nurses do not have a good grasp . . . of pathophysiology and medical and nursing interventions, then they can make neither good ethical or good clinical decisions, because they cannot know what it is good to do in the particular situation.

The nurse in the PICU scenario competently cared for the child while assessing and responding to the mother’s overwhelming distress. Although the nurse could have displayed a number of emotional
reactions, including frustration, experience and reflection may have tempered her response. She showed an understanding of the physicians' perspectives and may have felt uncertainty or conflict about her obligations to colleagues and adherence to unit standards. The skill of ethical sensitivity enabled the nurse to consider what was good or ethical nursing practice in the situation and how to best meet the needs of the child and the child’s mother.

**Ethical Judgment**

After a nurse determines that an ethical situation exists and requires action, he or she must decide which course of action is the most justifiable in the situation. This second component in the FCM, ethical judgment, has been widely studied in nursing and other disciplines. The thoughtful, deliberative nature of ethical reasoning has been compared to the research process, because judgment should reflect knowledge of ethical principles, theories, and professional codes. Unlike in the scientific process, however, the goal is not to achieve certainty but to make a choice that is reasonable and prudent and integrates emotional responses.

Many judgment or decision-making frameworks have been described. Several key elements span all frameworks that define or outline a process for reaching a judgment. These various processes, like the nursing process, help identify and organize the facts so that one can reflect on the ethical issues. Although some models for decision making are step-by-step or linear, others allow for an evolving perspective and are spiral, with each step revisited as necessary. Table 1 lists some elements and clarifying questions identified in several frameworks used to achieve an ethical judgment or decision.

Ethical situations that arise during the course of daily practice, such as the situation depicted in the PICU scenario, might not require consideration of all the elements or...
questions listed in the table. The complexity of the ethical issue, the environment in which the issue occurs, and the availability of and necessity for facilitators, such as ethicists, may affect the choice of the method used for deliberation.13

The following scenario from a neonatal ICU (NICU) and adapted from a published case study14 provides an example:

I was caring for a full-term infant who had severe corticinal damage and was blind from a long period of anoxia during birth. The doctors wanted to put in a feeding tube even though they thought the prognosis was bad. The parents weren’t really sure and thought the baby was suffering too much already. Some of the other nurses thought that not putting the tube in was denying basic care. They (the parents) had 2 other kids and had a hard time visiting the infant and keeping up with caring for the other children. The parents didn’t speak much English and were very religious. I took care of him (the infant) a lot, so then they asked me what would I do. We had a few family conferences, but I felt that, coming from a different culture, maybe they weren’t being heard, so I decided to call the ethics committee.

This NICU scenario is a complex ethical situation in which the nurse carefully considered several elements and questions outlined in Table 1 before deciding to call the ethics committee. The nurse identified value conflicts among providers and value or cultural conflicts between the parents and providers. She also recognized that a possible power imbalance existed between the parents, whose knowledge of English was limited, and those physicians and nurses who thought that a feeding tube was indicated. Participants in the situation also had different views of the consequences of an acceptable outcome. The parents did not want to cause additional suffering for their child, whereas several providers considered withholding nutrition and fluids violated basic human care. Although the nurse’s decision to call the ethics committee did not provide the final resolution for the situation, it was an ethical judgment, nonetheless.

Ethical Motivation

As the third element in the FCM, ethical motivation is the link between ethical judgment and action. Conceptualizing situations in which nurses may recognize an ethical issue and determine a justifiable course of action but decide not to act is not difficult. A nurse may give priority to competing personal values such as protecting his or her position or reputation, or the nurse may place a low priority on ethical considerations in general.5 Additional personal obstacles to ethical motivation may include lack of knowledge of professional obligations and deficient ethical sensitivity.7

Ethical motivation is the desire to be ethical and to act and live in a manner consistent with one’s moral values. When morality is central to a nurse’s sense of self or identity, it may heighten the nurse’s feelings of obligation and responsibility to practice in an ethical manner.15 This understanding of obligation and responsibility may provide the bridge between knowing the right thing to do and actually doing it.

Situations occur in which an acute or critical care nurse may have the ethical skills of sensitivity, judgment, and motivation but cannot act on a justified moral choice because of institutional obstacles. Fear of reprisal and lack of administrative support are some impediments evident in an ethical climate that does not sustain patient-family advocacy and professional integrity.1 The moral distress that may ensue because of this inability to act may be countered by cultivating moral courage.16

Although moral courage was not addressed in the initial FCM framework, Bebeau et al17 included the notion in an expanded discussion of the FCM that incorporates the attributes of moral character or those personal elements that influence ethical motivation and action. Lachman18,19 defines moral courage as “the individual’s capacity to overcome fear and to stand up for his or her core values . . . the willingness to speak out and do what is right in the face of forces that would lead a person to act in some other way.”

Although motivated to do what they believed to be ethically correct, the nurses in both of the preceding scenarios may have considered several potential personal and institutional obstacles. The PICU nurse may have thought that her decision to allow the distraught mother to hold the dying child could be criticized by peers and thus harm the nurse’s role as a preceptor. In addition, the action might be perceived as interfering with the physicians’ communication with the mother, resulting in possible supervisory reprisal. The NICU nurse may have decided to call the ethics committee but was then dissuaded by nursing peers who cited instances of reprisal when doing so. Overcoming such perceived obstacles required moral courage and a commitment.
to prioritizing ethical values. Similar to all skills in the FCM, ethical motivation and moral courage can be developed and sustained through strategies suggested in the section on developing ethical skills and summarized in Table 2.

<table>
<thead>
<tr>
<th>Table 2 Strategies to develop ethical skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applying the 4 A’s method of the American Association of Critical-Care Nurses</td>
</tr>
<tr>
<td>Continuing education in ethics</td>
</tr>
<tr>
<td>Developing nursing ethics group/ethics council</td>
</tr>
<tr>
<td>Participating in interdisciplinary ethics rounds</td>
</tr>
<tr>
<td>Developing nursing ethics rounds</td>
</tr>
<tr>
<td>Seeking guidance/support from nursing/medical faculty members</td>
</tr>
<tr>
<td>Seeking guidance from Magnet-designated institutions</td>
</tr>
</tbody>
</table>

Ethical Action

The final component in the FCM, ethical action, involves determining the best way to implement the chosen decision and having the ability and confidence to persist to completion. The complexity of the ethical issue may require a strategic action plan that carefully considers the who, where, and when regarding implementation of the decision.¹ In the PICU scenario, a decision to inform the mother or a designated family member of a recommendation to withdraw life support could be enhanced by identifying a person who has the best relationship with the patient’s family. In addition, an important consideration is who might address potential staff concerns and questions about implementation of the decision to avoid causing additional distress and future reproach.¹

As indicated in Table 1, implementation of the ethical action requires consideration of possible resistance or objections that might arise. Resistance to the decision does not mean that the decision is wrong. However, being able to clearly explain and justify the reasons for the decision and the thoroughness of the process used to reach the ethical judgment is important. Ethics consultants, if available, may assist in communicating and facilitating implementation of the decision, because they can articulate the issue and judgment in an ethically grounded manner.¹ For acute and critical care nurses, training in conflict resolution and assertiveness skills may enhance their confidence and ability to overcome resistance.¹⁶

Distinguishing Ethical From Nonethical Situations

How can acute and critical care nurses distinguish ethical situations or conflicts from those that are nonethical or nonmoral, what Burkhardt and Nathaniel¹² refer to as “practical dilemmas” and Kopala and Burkhart¹⁹ term “decisional conflicts”? A given situation has ethical content when an action freely performed or not performed has the potential to harm or benefit others. What is meant by harm? Broadly speaking, basic harms include death, pain (physical, emotional, spiritual), disability, loss of freedom or opportunity, and loss of dignity or self-esteem.²⁰

Practical or decisional conflicts can be identified as claims of self-interest or choices based on personal values. In these situations, a person’s action (or lack or action) may not harm others.¹² Decisional conflicts may arise from uncertainty about one plan of action versus another plan. Although uncertainty about the consequences of a chosen plan may cause conflict and tension, the uncertainty does not make the conflict an ethical one unless the potential decision may result in harm or considerably less benefit to another.²⁰

This interpretation of situations that contain ethical content may help nurses avoid erroneously identifying some situations as strictly administrative or clinical.²¹ As examples, mandatory overtime and resultant nurse fatigue have been associated with a higher incidence of nurses’ errors in medication,²² and mortality rates of surgical patients have increased in hospitals with lower numbers of registered nurses on staff.²³ Lateral hostility or bullying is pervasive in nursing. These antagonistic behaviors may result in nurses leaving their positions and, ultimately, the profession, in addition to increasing the potential for decreased quality of patient care.²⁴ An example of the FCM applied to a lateral hostility scenario is presented in the sidebar.
Although considered administrative or clinical issues, the situations just described contain ethical content when understood in the context of avoiding or causing harm. Similarly, the PICU and NICU scenarios are considered ethical situations because the nurses’ actions or inactions had the potential to result in harm or considerably less benefit for others.

Developing Ethical Skills

Although certain ethical skills such as sensitivity may be innate to a certain extent,27 they cannot be developed in a moral vacuum and...
must be cultivated and maintained in a supportive environment. Health care institutions can create administrative systems that either facilitate or undermine nurses’ ethical skills or moral competency. The same is true of nursing units, which can be thought of as individual moral communities. A sensitive and morally competent nurse must be receptive to the vulnerabilities of those for whom he or she provides care yet not be overwhelmed by their pain and suffering. Interventions to prevent and address the moral distress that can develop from such situations have been developed by the American Association of Critical-Care Nurses. Although the 4 A’s (ask, affirm, assess, and act) described in the association’s method are designed to ameliorate moral distress, they can also be viewed as ways to enhance the ethical skills of acute and critical care nurses.

Similar to clinical skills, ethical skills can be experientially learned and can improve over time through appropriate role modeling and use of several strategies suggested by Scanlon and Clark and Taxis. These strategies include continuing ethics education, development of a nursing ethics group and/or committee, and interdisciplinary and/or nursing ethics rounds. Although interdisciplinary ethics rounds are the ideal strategy, they may not be available or conducted in every institution.

The inclusion of ethics in nursing education and continuing professional education has always been important but is now recognized as essential to professional practice. Many nurses receive instruction in ethics as part of their basic educational preparation program. However, the findings of a recent study by Grady et al suggest that continuing education or in-house training is necessary to improve and maintain ethical skills.

Although the specific content was not specified, the nurses in the study reported that receiving such training increased their self-confidence in their ethical skills and ability to take moral action. Although controversy exists about the structure and content of ethics education in general, Wocial suggests that it is necessary to move beyond the debate and provide continuing education. An example of such education is the Unit-Based Ethics Conversations (UBEC) used in the Clarian Health System (Indiana University Health System) in Indianapolis, Indiana. The purpose of UBEC is to provide staff nurses with opportunities to develop confidence and skills in managing ethically difficult situations. Formal evaluation of the UBEC is ongoing; the objective is to develop a program for trainers so that the educational strategy can be exported and implemented by others.

Jurchak and Pennington provide another example of a continuing education intervention. A nurse ethicist and a critical care program manager, respectively, developed a program to foster the moral agency of new ICU nurses. Moral agency is defined as the ability to act on an ethical judgment about what is right or good for a patient, similar to the components of ethical motivation and action in the FCM. The 3 objectives of the program are to provide a safe space for nurses to talk about ethical dilemmas, introduce and apply an ethical framework for analysis of ethical problems, and allow nurses to be able to identify supportive institutional resources. An initial evaluation of the program was positive; the new nurses reported that they especially valued the opportunity to share the ethical problem and receive constructive feedback.

As a periodic part of nursing practice in acute and critical care units, interdisciplinary and/or nursing ethics rounds may provide opportunities to identify, distinguish, and clarify issues with ethical or nonethical content. Because nurses are often the first ones to become aware of ethical issues, such rounds may also prevent the occurrence of more serious dilemmas. Similar to consciousness raising, ethics rounds may help nurses develop and refine ethical skills as different perspectives are shared. Nursing ethics rounds in particular may enable nurses to articulate the important, unidentified moral dimension of their practice. In a more formal strategy, nursing ethics groups or committees may meet periodically to further develop ethical knowledge, skills, and problem-solving abilities.

Although nurses may be members of an interdisciplinary ethics committee, the nursing ethics group or committee provides a forum for expression of perspectives and concerns that may be unique to nurses in a particular institution. For example, as a member of such a group, I participated in a discussion of various forms of lateral hostility or bullying and other forms of workplace...
violation experienced by nurses in different types of units and the effect on ethical practice. Group members also reviewed relevant literature on the issue and discussed possible interventions. As ethics liaisons or representatives for their individual units, members of the group were then able to share the knowledge and skills gained with their peers.30,31

The development of ethics rounds, groups, and/or committees often begins with a single motivated individual and takes time and patience. Many academic medical centers have such entities in place and can perhaps provide models and direction. Seeking guidance and support from faculty members at nearby nursing and/or medical schools may be helpful. Institutions that have received Magnet designation or are seeking Magnet status may also be able to offer insight, because nurses’ participation in the overall ethical structure of the facility is a vital component of initial and continuing accreditation.

Conclusion

As Benner36-38 has stated, “It is not an exaggeration to say that in every clinical encounter, there may be ethical issues at the personal, provider, and social levels.” Use of the FCM may help in developing the skills needed to recognize and actively address these ethical issues. CCN

References


Acknowledgments

The author acknowledges the constructive comments and insights provided by the reviewers.

Financial Disclosures

None reported.