

# Ethical Issues in Nursing Practice

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Nurses play a role as advocates to assist patients and families struggling with complex information and difficult decisions. In particular, the fact that nurses encounter clinical situations that require ethical judgment highlights the need for nursing staff to gain knowledge and expertise in delivering care in an ethical manner. In this study, through reviewing empirical studies of hospital-based nurses' experiences, the author identified the ethical issues that nurses frequently face and the approaches that they have taken to solving them. The findings can serve to intensify the awareness of the ethical issues in both clinical and educational areas.

**Keywords:** ethical issues; nursing practice; education; hospitals

Advances in medical technology allow for better recovery for critically ill patients and dramatically extend the human life span. However, while advances bring benefits to patients and families, they simultaneously raise moral and ethical issues regarding respect for patient integrity and autonomy, soaring medical costs, quality care, and end-of-life decision making (Scanlon & Fleming, 1990; Wright, Cohen, & Caroselli, 1997). As the largest group of health care providers, nurses are frequently placed in unique positions to assist patients and families struggling with complex information and difficult decisions (Briggs & Colvin, 2002). The fact that nurses encounter clinical situations that require ethical judgment highlights the need for nursing staff to gain knowledge and expertise in delivering care in an ethical manner.

Reporting the lack of ethical confidence among newly graduated nurses, nursing ethics researchers have emphasized the importance of having well-educated and well-qualified nurses who know how to find feasible solutions to ethical problems (Bunch, 2001; Woods, 2005). Although nursing schools have become more concerned with the ethical development of their students, researchers point out that education has not reflected reality and does not prepare newly qualifying nurses to deal effectively with a variety of ethical situations in the health care setting (Woods, 2005). The traditional ethics education has tended to emphasize the acquisition of philosophical and

theoretical knowledge and has created a gap between theory and practice (Woods, 2005). New approaches are needed for teaching nursing ethics pragmatically.

The nursing ethic as a dynamic standard for nurses' professional moral behavior should address ethical issues confronted by nurses (Omery, Henneman, Billet, Luna-Raines, & Brown-Saltzman, 1995). Therefore, knowledge about specific nursing ethical issues found in the health care setting and understanding the impact of these issues on practice will be essential, pragmatic parts of nursing ethics education. That is, the ethical issues are subjects that should be dealt with in ethics education for nursing students before entering in nursing practice. Thus, identifying what issues should be dealt with in classes is needed.

Researchers have tried to identify ethical issues that nurses confront in the clinical area since Vaughan's (1935) study. The earliest study of ethical issues in nursing practice (Vaughan, 1935) identified 2,265 ethical issues based on the diaries of 95 nurses that recorded ethical issues. Since this study, many other studies have been focused on ethical issues that affect the profession of nursing and the everyday practice of individual nurses using qualitative methodologies. In a review study, Christensen (2002) identified the ethical and legal issues that oncology nurses in hospitals face: (a) advance directives, (b) do-not-resuscitate orders, (c) documentation and patient privacy, (d) informed consent, (e) medication errors, and (f) pain management. A systematic analysis

study of nurses' ethical conflicts identified each main ethical issue in a particular role or setting (Redman & Fry, 2000). Examples were (a) harm/good of life-prolonging aggressive therapies (intensive care unit); (b) inadequacy of resources for care (administration); (c) undertreatment, consent, and refusal of treatment (oncology); (d) disagreement with quality of medical care (diabetes educators); and (e) protection of child's rights (pediatric nurse practitioner). However, a systematic review of ethical issues encountered by nurses in current practice is rarely found.

The purpose of this study is to review the empirical studies of hospital-based nurses' experiences with ethical issues to identify (a) the ethical issues nurses face and (b) the approaches they have taken to solving them.

## METHODS

This article reviewed quantitative studies of hospital-based nurses' experiences with ethical issues. To be included in this review, a publication was to have reported the findings from a research project studying nurses' experiences. The integrative review included the reports of primary research studies that were published in the English language from 1990 and 2007. This study began with a search of multiple library databases, including PubMed (MEDLINE), the Cumulative Index to Nursing and Allied Health (CINAHL), and ISI Web of Knowledge, to identify research related to ethical issues that nurses face. Key words used in the search process were "nursing ethics" and "issue" and/or "problem." Additional literature was identified by reviewing the reference lists of journal articles identified during the literature review.

Examination of the published abstracts and studies resulted in a decrease of the number of studies included in the first sampling because studies that did not match the project criteria were excluded ( $n = 25$ ). This study was limited to hospital-based research and settings in the United States. Most studies in special clinic areas dealt with a more specific ethical issue or conflict situation. Therefore, these articles were excluded. However, this review included the studies done in operating room areas and collected data from registered nurses in a local area because the studies dealt with more general ethical issues encountered by perioperative nurses or registered nurses with a large sample size. One article that collected data from directors of nursing in hospitals was included because the directors explained ethical issues not that they faced but that were faced by staff nurses. Therefore, through the second review, the

researcher excluded the articles that did not match the purpose of this project.

This review classified the ethical issues reported by each study into three categories of the Ethical Issues Scale (EIS): end-of-life treatment decisions, patient care issues, and human rights issues. Fry and Damrosch (1994) developed the EIS in a study of Maryland nurses. The EIS was validated with a sample of New England registered nurses currently in practice (Fry & Duffy, 2001). The scale described the full range of ethical issues experienced by nurses in current practice. The 32-item scale represented three conceptual categories of ethical issues: end-of-life treatments, patient care, and human rights (Fry & Duffy, 2001) (see Table 1). The end-of-life treatment category was defined as issues about death or the dying process and included 13 issues. The patient care category addressed issues about how patients receive or do not receive quality nursing or health care (14 items). The human rights category was defined as issues concerning the rights of nurse, patients, and family members (five items). The EIS provides information about the full range of ethical issues of registered nurses in active practice experience. The reliability and validity of the EIS have been validated through a study with a large RN sample ( $n = 2,090$ ) and nurses with expertise in bioethics (Fry & Duffy, 2001).

## RESULTS

Twenty-five studies were identified through the first review process, and 11 studies met the inclusion criteria. All studies used a descriptive research method with survey instruments. Articles reviewed were classified into two settings: hospital and operating room. One article collected data from registered nurses in Maryland; this article was integrated to hospital setting data. The ethical issues reported in reviewed studies were divided into three categories (end-of-life treatment decisions, patient care issues, and human rights issues) in the EIS. This review described disturbing ethical issues that were encountered by nurses separated from the frequent ethical issues. This study identified the top five frequent ethical issues and disturbing ethical issues reported in each article and then integrated and analyzed these issues. Furthermore, this study identified the approaches that nurses have taken to solve the ethical issues and the resources that nurses frequently used to get help and information.

### Ethical Issues

As shown in Table 2, the most of frequent ethical issues faced by nurses related to patient care issues and human

TABLE 1. The Ethical Issues Scale

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Component 1: End-of-life treatment decisions

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Prolong dying process with inappropriate measures  
 Treatment or nontreatment despite patient or family wishes  
 Use or removal of life support including nutrition and hydration  
 To resuscitate or not to resuscitate  
 Treatment or nontreatment of very disabled infant, child, adult  
 Not considering quality of patient's life  
 Acting against your own personal or religious views  
 Acting against patient's personal or religious values  
 Determining when death occurs  
 Organ transplantation, or organ or tissue procurement  
 Over- or underuse of pain management  
 Ordering too many or too few procedures, tests, etc.  
 Participation or refusal to participate in euthanasia or assisted suicide

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Component 2: Patient care issues

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Staffing patterns that limit patient access to nursing care  
 Child or spousal or elderly or patient abuse or neglect  
 Allocation of resources (human, financial, equipment)  
 Implementing managed care policies threatening quality of care  
 Breaches of patient confidentiality or privacy (e.g., HIV status)  
 Irresponsible or unethical or incompetent or impaired colleague  
 Ignoring patient or family autonomy  
 Patients or families uninformed or misinformed about treatment, prognosis, medical alternatives  
 Rights of minors versus parental rights  
 Discriminatory treatment of patients  
 Unsafe equipment or environmental hazards  
 Conflict in nurse or doctor relationship (or other professional relationship)  
 Reporting unethical or illegal practice of health professional or health agency  
 Implementing managed care policies threatening availability of care

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Component 3: Human rights issues

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Use or nonuse of physical or chemical restraints  
 Issues involving advance directives  
 Protecting patient rights and human dignity  
 Informed consent to treatment  
 Providing care with possible risk to RNs' health (e.g., TB, HIV, violence)

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*Note.* From "The development and the psychometric evaluation of the Ethical Issues Scale," by Fry and Duffy, 2001, *Journal of Nursing Scholarship*, 33(3), p. 276.

rights issues rather than end-of life issues. The most frequent issues were founded in patient care issue category. Of patient care issues that nurses encountered, staffing patterns that limit patient access to nursing care ( $n = 6$ ) was the most frequent ethical issue. In addition, nurses frequently encountered patient care issues such as conflict in nurse or doctor relationship ( $n = 4$ ), allocation of resources (human, financial, equipment) ( $n = 4$ ), patient confidentiality or privacy ( $n = 4$ ), and incompetent or impaired colleague ( $n = 4$ ). In human rights issue category, the following three items were identified as the most frequent ethical issues: (a) protecting patient rights and human dignity ( $n = 5$ ), (b) providing

care with possible risk to RNs' health ( $n = 5$ ), and (c) informed consent to treatment ( $n = 4$ ).

When this review separated the setting into a general hospital versus operating room area, studies done in a general hospital setting identified other frequent ethical issues: dealing with an irresponsible or unethical or incompetent or impaired colleague (Berger, Severson, & Chvatal, 1991; Cook, Hoas, & Joyner, 2000), end-of-life care (Killen, 2002; Scanlon, 1990, 1994), and pain management (Omery et al., 1995; Scanlon, 1994). Nurses in hospitals reported that they experienced frequent ethical problems related to patient confidentiality or privacy issues as well as staffing patterns issues.

**TABLE 2. Frequent Ethical Issues**

Articles	Setting	End-of-Life Treatment Decisions	Patient Care Issues	Human Rights Issues
Berger et al. (1991)	A hospital (U)	Prolonging life with heroic measures <sup>a</sup>	Staffing patterns, inappropriate allocation of resources, dealing with situations where patients are discussed inappropriately, dealing with colleagues' irresponsible activity	
Cook et al. (2000)	Hospitals (R)		Staffing patterns, patient family requesting more aggressive treatment options, <sup>a</sup> patient has unclarified confusing or no-code orders, colleagues are discussing patients inappropriately, dealing with an incompetent colleague	
Fry and Damrosch (1994)	RNs in Maryland	Quality of patient life	Staffing patterns, nurse-physician relationships	Providing care that places the nurse at risk <sup>a</sup>
Jenkins et al. (2006)	OR in army		Staffing patterns, conflicts in the nurse-physician relationship <sup>a</sup>	Providing care with risk to self, protecting patient rights and human dignity
Killen et al. (1996)	OR		Staffing patterns, nurse-physician relationship	Providing care with risk to self, <sup>a</sup> informed consent, patient advocacy
Killen (2002)	OR	End-of-life care, abortion issues	Quality of care, truth telling, abuse of children/older people, confidentiality, privacy	Informed consent, <sup>a</sup> HIV/AIDS care, clinical safety
King and Miskovic (1996)	OR		Staffing patterns, <sup>a</sup> allocation of resources, patients' autonomy/advocacy	Informed consent, occupational risk, patient self-determination act
Omery et al. (1995)	A hospital (U)	Pain relief/management <sup>a</sup>	Dealing with difficult patients, patient-physician-nurse relationship, care of noncompliant patient, cost of care to the patient	
Scanlon (1990)	Hospitals (U)	Do not resuscitate <sup>a</sup> death and dying.	Professional practice issues, AIDS, allocation of resources	Patients' rights, AIDS
Scanlon (1994)	Hospitals in 50 states	End-of-life care, pain management	Cost of containment issue, <sup>a</sup> confidentiality, incompetent, unethical, or illegal practices of colleagues	
Schroeter (1999)	OR		Impaired provider/potential for unsafe practice, misrepresentation by care provider, provider judgment/competency	Consent/advocacy, <sup>a</sup> disrespect for patient

*Note.* U = urban area; R = rural area; RN = registered nurses; OR = operating room.

<sup>a</sup>Most frequent item in the article.

In contrast, this review found that perioperative nurses experienced more frequent ethical issues related to protecting patient rights and human dignity issues and informed consent than other issues (see Table 3).

Five of the reviewed articles reported disturbing ethical issues separately from the frequent ethical issues faced by nurses. Although these ethical issues would not frequently happen in their practice areas, nurses reported to be disturbed a great deal or quite a bit when these occurred. As shown in Table 3, the disturbing issues related to patient care issues and end-of-life issues. The disturbing ethical issues were (a) prolonging the dying process with inappropriate measures ( $n = 4$ ), (b) child, spousal, elderly, or patient abuse or neglect ( $n = 3$ ); (c) staffing patterns that limit patient access to nursing care (Berger et al., 1991; Jenkins, Elliott, &

Harris, 2006); (d) acting against your own personal or religious views (Berger et al., 1991; Cook et al., 2000); (e) irresponsible, unethical, incompetent, or impaired colleague (Jenkins et al., 2006; Killen, Fry, & Damrosch, 1996); (f) providing care with possible risk to RNs' health (e.g., TB, HIV, violence) (Fry & Damrosch, 1994; Killen et al., 1996); and (g) treatment or nontreatment despite patient or family wishes (Berger et al., 1991; Cook et al., 2000) (see Table 4).

The most of disturbing issues were not frequent ethical issues experienced by nurses. Disturbing issues often related to end-of-life issues: prolonging the dying process with inappropriate measures, acting against your own personal or religious views, and treatment or nontreatment despite patient or family wishes. Nurses reported being disturbed when patient abuse or neglect

**TABLE 3. Rankings of Frequent Ethical Issues and Disturbing Ethical Issues**

Frequent Ethical Issues in All Reviews ( <i>N</i> )		Frequent Ethical Issues in Hospital Setting ( <i>N</i> )		Frequent Ethical Issues in Operating Room ( <i>N</i> )		Disturbing Ethical Issues ( <i>N</i> )	
Staffing patterns that limit patient access to nursing care	(6)	Patient confidentiality or privacy	(4)	Protecting patient rights and human dignity	(4)	Prolong dying process with inappropriate measures	(4)
Protecting patient rights and human dignity	(5)	Staffing patterns that limit patient access to nursing care	(3)	Informed consent to treatment	(4)	Child or spousal or elderly or patient abuse or neglect	(3)
Providing care with possible risk to RNs' health	(5)	Allocation of resources (human, financial, equipment)	(3)	Providing care with possible risk to RNs' health	(3)	Staffing patterns that limit patient access to nursing care <sup>a</sup>	(2)
Conflict in nurse or doctor relationship (or other professional relationship)	(4)	Irresponsible or unethical or incompetent or impaired colleague	(3)	Staffing patterns that limit patient access to nursing care	(3)	Acting against your own personal or religious views	(2)
Allocation of resources (human, financial, equipment)	(4)	Conflict in nurse or doctor relationship (or other professional relationship)	(2)	Conflict in nurse or doctor relationship (or other professional relationship)	(2)	Irresponsible or unethical or incompetent or impaired colleague <sup>a</sup>	(2)
Informed consent to treatment	(4)	Providing care with possible risk to RNs' health	(2)			Providing care with possible risk to RNs' health <sup>a</sup>	(2)
Irresponsible or unethical or incompetent or impaired colleague	(4)	End-of-life decision	(2)			Treatment or nontreatment despite patient or family wishes	(2)
Patient confidentiality or privacy	(4)	Pain management	(2)				

<sup>a</sup>Frequent ethical issues included in the disturbing ethical issues.

TABLE 4. The Most Disturbing Ethical Issues

Articles	Setting	End-of-Life Treatment Decisions	Patient Care Issues	Human Rights Issues
Berger et al. (1991)	A hospital (U)	Treatment despite patients' objectives, prolonging life with heroic measures, acting against personal principles	Inadequate staffing patterns, <sup>a</sup> incidents of patients' abuse	
Cook et al. (2000)	Hospitals (R)	Acting against personal principles, <sup>a</sup> prolonging life with heroic measures	Patient family requesting more aggressive treatment options, cost-containment issues that threaten quality of care, treatment or nontreatment despite patient or family wishes	
Fry and Damrosch (1994)	RNs in Maryland	Prolonging life with extraordinary measures, <sup>a</sup> quality of patient life	Cost-containment issues that threaten quality of care, child/spousal / elderly/patient abuse or neglect	Providing care with risk to self <sup>a</sup>
Jenkins et al. (2006)	OR in army		Dealing with incompetent or impaired colleagues, <sup>a</sup> conflicts in the nurse-physician relationship, staffing patterns, unsafe equipment and /or environment hazards	
Killen et al. (1996)	OR	Prolonging life with extraordinary means, <sup>a</sup> treatment over family objectives	Irresponsible/incompetent colleagues, patients and families who are uninformed or misinformed about treatment plans, prognosis, child/other abuse	Providing care with risk to self

Note. U = urban area; R = rural area; RN = registered nurses; OR = operating room.

<sup>a</sup>Most frequent item in the article.

of patient care issues occurred. Furthermore, the review found that the staffing pattern and incompetent, impaired colleagues issues and providing care with possible risk to RNs' health were disturbing issues as well as frequent issues that were faced by nurses.

### Approaches/Resources

This study also reviewed the approaches and resources that nurses have taken to solving ethical issues. Four

articles reported that most nurses used their own personal values to solve ethical issues (Berger et al., 1991; Cook et al., 2000; Killen et al., 1996; Schroeter, 1999) (see Table 5). In addition, most nurses discussed ethical problems with nursing peers (Berger et al., 1991; Cook et al., 2000; Jenkins et al., 2006; Killen et al., 1996; Scanlon & Fleming, 1990). One study reported that 68% of respondents reported talking to a higher administrative authority (e.g., managers, supervisors, or directors)

TABLE 5. Approaches and Resources for Ethical Issues

Articles	Setting	Sample	Sample Size (N)	Measures	Approaches/Resources	EN	Comments
Berger et al. (1991)	A hospital in an urban area	Nurses	52	A questionnaire (Ethical Issues in Nursing)	Own personal values (88%) Nursing colleagues (97%)	(+)	Recommendation: nursing ethics rounds, educational opportunities/programs, a shared governance model
Cook et al. (2000)	21 hospitals in rural area	Nurses	204	A 14-page survey	Own personal values (48%) Nursing colleagues (87%), nursing leadership (77.4%), physicians (70%), clergy (7%)	(+)	Education topics: professional responsibilities, information on patient rights, privacy and confidentiality, information regarding truth telling
Fry and Damrosch (1994)	RNs in Maryland	Nurses	462	The survey instrument	Nursing peers (71%), nursing leadership (51%), physicians (56%), other professionals (39%), ethics committee (11%)	(+)	Education topics: empowerment of nurses, content/interpretation of nurses' ethical codes, care of HIV/AIDS patients, treatment/nontreatment of the dying and/or elderly, quality of life, use/removal of life support systems, professional responsibilities, care of dangerous and/or offensive patients, ethical decision making, pain management, moral development/ reasoning
Jenkins et al. (2006)	Army in United States	CRNAs	ANC = 74; DAC = 22	Modified Ethical Issue Scale (EIS)	An informal approach Nursing peer (84.5%), nursing leadership (54.6%), ethics committee (5.2%)	(+)	Education topics: ethics of triage, conduct of the health care provider as a prisoner of war, the role of nurses as advocates, ethical decision making, quality of life
Killen et al. (1996)	OR/recovery room	PORNs	373	Pre-EIS	Nurses' personal codes of ethics Nursing peers (73%), nursing leadership (57.7%), physicians (50%), other professional (30.8%), family or friends (30.8)	(+)	Education topics: patient's right to information, treatment of the dying and the elderly, treatment of the deformed and handicapped, pain management, patient's right to demand or refuse treatment

Killen (2002)	The members of the AORN	PORNs	214	A cross-sectional survey	Ethical principles: autonomy (33.8%), nonmaleficence (42.9%), fidelity (9.8%)	NA	Recommendation: administrative support
King and Miskovic (1996)	The members of the AORN in Baltimore	PORNs	217	Ethical Issues: A Survey of Perioperative Nurse	NA	(+)	Recommendation: education about the American Nurses Association code of ethics
Omery et al. (1995)	A medical center in an urban area	Nurses	794	The Ethical Issue and Resources Survey	NA	NA	NA
Scanlon (1990)	Institutions in an urban area	Directors of nursing	71	A questionnaire	Formats addressing ethical issues in nursing: nursing meeting (66%), in-service education (18%), hospital committees (9%), individual discussion/consultation (9%), hospital ethics committee (9%)	(+)	Used ethics education methods in hospitals: orientation program (35%), continuing education programs (42%)
Scanlon (1994)	RNs in 50 states (hospitals)	Nurses	934	A written survey	Literature (44%), ethics committees (42%), continuing education (39%)	(+)	NA
Schroeter (1999)	PORNs in southeastern Wisconsin	PORNs	40	A descriptive self-report questionnaire, a scenario-based survey	Personal values, work experiences, nursing code of ethics, professional education	NA	NA
					A higher administrative authority (68%), direct confrontation (21%)		

*Note.* EN = education need; (+) = expressed education need; CRNAs = certified RN anesthetists; ANC = Army Nurse Corps; DAC = Department of the Army Civilian; OR = operating room; PORNs = perioperative RNs; AORN = Association of Perioperative RNs; NA = not applicable.

(Schroeter, 1999). A small percentage of responding nurses had experience consulting with ethics committee (Fry & Damrosch, 1994; Jenkins et al., 2006; Scanlon & Fleming, 1990) (see Table 4). However, one study reported ethics committees as one of main resources that nurses consider available when facing an ethical problem (Scanlon, 1994).

Moreover, most of studies ( $n = 8$ ) reported nurses' educational need related to nursing ethics. In four studies, the nurses indicated the need for the following education topics: (a) professional responsibility, (b) patient rights, (c) ethical code/principles, (d) treatment/non-treatment of the dying, (e) patient advocacy, (f) ethical decision making, and so on (see Table 4).

## DISCUSSION

Most of ethical issues mentioned in the reviewed articles can be classified into three categories in the EIS: end-of-life issues, patient care issues, and human rights issues. Frequent ethical issues faced by nurses related mainly to patient care issues and human rights issues, whereas the disturbing issues frequently related to end-of-life issues. The most frequent issues are staffing patterns, protecting patient rights and human dignity, providing care with possible risk to RNs' health, conflict in the nurse or doctor relationship, and allocation of resources. The disturbing ethical issues include prolonging the dying process, child or elderly abuse (neglect), staffing patterns, acting against your own personal, and impaired colleagues.

Nurses in daily practice face various ethical issues. In particular, as technology becomes more complicated and medical care resources become more limited, the concern over "staffing patterns" or "allocation of resources" is centered frequently on nurses, reflecting the industry-wide trend of balancing cost and quality (Killen et al., 1996). The issues are also ranked among the most disturbing issues; that is, it is not a rare event that nurses are directly involved in these most disturbing issues. Thus, nurses may need special support to ethically respond to the issues that are particularly disturbing to them.

Nurses in hospitals reported that they experienced frequent ethical problems related to patient confidentiality or privacy. In contrast, perioperative nurses more frequently encountered ethical issues related to protecting patient rights and the human dignity issue and informed consent than other issues. The frequency of ethical issues may differ depending on the nurses' specialty areas. Redman and Fry (2000) reported that the main ethical conflict was experienced differently

by nurses in a particular role or setting. The findings indicate that ethical decision-making resources need to be made available to nurses in a specialty area in view of their higher-frequency issues.

In terms of how the nurses handle their ethical issues and what resources help nurses handle these issues, most of studies show that nurses deal with ethical issues on the basis of their own values and receive guidance from nursing peers rather than from ethics committees. The fact that nurses use their personal values most frequently to clarify ethical issues draws attention to necessity of nurturing qualified nurses in ethical decision making through education. Furthermore, most of the nurses in the reviewed studies recognized the necessity of ethics education related to the ethical issues that they face. Therefore, nursing education should develop pragmatic ethics programs based on the ethical issues and the needs of nurses. In particular, the frequent ethical issue should be discussed in the ethics curriculum of undergraduate programs for developing skills in recognizing and analyzing the issues.

The code of ethics of the American Nurses Association (ANA, 2001) deals with moral accountability as a nursing professional based on ethical principles. According to study findings, nurses have not recognized the code of ethics as their reference when ethical issues are encountered. However, nurses simultaneously expressed education needs regarding professional ethical responsibility and ethic codes. Ethics educators in nursing programs need to explain the ANA's code of ethics as well as ethical principles. The code of ethics will provide a guide for nurses when facing an ethical dilemma.

During the process of review in this study, the reviewer did not include several articles related to specialty areas because they did not deal with ethical issues in terms of frequency. This study may not have identified all relevant studies. Furthermore, this review has limitations related to information about nurses' ethical issues in other special areas, except the operating room. Therefore, the author recommends further study related to frequent ethical issues that nurses face in a particular role or setting. Future study can help nurses understand ethical issues in special areas and allows developing ethics education focused on specific issues in a particular nursing practice. Furthermore, new ethical issues in nursing are emerging with changes in our society. This study shows ethical issues frequently repeating in nursing in the past two decades and may not include some current issues. Therefore, nursing educators and researchers continuously need to update the ethical issues into nursing education.

The ethical issues measured by frequency provide information about the specific ethical issues of nurses in active practice experience. Therefore, the information can serve to intensify awareness of the issues in clinical areas as well as education areas. Gilbert (1982) pointed out the identification of ethical issues as one of critical content areas in ethics education. The findings in this article can be used to design and improve ethics education programs for nursing students as well as practice nurses as pragmatic evidence.

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