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WHAT THE NURSE DOES: A PILOT STUDY

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Aim of the study

- To identify the values, principles and contextual influences which inform the contribution and influence the action taken by registered nurses in achieving the resolution of ethical dilemmas in nursing practice.
Findings: Themes

Shared values

1. To do ‘what was best for the patient’ appears to be at the forefront of the decision making process.

2. There appears to be a belief that ‘management’ ‘the powers that be’ place constraints on their practice through policy.

3. All the accounts identified autonomous decision-making.

4. There is an acknowledgment of accountability within each account.

5. All participants acknowledged that these decisions have an impact on others which needs to be considered.
Amended Guiding Questions

1. Can you tell me about an ethical dilemma you have faced in your recent clinical practice, within the last three years?
2. What exactly happened?
3. How did this make you feel?
   - Why do you think you felt this way?
4. What did you do?
5. What made you act the way you did?
6. What was the final outcome?
   - Were you happy with this?
Findings: Themes

Best for the patient

'So I felt in a way that I got some satisfaction from – that I had stuck to my decision which I believe was best for the patient.' (P1)

'Had I done the best for my patient? It left me thinking did I give the patient the best I could have given her …' (P2)

'you have got to consider what you are going to do to that patient.' …… at the end of the day always considered the patients was uppermost and that justified my position.' (P3).
Findings: Sociocultural

Organisational
Hierarchy of management
'I was asked would I give a drug to a patient by my line manager and I didn’t feel that the patient should have the drug’ (P1)
because at one time we were equals she was now actually yes she was bed manager but she was a higher grade than me’. (P3)

Policy
'because of what you have to work with because of the rules and regulations and the policies'. (P2)

Interprofessional
Doctors and Nurses
'I even used to think about Doctors doing it I mean Doctors ....... prescribing a drug for a patient they have never clapped eyes on, how do they know - they are very trusting themselves. ....they did not know my capabilities and could not trust my capabilities they did not know me.’ (P2)
Recommendations

- Use guiding questions as developed above.
- Employ a flexible approach to interview
- Ensure remains participant lead
- Continue with main study to identify further themes or contextual influences on decision making.
- Update current literature review based on these findings.
References

- Nursing and Midwifery Council 2007 The code. Standards of conduct, performance and ethics for nurses and midwives. London NMC.