Aim. The aim of this study is to illuminate nurses’ experiences of being in ethically difficult situations in an emergency ward.

Background. Nurses working in emergency practice are frequently faced with ethical issues and challenges in their work. Many studies have been conducted concerning ethical challenges, but no empirical studies related to ethics in emergency wards in Norway have been carried out.

Design. A qualitative interview study was conducted.

Method. Five registered nurses were interviewed about their experiences in an emergency ward in a hospital in Norway. The concept of ethically difficult situations was not defined that the question was left open for the respondents themselves to define what they experienced as ethically difficult. A phenomenological hermeneutical method was used.

Results. The most salient point revealed by the study is the enormous difficulty associated with the prioritisation of tasks and the attendant sense of responsibility which this entailed, particularly in the case of nurses in charge. The narratives reveal the vulnerability of the nurses in ethically challenging situations.

Conclusions. Despite the pressure of responsibility for their patients, the nurses enjoy a sense of satisfaction in their work. Those recognising the ethical dimension in their own professional practice are unable to hide behind others and thus evade their share of the responsibility.

Relevance to clinical practice. Nurses with similar experiences may find the results credible recognising the descriptions or interpretations and seeing them in relation to similar situations. Nurses working on medical and surgical wards, in nursing homes and community care may also feel a great responsibility, difficulties in prioritising and a lack of time for the patients.

Key words: emergency care, ethics, nurses, responsibility, vulnerability

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Introduction

Nurses working on emergency wards have to face many ethically difficult situations. The work requires an unreserved obligation to admit patients, the ability to create a close relationship with the patient and the skill to rapidly call to mind knowledge relevant to the situation. As physicians’ decisions are often based on the nurse’s observations, the nurse has a real responsibility in the diagnostic situation. According to Gillespie and Melbye (2003), nurses working in emergency medical care experience a greater degree of emotional strain than other nurses.

Nurses experience ethical challenges related to the provision of care for patients and their relatives. They encounter difficulties in determining what constitutes appropriate and adequate care. As a result of both staff reductions and fiscal restraints in the health sector, demands for efficiency are constantly increasing. The responsibility of the emergency nurse is to prioritise situations and ensure that the patients receive care while waiting for treatment (Bucknall 2003).
Previous studies have been undertaken regarding ethical challenges in paediatrics (Sørlie et al. 2000, 2003a,b), internal medicine, oncology and paediatric wards (Sørlie 2001), intensive care (Söderberg 1999) and three-day acute care ward in Sweden (Sørlie et al. 2005). The most salient finding from an emergency ward in Sweden was the enormous responsibility involved. Nurses in this study emphasised that they made demands on themselves that they believed were identical to the patients’ expectations. (Sørlie et al. 2005). Nurses working on emergency wards worldwide experience ethical challenges when meeting all sorts of patients face to face. The justification for this study is that while several ethical studies have been carried out in Norway, there are no empirical studies on ethical issues in emergency wards. The aim of this study is to illuminate nurses’ experiences of being in ethically difficult situations in an emergency ward.

Methods

Participants

The five participants in the study were nurses aged between 30–50 (mean 40.6) working full time on an emergency ward in a hospital in Norway. The head nurse was informed about the study, provided access to the research field and made appointments for interviews. The first five who expressed an interest in participating were selected. Nurses signed an information paper agreeing to participate which was then archived securely. Nurses were interviewed during their working hours in a room designed for use by patients’ relatives, so that the interview would not be interrupted or disturbed. The nurses had worked from 6–20 years on emergency wards. Three of them had specialised in anaesthetics. No individual characteristics are disclosed to guarantee confidentiality. The study was reported to and approved by NSD Ltd., responsible for ensuring personal protection in research and to the Regional Ethics Committee.

Interviews

The interviews were aimed at encouraging the nurses to talk freely and uninterruptedly about their experiences of ethical challenges in their daily work on the emergency ward. The open-ended narrative interviews lasted for 45–70 minutes (average = 59) and were transcribed verbatim by the first author with laughter, tears, pauses and sighs indicated in the text. The aim was to understand the meaning of the experience as presented in their narratives. Definition of the nature of ethical challenge was left to the respondent and not framed in advance by the interviewer. Questions were only asked for elaboration of what they felt in the actual situation, what was at stake or their experience of the situation they had just described (Mishler 1986).

Interpretation

The interviews were analysed and interpreted based on the phenomenological hermeneutical method for interpreting texts, inspired by the French philosopher Ricoeur (1976). This method has been developed by the University of Tromsø and the University of Umeå (Lindseth & Norberg 2004) and has been used in several earlier studies. The method is based on the importance of perceived experience, or experiences integrated in practice and provides knowledge of something that can be recollected and recognised. The focus of the method is narratives, a recounting of people’s experiences in life (Lindseth & Norberg 2004). Ricoeur calls the interpretation process the hermeneutical circle. It consists of three steps: naive reading, structural analysis and comprehensive understanding (interpreted whole). The interpretation proceeds through phases that constitute dialectic movements between the whole and the parts of the text and between understanding and explanation (Ricoeur 1976).

The first reading of the interview text as a whole was carried out to gain an overall impression and an initial grasp of the text to indicate the direction of the structural analysis. The structural analysis treated the narrative sentence by sentence, splitting the text into meaning units, sentences or paragraphs with similar meanings. This was carried out to find meaning units of significance relative to the content of the narratives. Based on the significant meaning units, the authors determined the subthemes and the themes, both of which are presented in the results.

Finally, a critical interpretation based on the researchers’ preunderstanding, the naive reading, the structural analysis and relevant theories was carried out to arrive at a deeper comprehension of the research subject. The text was read as a whole and viewed in the light of relevant theory, leading to an interpretation of what nurses on the emergency ward experience as being ethically difficult in their work. This is presented in the discussion. The method is credible in terms of answering the research question, as it is suitable for the analysis of texts, with the aim of revealing the significance of an experience (Ricoeur 1976).

Results

The themes and sub-themes that emerged from the analysis of the interviews with nurses are shown in Table 1 and are presented in the text as follows. Quotations from the
participants’ narratives have been included to support the findings.

**Vulnerability**

*Being close to suffering/death*

Nurses found it ethically challenging to be in situations involving seriously ill or dead children. One of the nurses said:

The child was pronounced dead with no effort made to do anything. No real attempts were made to do anything, really. – I only felt that this was a terrible situation to be in and I talked about it for a long time afterwards.

This was described as one of the worst single type of episode they had experienced and a situation they could not dissociate themselves from.

Nurses felt they were exposed to many strong impressions and memories:

You are exposed to a lot experiences here. It does not affect me during my everyday work, but in the concrete situation it does. And I remember the stories e.g. major traumas, young people dying from burns leave strong impressions. Wounds resulting from burns, it was terrible and we heard the patients’ screams in the ambulance. It was terrible. And this has stayed with me a long time.

The nurses found that they related events in the emergency ward to their own lives. They came into contact with patients with their relatives and observed the parents’ grief when a child died:

You have your own family and children, so you relate the experience to things around you.

*Showing your own feelings*

Nurses described situations that had affected them:

And however long you have been working in the health sector on emergency wards, I believe and hope that I will always be affected by events that are big and traumatic.

The nurses said that they were often unsure about whether displays of feelings were appropriate and how relatives would react and thus asked themselves whether they were allowed to show their own feelings, but found it hard to hide them in such difficult situations. One nurse referred to a situation where parents brought in their dead child:

I could not hide my feelings in that situation which affected me in an overwhelming manner. So then, in a way, I did not manage to stay professional, tears were poring down. Yes, I find it terribly hard not to show my own feelings.

**Responsibility**

*A great responsibility*

Nurses experienced the great responsibility as difficult, particularly when left alone with seriously ill patients. The staffing is minimal at night and weekends, which often means that nurses are working alone. They found it difficult not to be able to observe nursing standards on the emergency ward and had a strong sense of being alone:

And then I must say that the responsibility is a heavy burden, of knowing that the patient is left on his own, while I have been redirecting nurses to a patient in a more serious condition. Being the nurse in charge one constantly finds oneself in situations where patients, relatives and fellow staff members count on your actual presence and attention.

They felt powerless when dealing with shortages of personnel or beds:

Personally, I have quit defending the system. I explain how it works, but I do not defend it any more.

Nurses felt the enormous responsibility of ensuring immediate treatment for patients, if needed. They described situations that had been particularly demanding, e.g. when doctors seemingly did not listen to them:

The way the system is organised the least experienced doctors receive the most severely sick patients. I feel that the ward is run by clever nurses who understand when things are about to take a turn for the worse and who detects whether a patient is becoming very ill.

The nurses also emphasised that they had insufficient time for gravely ill patients, but at the same time attended time-consuming patients who could have benefited from other types of treatment. They experience inconclusive diagnoses as very demanding:

Table 1 Themes and subthemes in nurses’ stories about ethical challenges in emergency care

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<tr>
<th>Theme</th>
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<td>Vulnerability</td>
<td>Being close to suffering/death</td>
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<td>Showing your own feelings</td>
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<td>Responsibility</td>
<td>A great responsibility</td>
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<td>Irresponsible care</td>
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<td>Priorities</td>
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The patient is very ill and you do not know why. And it is weighing heavily on me that at this moment – somewhere there is a patient too ill to be left alone.

Nurses also said that they enjoyed working on the emergency ward. It gave them the opportunity to work independently, to deal daily with professional challenges and to use their skills. Every day, they started anew with new challenges. The work required an ability to handle pressure and to absorb experiences.

**Irresponsible care**

Nurses experienced the openness of the acute care ward as an ethical dilemma. They pointed to the difficulties of nursing in a room that was open. Patients were lined up in the corridor, questions were asked, and nurses were deprived of the opportunity to observe professional secrecy:

We must talk aloud and issue instructions that may be perceived as harsh by patients and relatives lined up in the hall. Things happen quickly and we must make ourselves clear and then this is the way. But what is bad is that people constantly overhear it. It is difficult.

During an examination after a major trauma, the entire body must be examined so as not to overlook anything, and nurses feel that this exposes the patient in a most unfortunate manner: that is, to take care of unconscious patients in a proper manner.

**Priorities**

**One’s own priorities**

The nurses found the most difficult things about emergency care were the numerous patients, the busy days and the difficult priorities that have to be made. They sensed the necessity of having a tremendous capacity to cater to everyone’s needs simultaneously and therefore found it difficult to provide satisfactory service for everyone. Patients requiring care involving many practical tasks would take up most of the nurse’s attention. Nurses understood that everyone feels that they are the most ill and therefore entitled to immediate attention after being admitted to an emergency ward following transportation by ambulance:

It is difficult to feel that you are doing a good job as a nurse, as priorities are made at the expense of what you hold to be good nursing. You may be attending severely traumatised patients, whom you almost have to abandon as someone in a worse condition is coming in and then you must move between patients in a terrible condition and patients even worse off than that.

They had to set priorities vitally important to the life and health of others and experienced an inner conflict in terms of their own aspirations and expectations relative to being a good nurse:

Then it is not always that you feel the job has been done sufficiently well, even if the basics are covered. This is not a good feeling to carry inside you after a long day at work.

**Relatives**

It was difficult to keep relatives informed at times. When patients had to be prioritised, nurses often experienced having insufficient time to provide follow-up for relatives in the way they wanted. When people are brought in after serious accidents, they must be stabilised and relatives are not admitted. Nurses found it difficult to direct relatives to the relative room only to inform them a little later that the patient could not be saved. The nurses felt it was hard not to be able to take care of and spend more time with the relatives:

We often find ourselves in tough situations where children are dying. Then you are with relatives and know that you have to leave them to take care of other seriously ill patients.

**Discussion**

Nurses on emergency wards face many ethical challenges that can be understood from several perspectives. They experience demands from patients, relatives, colleagues and doctors. It is reasonable to assume that nurses experience an ethical demand, which is a heavy burden because of what might be at stake for the patients. According to Logstrup (1997), everyone holds some part of the life of others in their hands. The ethical demand is silent and emanates from the power we have over each other (Logstrup 1997). According to Logstrup’s philosophy, the basic position of the nurse is related to the immediate response to the patient’s body, condition and expressions (Lindseth 2002). Henriksen and Vetlesen (2003) emphasise that work on emergency wards implies being in ethically difficult care situations. This might be a burden because they know what can be at stake for the patient. In this study, nurses were asked to recount their ethical challenges on the emergency ward. It is reasonable to assume that through their narratives, they revealed their own vulnerability when having to relate to the suffering of patients. They also related situations to their own life. The nurses allowed the suffering and death of their patients to add a dimension to their own lives and thereby, in a very genuine way, honoured those patients (Maeve 2002).

According to the narratives, nurses in this study also experienced the difficulty of being emotionally affected by
situations and unsure whether to show their feelings. They emphasised the difficulty in relation to children. Nurses in surgical care identified themselves with their patients. Being moved by suffering, they realised what was at stake for the patients (Torjuul et al. 2007). According to Lanara (1981), one must practise, read and constantly look for the meaning of one’s own life to meet and alleviate suffering. This, above all, requires courage. Eriksson and Barbosa de Silva (1991) argues that Lanara juxtaposes courage and love, where love is the key to the world of human suffering and courage is what we need to venture into it.

The ethical demand quite clearly reveals the dimension of vulnerability in life. The prerequisite for encountering and understanding the patient in his or her anguish, loss, longing and despair is that the nurse has experienced and recognised his or her own anguish, loss, longing and despair (Lindseth 2002).

Nurses are constantly in situations where they know that the life of other people might be at stake. The results revealed that the nurses feared that the condition of patients deprived of care for extended periods of time would deteriorate. Nurses, because of their knowledge and experience, is aware of what can go wrong when she receives patients in a poor condition. Several studies also point out that doctors have to live with the lack of predictability, insecurity and the propensity to make errors (Sørlie et al. 2000, Torjuul et al. 2005).

In their descriptions of ethical challenges on the emergency ward, nurses said that not to have sufficient time to provide care for patients was problematic. This could cause them to leave work with a bad conscience about patients and a sense of having done a poor job.

Nurses work under the constant pressure of having too little time, much responsibility and too many tasks to carry out. The results show that this was a problem particularly at night and weekends. Ailing patients arrive first at the emergency ward and after initial treatment are transferred to other wards. The nurse on the emergency ward, therefore, knows nothing about the further course of treatment or how the patient fares. Nurses are caught in the tension field between the life world and the system world. They face a dilemma of having to follow the rules of the system and rationality and at the same time abide by the true character of care, reflecting the qualities of the life world.

This can be viewed based on the two-level concept of Habermas concerning modern society in the form of the system life-world model (Eriksen & Weiga˚rd 1999). In his book, Bengtsson (1999, pp. 9–49) refers to Heidegger and Husserl when he describes the life world. ‘Heidegger depicts the life world as the world experienced by human beings. The life world is a philosophical concept, introduced by Husserl and developed further in a phenomenological tradition. It is essential for the life world that it is inextricably linked to a subject and the one who experiences it lives and acts in it.’ In this context, it is possible to see routines on the emergency ward and the hospital hierarchy as symbols for the system world and the care and proximity in relation to the patient as based on a life-world perspective.

The patient has a life-world perspective. The danger for the nurse is that the focus on routines and necessary tasks puts the life-world perspective in the shade. According to Habermas, there are contexts in society which are not easily detected from a life-world perspective. The overriding objective for the system is its survival and the completion of necessary tasks, while simultaneously meeting requirements (Eriksen & Weigård 1999). Routines on the emergency ward have an impact on the work of nurses and thus influence the care. According to the results, patients demanding care involving many practical tasks will occupy most of the nurse’s attention. If routines alone are allowed to dominate, the needs of patients will not be met. According to Habermas, the system world will then colonise the life world (Eriksen & Weigård 1999).

Habermas criticises the one-dimensional understanding of society as either a system world or a life world. He thinks that the life-world perspective becomes too idealistic, and the meaningful aspect of social life is lost when society is viewed as a partial system world (Eriksen & Weigård 1999). Based on this notion, it is impossible to have only a life-world perspective on the emergency ward. Both systems are equally important. Nurses indicated that they had insufficient time for gravely ill patients, while at the same time they attended time-consuming patients who could have benefited more from other types of treatment. This brings disorder to the system world. From a system-world perspective, the emergency ward was adequately staffed, but the system is not adapted to the actual patient groups. As the results show the nurses had to set priorities vitally important to the life and health of others. According to Habermas, problems occur when the purpose-rational attitude expands into the areas of the life world and influences relations there (Eriksen & Weigård 1999).

The ethical demand is silent and thus make individuals responsible (Løgstrup 1997). Nurses experienced great responsibility, particularly because the decisions of doctors were often based on their observations making nurses partly responsible. Nurses cannot avoid ethical aspects when meeting patients, and this also gives them a responsibility for the patient. Responsibility is a key concept in ethics, and it is a major phenomenon in our interaction with others and
thus with our moral practice. Dependency always involves others, and the way others are involved is called responsibility (Henriksen & Vetlesen 2003). Support from colleagues and the opportunity to talk to fellow workers are essential to live with responsibility (Torjuul et al. 2005). Responsibility and vulnerability are closely linked to the life of others. It is reasonable to assume that the nurses feel a responsibility to ensure that patients receive proper care. Assistant nurses put this responsibility on the system, politicians and authorities and thus escape being burned out (Sørlie et al. 2004).

Surgeons regard the ethical challenges of the profession as something they have to live with. This means accepting their own personal and professional limits, being unsure, making mistakes and being humble (Torjuul et al. 2005). This can be related to Henriksen and Vetlesen (2003) who point out that unpredictability is inherent in all work involving people.

The enormous difficulty associated with prioritising tasks and the attendant sense of responsibility which this entailed made the nurses vulnerable, even though it was quite clear that they enjoyed their work. Despite the demands, they were able to live with the great responsibility. As the responsible nurse on duty, they made difficult priorities when people, beds and rooms were lacking. It is fair to assume that it was particularly hectic because of patients who could have been given alternative forms of care.

Both directly and indirectly nurses expressed the sentiment that not being able to help, or doing too little for the patient was the difficult part. Those who are aware of the ethical dimension in their own professional practice are unable to hide behind others and thus evade their share of the responsibility (Logstrup 1997).

Methodological considerations

The purpose of the interviews was to obtain rich narratives from nurses about being in difficult situations in their work on the emergency ward, without interrupting their narratives and reflections. Narrative interviews give respondents the opportunity to talk about what is important to them (Mishler 1986). This is an important way to obtain information about the meaning of lived experiences (Polit & Beck 2003). According to Sandelowski (1991), narrative truth emphasises a life-like, intelligible and plausible story. Narrative interviews, interpreted according to the phenomenological hermeneutical approach, seemed to be a suitable choice of method to answer the research question in this study. The method reveals the possibilities of interpreting lived experiences and provides a basis for reflection and discussion about the meaning of being in ethnically difficult care situations.

The results of this study cannot be generalised but are valid if someone with similar experience can recognise the descriptions or the interpretations as their own (Sandelowski 1986). The results from this study can, therefore, be transferred to similar situations (Ricoeur 1976). Nurses working in hospital wards, in nursing homes and community care may also experience great responsibility, difficulty in prioritising and a lack of time for the patients.

According to Ricoeur, the phenomenological hermeneutical investigation offers several interpretations, and this is only one of several possible. The interpretation reached through interpreted meaning will, however, be the best way of contributing to the recognition of a deeper understanding of the meaning of the experiences of nurses working on the emergency ward.

Relevance to clinical practice

Nurses cannot avoid ethical aspects when meeting patients, and this also gives them a responsibility for the patient. Nurses with similar experiences may find the results credible recognising the descriptions or interpretations and seeing them in relation to similar situations. Nurses working on medical and surgical wards, in nursing homes and community care may also feel a great responsibility, difficulties in prioritising and a lack of time for the patients.

Contributions

Study design: KKL, VS; data collection and analysis: KKL, KKL, VS and manuscript preparation: KKL, VS.

Conflict of interest

None of the authors have any conflicts of interest to declare.

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