

# A Systematic Approach to Ethical Decision-Making for Nurses Confronted with Ethical Problems Involving Elder Abuse

By Mary Gilliland, Ph.D., M.S., R.N.

**Purpose:** The purpose of this continuing education activity is to demonstrate a systematic approach to ethical decision-making that nurses can use when confronted with the dilemma of elder abuse.

## Objectives:

At the completion of this educational activity, the nurse should be able to:

1. Define an ethical dilemma.
2. Discuss four ethical principles that should guide nurses as they face ethical dilemmas.
3. Describe a model that can be used for ethical decision-making.
4. List five limiting conditions in which paternalism is justified.

## Requirements for successful completion:

1. Read the article.
2. Complete the posttest questions and program evaluation by circling the selected responses on the posttest.
3. Fill out the registration form.
4. Send registration form, posttest, and a check for \$10.00 to:  
**RURAL HEALTH OUTREACH PROGRAM**  
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**Arlington, TX 76019-0407**
5. A passing score is 80% to receive 1.0 contact hour. If you pass, your CE certificate will be forwarded to you. If you do not pass, you will be notified and may repeat the test once at no cost.
6. Send before August 25, 2012.

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Ethics is the study of good and bad, of moral duty and moral obligations. Ethics is concerned with doing good and avoiding harm (Bandman & Bandman, 2002).

Nursing is an ethical enterprise because it often involves choosing an alternative action when providing care (Allmark, 1992). Two essential environmental limitations that affect decisions are limited resources and limited knowledge. These limitations and others ensure an element of uncertainty for many nursing actions (Allmark, 1992). Nurses working in the community are in an unusual position because they are confronted with ethical problems involving abuse of dependent-care recipients by family caregivers in the home environment. It is important that nurses examine their own beliefs and feelings regarding such ethical issues and not impose their own values on the patient or on the caregiver. However, it is essential to support appropriate behavior and to protect clients from harm.

The purpose of this continuing education activity is to demonstrate a systematic approach to ethical decision-making that nurses can use when confronted with the dilemma of elder abuse.

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In nursing, ethical obligations arise primarily because of the nature of the work, the nurse-patient relationship and the responsibility of the nurses for the well being of vulnerable populations, such as the older adult. The nurse-patient relationship is one of connection and compassion, with the nurse helping that patient and the family through difficult times (Elder, Price & Williams, 2003).

Home-health nurses provide care in an environment where the nurse is the stranger, not the patient. This situation may cloud whether the patient has sufficient knowledge and freedom to make decisions relative to his or her health-care needs. It is important that home-health nurses remember that a patient may be competent to perform a certain task but may not be competent to make certain health-care decisions.

A dilemma is defined as a difficult problem for which there seems no satisfactory solution, or a problem in which the choice is between equally unsatisfactory alternatives (Davis & Aroskar, 1991). An ethical dilemma arises when moral claims conflict, causing the nurse to face a choice with equally unsatisfying alternatives.

Challenging questions frequently arise about patients' nursing care, and difficult decisions must be made. Competing ethical principles, values and interests of patients, their families and other health professionals must be carefully considered before choices are made.

## Ethical Principles

The ethical principles of autonomy, beneficence, nonmaleficence and justice should guide home-health nurses as they face ethical dilemmas.

**Autonomy** is usually defined as self-governance or self-determination (Mappes & DeGrazia, 2006). Individuals act autonomously when they make decisions on their own and act on the basis of their decisions.

**Beneficence** connotes acts of mercy, kindness and charity. People should act in a manner that will benefit others (Beauchamp & Childress, 2009). Ethical rules derived from a principle of beneficence would include removing harm, preventing harm and providing benefits. Beneficence is the foundation of the American Nurses' Association Code for Nurses and is fundamental to nursing practice.

**Nonmaleficence** is based on the principle that people have an obligation to act in a manner so as not to inflict harm on others. This obligation includes unintentional as well as intentional harm and acts of omission as well as acts of commission. Put simply, a rule derived from the principle of nonmaleficence would be to do no harm intentionally or unintentionally by acting or by failing to act.

**The principle of justice** involves the basic structure of society, with treating people fairly, providing them with their due and treating people in similar circumstances similarly (Aroskar, 1989).

Nurses are faced with daily ethical dilemmas in caring for patients and their families. Decision-making in ethical dilemmas, such as elder abuse, requires systematic consideration of the conflicting ethical principles and ethical theory. Ranges of ethical decision-making frameworks apply to nursing practice (See Table 1). The nurse is able to (a) identify and clarify a clinical problem; (b) identify the ethical problem; (c) clarify the role of the nurse; (d) clarify his/her values and those of the patient and family; (e) identify possible actions with anticipated outcomes; and (f) select an alternative with the highest probability of a positive outcome. The following case study illustrates application of a systematic process for decision-making using the 10-step model of Thompson and Thompson (1985).

## CASE STUDY

At 76, Mrs. Smith, a diabetic with severe arthritis, could not care for herself. She had lived with her daughter, Betty, a 46-year-old divorced woman with children ages 17, 15 and 12, for the past two years. The family believed there was no choice but to move Mrs. Smith in with Betty. Before Betty's father died, she had promised him that she would care for her mother and not place her in a nursing home.

Betty was forced to work outside her home when her husband left her. Mrs. Smith was frequently made to feel guilty because Betty preferred to stay home and because she was no longer able to devote time to her family or pursue her other interests. Mrs. Smith claimed that she was frequently manipulated into giving money to her children, especially Betty, under the pretense that it was for food or medication. After threatening to leave bills unpaid, Betty gained access to Mrs. Smith's checking account.

Mrs. Smith requested that Janice, a home-health nurse, review Mrs. Smith's bank statement. Janice discovered that Betty was spending money on clothes and jewelry without permission. Betty became angry when Mrs. Smith confronted her and hit her mother on the arm with a walking cane. Betty also accused her mother of causing her life to fall apart.

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Table 1 – Sources for Ethical Decision-making Models

| Reference   | Model  |
|---|--|
| Husted, J. & Husted, G. (2008) "Ethical Decision Making in Nursing and Health Care: The Symphonological Approach."  | Provides a systematic approach to bioethical decision-making that can help clarify situations where "right" and "wrong" are not clearly defined.   |
| Fry, S. (1994). "Ethics in nursing practice: A Guide to ethical decision making." Geneva: International Council of Nurses.  | A four-step process that examines the story and context of the ethical problem; the significance of the values pertinent to the problem; the meaning of the conflict to individuals involved; and possible solutions to the problem.               |
| Chally, P. & Loriz, L. (June, 1998). "Ethics in the Trenches: Decision making in practice." American Journal of Nursing, 98(6) 17-20.                               | A six-step process that includes clarification of the ethical dilemma; gathering additional data; identifying options; making a decision; acting; and evaluating the impact of that decision.  |
| Cameron, M. (2000). "Value, be, do: Guidelines for resolving ethical conflict. Journal of Nursing Law, 6(4), 15-24.   | Model for resolving ethical problems that consists of virtue ethics, principled thinking and ethical caring.   |
| Calabro, M., & Tukoski, B. (June, 2003). "Participative ethical decision making: A model for primary care." Advances for communication, Nurse Practitioners, 83-88. | A practice and theory-based model that is a synthesis of concepts essential to health care professionals including ethics, communication, negotiation, autonomy and respect for people, professional standards, and care that is culturally based. |

Betty frequently yelled at her mother and slapped her. Eventually, Betty withheld her mother's insulin and meals until late at night. Mrs. Smith asked Betty to move her to her sister's house, but Betty told Mrs. Smith that her sister did not want her. Betty seemed to be concerned about how she would be perceived if her mother moved out. Mrs. Smith told all this to Janice, but pleaded with Janice not to tell anyone because it would only make things worse.

### Systematic Process for Decision-making

As a nurse, Janice believes that abuse is a serious and ongoing problem. The immediate question suggested by this case study is the nurse's responsibilities to help Mrs. Smith, while at the same time getting help for Betty. Gathering additional information will help Janice analyze the situation's ethical components. Table 2 illustrates Thompson and Thompson's 1985 model for ethical decision-making and can serve as a guide for Janice and others in a similar situation.

The first step in the model is to review the situation. Janice must determine causes for the abuse. Based on information in the case study, the causes seem to include a stressed caregiver, a change in power relationships and a history of family conflict. Janice might reasonably conclude that her patient is in an escalating abusive situation.

The second step involves making sure that Janice understands correctly what Mrs. Smith has told her, and making a determination whether additional information is needed. Based on her interactions and observations, Janice might reasonably conclude that Mrs. Smith is competent. She also may conclude that the situation's intensity has increased. Furthermore, in addition to emotional abuse, Mrs. Smith is being subjected to physical abuse and neglect. Betty obviously is not coping well with her situation. There is no reason to believe the situation will improve without intervention.

The fact that Mrs. Smith has wanted to take action is important information for Janice. But what actions ought to be taken? Is there a mandatory law to report abuse and neglect? Is Mrs. Smith's sister agreeable to Mrs. Smith moving into her home? Is the sister able and willing to care for Mrs. Smith? Answers to all these questions are necessary to make an informed decision.

Step three includes identifying ethical issues. These are categorized in Table 3.

Identifying personal and professional values is the next step according to the Thompson and Thompson (1985) model. Values are beliefs that guide, direct, and motivate opinions, attitudes, and actions. Spradley and Allender (1996) defined value as "something one perceives as desirable or ought to be and motivates people to act or behave in certain ways that are personally or socially preferable." The major goal of step four is to facilitate a personal understanding of why a particular response is happening when

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a particular ethical issue emerges. Janice believes that abuse and neglect are wrong. At the same time, however, she understands that, without support, caregiving can be very stressful. Similarly, she respects Mrs. Smith's right to a happy and safe life, and her right to make decisions for herself. Janice also respects the rights and privacy of Betty and her commitment to care for her mother.

In step five, Janice must listen to others and their values. If it is not possible to talk with key individuals, the nurse can proceed alone. Misinterpretation of values can happen without the benefit of hearing the individual describe and clarify what is meant (Thompson & Thompson, 1985). The nurse must understand the patient and family as fully as possible. This includes their beliefs, values, culture and anything else that will contribute to the nurse's understanding of the situation.

Value conflicts are identified in step six. Value conflicts can contribute to the difficulty and confusion in making ethical decisions, so it is important to know where conflicts exist. These conflicts may occur within an individual, between individuals and among groups (Thompson & Thompson, 1985).

Deciding who should make the decision is step seven. In this case, all the identified individuals will be involved. Mrs. Smith has to decide whether she will remain in the situation or if she will move. Mrs. Smith's sister will determine whether Mrs. Smith can move in with her. Betty must decide about receiving counseling. Janice has to decide what action to take to do no harm and prevent harm. Thompson and Thompson (1985) state that the range of actions with anticipated outcomes can now be identified in step eight. Alternatives, consequences for each alternative, and the utility of actions are illustrated in Table 4.

Step nine is the final choice for action. Janice should select an alternative with the highest probability of a positive outcome. In this case, it is likely that the action that will promote the greatest amount of value is arranging temporary accommodations for Mrs. Smith. This entails moving Mrs. Smith to her sister's home and arranging for home-health nurses to give her insulin and an aide to assist her with activities of daily living. In this case, the ethical duty to protect from harm is more compelling than respecting the patient and daughter's right to confidentiality and privacy, and the patient's right to autonomy.

The last step involves evaluating results of the decisions and actions (Thompson & Thompson, 1985). Janice must determine whether the chosen action was best, given the situation. Because home-health staff members are still involved in Mrs. Smith's care, Janice can determine the results, and when and if other decisions need to be made. Janice will need to monitor Betty's progress to determine when temporary accommodations are no longer necessary.

**Table 2 – Bioethical decision model**

|                   |   |
|-------------------|---|
| <b>Step One</b>   | Review situation to determine health problems, decision needed, ethical components and key individuals. |
| <b>Step Two</b>   | Gather additional information to clarify situation.   |
| <b>Step Three</b> | Identify ethical issues in the situation.   |
| <b>Step Four</b>  | Define personal and professional moral positions.   |
| <b>Step Five</b>  | Identify moral positions of key individuals involved.   |
| <b>Step Six</b>   | Identify value conflicts, if any.   |
| <b>Step Seven</b> | Determine who should make the decision.   |
| <b>Step Eight</b> | Identify range of actions with anticipated outcomes.  |
| <b>Step Nine</b>  | Decide on a course of action and carry it out.  |
| <b>Step Ten</b>   | Evaluate/review results of decision/action.   |

**Source:** Reprinted with permission from Thompson, J. & Thompson, H. (1985). *Bioethical Decision Making for Nurses*. Norwalk, CN: Appleton-Century-Crofts, 99.

**Table 3 – Ethical issues**

| <b>Issues of ethical principle</b> | <b>Issues of ethical rights of patient and family</b> | <b>Issues of ethical duties and obligations of the nurse</b> |
|------------------------------------|---|--|
| Autonomy of the patient/nurse      | Right to confidentiality                              | Respect persons  |
| Beneficence for the patient        | Right to self-determination                           | Safeguard patient  |
| Nonmaleficence for the patient     | Right to safe care                                    | Professional-patient relationship                            |
| Justice in this context            | Rights of family                                      | Professional-patient-family relationship                     |

**Source:** Thompson, J. & Thompson, H. (1985). *Bioethical Decision Making for Nurses*. Norwalk, CN: Appleton-Century-Crofts.

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**Anticipated Objections**

It might be reasonably argued that the nurse in this case had no right to take a paternalistic approach and override her patient's request that she keep their conversation confidential.

Paternalism involves interference with an individual's liberty of action by making decisions about what is in the best interest of the older person (Mappes & DeGrazia, 2006). Paternalism is typically justified by referring to the welfare, good, happiness, needs, interests or values of the older person. Paternalism usually emerges when an older individual is judged unable to make sound decisions. Unfortunately, a paternalistic approach is sometimes used even when there is no evidence that an older person's ability to make his/her own decisions is compromised.

Beauchamp and Childress (2009) present limiting conditions in which paternalism is justified:

- When a patient is at risk of a significant, preventable harm;
- When the action will probably prevent the harm;
- When the action's projected benefits to the patient outweigh its risks;
- When there is no reasonable alternative to the limitation of autonomy; and
- When the least autonomy-restrictive alternative that will secure the benefits and reduce the risks is adopted.

Confidentiality is, as a rule, derived from autonomy. Because all individuals should respect the self-determination of others, it follows that older adults and their caregivers should have a right to privacy that precludes unauthorized reports about them. However, in the case of elder abuse, this violation of confidentiality would seem justified because the prevention of serious harm takes priority.

**Conclusion**

Nursing is a profession that requires special knowledge and skills; ethical decision-making is one of the skills that nurses use daily. Nurses providing care in the home are often required to make decisions about ethical aspects of their practice. These decisions typically involve family members as well as the patient. Successful resolution requires a systematic consideration of ethical dilemmas. One of the systematic approaches available to nurses is the ethical decision-making model presented here. Using such a model enables the nurse to be more organized when collecting data related to the ethical issue, examining the moral values of key individuals and assessing the final decision. Nurses who have (a) a clear understanding of the key ethical principles that guide ethical decisions and (b) a framework for ethical decision-making that is easily used in their particular work place, can confidently choose a course of action with a positive outcome.

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**Table 4 — Alternatives, consequences of alternatives, utility of action**

| Alternatives                        | Consequences  | Utility of action* |
|-------------------------------------|---|--------------------|
| No Action                           | Mrs. Smith sustains an injury or illness from abuse and neglect.  | -- --              |
|                                     | Use of scarce medical resources for injury/illness.   | -- --              |
|                                     | Betty's situation continues to deteriorate until she can no longer mentally or physically care for Mrs. Smith.  | -- --              |
|                                     | Abuse and neglect stops, but no counseling is made available to Betty.  | + --               |
| Report to Adult Protective Services | Increased stress for Mrs. Smith and Betty.  | -- --              |
|                                     | Home Health services are discontinued.  | -- --              |
|                                     | Abuse and neglect ends, but Betty doesn't receive the support services she needs. Family relations are damaged. | + --               |
| Confronting Betty                   | Acquire help for family   | ++                 |
|                                     | Create anger and hostility for nurse and Mrs. Smith.  | -- --              |
| Temporary accommodations            | Improved quality of life for client and family.   | ++                 |

\* -- -- Negative Actions, ++ Positive Actions

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## Author biography

### Mary Gilliland, Ph.D., M.S., R.N.

Mary Gilliland is a Nurse Consultant with G & S Healthcare Consultants. Her background includes Medical-Surgical Nursing, Nursing Administration, Paralegal, Educator and Consultant.

*The author has disclosed no relevant financial relationships.*

## Registration Form for Continuing Education Credit

### “A Systematic Approach To Ethical Decision-Making For Nurses Confronted With Ethical Problems Involving Elder Abuse”

**Purpose:** The purpose of this continuing education activity is to demonstrate a systematic approach to ethical decision-making that nurses can use when confronted with the dilemma of elder abuse.

#### Objectives:

At the completion of this educational activity, the nurse should be able to:

1. Define an ethical dilemma.
2. Discuss four ethical principles that should guide nurses as they face ethical dilemmas.
3. Describe a model that can be used for ethical decision-making.
4. List five limiting conditions in which paternalism is justified.

#### How to earn one contact hour :

1. Read the article.
2. Complete the posttest questions and program evaluation by circling the selected responses on the posttest.
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- \* City/State/ZIP: \_\_\_\_\_
- \* State(s) of licensure: \_\_\_\_\_
- Telephone number: \_\_\_\_\_
- \* E-mail: \_\_\_\_\_

\*Required Fields

## Posttest Questions for Continuing Education Credit

Article: "A Systematic Approach to Ethical Decision-Making for Nurses Confronted with Ethical Problems Involving Elder Abuse" by Mary Gilliland, Ph.D., M.S., R.N.

Please circle your response for each question

1. A dilemma is defined as a difficult problem that seems to have no satisfactory solution, or a situation in which a choice is between equally unsatisfactory alternatives.
  - a. True
  - b. False
2. Before a decision is made about an ethical dilemma, a nurse must carefully consider all but:
  - a. The competing ethical principles, values and interests of the patient.
  - b. The competing ethical principles, values and interests of the family.
  - c. The competing ethical principles, values and interests of other health professionals.
  - d. The age of the family members.
3. An ethical dilemma arises when moral claims conflict, causing the nurse to face a choice with an equally unsatisfactory alternative:
  - a. True
  - b. False
4. A "value" is defined as:
  - a. Something one probably perceives as undesirable.
  - b. Beliefs that guide, direct, and motivate opinions, attitudes and actions.
  - c. The study of good and bad, of moral duty and moral obligations.
  - d. Doing good and avoiding harm.
5. Which of the following is not an ethical principle used in ethical decision-making?
  - a. Justice
  - b. Beneficence
  - c. Nonmaleficence
  - d. Peace
6. It is important for nurses to identify and clarify their values as an individual and professional, but they must listen to others and their values for all but one of the following reasons:
  - a. There will be no misinterpretation of values.
  - b. The nurse can understand the patient and family as fully as possible.
  - c. The nurse can understand the patient's and family's beliefs, values and culture.
  - d. The nurse can avoid additional work and get home to her family.
7. The ethical duty to protect a patient from harm should never override the patient's right to confidentiality.
  - a. True
  - b. False



8. Which of the following is not part of an ethical decision-making model?
  - a. Begins with data collection
  - b. Includes examination of the moral values of key individuals
  - c. Decides on course of action
  - d. No evaluation of actions is necessary
  
9. Anticipated outcomes of actions should always be considered when making an ethical decision.
  - a. True
  - b. False
  
10. Issues of ethical rights of patients and families include all but the:
  - a. Right to safe care.
  - b. Right to self-determination.
  - c. Right to confidentiality.
  - d. Right to misrepresent facts to the nurse.

## Posttest Questions for Continuing Education Credit

Article: "A Systematic Approach to Ethical Decision-Making for Nurses Confronted with Ethical Problems Involving Elder Abuse" by Mary Gilliland, Ph.D., M.S., R.N.

### Program Evaluation

Strongly **Disagree = 1**      Strongly **Agree = 5**

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Objective 1 was met.                                   | 1 | 2 | 3 | 4 | 5 |
| Objective 2 was met.                                   | 1 | 2 | 3 | 4 | 5 |
| Objective 3 was met.                                   | 1 | 2 | 3 | 4 | 5 |
| Objective 4v was met.                                  | 1 | 2 | 3 | 4 | 5 |
|  |   |   |   |   |   |
| The article was effective as a learning resource/tool. | 1 | 2 | 3 | 4 | 5 |
| The objectives were relevant to the overall purpose.   | 1 | 2 | 3 | 4 | 5 |
| The activity met your expectations.                    | 1 | 2 | 3 | 4 | 5 |

List two ways that you will integrate what you learned in this activity into your practice and/or work environment:

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The following were disclosed:

- |  |     |    |
|--|-----|----|
| <input type="checkbox"/> Requirements for successful completion.   | Yes | No |
| <input type="checkbox"/> Conflicts of interest.  | Yes | No |
| <input type="checkbox"/> Commercial support.   | Yes | No |
| <input type="checkbox"/> Non-endorsement of products.  | Yes | No |
| <input type="checkbox"/> Off-label use.  | Yes | No |
| <input type="checkbox"/> Expiration date.  | Yes | No |
| <input type="checkbox"/> Did you perceive any bias that was not disclosed in this activity?  | Yes | No |
| If Yes, please describe _____  |     |    |
| <input type="checkbox"/> State the number of minutes it took you to read the article, complete the test and evaluation: _____ minutes. |     |    |