

Ethical Problems Experienced By Nurses Who Work in Psychiatry Clinics in Turkey

Türkiye’de Psikiyatri Kliniklerinde Çalışan Hemşireler Tarafından Deneyimlenen Etik Problemler

Rahime AYDIN ER, Nermin ERSOY

SUMMARY

Objectives: This study was conducted to determine the ethical problems from the perspectives of nurses who work in psychiatry clinics, who spend more time with their patients than other healthcare professionals, and who act as advocates for patients’ rights.

Methods: This descriptive study was carried out in Samsun, Turkey. A self-administered questionnaire was prepared, piloted, and then distributed in 2010 at a national psychiatric nursing congress. Percentages of characteristics and preferences of the participants were calculated, and the results were analyzed using chi-square and Mann-Whitney U tests.

Results: 109 nurses participated in this study. The ethical problems most frequently observed by the nurses concerned respect for patients’ autonomy. However, other ethical problems were encountered in the areas of privacy, beneficence, non-maleficence, and justice.

Conclusion: Based on study results, serious ethical problems were observed in psychiatric treatment and care, but these problems were not identified as being ethical problems or even taken into consideration sufficiently by nurses. Therefore, beginning ethical discussion with nurses who work in psychiatry clinics about ethical problems in psychiatry, establishing ethical codes and guidelines for practice, and sharing these codes and guidelines with psychiatric team members will help to prevent ethical dilemmas.

Keywords: Ethical issues; ethical problem; nursing ethics; psychiatric nursing.

ÖZET

Amaç: Çalışmada psikiyatri kliniklerinde çalışan, hastalarıyla daha fazla zaman geçirmekte olan ve hasta hakları savunuculuğu rolü daha özel anlamlar içeren hemşirelerin perspektifinden psikiyatri hastalarının tedavi ve bakımlarına ilişkin olası etik sorunların belirlenmesi amaçlanmıştır.

Gereç ve Yöntem: Tanımlayıcı tipte olan çalışma Samsun’da yürütülmüştür. Araştırmacılar tarafından hazırlanan anket formu 2010 yılında düzenlenen Ulusal Psikiyatri Hemşireliği Kongresi katılımcılarına uygulanmıştır. Katılımcıların bireysel özellikleri ve tercihlerine ilişkin elde edilen verilerin yüzdelerle dağılımları hesaplanmış, ilişkili değişkenler ki kare ve Mann-Whitney U testleri kullanılarak analiz edilmiştir.

Bulgular: Çalışmaya 109 hemşire katılmıştır. Hemşireler tarafından en sık gözlemlenen etik problemler hastanın özerkliğine saygıya ilişkindir. Bununla birlikte gizlilik, yararlılık, kötü davranmama ve adalet psikiyatri hemşireleri tarafından karşılaşılan diğer etik sorunlardır.

Sonuç: Çalışma sonuçlarına göre, psikiyatrik tedavi ve bakım hizmetlerinde ciddi etik sorunlar yaşandığı, söz konusu sorunların hemşireler tarafından yeterince fark edilemediği gözlenmiştir. Bu nedenle psikiyatri kliniklerinde çalışan hemşireler ile psikiyatride etik sorunlar hakkında tartışmalara başlanması, uygulamaya yönelik etik kod ve rehberlerin hazırlanması ve bunların psikiyatri ekip üyeleriyle paylaşılması, etik ikilemlerin önlenmesine yardımcı olacaktır.

Anahtar sözcükler: Etik konular; etik sorun; hemşirelikte etik; psikiyatri hemşireliği.

Introduction

Psychiatric/mental health nurses (PMHN) often encounter ethical problems in providing care for their patients.^[1] Ethical problems demand a morally rigorous response, because they often involve making difficult choices. These problems are more complex because they cause dilemmas with no clear and easy solutions.^[2]

It is important that psychiatric nurses comprehend differ-

ent types of ethical problems so that they can resolve ethical problems that they encounter. Moral unpreparedness means being unprepared to deal with an existing ethical problem on emotional, psychological, and/or educational grounds.^[2] For instance, PMHN have difficulties in controlling their negative feelings about psychiatric patients while providing care for them. Moral blindness means not considering problems as moral, but rather, nurses may perceive it as either a clinical or a technical problem. The example of moral blindness is PMHN neglect in allowing patients’ rights due to compulsory admission and seclusion, because they did not know that these patients’ rights.^[3] An ethical dilemma is a situation in which an individual is compelled to choose between two actions that will affect the welfare of a sentient being, where both actions are reasonably justifiable as good, neither action is readily justifiable as good, or the positivity of the actions is uncertain. One action must be chosen, thereby generating a quandary for the person or group who is burdened with the

Department of History of Medicine and Ethics, Kocaeli University Faculty of Medicine, Kocaeli, Turkey

Correspondence (İletişim): Dr. Rahime AYDIN ER.
e-mail (e-posta): raay@kocaeli.edu.tr

Psikiyatri Hemşireliği Dergisi 2017;8(2):77-85
Journal of Psychiatric Nursing 2017;8(2):77-85

Doi: 10.14744/phd.2017.97720

Submitted (Geliş tarihi): 07.11.2016 **Accepted (Kabul tarihi):** 29.06.2017

choice.^[4] For instance, when PMHN care for patients who refuse treatment and presents a danger to themselves, does the nurse respect a patient's choice based on the principles of autonomy, or does the nurse override a patient's choice based on the principles of beneficence.^[5] PMHN provide care to patients in severe situations such as suicide risk, agitation, aggression, impulsivity, sexual behavior, and thus face ethical dilemmas almost every working day.

Ethical problems in medical care influence nurses and other workers as well as patients. Unresolved ethical problems can cause feelings of frustration, desperation, exhaustion, and powerlessness, which can lead to compromises in patient care, stress, job dissatisfaction, disagreements among those in the healthcare team, and burnout.^[4,6] Therefore, it is important to determine ethical problems to prevent their negative effects on nurses. However, if PMHN can predict and determine the key ethical challenges that arise in psychiatric treatment and care, they may be able to eliminate some possible ethical dilemmas proactively and give appropriate ethical treatment and care. By their nature, psychiatric patients belong to a vulnerable group, and these patients may have been stigmatized by society. When psychiatric care professionals behave in a way that encourages discrimination or prejudice, or results in their receiving substandard health care, the patient's rights are seriously compromised. In the role of patient rights advocates, PMHN have a duty to protect their patients' rights, to help empower them to use those rights, and to participate in the process of ethical decision-making in relation to their patients.^[5,7]

Ethical Issues in Psychiatric Nursing

In mental health care, the epistemological distinctions between what are considered as 'illness' and 'health' or 'normal' and 'abnormal' is often not as clear as in somatic health care.^[8] Causation of psychiatric diseases and response to psychiatric treatment remain poorly understood.^[9] Some psychiatric patients are not capable of making decisions, or there is uncertainty or disagreement about this issue. All these uncertainties make ethical issues in this discipline especially salient and unique.^[1,8] Ethical issues related to PMH nursing in the literature can be summarized as: obtaining informed consent from the patient; compulsory treatment and hospitalization; using seclusion and restraint; respect for patients' privacy and confidentiality; and research in psychiatric medicine.^[1,5,7,10]

Turkey's Mental Health System

Turkey is a developing country; in 2013 its population was 77 million. The most comprehensive studies of the prevalence of mental disorders found that the overall prevalence of mental disorders in Turkey is 17.2% in adults and 10.9% in children and adolescents. Somatoform disorders, for example, are the most frequent form of such disorders in adults, fol-

lowed by affective and anxiety disorders. In descending order, the most frequently encountered conditions in children and adolescents are anxiety, depression, and aggressive behavioral disorders.^[11]

In Turkey, mental health services are provided as hospital-based by the government through the Ministry of Health. Treatment and care services are commonly given by mental health hospitals with 300 to 1,500 beds. These services are also provided at public and university hospitals and private mental health hospitals. The number of beds available for psychiatric patients in Turkey is approximately 7,356; this number is lower than that in all other European countries. The services provided to psychiatric patients focus only on crisis and do not involve intervention in the biopsychosocial factors that predispose for, or exacerbate, disease. Nor do these services attempt to contribute to psychiatric patients' social and occupational functionality.^[12]

Psychiatric Nursing in Turkey

In Turkey, specific training on PMH nursing has been included within nursing education programs since the 1960s. By the 1990s, the specialism had developed to such an extent that postgraduate and doctoral education programs in psychiatric nursing began to appear, as did certificate programs for nurses working in psychiatric clinics.^[13] In 2000, the Association of Psychiatric Nursing was founded with the purpose of creating a vision for psychiatric nursing in Turkey. With the regulation of nursing, which was restored in 2007, the educational path to becoming a professional nurse was updated, and four years of undergraduate education and specialization in psychiatric nursing were officially mandated. This regulation also stipulated PMH nurses' roles, responsibilities and duties based on which department/clinic (psychiatric clinical nurse, child and adolescent psychiatric nurse, psychiatric consultation-liaison nurse, alcohol and substance abuse nurse) was the locus of the nurse's service.^[14]

There are approximately 1,700 nurses worked in psychiatric clinics in Turkey; that is a ratio of 3 psychiatric nurses per 100,000 people. Many nurses do not have postgraduate degrees in psychiatric nursing.^[12] The Association of Psychiatric Nursing has worked to establish standards related to psychiatric nursing education and clinical practices, organized national and international congresses from 2007 to the present; in 2010, the Association began publishing *The Psychiatric Nursing Journal*.

Because nurses spend more time with patients, they are likely to encounter ethical problems more often than does any other member of the health care team. However, nurses are often the ones with the opportunity to explore the values and preferences of patients and their parents.^[15] Studies conducted in the USA,^[16] Finland,^[17] Japan,^[6] and Korea^[3]

identify ethical problems encountered by psychiatric nurses. Up to the planning time of the present study, there were no comparable studies in Turkey aimed at identifying ethical problems encountered by clinical nurses in psychiatry. This study, therefore, has been designed to fill this gap. The present study aimed to determine the ethical problems encountered by nurses who work in psychiatry clinics. The nurses' recognition of ethical problems was also evaluated.

Materials and Method

Design

This is a descriptive study. The data were collected using a self-administered and structured questionnaire that was developed by the researchers using PubMed / Medline and the Google academic database. The following keywords were used to search these databases: psychiatric nursing, psychiatric ethics, ethical issues in psychiatry, ethical problem, ethical dilemma, informed consent, involuntary hospitalization, secluded, restrained, research in psychiatry. The first part of the questionnaire (9 questions) covers nurses' personal and professional characteristics: age, gender, institution, general and psychiatric nursing experience, place of work, ethical training, and postgraduate education in psychiatric nursing. The second part of the questionnaire (18 questions) concerns ethical problems (responded as encountered or not encountered). Furthermore, three questions were included to learn about nurses' expectations of their field of work. The questionnaire was pilot-tested for its content and clarity of language in a cohort of seven psychiatric nurses who work in psychiatry clinics. The questionnaire was found to be suitable for the study, and no further changes were made.

Setting

This study was conducted at the Fourth National Psychiatric Nursing Congress in Samsun between 24 and 26 June 2010.

Participants

Participation in the study was voluntary, and nurses who had worked for at least one month in mental health were eligible. Anonymous and self-administered questionnaires were distributed to all nurses at the Congress who volunteered to participate. The questionnaires and information about the study were distributed to all conference delegates. Of the 230 psychiatric nurses solicited for responses, 109 participated in this study (47% response rate).

Statistical Analysis

The personal characteristics (age and gender) and professional characteristics (institution, general and psychiatric nursing experience, place of work, ethical education, and postgraduate training in mental health/psychiatric nursing)

of the psychiatric nurses were used as independent variables. Ethical problems such as involuntary/compulsory treatment and hospitalization, the use of seclusion and restraints, informed consent, confidentiality, and research in psychiatry as stated by the psychiatric nurses were used as dependent variables. In statistical analyses, dependent variables were used as dichotomous variables indicating that the specific problem is encountered or not encountered. Descriptive statistics, including means, standard deviations, frequencies, and percentages were used to characterize the sample. A chi-square test was used to determine the relationship between gender, institution, ethical education, postgraduate training in psychiatric nursing, and the frequency with which ethical problems were encountered and reported. The relationship of age, nursing and mental health nursing experience to the frequency with which ethical problems were encountered was determined using the Mann-Whitney U test. A value of $p < 0.05$ was considered significant.

Ethical Issues

When the study was designed and conducted (from February to December 2010), the local human research ethics committee in Turkey was not reviewing questionnaire studies. Consequently, ethical approval was not required. The study was done with the permission of the Psychiatric Nursing Congress's Regulatory Committee. Information about the study's aim and voluntary participation in the study was given to participants both verbally and on the first page of the questionnaire during the congress. PMHNS were instructed not to include their names in the questionnaire to preserve their anonymity. The participants were assured that the confidentiality of their answers would be respected, and that the data would not be used for any purpose other than the present research. Instructions for completing and returning the questionnaire were provided with the invitation to participate.

Results

General Characteristics of Psychiatric Nurses

The demographic and professional characteristics of the participating nurses are shown in Table 1. The ages of the participating nurses ranged between 21 and 68, with an average age 33.8 ± 7.4 . Most the participants (88.1%) were females. The nurses had 6 months to 33 years (average = 12.5 ± 7.9) of nursing experience. Respondents reported to have worked in the psychiatric nursing field for 2 months to 31 years (average = 7.7 ± 7.1), and 81.7% were working as bedside (clinical) nurses. Of the participants, 51.4% had attended a specialist course in mental health or psychiatric nursing after graduation, and 18.3% had master's degrees in psychiatric nursing. A substantial number of the nurses (64.2%) had received ethics training as a part of their undergraduate studies.

Table 1. Characteristics of Psychiatric Nurses (n=109)

Demographic characteristic	n	%	Mean±SD	Professional characteristic	n	%	Mean±SD
Age (years)			33.81±7.45	Nursing experience (years)			12.46±7.90
Gender				Psychiatric experience (years)			7.78±7.17
Female	96	88.1		Workplace			
Male	13	11.9		Clinical nurse	89	81.7	
				Educational nurse	4	3.7	
				Emergency	9	8.2	
				Supervisor	7	6.4	
				Postgraduate training in psychiatric nursing			
				Receive	56	51.4	
				Not receive	53	48.6	
				Ethical education			
				Receive	70	64.2	
				Not receive	39	35.8	
				Master's degree			
				Have	20	18.3	
				Not have	89	81.7	

Ethical Problems Encountered By Psychiatric Nurses

As shown in Table 2, the ethical problems most frequently observed by the nurses who work in psychiatry clinics concerned respect for patients' autonomy. Patients were forced to receive treatments without being given informed consent (71.6%); they were held at the clinics without consent (70.6%); and they were not provided with treatment-specific information (58.7%).

The second group of ethical problems related to violations of the "non-maleficence" principle. Additionally, psychiatric nurses experienced ethical concerns regarding seclusion and restraint. For 8.3% of the participants, the ethical problem arose from doubts about the benefits of these practices for patients; 32.1% were concerned about the use of seclusion and restraint to punish patients. In all, 56.9% worried about having to make decisions about whether to continue these practices, and 30.3% worried about being obliged to carry out

these practices on their own. All the respondents felt that the duty to do no harm to the patient was being violated. Having to perform practices that they felt were not beneficial, or even actively harmful to patients, created serious ethical dilemmas for the nurses.

Most of the nurses who completed the questionnaire (56.9%) expressed that doctors asked them to implement different procedures for patients who had similar problems. This led 62.4% of nurses to feel that patients were being discriminated against. These dilemmas were thought-provoking insofar as they indicated that violations of the justice principle (i.e., to provide similar medical and nursing care for patients with similar characteristics and needs) had occurred.

Another worrying ethical problem was the lack of respect for patients' privacy. Physicians routinely disclosed medical information to relatives without permission from the patients (46.8%) and acted carelessly without respect to their privacy

Table 2. Ethical Problems Encountered by Psychiatric Nurses (n=109)

Ethical Issue(s)	Ethical Problem	n	%
Respect for autonomy Right to decide	Keeping patients who should be discharged at the clinics without their consent	78	71.6
	Hospitalizing without consent patients who do not need inpatient psychiatric care or treatment	77	70.6
	Being inpatient while informing the patients about their diseases, treatments and cares, with no attempt to ensure that patients have understood the information given	64	58.7
	Making the decision to seclude and restrain the patients on own initiative	62	56.9
Duty of preventing harm Futile treatment	Using seclusion and restraints to punishment of patient	35	32.1
	Implementing the practice of secluding and restraining on own initiative	33	30.3
	Following physicians' orders to restrain patients who are in fact not aggressive or agitated	9	8.3
Duty of non-harm Duty of justice	Physicians and nurses discriminating against patients	68	62.4
	Physicians demanding implementation of different procedures for patients who are hospitalized in the same unit	62	56.9
Discrimination Respect for privacy	Giving patients' relatives confidential information about patients without the patients' consent	51	46.8
	Physicians and nurses acting without concern for patients' privacy	45	41.3
Research ethics Voluntary agreement	Hospitalizing patients purely for the purposes of research	33	30.3
	Including patients in research without their consent	25	22.9

Table 3. The Relation between Ethical Problems Encountered and Postgraduate Training Received in Psychiatric Nursing (n=109)

Ethical problem	Postgraduate training in psychiatric nursing		Significance
	Received %	Not received (%)	
Physicians demanding implementation of different procedures for patients who are hospitalized in the same unit			
Encountered	62.9	37.1	$\chi^2=7.648$ p=.006
Not encountered	36.2	63.8	
Physicians and nurses discriminating against patients			
Encountered	58.8	41.2	$\chi^2=4.014$ p=.045
Not encountered	39.0	61.0	
Physicians and nurses acting without concern for patients' privacy			
Encountered	64.4	35.6	$\chi^2=5.239$ p=.022
Not encountered	42.2	57.8	
Including patients in research without their consent			
Encountered	76.0	24.0	$\chi^2=7.874$ p=.005
Not encountered	44.0	56.0	

(41.3%), according to the nurses' responses to the questionnaire.

Finally, some ethical problems identified by the participating nurses are related to research ethics. Patients were included in research programs without being provided with the opportunity for valid informed consent (22.9%). Their autonomy was denied by being hospitalized in psychiatric clinics (30.3%), purely to include them in a research program. Given the seriousness of the problems identified, it is worrying that only a minority of the nurses in the study (42.2%) recognized these problems as ethical problems.

Most of the nurses who work in psychiatry clinics said that the most disturbing ethical problem for them was not being provided with patients' informed consent (49.5%). This problem was followed in frequency by concerns about discrimination towards patients (31.2%), the inclusion of patients in research studies without their consent or even knowledge (11.0%), and enforced treatment (8.3%).

Other important findings about the prevalence of ethical problems include:

- most nurses need ethical codes and duties to solve any type of ethical problem (89%);
- they need training about ethics to detect and to solve these problems (88.1%);
- almost all the participating nurses want helpful rules and standards for ethical problems to be established with the help of the Turkish Psychiatric Nurses Association (94.5%).

The Relationship Between Ethical Problems and Other Variables

Two variables (nursing experience in psychiatry and postgraduate training in psychiatric nursing) resulted in a significant statistical difference in recognizing ethical problems.

The more experienced a nurse is, the more likely they would be to notice patients who could be discharged but are kept in hospital against their will (Mann Whitney U=844.000, p=0.014). The nurses who received Master's or postgraduate education in psychiatric nursing reported that they encounter more of the following cases than who did not receive any training:

- patients included in research studies without their valid informed consent being obtained ($\chi^2=7.874$, p=0.005);
- physicians requesting the implementation of different procedures for patients with similar problems ($\chi^2=7.648$, p=0.006);
- patients being discriminated on depending on their status ($\chi^2=4.014$, p=0.045); disregarding patients' privacy ($\chi^2=5.239$, p=0.022) (Table 3).

Despite being exposed to more cases of ethical challenges like these, nurses who received Master's or postgraduate education in psychiatric nursing reported experienced fewer ethical problems ($\chi^2=6.624$, p=0.010).

Discussion

The aim of this study was to determine what types of ethical problems were encountered by nurses working in psychiatry. Violation of patients' autonomy and right to decide was the most common ethical problem they encountered. Nurses reported that patients were hospitalized without obtaining their informed consent (70.6%), and they were not provided with sufficient information about the patient (58.7%). Overall, nurses said that the most disturbing ethical problem was patients' not being informed about their disease and treatments. Grace et al. (2003) reported that psychiatric nurses frequently faced ethical issues related to respecting or not respecting informed consent to treatment.^[16] Wojtow-

icz et al. (2014) found that Canadian nursing students who completed clinical practicum in acute inpatient psychiatric units feel moral distress when they witness psychiatric patients being given inadequate or misleading information about medications.^[18] One of the studies conducted in our country found that psychiatric patients do not have enough knowledge about diseases and treatments,^[19] in another study reported that psychiatric patients did not obtain permission before the attempt.^[20] These results suggest that psychiatric patients did not receive the information necessary for providing ethically and legally valid informed consent. This could be explained by the opinion that psychiatric patients cannot provide informed consent because the symptoms of psychiatric disorders can jeopardize patients' abilities to decide to give consent.^[21] It is therefore suggested thereby that patients' abilities to understand and assess information about the available medical treatments are seriously impaired, meaning that they are unable (it is argued) to provide valid informed consent. This approach indicates that health professionals feel justified in failing to inform psychiatric patients about their diseases and possible treatments, and even when patients are informed, their decisions to refuse medical advice are ignored.^[22] Although psychiatric disorders are said to exacerbate the risk of poor decision-making, it does not follow that the autonomy of all psychiatric patients should be ignored based on the basis that they are incapable of making decisions. Moreover, there are studies proving that patients with a severe psychiatric disorder such as schizophrenia can make decisions, and thus they can provide informed consent.^[19,23] Therefore, all psychiatric patients' abilities to decide must absolutely be considered.^[21]

The decision-making competence that suits present-day norms indicates that patients should be examined in cooperation with a doctor and an ethical expert, and simultaneously taking the opinions of their families into consideration. It is also claimed that other health professionals-psychologists, nurses, social service experts and therapists- should participate in this decision. It has also been claimed that tools should be used to measure patients' competence (understanding, appreciation, reasoning, and ability to express a choice), especially when there are doubts about the competence of the patient.^[24] If patient competence is assessed using a multidisciplinary approach and objective tools, incorrect diagnoses can be prevented and the medical care given to patients will be ethical and respectful of the autonomy of the patient.

Legal regulations such as the 2007 Mental Capacity Act and psychiatric advance directives are sometimes referred to as Ulysses arrangements provided significant solutions for the problems concerning decision-making competence. Our national mental health policy states that people's decision-making capacity may be affected by mental disorders, but

does not stipulate the conditions under which patients can make decisions related to their treatment. This issue should be included in any new mental health law and psychiatric patients' rights law.^[11]

The informed consent process should be followed even if the patients are not competent at a given moment.^[19] Psychiatric nursing's code of ethics points out nurses' ethical obligation to inform the patients and to obtain informed consent from patients. The American^[25] and Canadian^[26] psychiatric nursing codes of ethics require that psychiatric nurses give adequate information to patients with respect for their self-determination and autonomy. Psychiatric nurses are expected to know, apply, and uphold the process of informed consent. To better fulfil ethical obligations and legal responsibilities, psychiatric nurses should participate in the process of obtaining informed consent from the patient. This can help to prevent violation of rights resulting from the failure in informing patients.

Most nurses (71.6%) reported that patients were forced to remain in hospital without their consent. Compulsory hospitalization and treatment are the most disputed issues in psychiatry because it deprives patients of their freedom. Nevertheless, these practices are deemed necessary in some circumstances. The first of these circumstances focuses on the presence or likelihood of a danger to the patient or to others. The other permits compulsory hospitalization based on the judgment that treatment is necessary. However, legislation on and practices of compulsory treatment and hospitalization of psychiatric patients vary among European Union member nations.^[27] According to legal regulations^[28,29] and ethical codes^[30] in Turkey, both involuntary treatment and compulsory hospitalization of the patients are based on the risk of harming themselves or someone else. The duration of hospitalization, and who will make the admission decision, is not clearly stated. However, it appears that this practice is largely dependent upon the discretion of individual physicians. The newly revised nursing regulation requires that nurses who work psychiatry clinics evaluate the risk of harm that their patients pose to themselves or to others, and inform the physician. They are also expected to express their opinions about the type of hospitalization when communicating with patient's relatives and the physician.^[14] These advances imply that when nurses are aware of their responsibilities related to compulsory hospitalization, the ethical dilemmas with this issue can be prevented. However, legislation must be implemented to regulate related to compulsory hospitalization in which condition, who will be the decider, and how to follow the process in our country.

Another finding of this study is that there are ethical problems pertaining to the violation of the "non-maleficence" principle in psychiatry. More than half of the nurses reported

having had to make the decisions to seclusion and impose restraints by themselves (56.9%), and that some decisions regarding the use of restraints were made to punish patients rather than as a response to their needs (32.1%). A study conducted in the USA (2003) also found that one of the most frequent ethical problems of psychiatric nurses is about the use of restraints.^[16] The situations that require such practices that limit patients' freedom often occur suddenly. Therefore, nurses are supposed to make quick decisions. However, it is unusual for hospital management to have a policy that determines when and how these freedom-limiting practices should be used. Thus, nurses must make decisions about how and when to implement secluding and restraining practices on their own.^[31] A study conducted in Canada (2000) reported findings like those found in our research: psychiatric nurses were not receiving any support from physicians over decisions about restraint procedures.^[32] PMH nurses' ethical obligation is to watch out for the best interest of the patient in these practices. Psychiatric nurses apply seclusion and restraint to patients as the last option when all alternative methods are inadequate.^[33] However, using restraint is only ethically justifiable if it is beneficial for patients and protects third parties from possible harm, using the least damaging and least limiting methods with patients who are dangerous either to themselves or to others. There is no ethical basis for certain interventions, such as seclusion or restraint of competent psychiatric patients without their consent, restraint as a method of punishment, and discriminatory treatment of patients.^[34,35] As reported by psychiatric nurses, restraints are used to punish patients, usually by the nurses themselves. This indicates that they are not aware of their mistakes and lack sufficient knowledge of the ethical standards for patient restraint. However, nurses are typically seen as below physicians, and their role is subservient to that of the physician in Turkish healthcare contexts. This power imbalance in the workplace, and the education and socio-economic difference between physicians and nurses, creates the perception among nurses that their opinion in the healthcare context is not as valued as that of the physicians, and creates situations in which their views are overridden or overruled by physicians.^[36] Therefore, nurses who work in psychiatry clinics were obligated to make this application that did not provide benefit to the patient.

Confidence in the medical process, an absolute ethical responsibility in terms of the principle of respect for the individual and a positive patient-professional relationship, is especially important in mental health treatment. Because psychiatry requires sharing information about individuals' private lives to a greater degree than is required in other medical disciplines, patients may disclose their most difficult, vulnerable, and painful feelings.^[37] Our results suggest, how-

ever, that patients can not feel confident in mental health professionals because proper respect was not shown for individuals' privacy (41.3%), and families were given patients' non-life-threatening information without their permission (46.8%). Similarly, two study conducted in Korea and Turkey found that mental health nurses frequently faced ethical problems as a direct result of violations of patient privacy.^[3,20]

Whether research has a therapeutic purpose or not, it is necessary to obtain informed consent from all participating patients if the principle of respect for autonomy is to be honored.^[38] The results of our study, however, indicate that the consent of patients who were research subjects was obtained only infrequently (22.9%), and that some patients were hospitalized only because they could then become subjects in research studies (30.3%). This finding, which proves that patients' autonomy was violated, demonstrated that the principle of justice was ignored. The hospitalization of patients purely for scientific and social aims without regard for the patients themselves is ethically unjustifiable. It also involves using limited medical resources (such as in-patient beds) to no real purpose. Additionally, obtaining research-related consent from patients' proxies, when patients themselves are unable to give consent, is both ethically and legally invalid. Proxies have no right to give consent to any medical practice that is not beneficial for the patients.^[38] According to a summary provided by Göker et al., the participation of patients in psychiatric research is ethically reasonable only when the research is necessary and has the chance of benefiting the patient. Furthermore, the research must be designed in a way to minimize harm to the patient. All efforts must have been made to ensure that risks are kept as low as possible, and that the patient's consent must have been obtained.^[39]

This study found that two independent variables caused significant differences in the way nurses encounter ethical problems: the extent of their mental health experience, and whether they have received any training in psychiatric nursing after graduation. Experienced nurses will be more likely to meet people staying in the hospital or clinic although they are perfectly ready to be discharged. They are also more likely to see patients being hospitalized for unnecessary psychiatric care or treatment. The nurses who received training in mental health nursing after graduation reported that they encountered some situations more often than those nurses who did not receive specialist training in mental health nursing. These situations included physicians' requests for the implementation of different procedures for patients with similar problems, discrimination towards some of patients by health professionals, lack of care and concern for patients' privacy, and patients being included in research studies without their valid informed consent being sought or obtained. However, the same nurses (who received training after graduation) felt

that they encountered fewer ethical problems than their colleagues. This finding suggests that training after graduation is insufficient for recognizing ethical problems, or perhaps that nurses become oblivious to ethical issues over time. It is reported that there is a positive correlation between education level and the ability to make ethical judgments. Increasing nurses' education level increases their awareness of ethical problems and their skills to resolve them as well.^[16] Therefore, ethical principles should be emphasized more in postgraduate training programs. A study conducted with psychiatric nurses in our country (2012) found that nurses needed additional education in psychiatric ethics.^[20]

The study has some limitations. First, it was conducted without the approval of the ethics committee. Secondly, this study was conducted with a limited sample, attendees of a specific nursing conference, and the target group of psychiatric nurses was limited in number. Further investigations with a more systematic methodology and wider participations of more psychiatric nurses, psychiatrists, and patients with psychiatric disorders will provide more detailed information about how different parties who are involved in psychiatric treatment and mental health care perceive and define ethical problems. Hereby, this contributes to the development of an appropriate framework for the consideration of ethics in psychiatry. In addition, participating nurses were asked to remember the past events which they might have forgotten. At the same time, when participants read ethical issues or sample cases related to psychiatric nurse in questionnaire, there might be a perception that they have encountered these cases.

Conclusion

The present study results indicate that nurses who work in psychiatry clinics encounter important ethical problems, particularly regarding the issues of informed consent, respect for privacy, confidentiality, patients' right to make decisions, competence, voluntary participation, unnecessary treatment, and proxy consent. Nurses who are experienced are more likely to encounter such ethical problems. However, only half of the experienced psychiatric nurses reported that the problems they encountered were ethical problems. This indicates that psychiatric nurses either fail to notice ethical problems or they are unable to distinguish them from other problems.

Another one of the most important results this study is that these results highlight the importance of increased ethical training in nursing education. The training programs for nursing graduates that focus on ethical problems and ethical decision-making processes should be examined and improved. There is a pressing need to develop postgraduate nursing education programs that is specifically focused on ethical problems in the fields of mental health and psychiatry.

These programs should be oriented toward helping nurses in the field to reach ethical decisions in complex clinical situations. Planned training in applied ethics should be incorporated into all nurse training programs to teach nurses about ethical issues and to find solutions to ethical problems. The fact that the nurses in our study claimed to need training in ethics, and asked for guidance and codes for practice, supports this argument.

References

1. Stuart GW. Legal and ethical context of psychiatric nursing care. In: Principles and Practice of Psychiatric Nursing. 10th ed. China: Mosby Elsevier; 2013. p. 110–26.
2. Johnstone MG. Ethics and professional practice. In: Crisp J, Taylor C, Douglas C, Rebeiro G, editors. Potter & Perry's Fundamentals of Nursing. 4th ed. Australia: Mosby Elsevier; 2012. p. 138–59.
3. Choe K, Song EJ, Jung CH. Ethical problems experienced by psychiatric nurses in Korea. *Arch Psychiatr Nurs* 2012;26:495–502.
4. Rich KL. Introduction to bioethics and ethical decision making. In: Butts JB, Rich KL, editors. *Nursing Across The Curriculum and To Practice Ethics*. 3rd ed. US: Jones & Bartlett Learning; 2013. p. 31–68.
5. Videbeck SL. Legal and ethical issues. In: *Psychiatric Mental Health Nursing*. 6th ed. China: Lippincott Williams & Wilkins; 2014. p. 150–9.
6. Ohnishi K, Ohgushi Y, Nakano M, Fujii H, et al. Moral distress experienced by psychiatric nurses in Japan. *Nurs Ethics* 2010;17:726–40.
7. Shives LR. Ethical and legal issues. In: *Basic Concepts of Psychiatric Mental Health Nursing*. 7th ed. US: Lippincott Williams; 2008. p. 51–66.
8. Molewijk B, Hem MH, Pedersen R. Dealing with ethical challenges: a focus group study with professionals in mental health care. *BMC Med Ethics* 2015;16:4.
9. Zanni GR, Stavits PF. The effectiveness and ethical justification of psychiatric outpatient commitment. *Am J Bioeth* 2007;7:31–41.
10. Morgan KI, Townsend MC. Ethical and legal issues in psychiatric / mental health nursing. In: *Psychiatric Mental Health Nursing: Concepts of Care in Evidence-Based Practice*. 7th ed. US: FA Davis Company; 2015. p.78–94.
11. Republic of Turkey Ministry of Health. National Mental Health Policy. Ankara: Ministry of Health, General Directorate of Primary Health Care; 2006. Retrieved March 25, 2017 from, <http://www.mindbank.info/item/69>.
12. Republic of Turkey Ministry of Health. National Mental Health Action Plan 2011. Retrieved March 25, 2017 from, www.saglik.gov.tr/TR/dosya/1.../h/ulusal-ruh-sagligi-eylem-planı.pdf.
13. Özbaş D, Buzlu S. Geçmişten günümüze psikiyatri hemşireliği. *İ.U.F.N. Hem Derg* 2011;19:187–93.
14. Republic of Turkey Ministry of Health. Regulation Amending the Regulation of Nursing 2011. Retrieved March 24, 2017 from, <http://www.resmigazete.gov.tr/eskiler/2011/04/20110419-5.htm>.
15. Wocial LD. Pediatric ethics: what makes children different? In: Ulrich CM, editor. *Nursing Ethics in Everyday Practice* Indianapolis: Sigma Theta Tau International Publishing; 2012. p. 191–9.
16. Grace PJ, Fry ST, Schultz GS. Ethics and human rights issues experienced by psychiatric-mental health and substance abuse registered nurses. *J Am Psychiatr Nurses Assoc* 2003; 9:17–23.
17. Kontio R, Välimäki M, Putkonen H, Kuosmanen L, et al. Patient restrictions: are there ethical alternatives to seclusion and restraint? *Nurs Ethics* 2010;17:65–76.
18. Wojtowicz B, Hagen B, Van Daalen-Smith C. No place to turn: nursing students' experiences of moral distress in mental health settings. *Int J Ment Health Nurs* 2014;23:257–64.
19. Er RA, Sehiralti M, Aker AT. Preliminary Turkish study of psychiatric inpatients' competence to make treatment decisions. *Asia Pac Psychiatry* 2013;5:E9-E18.

20. Eren N. Nurses' attitudes toward ethical issues in psychiatric inpatient settings. *Nurs Ethics* 2014;21:359–73.
21. Saks EJD, Jeste DV. Capacity to consent to or refuse treatment and/or research: theoretical considerations. *Beh Sci Law* 2006;24:411–29.
22. Van Staden CW, Krüger C. Incapacity to give informed consent owing to mental disorder. *J Med Ethics* 2003;29:41–3.
23. Vollmann J, Bauer A, Danker-Hopfe H, Helmchen H. Competence of mentally ill patients: a comparative empirical study. *Psychol Med* 2003;33:1463–71.
24. Vellinga A, Smit JH, Van Leeuwen E, Van Tilburg W, et al. Competence to consent to treatment of geriatric patients: judgements of physicians, family members and the vignette method. *Int J Geriatr Psychiatry* 2004;19:645–54.
25. American Nurses Association. Code of Ethics for Nurses with Interpretive Statements. US: Nursesbooks.org. 2015. Retrieved March 24, 2017 from, <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>.
26. Registered Psychiatric Nurses of Canada. Code of Ethics & Standards of Psychiatric Nursing Practice. Alberta: Registered Psychiatric Nurses of Canada 2010. Retrieved March 24, 2017 from, http://www.crpnb.ca/wp-content/uploads/2011/02/2010_Code_Standards.pdf.
27. Stefano, A. Ducci, G. Involuntary admission and compulsory treatment in Europe. *Int J Ment Health* 2008;37:10–21.
28. Turkish Grand National Assembly. Turkish Civil Law 2001. Retrieved March 25, 2017 from, <http://www.tbmm.gov.tr/kanunlar/k4721.html>.
29. Türkiye Psikiyatri Derneği. Ruh Sağlığı Yasa Tasarısı Taslağı. *Psikiyatride Derlemeler, Olgular ve Varsayımlar*. 2007;1:71-8.
30. Psychiatric Association of Turkey. Mental Health Professional Ethical Codes 2002. Retrieved March 25, 2017 from, <http://www.psikiyatri.org.tr/eng/?page=ethical>.
31. Lind M, Kaltiala-Heino R, Suominen T, Leino-Kilpi H, et al. Nurses' ethical perceptions about coercion. *J Psychiatr Ment Health Nurs* 2004;11:379–85.
32. Marangos-Frost S, Wells D. Psychiatric nurses' thoughts and feelings about restraint use: a decision dilemma. *J Adv Nurs* 2000;31:362–9.
33. Mohr WK. Restraints and the code of ethics: An uneasy fit. *Arch Psychiatr Nurs* 2010;24:3–14.
34. Gallagher A. Ethical issues in patient restraint. *Nurs Times* 2011;107:18–20.
35. Coşkun S, Avlamaz F. Akut psikiyatri kliniklerinde uygulanan mekanik tespit sayı ve süresinin bir yıl içinde gösterdiği değişimin incelenmesi. *Psikiyatri Hemşireliği Dergisi* 2010;1:51–5.
36. Collier C, Haliburton R. The healthcare professional-patient relationship. In: *Bioethics in Canada: A Philosophical Introduction*. Canada: Morquis Book Printing; 2011. p. 63–94.
37. Çayköylü A. Psikiyatride gizlilik ilkesi. *Klinik Psikiyatri Dergisi* 2002;5:248–56.
38. Gupta UC, Kharawala S. Informed consent in psychiatry clinical research: A conceptual review of issues, challenges, and recommendations. *Perspect Clin Res* 2012;3:8–15.
39. Göker C, Yılmaz A, Kumbasar H. Plasebo etkili midir? Etik midir? *Klinik Psikofarmakoloji Bülteni* 2009;19:183–92.