



# Ethical challenges in neonatal intensive care nursing

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## Abstract

**Background:** Neonatal nurses report a great deal of ethical challenges in their everyday work. Seemingly trivial everyday choices nurses make are no more value-neutral than life-and-death choices. Everyday ethical challenges should also be recognized as ethical dilemmas in clinical practice.

**Research objective:** The purpose of this study is to investigate which types of ethical challenges neonatal nurses experience in their day-to-day care for critically ill newborns.

**Research design:** Data were collected through semi-structured qualitative in-depth interviews. Phenomenological-hermeneutic analysis was applied to interpret the data.

**Participants and research context:** Six nurses from neonatal intensive care units at two Norwegian hospitals were interviewed on-site.

**Ethical considerations:** The study is designed to comply with Ethical Guidelines for Nursing Research in the Nordic Countries and the Helsinki declaration.

**Findings:** Findings suggest that nurses experience a diverse range of everyday ethical challenges related to challenging interactions with parents and colleagues, emotional strain, protecting the vulnerable infant, finding the balance between sensitivity and authority, ensuring continuity of treatment, and miscommunication and professional disagreement.

**Discussion:** A major finding in this study is how different agents involved in caring for the newborn experience their realities differently. When these realities collide, ethical challenges arise. Findings suggest that acting in the best interests of the child becomes more difficult in situations involving many agents with different perceptions of reality.

**Conclusion:** The study presents new aspects which increases knowledge and understanding of the reality of nursing in a neonatal intensive care unit, while also demanding increased research in this field of care.

## Keywords

Ethical issues, everyday ethics, neonatal intensive care unit, neonatal nursing, nursing care, phenomenological-hermeneutic

## Introduction

Treatment and nursing of critically ill infants has rapidly become more advanced during the last decades. Developments in medicine, technology, and nursing have increased survival rates among premature and

severely ill infants.<sup>1</sup> Critically ill infants is a highly demanding group of patients, often prematurely born, spending months in incubators surrounded by technical equipment, parents, and health professionals.<sup>2</sup> Neonatal nurses report a great deal of ethical challenges in their everyday work. These ethical challenges are continuously increasing in numbers and complexity.<sup>3</sup> Normal ethical situations or “everyday ethics” occur when nurses must balance considerations like the infant’s moral rights, the nurse’s duty to protect the patient and support parents, as well as when encountering failures to include nurses in decisions regarding treatment.<sup>4</sup> The seemingly trivial and normal everyday choices nurses make are no more value-neutral than life-and-death choices. It is important to emphasize that not only severe and dramatic occurrences should be recognized as ethical dilemmas in clinical practice.<sup>5</sup> Everyday ethics is not spectacular in terms of attracting media attention, but essential to relations and interactions in nursing practice. Relational ethics is a direction in ethical theory concerned with everyday ethical challenges. Within relational ethics, the ethical justification is in the understanding of the situation, not in general laws and regulations.<sup>6</sup> Relational ethics is linked mainly to philosophers Løgstrup<sup>7</sup> and Levinas<sup>8</sup> authorships, and ethics is seen as fundamental to human life. Ethical situations emerge when people meet, and a key factor in relational ethics is the awareness of the particularities of each situation and in the encounter.<sup>6</sup> According to Løgstrup,<sup>7</sup> man’s ethical demand consists of never having to do with another person without holding something of his life in their hand. Nursing’s ethical demand (and challenge) is to respond to the appeal in “the Other’s” face (patient/parent) in a way that comforts him or her.<sup>6,9</sup> In order to provide good nursing services, ethical awareness, sensitivity, self-reflection, and willingness to cooperate are essential.<sup>10–12</sup>

Preterm and sick infants have been the subject of much research with varying foci. The key focus for ethical research seems to be on life-and-death decisions. For obvious reasons, since these challenges are often the most difficult. The question has often been, when to terminate treatment, or when not to initiate treatment.<sup>1,13,14</sup> It has also been addressed whether treatment should be pursued at all cost, or if prognosis for survival and quality of life should be considered.<sup>15,16</sup>

Other research debates the parental role in nursing, treatment, and decisions concerning their children. Research in this field also debates nurses’ involvement and cooperation with the parents,<sup>11,17,18</sup> parental involvement in decision-making process regarding termination of treatment,<sup>14,19,20</sup> and parents’ experiences of their role in a neonatal intensive care unit (NICU).<sup>21–23</sup> Offering support to parents is a central responsibility.<sup>11,24</sup> Although a close cooperation between nurse and parents is desirable, parental presence and involvement challenges the professional relationship.<sup>12,25</sup>

Studies of nurses’ sentiments or experiences from NICUs have focused on terminal care, loss, and death.<sup>11,26,27</sup> One survey investigated everyday ethical challenges among nurses and mothers.<sup>28</sup> Nurses’ experiences with parental cooperation have also been investigated,<sup>12,29</sup> but more research is required.<sup>2</sup>

Much research has been conducted on neonatal intensive care, but surveys explicitly discussing the everyday ethical challenges nurses experience are almost nonexistent. A need for empirical data has been recognized in order to promote ethical reflection and discussion.<sup>13</sup> Focus on the ethical aspect of professional practice offers insight into the essence of nursing; caring for individuals in vulnerable positions.<sup>30</sup> In order to understand nurses’ experiences with everyday ethical challenges, this research began by describing nurses’ experiences with ethics in a NICU, a phenomenological-hermeneutic perspective. From a phenomenological perspective, everyday human experience is taken for granted and experience-based knowledge is tacit. Experience-based reflection produces new knowledge.<sup>31</sup> Thus, the intention of this study is to acquire increased knowledge and understanding of the day-to-day ethical challenges nurses experience in care for the critically ill infant. With this starting point, the research question becomes: Which aspects of everyday practice do neonatal nurses experience as ethically challenging?

## Method

The study is based on Kvale and Brinkmann's<sup>31</sup> methodological philosophy. The purpose is to interpret the ethical experiences of nurses caring for critically ill newborns. Semi-structured qualitative in-depth interviews were applied to collect data, combined with phenomenological-hermeneutic analysis.

### *Approach to the field of research*

The research contexts were NICUs at two Norwegian hospitals. The units have 10 and 21 beds, respectively, offering treatment to infants from week 24 of the pregnancy. Informant selection was strategic in terms of experience where the inclusion criterion for participation was a minimum of 5 years.

Staff nurses were contacted by telephone and gave their permission to conduct the study as well as distributing requests and information material to potential informants. Written information about the study and ethical rights, as well as a letter of consent, was distributed among the staff nurses. Six nurses joined the study, three from each hospital, all female (42–54 years of age) with working experience ranging from 6 to 23 years. All were specialized in intensive care nursing or child care nursing.

### *Data collection*

Data were collected in January/February 2012. The interviews/conversations were held on-site, lasting 35–60 min. A semi-structured interview guide aided the researcher in maintaining focus on the theme. The informants were asked a few biographical questions about education and work history. Next they were asked to describe, in narrative form, two separate incidents they had experienced as ethically challenging. The researcher made an effort to create a calm atmosphere and encouraged the informants to describe their experiences in as much detail as possible. Follow-up questions were given during the interview. The interviews were taped and transcribed verbatim.

### *Analysis*

The objective of analyzing semi-structured in-depth interviews is to provide knowledge about human experience. The analysis bridges the gap between raw data and results through interpreting and summarizing the data after they have been organized.<sup>31</sup> Both authors have analyzed the data and thereby validated them. The method contains three analytical phases: self-understanding, common sense, and theoretical interpretation. The first phase consists of summing up (in abbreviated form) how the informants perceive the interviews. The text was read and re-read several times after transcription in order to achieve a comprehensive understanding. The purpose is to deduce from meaning units the textual essence relating to ethical challenges.

During the second phase, steps are taken to go beyond the personal understanding of the informants. The authors enter a dialogue with the text where they ask questions and the text provides answers. This constitutes an interpretative process in which relevant knowledge is integrated with the precognition of the researchers, while allowing the researchers to remain on a general level of understanding. The meaning units of comprehension were first condensed and subsequently grouped according to sub-themes. These sub-themes provide the structure for common sense.

During the third phase, theoretical knowledge is applied to interpreting meanings of statements. In this case, a phenomenological-hermeneutic method was applied in the search for new, in-depth understanding. The presentation of results includes phases one and two of the analytical process, whereas phase three is included in the discussion in this article.

**Table 1.** Description of sub-themes and theme.

Sub-theme	Main theme
Problematic interaction Strong impressions and conflicting emotions The vulnerable child Sensitivity and authority Miscommunication and disagreement Lack of continuity	Acting in the infant's best interests when realities collide

### *Methodological considerations*

This study's validity is ensured through the use of recognized qualitative methods and a specific research question. Quotations are used as validity tools to illustrate the meaning of the phenomena being studied. Depth interviews are interactive research where there is a risk that informants may be affected by the researcher. Researchers are also in danger of interpreting informants' statements based on their own understanding of reality, which will reduce the study's reliability.<sup>31</sup> Another limitation in qualitative studies is that the low number of informants cannot constitute a statistical material. Despite this, the strong convergence of the themes explored in the nurses' narrations indicates the findings should be transferable to other contexts.

### *Ethical considerations*

The study was approved by Norwegian Social Science Data Service (09 January 2012). In order to protect the informants' integrity, the study is designed to comply with Ethical Guidelines for Nursing Research in the Nordic Countries<sup>32</sup> and the Helsinki declaration.<sup>33</sup> Informants were given a description of the study and were informed about the opportunity to withdraw from the study at any time. They agreed to participate and a letter of informed consent was signed during the first meeting, that is, before data collection commenced. The collected data are anonymous and treated confidentially.

## **Findings**

Based on nurses' experiences, we found six sub-themes. This helped us analyze a main theme: "Acting in the infant's best interests when realities collide." The findings are presented and interpreted according to the structure described in Table 1.

### *Problematic interaction*

Interacting with an infant's parents is described as rewarding as well as challenging. The nurses saw parents entering an alien world with a severely ill newborn who needed help and care beyond their ability. Nurses did their utmost to include parents in caring for the newborn and deal with their concerns while ensuring that they were sufficiently informed about their child's condition and treatment:

A big part of our workday consists of parental guidance. Talking with the parents. Guiding them. Letting them know what to do. Teaching them how to read signals from the infant. Accommodate so they are included in the work. Working with parents takes up half of our time.

The nurses seem to understand the parents' situation and need for different forms of support. They make sure to allocate time for the parents and seem to offer relational presence, knowledge, and guidance. It seems nurses were conscious of communicating clearly and honestly in order to create a trusting relationship with the parents.

In cases when an infant became acutely ill, it was sometimes impossible to include parents. Finding the balance between caring for the newborn and maintaining parental needs was often difficult:

I sometimes feel insufficient, or that I'm being pulled away from the bed or incubator . . . You have to tell parents that "I'm sorry, but my attention is needed here. I'll come talk to you later." It's not a good feeling, but sometimes this is what you have to do.

This can be interpreted as the nurses doing their utmost to assist parents as well as the infant, but also how they prioritize the infant in acute situations. Parents seem to on occasion distract attention away from the infant's need for care in difficult situations. Nurses restrict parents in order to be able to provide the type of assistance the infant needs.

Nurses continuously evaluated how much information to convey to parents at a given time. Cooperation relies on parental trust, which necessitates honest information.

While maintaining focus on openness, nurses needed to take into account that the parents were experiencing a crisis that could make it counterproductive to provide extensive information:

Given the vulnerable position they are in I don't think they are receptive, and it wouldn't be proper either, to introduce them to worst case scenarios.

The nurses seem to evaluate the parents' emotional condition and seek balance between sparing the parents and describing realistic expectations.

### *Strong impressions and conflicting emotions*

The neonatal nurses describe how the nature of their work can leave deep impressions. Nurses with long-term experience had developed good coping strategies in order to be able to adequately handle difficult situations. Impressions from patient situations seem to have a stronger impact on nurses with little NICU experience. But strong impressions could lead even veteran nurses to sleepless nights and rumination. One nurse described situations where she believed that the infant was clearly in severe pain, but the physician avoided prescribing pain relief for fear of side effects, or even disagreed with the nurse's assessment:

I feel helpless if the physician refuses to listen to me at all . . . The physician doesn't listen to the infant's constant crying. That's frustrating when you know how to improve the situation for the child.

It seems the nurse was strongly empathizing with the child's situation, but her input was not taken into account. Seeing an infant cry from pain and being unable to help can be understood as severe emotional strain.

The nurses elaborated on what it was like to work with anxious and grieving parents, and how they were affected by parents' emotional condition. At the same time, they expressed the joy they felt when seeing premature children grow and prosper in spite of the initial uncertainty of whether they would survive:

It was pretty tough. And quite unsettling . . . Because it's easy to understand their anxiety. How scared they are . . . At times it's very difficult. Many thoughts and emotions involved. But when you see the child again and they stop by to visit, you realize how important this job is.

Nurses seem to be affected by the parents' emotions in difficult situations, and this may be difficult to handle while also having to deal with personal thoughts and emotions. Yet, it also seems that the job is very gratifying when nurses get to meet the children later.

### *The vulnerable child*

Nurses describe premature and critically ill infants as a very special group of patients. They are tiny, vulnerable, and completely dependent on their caregivers. Providing good and comprehensive care therefore requires particular sensitivity and attentiveness:

I held her inside my hand. I was almost scared of touching her, because I was so afraid of causing damage. Of breaking something . . . Her skin was so fragile.

The nurse's choices of words illustrate the vulnerability of premature/newborn children. It can be considered highly demanding to work with this group of patients, precisely because they are so small and fragile.

The nurses considered themselves the child's protector, and therefore felt responsible for ensuring its need for calm, and rest was met. Several different healthcare professionals need to examine and treat the child. In this hectic environment, it is difficult to accommodate the child's need for continuous rest. Several nurses described the pain and discomfort infants are exposed to through prescribed treatment. They questioned the necessity of so many medical examinations, and wanted them conducted with more consideration to the child:

Preparations before procedures, and the procedure itself. You see how it affects the child . . . It's ultrasounds, X-rays. All the things that happen . . . It happens every day. This challenge affects me. Knowing that it's too much for the child.

We can feel their pain. And that we're causing this pain . . .

Nurses seem ambivalent about many of the examinations the child is exposed to. On one hand, they acknowledge the necessity, but on the other, they see the child's exhaustion and need for rest. Having to cause the child pain in order to conduct treatment seems to cause moral distress.

### *Sensitivity and authority*

Premature/critically ill infants sometimes stay in the NICU for long periods, which nurses say can lead to additional challenges when parents take liberties nurses disagree with. Having to set restrictions on parents can be challenging. Nurses describe how they sometimes have to limit parental involvement. This is a challenge when parents do not understand a particular aspect of the care, or even disagree with it. Nurses consider sensitivity, and not overstepping boundaries which leave the parents feeling excluded, as important. At the same time, some procedures are of crucial importance to the treatment of the child:

Mothers can often be involved in the decision making. But in some cases we as nurses need to use our experience and authority to a certain extent . . . You can see the relief in the mother's face when you use a little more authority . . .

Nurses seem to carefully consider when and how to best implement important treatment procedures. They also seem to experience that mothers can be relieved when certain decisions are made for them.

Some parents express strong wishes about feeding situations, but lack comprehensive knowledge of nourishment for premature/sick infants. This can lead to disagreement. The nurse needs to tread carefully

in order to make the mother feel included and heard, while ensuring that the child receives proper nourishment:

We were worried about the mother's mental health; we saw how difficult it was for her . . . I feared that unless we followed her pace, or weren't careful enough, we could end up causing her additional psychological distress.

Nurses seem to be highly aware of the parents' emotional state. They appear to carefully evaluate how they can accommodate the mother, while ensuring that the child's needs are met.

### *Miscommunication and disagreement*

Nurses describe the NICU as a very busy environment. This can lead to procedures being forgotten or messages going undelivered during change of shifts. Miscommunication between nurses can cause unnecessary conflicts with parents:

When many people are involved incidents occur. Depending on how busy we are. Instructions may be forgotten or go unnoticed in a hectic situation . . .

One of us bottle-fed the child without notifying the mother. And the speed of the pump was increased without informing her. It was very traumatic for the mother.

This can be interpreted to imply that many colleagues and a stressful workload can lead to miscommunication among nurses, and between nurses and parents. When nurses are busy, they do not always have time to confer with the parents, and more often make decisions on the child's behalf.

The nurses not only describe disagreements and miscommunication with the parents, but also with their colleagues. Conflicts with the physicians are described as particularly challenging:

I call the physician who initially refuses to prescribe more pain medication. We're the ones who observe the child and watch its pain. Physicians come and go. I find it very difficult when there is disagreement.

Disagreement seems to arise when physicians and nurses come to different conclusions regarding the child's condition. These disputes appear to be particularly stressful for the nurse, who is constantly at the child's side yet has to accept that the physician makes the final decision.

### *Lack of continuity*

Continuity in nursing creates predictability and security for concerned parents. They are aware of what is scheduled to happen and when. The nurses explain that primary care nursing is difficult to achieve in NICUs. Many different nurses with different professional judgments cause confusion among parents, and may impair continuity in nursing for the child. Nursing plans are tools nurses use to ensure continuity, but sometimes they fail to follow up on the plan:

Those who are on the team and who write the nursing-plan for patients and families. It's important that it is followed. That not everybody interferes and says: "They should have done it this way instead" . . .

The nurses seem to experience frustration when the nursing plan is ignored, or when other nurses who are not responsible for the child attempt to make changes.

Nurses also felt that continuity in care was difficult to maintain due to the many different professions involved in treatment. Examinations often had to be performed according to the staff's agenda rather than being adapted to the child's needs:

In order for the brain to develop properly and for the body to grow and for the child's wellbeing; really for everything, the child needs a lot of calm and rest. But I realize that this may be difficult to achieve, especially during daytime.

In spite of differences in opinion, nurses seem highly attentive to the child's need for rest. At the same time, it may seem difficult to organize the day according to the child's need for care and sufficient rest.

## Discussion

Key findings of this study suggest that it is difficult to act in the child's best interest "when realities collide." The phrase illustrates that parents, nurses, and other health professionals experience very different realities due to diverse professional backgrounds, educations, experiences, and relationships to the child. As a result, ethically challenging situations arise.<sup>28</sup> The findings show a multitude of ethical challenges nurses encounter during everyday practice.<sup>3</sup> Uncertainty regarding what actions would be best for the child, and the fact that the nurses must choose between different values and actions that will have consequences for the child's quality of life, makes these everyday challenges ethical.<sup>5</sup> Nurses are professionally responsible for ethical treatment and care for their patients. It is therefore important to recognize, resolve, and address ethical challenges in a satisfactory way.<sup>34</sup>

Not surprisingly, the nurses referred to caring for the child as their most significant responsibility, which is in line with former studies.<sup>29</sup> Nurses in this study expressed that their actions were not consciously based on ethical norms or regulations. When they perceived professional and ethical values to be at risk, they relied on intuition and feelings to make good decisions. This philosophy corresponds to relational ethics, where ethical judgments are based on a comprehensive understanding of the situation, not compliance with general norms and rules.<sup>6</sup> Nurses are torn between their role as the patient's protector, instructions from physicians, being pressed for time, the child's nursing requirements, and parental concerns and requests.<sup>4</sup> In order to protect the child's interests, nurses must make use of their capacity for cooperation and self-reflection, sensitivity, and ethical awareness.<sup>10-12</sup>

The nurses expressed ambivalence to parental presence, as found in previous studies.<sup>2,12,25</sup> On one hand, they found cooperation with parents highly rewarding. The nurses were aware of the necessity and advantage of parental involvement. They appreciated guiding parents in caring for their child, assisting with breastfeeding, and supporting them in difficult situations.<sup>11,24,29</sup> On the other hand, nurses sometimes felt that satisfying parents' needs pulled them away from the child. In critical situations, the nurses always had to prioritize the infant, which could leave them feeling that they had abandoned the parents. Nurses felt a moral obligation, not only for the child but also for the parents. To impose restrictions in a clear yet sensitive manner on parents who were accustomed to being a regular presence in the ward could be challenging. In situations where parents did not understand or agree with a certain measure of care, the nurses also found it difficult to assess how firm they should be in order to implement it.<sup>29</sup> When nurses' and parents' realities collide in this way, the nurses must rely on their professional and ethical judgment to make parents feel included and recognized, while ensuring the vulnerable child's needs are met and rights are protected. Nurses discussed with parents to jointly find the best solution. If an agreement could not be reached, the nurse had to look for alternative solutions and decide whether to postpone treatment or apply her authority in order to implement the necessary actions imperative to the child's health. Nurses tried hard to come to agreement with parents, but in the end ensuring adequate care for the child is their professional responsibility.<sup>34</sup>

An important duty was listening to parental concerns.<sup>12</sup> Meeting parents of critically ill or dying children was particularly difficult. The emotional impact could be significant, for parents as well as care providers. Tragic incidents severely affected the nurses, and could lead to extensive deliberations and sleepless nights,



particularly among inexperienced nurses. Remaining unaffected by a parent's fear or despair was difficult.<sup>28,29</sup> Yet, it remains the nurses' moral responsibility to refrain from allowing personal sentiments and needs to stand in the way for providing necessary assistance.<sup>9</sup> If the nurse becomes overwhelmed by personal sentiments, she can become incapable of acting in the best interest of the parents and child. Emotions, including the nurse's own, are a significant aspect of nursing profession, but the primary subjects in the situation must be the child and parents. Nurses must address the situation with them, without allowing the problem or the emotions associated with the problem to become their own.<sup>34</sup> When tragic incidents occurred, nurses experienced difficulties with balancing relational closeness with professional distance.<sup>12</sup> Fegran and Helseth<sup>2</sup> found that closeness is essential for a good relationship between parents and nurses, which again is important for trust. However, very close relationships to parents can complicate the professional distance and may increase the emotional burden experienced by nurses and parents alike.<sup>2,29</sup>

Former research emphasizes the importance of honest information about the child's disease and prognosis.<sup>4</sup> When parents were distressed, it could be challenging to assess whether it was in the best interest of the parents and child to give complete information about potential outcomes.<sup>29</sup> Legal obligations commit nurses to inform parents about their child's condition, but from an ethical point of view, it can be unethical to present fragile parents with worst case scenarios. In cases like these, the nurse must take all the different aspects into consideration and apply her professional and ethical judgment in order to evaluate the extent of information that serves the case.<sup>34</sup> Nurses explained how important it is to maintain parents' trust and how difficult it was when this trust was broken by either overruling or angering them. Issues the nurse chooses to discuss regarding diagnoses and treatment, issues she refrains from discussing, and her justification for doing so are all examples of everyday ethical deliberations that reveal her attitudes and value systems.<sup>5</sup> When assessing the parents' need for information, it is beneficial to know them and their wishes. Nursing plans provide a good basis of insight into what is important to the parents, and help avoid conflict and miscommunication. The findings demonstrate that primary nursing and nursing plans in the NICU contributed to overall safety as well as continuity of care for the infant, but also that these objectives were sometimes hard to achieve due to heavy workload and many employees.<sup>4</sup> When time is limited, the nurse's challenge is to prioritize among tasks in order to provide the best care possible. As a consequence, parents may feel insecure and distrust the nurse.

It is hard to imagine a more fragile and helpless group of patients than critically ill newborn or premature infants. The child is completely at the mercy of his care providers' efforts and their professional ethical judgment. Nurses take this responsibility very seriously.<sup>29</sup> Several informants described the daunting task of working with such a vulnerable group of patients, and how they frequently faced the dilemma of choosing among priorities to protect the child's interests in a short- and long-term perspective. During the interviews, the nurses openly reflected around dilemmas like these, and a discussion about the conflict between the ethical principles of "beneficence" and "non-maleficence" arose.<sup>5</sup> The nurses shall avoid causing harm, and found it difficult having to cause the child pain and discomfort in order to conduct procedures or examinations. Yet, they were aware that these short-term painful experiences were necessary in order to complete vital treatment, ensure a healthy development in the future, and thereby also in the child's best interest.<sup>13</sup>

Similarly to Fegran et al.,<sup>11</sup> this study suggests that nurses are dedicated to protecting the child against sensory strain and ensuring sufficient rest. Research emphasizes the importance of minimizing sensory impressions like pain, noise, and light.<sup>11</sup> Nurses in this study questioned the necessity of the large number of examinations, and emphasized the need to perform procedures on the infant's terms. The reality in today's hospitals is that treatment must be performed when staff resources are available, and not when it would be most suitable for the child.<sup>25</sup> Realities that collide are not only a way to express the multiple realities experienced by the people around the child. Financial constraints and efficiency requirements also represent a reality nurses are forced to accept, even if it collides with the reality they work towards. Efficiency and cost reduction in healthcare inhibit the possibility to offer individualized care, since this is

perceived as more costly and time consuming.<sup>11</sup> Still, the nurses seemed to register a recent shift in professional attitude towards trying to implement treatment on the child's terms.

Nurses in this study considered pain management challenging. There is little research available regarding pain management in infants, and physicians are often cautious when administering analgesics for fear of side effects and extending treatment.<sup>35</sup> One nurse gave a vivid description of what it felt like to observe a child crying from pain. In her opinion, it was very important to alleviate the pain, whereas the physician considered it better for the child to avoid unwanted side effects from aggressive pain treatment. In this case, opinions between the nurse and physician collided regarding which professional and ethical values were primary. These kinds of disagreements create conflicts between nurses and physicians, as well as frustration and a sense of helplessness in the nurse who must comply with the physician's instructions. Research demonstrates that moral distress among nurses can stem from a sense of powerlessness regarding treatment strategies. Nurse feels highly responsible for the child's care, but has little authority regarding its treatment.<sup>36</sup> Despite these challenges, different perceptions of reality entail, nurses cope by finding their work meaningful. While challenged by the children's situations, their helplessness, and struggle for survival, nurses also find strength in helping them, making a difference and seeing infants get better and going home.

## Conclusion

This study provides a systematic interpretation of a group of nurses' experiences with everyday ethical challenges in a NICU. To our knowledge, this topic has not been researched in a critically ill neonatal context, and the study presents new aspects which increase knowledge and understanding of neonatal nurses' everyday ethical challenges. The findings show the variety of these ethical challenges, beyond those that refer to the major life-and-death decisions that have been studied for decades. One important finding in this study is how different agents involved in caring for the newborn experienced their realities differently. When these realities collide, ethical challenges arise. The findings concluded with the need to act in the child's best interest when realities collide. This theme addresses nursing's primary goal and foci in situations with many agents involved, and with many different perceptions of reality. The findings indicate a need to improve and assure the quality of nursing practice by developing a model to help nurses identify and solve everyday ethical challenges. Such a model would provide nurses with a tool to ensure that the vulnerable child receives consistent high-quality care, despite different perceptions of reality. The findings support the need for more research in the field of everyday ethics in neonatal intensive care.

## Conflict of interest

The authors declare that there is no conflict of interest.

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