Ethical dilemmas, which entail moral uncertainty, exist because for many ethical issues there are no definite, irrefutable answers. An ethical dilemma may be defined as an ethical situation in which one has a choice between equally unsatisfactory alternatives. In practice conflicts with concomitant moral uncertainty arise between the principles of autonomy and beneficence or justice, between duties to the patient and one's duties to one's employer, and among practitioners with differing beliefs about what is "good" for a particular patient. In some cases, the priority of a value is in question. For example, is the autonomy of the patient more important than doing good for the patient? The source of ethical uncertainty may be a lack of factual knowledge, situational uniqueness, lack of certainty about basic principles and values, or uncertainty about how to apply principles to a specific situation.

In this study moral uncertainty was defined as the inability to determine the "right" course of moral action to pursue. A qualitative design was used to describe the experiences of staff nurses in acute care with moral uncertainty. The sample consisted of one male and 19 females who ranged in age from 27 to 49 years. The participants' mean age was 36 years. In this homogeneous group of acute care nurses, the majority of them were in their thirties or forties (80%), had earned their Bachelor of Science in Nursing Degree (100%), were Catholic or Protestant (100%), and had seven to thirty years experience in acute care in Northeastern Wisconsin.
Purpose
The current research sought answers to four questions:

1. What is the experience of moral uncertainty for staff nurses in acute care?
2. How do staff nurses in acute care respond to the experience of moral uncertainty?
3. Why do they respond as they do?
4. What clinical situations prompt moral uncertainty in staff nurses in acute care?

Operational Definition
In this study moral uncertainty was defined as the inability to determine the "right"
course of moral action to pursue.

Design
A qualitative design was used to describe the experiences of staff nurses in acute care
with moral uncertainty.

Method
Data were collected with two instruments, an interview guide and a demographic data
sheet. The interview tool consisted of seven open-ended neutral questions which enabled
participants to express themselves without influence by the researcher. The participants were
asked to describe a situation in which they had experienced moral uncertainty. They were then
asked how they responded to this situation, why they had responded as they did, and if they
would have done anything differently. The author then asked the participants for additional
comments, to discuss their professional background, and if there were any consequences of their
choice. Finally, each participant completed a demographic data sheet. The interview guide was
pilot tested in the author's previous research. The author performed all of the interviews which
took place in the author's office. Each interview was tape recorded and took approximately one hour. Human subjects approval was obtained prior to the study from the University with which the author was associated. The study was explained to each participant and informed consent requested.

Data Analysis

The data analysis followed an adaptation of the seven-step method for qualitative analysis which was developed by Colaizzi (1978). The tapes were first transcribed by an assistant to the researcher. The author listened to each of the interview tapes while reading the transcripts to get a feel for their content and to correct any possible transcription errors. After listening to the tapes twice, significant statements were extracted from the transcripts, then analyzed to determine their meaning (formulated meanings). Finally, the predominant themes in each interview were examined.

As the interviews progressed, participants were consulted about the validity of the findings. Reliability was attained by comparing and contrasting each interview with each other interview and then requesting confirmation of the findings from the participants.

Causes of Moral Uncertainty

Although moral uncertainty seems to be a frequent occurrence in acute care and experienced by many nurses, little is written about it in the nursing ethics literature. In the author’s research nurses described a sudden change in a situation as leading to their moral uncertainty. One nurse described the experience of this sudden change while resuscitating an infant.
You start thinking that this is the thing to do and you go full-speed ahead, but after you have been into it like 15-20 minutes and still no further ahead than when you started, you begin to wonder when do you call it quits and when do you keep going?

These nurses came into the ethical situation with conviction, believing that what was being done for the patient was right. Then, a sudden change led to moral uncertainty and, in turn, to a mental questioning. As these nurses described the experience, questions arose about what was the "right thing to do." They wondered what the outcome would be, what outsiders would think, and if the decision made was the right decision. The constant questioning led to more uncertainty about the possible consequences of the action taken, leaving the nurse uncertain about whether the action was right.

A nurse described the constant questioning of moral uncertainty during another resuscitation effort:

It's like a real tug of war. I guess I was comfortable with it when we started. And then, as it gets to be longer and longer you ask yourself -- Do you or don't you? -- So you try to rationalize both sides. But, everything is happening too fast to think about anything. And you just think about it over and over again, never being able to come to a conclusion.

The only validation of their actions was if the patient lived and told them they had done the right thing. But, if the patient lived and had residual disabilities, for example, in resuscitation situation the questioning went on, even after others were caring for the patient.
Responses to Moral Uncertainty

These nurses experienced various responses to moral uncertainty which seemed to follow a pattern. First, there was a sudden change in a situation. Then, depending upon the immediacy of the necessary ethical choice the moral uncertainty led to "standing back," or "going through it," or "just keep going." Finally, after the situation was over these nurses experienced the phenomenon of "looking back."

Standing Back

If these nurses had time to contemplate their options they stepped back and looked for someone with whom to talk, venting their feelings and thinking about what to do and how to respond to the situation. Responding in these cases depended upon the nurse reaching a mental conclusion about what to do. These nurses began questioning and searching for information and support. "Standing back" occurred in situations in which there was time to consider the available options.

Frequently, while standing back, these nurses had to separate personal beliefs from professional responsibilities and to look at the clinical evidence to decide right from wrong. They describe sitting around and talking about rights and wrongs -- should we? -- shouldn't we? Moral uncertainty led to a discussion of the issues. As one nurse put it—when uncertain, talk.

One emergency room nurse described, "standing back":

Sometimes I have to stand back and question or I am not as effective if I am not certain about something. I have to stand back and think about it and can't respond as quickly as I'd like. If there is no one else that I can talk to about it I just step back and I don't know if you'd say pray or talk to God. That's basically what I do.
"Standing back" sometimes occurred when a situation had gone on for some time and there was questioning of the original goal. As one critical care nursery nurse stated:

All of a sudden after about a month of an infant being on a ventilator we began questioning if we should still be as aggressive or if we should start tapering off. And that was a major discussion for us, like what should we do? Because after all we brought him this far and now can we stop and start detracting? Taking the care away from him?

The search for information and support sometimes led to another nurse, a supervisor, the doctor, or an ethics committee. As one nurse explained: "And then I think by talking with others you tend to see where they are coming from and it becomes more of a support network where we are all feeling the same way." Thus, the search for information and support frequently lead to consensus, validation of one's views, and communication of one's concerns to others in the same or similar situations.

Going Through It

Other nurses described "going through it." Usually going through it occurred when there was time to make a decision in more protracted situations. These nurses could foresee the consequences of their actions, but still not know which action to choose. They lacked information or the experience to deal with the situation. When confronted with an unfamiliar or unusual situation, they began to search for the "right advice." They felt as if they were floundering, but uncertain of what to do. They commented that uncertainty with one decision "spills over into other decisions and leads to more uncertainty."
The positive aspect of "going through" moral uncertainty is that one "handles things better in the future." According to these nurses going through moral uncertainty was an evolving process. One learned from one's mistakes. The path to a decision was described as "jagged—a few steps forward and a few steps back." As the experience continued, the nurse became more certain of where to "take a stand." Decisions were based upon trial and error and "what had worked."

Some nurses who "went through moral uncertainty" developed moral conviction about future actions and with this moral conviction came comfort with their actions. While they were "going through it" though they didn't know whether they "were doing the right thing." They could see the consequences of multiple actions, but didn't know which action to choose. Many times help was sought from a supervisor. As one nurse stated:

I know now should something like that come up in the future. I know much better how to handle it than I did then. From experience and the direction I got, I know how to handle it in the future. So now I'm more certain. At the time I was going through it I was completely uncertain as to what to do. There was a six-month period of not knowing what the heck I was doing. Just floundering. So experience for me was—I didn't like going through it, but now that I've been through it I'll know how to handle things better in the future.

Of all of the nurses the author interviewed only those nurses who had gone through moral uncertainty, or who had stood back in more rapidly evolving situations and sought help or advice, gained experience, and made what they felt to be a "good" decision, felt "good" about themselves. If the moral uncertainty continued, as with nurses who "just kept going", residual
negative feelings about themselves and their behavior persisted after the particular dilemma had resolved itself. "Going through moral uncertainty" sometimes went on for months whereas standing back was in a relative sense more time limited, usually less than a week.

**Just Keep Going**

All of the previous responses have been related to situations in which there is time to consider options, time to consult with others. A frequently described response to moral uncertainty and the sudden change in a situation, which caused it, however, was that of "just keep going." This response occurred when time was of the essence. As one nurse explained it:

You know the stuff you have to do and you do them. But, its like all of a sudden - - when it's done and over and I was able to walk away -- I said I'm not all right and I cried. I thought, you know, we did something wrong. I just felt very uneasy.

Just keeping going led to an automatic response as in a resuscitation situation and then later, depending on the outcome of the event, the feeling that maybe one did something wrong. These nurses described their uneasy feelings and their skepticism about whether or not they should have "kept going." They frequently began a situation with initial comfort and conviction and it wasn't until the experience took longer and longer that the initial conviction and comfort changed to skepticism about the outcome.

I guess I was comfortable with it when it started. There wasn't time to think. And then as it got longer and longer you wondered what quality is this going to bring anybody as far as the life of this child. You experience skepticism.
Skepticism that maybe sometimes, maybe it's time to quit. And maybe death isn't the worst thing in life.

I mean it's like the knowledge side saying that this is what you do in these circumstances and this is the order in which you do it. The other half of me is saying that's fine, but when it doesn't work there has to be a time to say we tried, and maybe in this situation, this is all we could do. And I don't know; it's just like a real tug of war. Do you or don't you . . . . So you try to rationalize both sides. But, everything's happening too fast to sit down and think about anything and it's like. . . . I don't know -- I didn't have the luxury of time. And I'm not sure that would have made it any easier.

The moral certainty at the beginning of a situation got these nurses into the situation and prompted an action. As the action continued moral uncertainty took over, but the nurses felt that they could not discontinue the action whether that was CPR or a ventilator or some other intervention. Yet after the event was over they "looked back" on the action they had taken. They began thinking about all of the aspects of the event that they had not had time to think about initially -- the long-term outcomes instead of the short-term outcome of survival. They thought about the quality of life and the use of technology. As one nurse commented: "Thinking that just because we have the technology and the skills and the knowledge doesn't necessarily mean it needs to be used in all cases to the extreme limits."
Looking Back

The nurses who were the most uncertain or who had the least time to plan a response to an ethical event experienced a long-term response -- looking back. The initial belief that what one was doing was right was gone. But, the belief that clinically if one does everything right, the outcome is supposed to turn out right was strong among these nurses. However, as time went on they began to question the negative outcomes of resuscitation efforts and ask "why?" As these nurses stated, "one can't say that anything wrong was done. The outcome just seems wrong. But, one still can't rectify the situation or say 'next time I won't do this'."

As these nurses described it, during the uncertain situation everything happened too fast. There was no time to sit down and think. But afterwards the nurse thought about it over and over again, never able to come to a conclusion about whether his or her actions right or wrong. There was an interminable "tug of war" as the struggle of "looking back" continued. Their actions at the time may not have been affected, but afterwards they struggled with "is it right?" Some of the aspects of an uncertain situation, which prompted these nurses to look back, were participating in actions, which lead to a poor quality of life for the patient, or actions, which used scarce resources for, in the nurse’s eyes, minimal benefit. In other cases there was no concrete aspect of the situation that was a concern, there was just the situation itself. As several nurses stated:

You still look back and wonder if you made the right decision. It all went so fast that I don't think it had time to affect my actions, but it definitely affected me in my thinking afterwards. I really struggled with it afterwards and I still do. It really leaves lingering feelings. You just think about it over and over and never are able to come to a conclusion.
One of the struggles for these nurses in looking back seemed to be a feeling of a lack of choice. They felt they had a responsibility to the patient, the doctor, the institution, the profession, and to themselves. In some cases the sense of responsibility prompted actions, which would not have been taken otherwise. Even nurses who believed that they had made the right choice didn't always like the outcomes. One nurse stated: "I think I made the right choice. I just don't like the outcomes. If you make the right choice, you're supposed to get a good outcome. I guess that's the point."

The discomfort with looking back was described by many nurses. The discomfort arose from looking back at their previous behaviors, from putting themselves in others' (patient or family's) situation, feelings of helplessness when they felt that they should have intervened, the feeling that they had missed something that others saw. These feelings of discomfort were helped by support from those others involved in the situation and by questioning and talking to others, not so much for approval as for support.

They based their original choices to intervene or not to intervene on quality of life, financial impact, patient's pain and suffering, patients' wishes, patients' rights, family rights, the perceived ultimate good, and benefits and burdens. For many the looking back reflected the feeling of being "torn between head and heart."

Conclusion

Moral uncertainty is a multifaceted phenomenon. This study examined the experience of moral uncertainty in practice and its effect on the nurses who experience it and is a beginning study of this concept. Further research is required of the various aspects of living with and
practicing with the ever present uncertainty that what one does may or may not be “right” and that there may be equally wise choices, however contradictory they may seem.

Humility is coming to an understanding of the complexity of ethical understanding. This means acknowledging that moral beliefs may exist that are equally fundamental and yet contradictory within a given situation. It also means recognizing and acknowledging moral uncertainty. Instead of pursuing a search for moral certainty, living with the ambiguities of the ethical life is not only suggested, but recommended. Although some statements of fact may be tentative, one can have sufficient knowledge to take moral action, subject to revision of one's point of view, with the accumulation of more evidence.
References


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