



Nurses Duty to Care and Nurses Phobia to Care Tuberculosis (TB) Patients

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Abstract

A fifty year old man admitted in medical ward of a hospital with open Tuberculosis (TB) and patient received full evaluation of tuberculosis. The patient was kept in isolation room. On duty staff refused to care this patient. Staff reported fear about to get infected with tuberculosis. The incident was reported for nursing staff refusing to care Tuberculous (TB) patient in respiratory isolation room.

Introduction

Tuberculosis (TB) is a worldwide epidemic infecting approximately one-third of the world's population [1] and according to WHO report, in 2015, over 10.4 million people got ill due to tuberculosis. Tuberculosis is responsible for 5.1% of the national disease burden in Pakistan and according to National Prevalence Survey report (2013) the annual incidence of tuberculosis in Pakistan is 276/100,000 population for all ages and forms (National Tuberculosis Control Program, Pakistan). "Since 1990, the Tuberculosis incidence rate has dropped in most countries, as a result of investments that have been made and effective tuberculosis diagnosis and treatment have saved about 43 million lives between 2000 and 2014" (Cavalcante & Silva, 2016, p.2). The burden of tuberculosis patients creates an overall responsibility to care these patients on health professionals and especially on the nurses. However, the nurses reluctant to care these communicable disease patients due to fear of contracting disease, lack of appropriate knowledge about disease and lack of experience to care Tuberculosis patients [2]. This is an ethical and moral dilemma for refusing to care patients suffering from tuberculosis and nurses have the professional obligation to provide care to all patients. So, this scenario has raised some questions; is it ethically permissible that nurses can refuse to care tuberculosis patients? Did nurses do right by refusing to care to tuberculosis patients? If so, how could the ethics of care and ethics of justice be justified?

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Ethical aspects of scenario

Nurses have violated the following ethical principles in the scenario:

The moral norms of ethics and morality

Nurses violated norms of moral practices in professional context (Normative ethics) and moral conduct, right, obligation, justification, morality and responsibility (Non-normative ethics) of providing care to Tuberculosis patients [3,4].

Violation of the principle of beneficences and non-maleficence

The nurses have violated the principle of Beneficences and according to this principle, it is the responsibility of nurse to maximize benefit to patients by providing 'due care' to patients. The nurses have inflicted harm by showing rejection, and let patients feel their concern of the possibility of contracting the disease [3].

Violation of principle of justice-right to receive care

In this scenario the patients' right of care was violated "Rights are justified claims that individuals can make on other individuals or on society. "Having rights means to be in a position to determine, by having choices what others should or should not do" [3]. In this scenario, the basic needs of basic nursing care of patients were not fulfilled during the "respiratory isolation".

Violation of principle of respect for autonomy

Furthermore, in this scenario, the concept of respect of autonomy was seen as individualistic and posing an impact of nurses own choice and action on patients of not providing care to Tuberculosis patients and nurses did not respect the need of care of these patients. Autonomy involves respecting the autonomous agents by acknowledging their rights to hold views, to make choices and take

decisions according to their values and believes [3].

There are two positions to see the scenario from the lens of ethics.

Position one and arguments

Duty to care and professional obligation: According to the moral philosophy of Immanuel Kant, the moral responsibility of nurses to provide care to patients “does not change with changing disease” conditions [5]. Furthermore, nursing code of ethics clearly states that nurses are required to provide due care to any one in need regardless of their personal beliefs, religion, creed. Providing care and treating these patients can make them recover from the Tuberculosis disease and they can have a healthy life to fulfill their roles and responsibilities adequately in the society. Therefore, nurses have professional Obligation to care Tuberculosis patients and the patients have a medical right to receive due care.

Position two and arguments

Self-autonomy of nurses; not providing care to tuberculosis patients: Nurses (as a healthcare provider) have right to refuse to care tuberculosis patients as self autonomy and it is their right for not doing care to these patients. But, it affects, the well being of patients under their care and in the profession nurses have professional obligation to provide care to all patients, while they have taken oath to care to all patients.

My position and arguments

Although, nurses are suppose to provide care based on ethical principles. But, some practices are observed as unethical acts, errors and negligence in the hospitals [6]. After, internalizing the scenario, the refusal of care to Tuberculosis patients is one of example and there could be many more patients for which nurses are making choices and refusing to care [7]. To maintain the standard of practice, nurses are obligated to care Tuberculosis patients and if it is not, so it is against the professional practices and hospital authority need to take necessary action to ensure nurse to full fill their professional responsibility to care to tuberculosis patients. The code of ethics justifies that providing care to Tuberculosis patients preserves the trust of patients and nurses should avoid refusal to care. According to Burkhardt et al. “dignity and autonomy of individuals, and allow all people equal consideration” (p.48). The ethics of justice asserted that nurses have professional responsibility to care Tuberculosis patients on the basis of universal principles and rules and in an impartial and verifiable manner to ensure the fair and equitable treatment to them. According to ethics of care, the nurses need to provide the care to Tuberculosis patients in a harmonious way to full fill their needs [8]. The Tuberculosis patients require professional services in a culture of care and holism, and the nurses need to show involvement and empathy to these patients. However, providing care to Tuberculosis patients looks difficult task for some of nurses, but, refusal to care may leads to lack of care, malpractices, negligence and immediate correction of complex care issues may be delayed. Despite of that the guidelines are available to care Tuberculosis patients, but they are not practiced. These findings support my stance of ‘nurse’s duty to care’ to Tuberculosis patients and refusal to be avoided and hospital authority must organize appropriate actions for nurses to feel nurses that care is their duty and refusal to be avoided.

Counter arguments

On the other hand, nurses are right in their fear of getting Tuberculosis infection. Most of Tuberculosis patients are open carrier

to spread the infection to other people. When nurses are diagnosed of having Tuberculosis disease positive, they are moved to non-clinical area of not doing direct patient care, and future work opportunities extremely become narrowed down. In addition to that the nurses had reported repeated iatrogenic infections from work despite the correct use techniques of Personal Protective Equipments.

Justification of my position

I consider that my stand is ethically sound than the counter position because ultimately this position maintains balance between professional practices of nurses, patients right to receive fair care according to the ethics of care and justice, and the intention is doing good (beneficence) to patients and others. Nurses historically have accepted the risk of contagion, while caring patients with infectious diseases, whenever the value of care is considered important than any harm [9]. Furthermore, The nurses with more experience caring for infected patients were more willing to care for these patients, and the level of experience for caring people with communicable was not correlated with reported incidents of occupational Tuberculosis exposure risk [10]. Though, refusing to care is persistent problem and aim should be to harvest good and no harm to patients and nurses. Providing care to Tuberculosis patients is ethical but it is to be done with considerations for nurses as well, who fear due to lack of knowledge and experience to care these patients. Providing care to these patients fulfills the duty to care, sympathy improves trust, and does fairness. Subsequently, it is in the benefit of humanity and maintenance of quality and standard of practices of care.

Possible consequences

My stand point is strongly in the favor of obligation to care Tuberculosis patients and disciplining refusal of care, and justification with patients and professional practices with the use of infection prevention methods and airborne precautions. Some of the benefits of providing care to Tuberculosis patients are in favor of saving other patients and nurses for contracting the disease, avoiding psychological disorders due tuberculosis disease among patients for example depression, leaving the treatment, and suicidal attempt, due to stigma in the society. However, refusal to care may lead to increase disease burden, negative impression of profession and increase mortality and mobility rates and legal cases [11].

Recommendations

The scenario has some specific and general recommendations.

The implication of my position for nurses is clear. It is necessary that Tuberculosis patients must receive due care and authority need to be more aware of links between moral dilemmas and the rights of provider to refuse to provide care to infected patients, including the nurse's knowledge, training, and the extraordinary risk to the nurse to deal with infectious patients [12]. The refusal to care for patients is mainly due to three reasons as mention above. The first reason of nurses is the fear to contract infection. The best way to first to find out; what are fears, feelings and anxieties of the nurses about taking care of tuberculosis patients. The reasons keeping them away from caring these patients should be identified. The nurses need to be counseled and information should be provided to overcome the fear to contract infection. The nurses should be nurtured through the situation and the explanation to them that fears are unnecessary if proper precautions are taken.

The second reason of nurses to refuse to care to Tuberculosis

patients is lack of correct scientific knowledge and experience. In most instances, new nurses do not feel comfortable in handling patients with communicable diseases. Independently caring for a patient with infectious disease could be a new and novel experience for many new nurses because of little exposure and information about the disease. An example is that a new nurse found to be saying that "I don't want to take Tuberculosis to home". They fail to understand that the patient is terribly debilitated or immune-compromised. Therefore, orientation to new nurses to care Tuberculosis for experience and education about the disease and universal precautions, infection prevention methods and airborne precautions (use of a N95 respiratory and negative pressure ventilation rooms) to be discussed and it is observed that the refusal reverses after educating the staff. The nurses to be instructed to follow universal precautions, and correct use of personal protective equipment to avoid contracting infection with Tuberculosis infection. The new nurses can also be assigned to the Tuberculosis patients with experienced nurse to provide support/mentor for the situation after that the nurse can be assigned to the patient independently and the previous mentor to be available for a help if needed. The support must be available for the new nurse, who is trying to cope with the role stress of changing beliefs and values. The guidelines are available to prevent infection and senior nurses should monitor the performance of new nurses in order to overcome refusal to care [13].

There are also some general recommendations in which hospital needs to design and introduce patient centered approaches that help proper strategic planning for Tuberculosis patients care needs. The hospital also need to protect the nurses from contracting the disease by having negative pressure isolation rooms, ensuring the availability of personal protective equipment, vaccinating the nurses against the disease. The hospital authorities, not only to develop infection control program, and regular surveillance, but also to conduct comprehensive analysis of performance of activities, expenditure and outcomes for Tuberculosis patients in the hospital. The hospital also have responsibility to provide general awareness (Health Education) to patients and families about disease, and care at home, such as isolation to control transmission to avoid exposing other populations, such as children, pregnant women, and elderly people in the family [14].

Conclusion

In conclusion, the new nurses perceive that refusing to care for Tuberculosis patients is a safe way for them from getting infection of Tuberculosis disease. However, in reality the safe way to provide care to these patients with infection control methods and provide care to these patients with sense of duty and care and according to code of ethics. In such scenario, it becomes difficult for nurses to balance between self autonomy and patient's rights of care. So, being a nurse such issues should not be ignored. All ethical considerations

have their practical implications to such scenario. However, the main message for new nurses is to provide care to all patients, live and serve to humanity with compassion to care.

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