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## REVIEW ARTICLES

**Ethical principles of autonomy for patients receiving care in the Intensive Care Unit (ICU): A concept analysis**Pratama Yulianto<sup>1</sup> , Sidik Awaludin<sup>2</sup>**Author information**

Department of Nursing, Universitas Jenderal Soedirman, Indonesia



pratamayulianto1805@gmail.com

<https://doi.org/10.31603/nursing.v11i1.10155>**Abstract**

Ethical principles are crucial in providing nursing services to patients in any setting. Moral principles are a foundation for nurses to deliver holistic care while avoiding patient harm. An analysis of its concept can enhance our understanding of the principle of autonomy. However, research on concept analysis related to the ethical principle of autonomy in nursing is limited. This study aims to present a nursing perspective analysis of autonomy. Using the Walker and Avant (2011) approach, a concept analysis was conducted by reviewing literature on autonomy through the ProQuest and Google Scholar databases. The search was restricted using the keywords "autonomy" and "intensive care unit" and the publication time frame from 1896 to 2023. Walker and Avant's (2011) concept analysis method involves eight steps that identify the attributes, antecedents, and consequences of autonomy, leading to an operational definition of the concept. This concept analysis reveals that autonomy is individuals' right to freedom or independence based on their desires, assumptions, and preferences in determining decisions and goals that align with good rules. Autonomy enables patients to attain goals, satisfaction, goodness, and comfort.

**Keywords:** Concept analysis; intensive care unit; autonomy; hospital care; emergency care; nursing practice

**Introduction**

The Intensive Care Unit (ICU) is a specialized facility for patients requiring complete medical support. Due to their distinct conditions, it is essential for all healthcare personnel, especially nurses, to provide the utmost care. This is of utmost importance because critically ill patients may experience a decrease in their quality of life as they approach the end of their lives (Onrust, 2023). Based on data from the World Health Organization (WHO) worldwide, the number of patients admitted to the ICU doubled in 2021, reaching 61% of the 24 million people with confirmed cases of COVID-19 (Tan et al., 2021). Meanwhile, in Indonesia, related to COVID-19 cases, 149 cases in the October-November 2023 period required intensive ICU care (Bam, 2023). Ethical issues in the Intensive Care Unit (ICU) during the patient care process require serious attention in modern health practice. One ethical dilemma that often arises is related to life-and-death decisions that the medical team must make. The organization of intensive care frequently raises questions regarding how much medical efforts should be made to preserve the patient's life, especially when the prognosis is doubtful. Decisions regarding withdrawing or salvaging aggressive medical measures are central to ethical debates in the ICU (Seidlein et al., 2020).

In addition, ethical conflicts may also develop in the context of limited resource distribution in the ICU. The imbalance between patient needs and the limited availability of medical facilities may result in ethical conflicts between the principles of justice and the protection of individual rights (Donkers et al., 2021). The selection of patients who receive priority in intensive care can be a source of internal conflict within the healthcare team. Furthermore, effective and transparent communication with patients' families is also an important ethical issue in the ICU. Difficulties conveying information clearly and empathetically, especially when dealing with difficult news, can lead to dissatisfaction and conflict between the medical team and the patient's family. Maintaining an ethical and trusting relationship between the medical team and the family is critical to ensuring that decisions made during ICU care are recognized as the result of collaboration and careful ethical consideration (McAndrew & Hardin, 2020). Ethical issues in the ICU are not only related to medical aspects but also involve moral considerations, values, and social

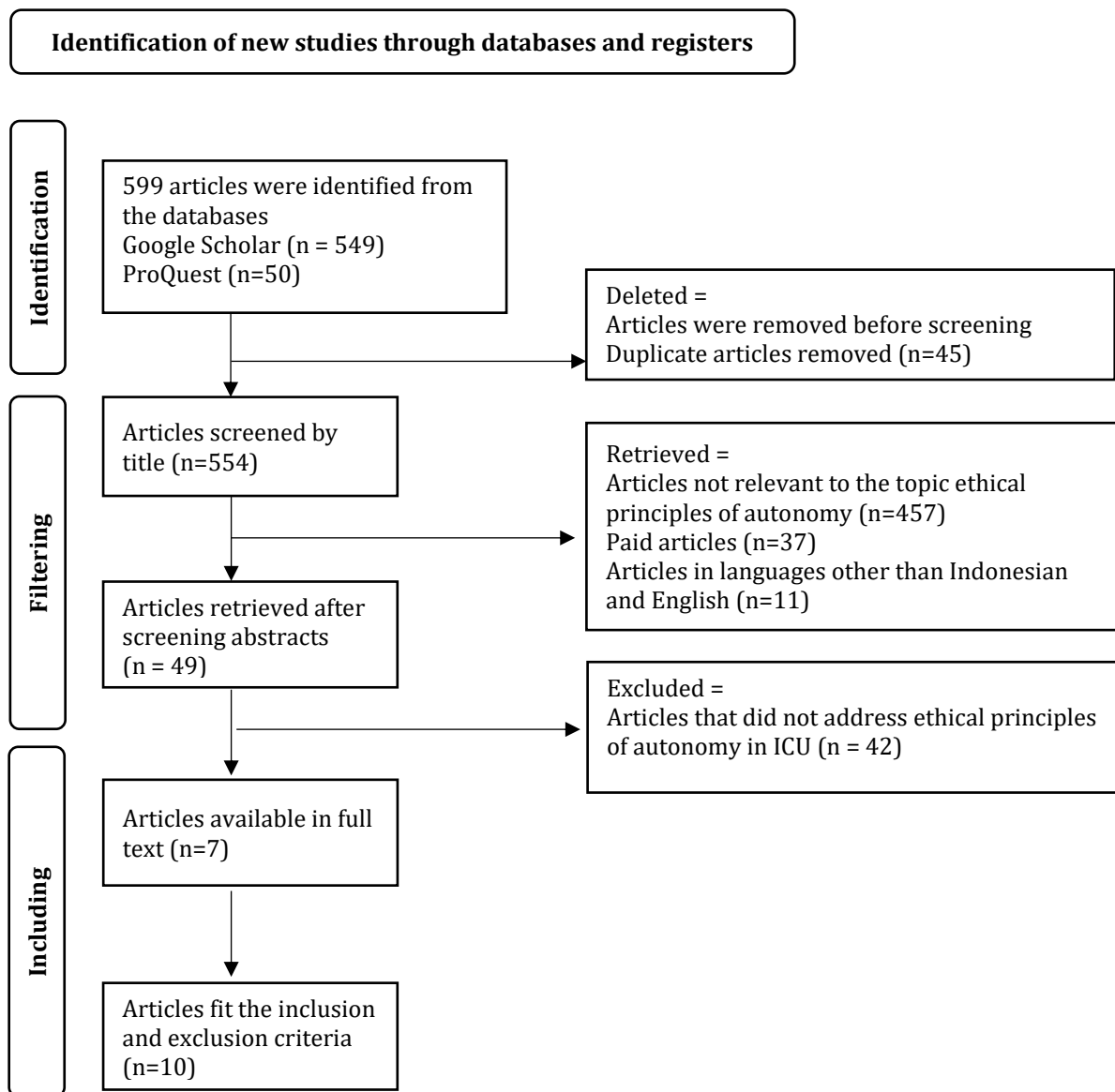
responsibility in providing quality intensive care by medical ethical norms. A holistic and coordinated approach is needed to address these ethical issues, involving the medical team, the patient's family, and health ethicists to reach fair decisions in the best interest of the patient, especially for nurses who are responsible for the care process of patients in the ICU (Spoljar et al., 2020).

Previous studies that have been conducted related to ethical issues in patients in the ICU show several limitations that need to be considered. Most studies tend to be limited to one particular hospital or region, making generalization of the results to a broader population difficult. In addition, some studies only focus on the perceptions of nurses or patients' families, which can lead to limitations in a comprehensive understanding of the dynamics of interactions and ethical issues that may involve various parties in the ICU environment (Spoljar et al., 2020). Furthermore, several studies tend to limit their scope by only considering ethical issues that arise during admission and discharge from the ICU, without exploring ethical aspects that may develop throughout intensive care. Therefore, it is essential to recognize that the results of such studies may not fully reflect the complexity and variety of ethical issues that patients, caregivers, and families may face in various ICU contexts (McAndrew and Hardin, 2020). Ethical principles are crucial in nursing to provide holistic care and avoid harming patients (Liu, 2022). The harm caused by something can result in physical injury, psychological distress, dissatisfaction, disability, or even death (Jia, 2021). Ethical principles in nursing include autonomy, beneficence, non-maleficence, justice, honesty, fidelity, and accountability. All of these principles must be applied in every patient care nurses provide. Autonomy is one of the ethical principles explored in this research. Autonomy plays a central role in the context of patient care in the Intensive Care Unit (ICU), and the meaningfulness of this concept becomes even more critical given the complexity of the health conditions of patients treated in the room. Patient autonomy in the ICU includes the right to be actively involved in decision-making regarding their health care and the right to control their own destiny. This is crucial because ICU patients often face life-threatening or critical health conditions, and their active involvement in the decision-making process can provide clarity and certainty to their care (Gómez-Vírseda, De Maeseneer, & Gastmans, 2020).

ICU patients have the right to be fully informed about their diagnosis, available treatment options, and the consequences of any medical action. Patient autonomy in understanding and agreeing to their care plan creates a trusting relationship between the patient and the care team. It provides a foundation for care decisions that align with the patient's values, wishes, and preferences. In addition, patient involvement in care planning in the ICU can strengthen patients' right to control their care process, respect personal integrity, and provide a sense of control that may be lost due to severe health conditions (Varkey, 2021). Upholding patient autonomy in the ICU is not only in line with the ethical principles of medicine but also creates a strong foundation for dignified care, respecting patients' wishes, and supporting psychosocial aspects during intensive care. In this context, autonomy is not only a right but also a critical instrument that enables the organization of care that is holistic and oriented towards the individual needs of ICU patients (Gómez-Vírseda et al., 2020). The principle of autonomy in nursing care grants patients the right to make decisions and achieve satisfaction with the support of nurses in reaching their own goals (Santoso, 2019). Examining the ethical principle of autonomy can enhance comprehension of this concept. Unfortunately, not much research has been conducted on the topic's analysis in nursing. To address this gap, researchers aim to perform analytical research focused on the ethical principle of autonomy in the ICU. The study aims to define the ethical principle of autonomy in nursing through a concept analysis from the nursing perspective, using Walker and Avant's (2011) concept analysis approach.

## Method

The research utilizes Walker and Avant's (2011) concept analysis approach, allowing for clarification of existing concepts and reconstruction during theory building. The concept analysis approach involves a systematic process in which the researcher carefully examines scientific literature and real-world cases to determine a concept's defining features. From there, the researcher synthesizes these characteristics to form a theoretical definition of the concept under investigation. Ultimately, these synthesized findings can be used to develop a comprehensive theory - the ultimate objective of the research process. To conduct this study, we carefully curated a selection of scientific articles from the ProQuest internet database and Google Scholar. Our search process involved the targeted use of keywords such as "Autonomy" and "intensive care unit," and we applied a broad search period spanning from 1896 to 2023. More details are used in the diagram below to determine the article (**Figure 1**).



**Figure 1.** Research Article Selection Process Using PRISMA Diagram.

## Results

### *Phenomenon Selection Concept*

The ICU is a specialized unit that provides round-the-clock care to patients who require extensive assistance. One patient, a 67-year-old woman, had been admitted with congestive heart failure and reduced consciousness, along with unstable hemodynamics. Upon admission, the patient's condition was quite unstable, with a soporific consciousness level (E2M1V2), blood pressure at 189/102, and pulse at 120 beats per minute. When the patient's family inquired about the likelihood of recovery, the attending physician informed them that improvement was still possible. However, the patient's heart rhythm changed to Supraventricular Tachycardia, which ultimately led to a cardiac arrest. The medical team sprang into action, immediately administering Cardiopulmonary Resuscitation and other drugs per the doctor's instructions to revive the patient (Chiang, 2022). The patient successfully recovered after receiving treatment. However, the family present during the procedure expressed concern when the patient was administered compression. Consequently, they inquired with the nurse about alternative options to explore in case of a similar occurrence. The nurse provided insightful education on the subject, and as a result, the patient's family requested to

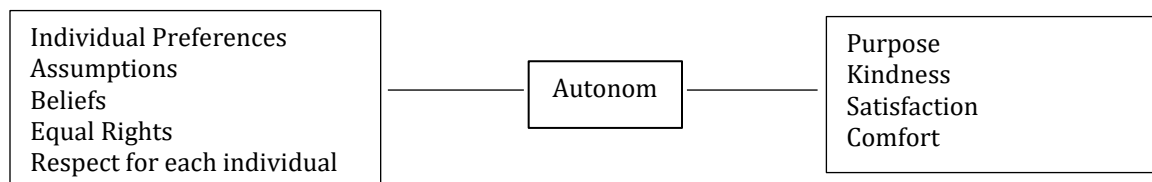
forgo the same treatment should the patient experience cardiac arrest again. They then proceeded to sign an informed consent form.

### ***Determination of Analysis Objectives***

The objective of exploring the concept of ethical autonomy is to acquire a holistic comprehension of the notion, define a pragmatic interpretation of autonomy for patients who are undergoing treatment in the ICU, and evaluate existing ethical principles and tools that are associated with autonomy, or determine more relevant and up-to-date ones for patients in the ICU.

### ***Determination of Attribute Characteristics***

Upon analysis, several key characteristics have emerged as the defining traits of autonomy: freedom, goodness, goals, rules, rights, desires, assumptions, reasons, decisions, independence, and preferences. With these attributes in mind, a concrete definition of autonomy can be established. Autonomy is the fundamental entitlement of individuals to exercise their liberty and independence by following their desires, assumptions, and preferences when making decisions and pursuing objectives while remaining within established guidelines for the betterment of society (Kant, 1996) (**Figure 2**).



**Figure 2.** An overview of the antecedents, attributes, and consequences of autonomy in ICU patients.

### ***Model Case Identification***

Following a craniotomy surgery, a 55-year-old male patient was admitted to the ICU, where limited visits by family members were permitted at specified times due to the patient's sedation. After receiving intensive care and making significant progress, a nurse spoke with the family about options for follow-up care once the patient was discharged from the ICU. The nurse educated the family on each option until they understood and agreed to a decision, which they then signed an informed consent to proceed with.

### ***Borderline Case Identification***

A 55-year-old man was admitted to the ICU after undergoing craniotomy surgery. Throughout his stay, the patient remained sedated. The ICU has strict visitation policies, allowing families only limited hours and numbers of visitors. After receiving extensive care and making significant progress, a healthcare professional spoke with the family about the patient's post-discharge care. However, the family expressed concerns about the cost of ongoing treatment and revealed plans to take the patient home. The healthcare professional suggested utilizing government health insurance to offset the expenses. The family found relief in this option and provided informed consent to ensure the patient received the best possible care.

### ***Contrary Case Identification***

Following his craniotomy surgery, a 55-year-old man was admitted to the ICU, where he remained sedated upon arrival. Due to restrictions imposed by the ICU, family visitation was limited to specific times and numbers. After receiving intensive care and making significant progress, the nurse discussed the patient's follow-up care with the family. The nurse explained that the patient needed to be referred to another hospital for further treatment as the facility lacked the necessary tools and materials. Although the family was disappointed and wanted to take the patient elsewhere, the nurse clarified that further treatment could only be provided at the referred hospital. As a result, the family complied with the nurse's instructions.

## **Discussion**

The Intensive Care Unit (ICU) is a facility in a hospital specifically designed to provide intensive medical care to patients with severe and life-threatening health conditions (García-Hedrerera, 2021). This facility has advanced equipment and a specially trained medical team to handle cases requiring more intensive medical monitoring and intervention. In general, patients admitted to the ICU are those with respiratory distress, organ failure, serious injuries, or other critical medical conditions. One of the main characteristics of the ICU is the close monitoring of the patient's vital parameters, such as heart rate, blood pressure, and respiratory function, using advanced technology such as

multi-parameter monitors (Liang, 2021). The primary function of the ICU is to provide highly specialized and in-depth care, often involving complex medical measures such as mechanical ventilation, electrocardiographic monitoring, and meticulous administration of medications and therapies. In addition, the medical team in the ICU consists of specialists trained in various fields, such as intensivists, anesthesiologists, intensive care nurses, and sometimes physical therapists (Xie et al., 2020). The ICU is also often where difficult ethical decisions are made, including decisions regarding life extension or withdrawal of aggressive medical measures, which require the involvement of the medical team, the patient, and their family (Liang, 2021).

Based on the explanation, it can be concluded that the ICU is an integral component of the modern healthcare system, playing a crucial role in providing intensive and urgent care for patients with the most critical health conditions. Along with the development of medical technology and increased understanding of complex diseases, ICUs continue to evolve to provide optimal care standards for patients requiring highly specialized medical attention. Several varied and complex etiologies often drive patients to enter the Intensive Care Unit (ICU). These etiologies refer to the causes or precipitating factors that lead to a patient's condition requiring intensive care. One of the main etiologies that can lead a patient to the ICU is a life-threatening medical condition, such as organ failure, acute respiratory illness, or a critical cardiovascular condition. Patients with serious trauma, including head injuries or severe accidents, also often require intensive care in the ICU (Flaatten, Beil, & Guidet, 2020). In addition, complex surgical interventions or post-operations that require close monitoring and specialized care can be essential etiologies that bring patients to the ICU. A patient in shock or a condition that requires mechanical respiratory support often triggers admission to the ICU. Severe infections, such as sepsis, can also be a significant etiology, given the need for intensive monitoring and treatment to overcome this condition (Minton, Batten, & Best, 2023). In medical care, especially in intensive care contexts such as the Intensive Care Unit (ICU), complex ethical issues often arise that require careful moral and professional judgment. These ethical issues can include various aspects that can affect the patient care process in the hospital. The results found that ethical problems are grouped into five categories: end-of-life decisions, privacy, interaction, patient/family, teamwork, and health-care access (McAndrew & Hardin 2020).

Ethical issues during the end-of-life decision process are a significant focus that requires in-depth study. One such issue is the phenomenon of "therapeutic obstinacy," where the desire to provide aggressive medical treatment often conflicts with realistic clinical benefits. Such decisions may involve ethical considerations related to providing care that aligns with the patient's actual needs to prevent unnecessary prolongation of suffering (Seidlein et al., 2020). The patient's right to receive care according to their clinical needs is also a significant ethical concern. Ethical considerations related to this right include discussions regarding Do Not Resuscitate (DNR) decisions, where the medical team and the patient's family must communicate openly and clearly about the resuscitation procedure and potential outcomes (Akdeniz, Yardımcı, & Kavukcu 2021). This decision is closely related to "Dying with Dignity," where medical efforts following the patient's wishes and values can respect dignity and quality of life in the final stages. At the same time, preparing the patient's family is also critical to ethical issues in the ICU. Providing information with empathy and supporting families in understanding the patient's health condition and the implications of end-of-life decisions is the medical team's responsibility. In this regard, respect for patient autonomy must also be considered, where decisions regarding end-of-life care should fully reflect the patient's values and wishes (Spoljar et al., 2020).

In the category of individual privacy rights, several ethical issues include patients' right to privacy of their personal and medical information. During advanced technology and monitoring systems in the ICU, the importance of protecting patient privacy from unauthorized access or misuse of information is a crucial aspect to be considered. It is also essential to respect the patient's depth of privacy, especially in the context of the ICU, where treatments are often intensive and require constant monitoring. Efforts should be made to maintain patient intimacy, including in matters of both physical and emotional nature, to provide an appropriate and safe space for patients facing severe health conditions (Thorat et al., 2021). In addition, the ethical issue of privacy in the ICU is also related to respecting the confidentiality of patient medical information. The medical team maintains patients' trust by keeping their personal information confidential. "secrecy" is crucial in building a solid relationship between the patient and the healthcare team, which can support the healing and rehabilitation process (Seidlein et al., 2020).

Ethical issues in patient/family interactions in the Intensive Care Unit (ICU) highlight several matters involving the provision of humane care, the right to truth, the right to information, the right to self-determination, and family involvement in decision-making. One critical aspect is the humanization of care, which emphasizes the importance of providing care that focuses on medical aspects and pays attention to patients' psychosocial and emotional needs. In ICU rooms often dominated by technology and intensive monitoring, upholding human values in care is essential to support patient recovery (Kydonaki, Kean, & Tocher, 2020). Another ethical concern is the patient's right to know the truth about their health condition. Providing honest and adequate information by the medical team is a patient's right and an essential element to support informed decisions. This right is closely related to obtaining



relevant and understandable information so patients can understand available treatment options (Yoo, Lim, & Shim, 2020). Furthermore, the right to self-determination or patient autonomy is a focal point in the ethical issues of patient/family interactions in the ICU. Patients have the right to be involved in decision-making regarding their care, including the right to refuse or accept a medical procedure. This patient empowerment to make decisions needs to be respected and supported by the healthcare team. Family involvement in decision-making is also essential to providing holistic and supportive care. Recognition of the family's role in providing emotional and decision support can improve patient well-being. Therefore, opening effective communication channels with the patient's family and involving them in decisions that affect the patient's condition is essential in upholding ethical values in ICU care (Jafarpoor, Vasli, & Manoochehri, 2020).

In the teamwork category, there are several issues relevant to team responsibility, assignment/responsibility, lack of standardized criteria, hierarchy issues, and unsustainable division of labor. The aspect of team responsibility took center stage, where a lack of clarity regarding who was responsible for an action or decision could lead to confusion and decreased efficiency in patient care (McAndrew & Hardin, 2020). The assignment and execution of responsibilities in ICU medical teams are often challenging, especially in critical and complex situations. Lack of clarity regarding the boundaries and scope of individual responsibilities can create uncertainty that can be detrimental to patients. In addition, the lack of standardized criteria to assess and define the responsibilities of each team member can result in variability in practice and hinder the achievement of optimal care (Donkers et al., 2021). The hierarchy within the ICU medical team is also a serious ethical concern. A rigid hierarchical structure can inhibit open communication and effective collaboration between team members, which can negatively impact the quality of patient care. Respect for the views and contributions of each team member is essential to creating an ethical and productive work environment. A lack of continuity in the division of work or an inability to share the workload can be detrimental to team efficiency and the well-being of team members. This can create an imbalance in fulfilling duties and responsibilities, leading to an increased risk of burnout or failure to provide quality care (Vincent, Jones, & Engebretson, 2020).

Regarding health services in the ICU room, there are several ethical issues, including the principle of equal access or distributive justice, limited resources, and waste of resources. The principle of equal access is critical to distributive justice, emphasizing that everyone has the same right to obtain health services without discrimination (Seidlein et al., 2020). However, in the context of the ICU room, constraints related to limited resources can present challenges in realizing this principle of distributive justice. Limited resources in the ICU can hinder providing equal services for all patients who need intensive care. Limited beds, medical equipment, and healthcare personnel can lead to inequality of access, where patients with critical needs may not be able to receive the appropriate care as expected (Vincent et al., 2020). This creates an ethical dilemma in deciding the priority of which patients will receive intensive care and which will not. Waste of resources is also a severe problem in the ICU. In some situations, the decision to provide intensive care that is excessive or disproportionate to the patient's prognosis can result in a waste of valuable healthcare resources. This creates an imbalance between individual needs and the collective responsibility to use resources wisely (Spoljar et al., 2020).

According to Walker and Avant's (2011) explanation, empirical reference involves categorizing a class that includes actual phenomena and demonstrates the presence of the studied concept. This process helps recognize and analyze the concept's features, which enables a specific definition to be created (Azzouni, 2000). While developing new instruments, empirical references are utilized to relate to concepts or theories and establish their validity. The idea of personal autonomy holds excellent practical significance in our lives. Particularly in the nursing field, it is considered a critical principle that must be upheld, serving as an ethical foundation for all nursing actions. By identifying key attributes and concepts of autonomy, such as problem perception, independence, and knowledge, we can establish an empirical reference for this essential principle (Kant, 1996). These attributes can indicate the level of autonomy for a patient or their family in the ICU. Perception is a process by which individuals interpret the impressions obtained by the senses to produce a meaning that can affect the individual himself. Perception of a problem can be interpreted as an individual's interpretation of the problems they experience (Aqeel, 2022). Following the case above, it can be seen that patients and families of patients being treated in the ICU room will have their perceptions of the situations and conditions they experience. From this perception, it encourages patients or families to have desires that will be achieved. Therefore, the wishes of patients and families will give rise to autonomy or the right to choose everything that can be done to achieve the desired goal. The concept of psychosocial ability independence involves having the bravery, initiative, and self-assurance to handle any obstacles or issues independently, without relying on others. Independence is critical for individuals to effectively navigate health challenges and receive the necessary support for healing. A person's perception significantly impacts their level of independence.

Consequently, a patient's ability to solve problems independently can serve as a measure of their autonomy. The more capable a patient can overcome challenges independently, the greater their autonomy (Hayat, 2021). Essentially, independence promotes autonomy among patients and their loved ones throughout treatment. Possessing a solid foundation of knowledge can significantly enhance one's ability to be self-sufficient. Research conducted by Papapanou et al. in 2022 highlights knowledge's pivotal role in shaping our actions. Furthermore, as noted by Suarez-Lledo in 2021, our perception of a problem is heavily influenced by our level of understanding. By acquiring a deeper understanding of the problem, we can equip ourselves with the necessary tools to tackle it. To increase our self-sufficiency, it is, therefore, imperative that we strive to enhance our knowledge and comprehension of the subject matter.

## **Conclusion**

An operational definition of autonomy for patients in the ICU has been established through thorough concept analysis. Autonomy entails the freedom to make decisions and establish goals based on one's desires, assumptions, and preferences while abiding by ethical and moral principles. Instruments must encompass problem perception, self-sufficiency, and patient knowledge to assess patient autonomy in the ICU. Further investigation is required to determine definitive benchmarks for evaluating personal autonomy levels. Nevertheless, the findings of this study indicate that instruments incorporating elements such as patients' perception of their issues, self-reliance, and level of knowledge can serve as a means of gauging their autonomy in the context of ICU care.

## **Author's declaration**

The authors made substantial contributions to the conception and design of the study and are responsible for data analysis, interpretation, and discussion of results. For manuscript preparation, all authors read and approved the final version of this article.

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## **Availability of data and materials**

All data are available from the authors.

## **Competing interests**

The authors declare no competing interest.

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