



# Ethical dimensions of paediatric nursing: A rapid evidence assessment

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## Abstract

**Background:** Paediatric nurses often face complex situations requiring decisions that sometimes clash with their own values and beliefs, or with the needs of the children they care for and their families. Paediatric nurses often use new technology that changes the way they provide care, but also reduces their direct interaction with the child. This may generate ethical issues, which nurses should be able to address in the full respect of the child.

**Research question and objectives:** The purpose of this review is to describe the main ethical dimensions of paediatric nursing. Our research question was, ‘What are the most common ethical dimensions and competences related to paediatric nursing?’

**Research design:** A rapid evidence assessment.

**Method:** According to the principles of the rapid evidence assessment, we searched the PubMed, SCOPUS and CINAHL databases for papers published between January 2001 and March 2015. These papers were then independently read by two researchers and analysed according to the inclusion criteria.

**Ethical considerations:** Since this was a rapid evidence assessment, no approval from the ethics committee was required.

**Findings:** Ten papers met our inclusion criteria. Ethical issues in paediatric nursing were grouped into three areas: (a) ethical issues in paediatric care, (b) social responsibility and (c) decision-making process.

**Conclusion:** Few studies investigate the ethical dimensions and aspects of paediatric nursing, and they are mainly qualitative studies conducted in critical care settings based on nurses’ perceptions and experiences. Paediatric nurses require specific educational interventions to help them resolve ethical issues, contribute

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to the decision-making process and fulfil their role as advocates of a vulnerable population (i.e. sick children and their families). Further research is needed to investigate how paediatric nurses can improve the involvement of children and their families in decision-making processes related to their care plan.

### **Keywords**

Ethical competences, ethical dimensions, ethical issues, paediatric nursing, responsibility

## **Introduction**

In the last few years, there has been a growing interest on behalf of healthcare organizations in nurses' ethical competences because there is evidence that these competences play an increasingly important role in biomedical sciences, due to changes in the way healthcare is provided, scarce resources and conflicting values. Ethical competence is an intrinsic element of nurses' professional responsibility and difficult situations are increasingly common in nurses' daily practice, which often require nurses to make decisions that are in conflict with their own ethical or moral beliefs.<sup>1,2</sup>

In paediatrics, when children are unable to cooperate, for health professionals, it is difficult to make decisions that have implications for their life or death, and such situations often generate ethical issues and disagreements about treatment, procedures to adopt and healthcare choices.<sup>3-6</sup> Moreover, the field of paediatric care is characterized by rapidly changing technological innovations that often change the way children are cared for.<sup>5,7</sup> Therefore, paediatric nurses need to continually keep abreast of new knowledge and technical innovations, which however can generate new ethically challenging situations, and paediatric nurses need specific ethical competences to overcome these new challenges.<sup>4</sup> These situations are handled better when nurses are directly involved in advanced paediatric critical care, in circumstances where they understand that they have the responsibility to decide what is best for the child<sup>8</sup> and choose alternative options when the usual ones are no longer available.<sup>9</sup> In critical care, paediatric nurses should have the competences to identify, manage and resolve ethical issues together with their patients and their families.<sup>10</sup> Therefore, nurses should also act as moral agents, who are accountable, consistent and ethically responsible for their judgements, decision-making and actions.<sup>11,12</sup> All these aspects – which are linked to nurses' attention, sensitivity and communication skills, and their role as patient advocates – have a significant impact on the respect, protection and implementation of children's rights.<sup>13</sup>

Ethical competence is a fundamental component of nursing practice. Since current knowledge in the field of paediatrics is fragmented and still mostly unexplored, we thought it would be important to conduct a systematic review of the literature that would serve as a basis to design and conduct further research. In addition, this review intends to offer a brief statement on ethical and professional principles that may guide paediatric nurses and help them to address and prevent ethical problems.

## **Aim**

To define what are the ethical dimensions, competencies and issues of paediatric nursing.

## **Methods**

### *Search strategy*

We conducted a review of the literature using the rapid evidence assessment (REA) method<sup>14,15</sup> to retrieve papers focusing on the ethical dimensions of paediatric nursing, such as ethical competences. To optimize

**Table 1.** Search strategy.

Database	Search strategy
PubMed-MEDLINE	<p>('pediatric nurse') AND (ethical ISSUE)</p> <p>(((((('Morals'[Mesh] OR 'ethics' [Subheading] OR 'Ethics'[Mesh])) OR (ethical issue*[Title/Abstract] OR ethical dilemma*[Title/Abstract] OR ethical principle*[Title/Abstract])) OR (moral decision[Title/Abstract] OR moral dilemma[Title/Abstract]))) AND ('pediatric nurse'[Title/Abstract] OR 'child nurse'[Title/Abstract]) Filters: Abstract; Publication date from 2000/01/01 to 2015/03/31</p> <p>((((Pediatric Nursing [MeSH Terms] OR Infant [MeSH Terms] OR Child [MeSH Terms] OR Adolescent [MeSH Terms] OR Pediatric Nursing [Title/Abstract])) AND nurs*[Title/Abstract]) AND (((Ethic*[Title/Abstract] OR Moral*[Title/Abstract] OR Dilemma*[Title/Abstract] OR Autonomy [Title/Abstract] OR Justice [Title/Abstract] OR Integrity [Title/Abstract] OR Respect* [Title/Abstract] OR Trust* [Title/Abstract] OR Wisdom [Title/Abstract] OR Courage [Title/Abstract] OR Beneficence [Title/Abstract] OR Non-maleficence [Title/Abstract] OR deontology [Title/Abstract])) AND (((((professional competence[MeSH Terms]) OR clinical competence[MeSH Terms]) OR skill [Title/Abstract]) OR clinical competence[Title/Abstract]) OR professional competence [Title/Abstract]))) Filters: (hasabstract[text] AND ('2000/01/01'[PDat]: '2015/03/31'[PDat]) AND Humans[Mesh] AND (English[lang] OR French[lang] OR Italian[lang]))</p>
CINAHL	<p>(Ethic* OR Moral* OR Dilemma* OR Autonomy OR Justice OR Integrity OR Respect* OR Trust* OR Wisdom OR Courage OR Beneficence OR Non-maleficence OR Deontology) AND (pediatric nurs* OR child nurs*)</p> <p>Filters: Abstract; Publication date from 2000/01/01 to 2015/03/31</p>
Nursing/Health professional research articles: SCOPUS	<p>(TITLE-ABS-KEY (ethic* OR moral* OR dilemma* OR autonomy OR justice OR integrity OR respect* OR trust* OR wisdom OR courage OR beneficence OR non-maleficence OR deontology) AND TITLE-ABS-KEY (pediatric nurse OR child nurse)) AND PUBYEAR &gt; 1999 AND (LIMIT-TO (DOCTYPE, 'ar') OR LIMIT-TO (DOCTYPE, 'ip')) AND (LIMIT-TO (LANGUAGE, 'English')) AND (LIMIT-TO (SUBJAREA, 'MEDI') OR LIMIT-TO (SUBJAREA, 'NURS') OR LIMIT-TO (SUBJAREA, 'HEAL'))</p> <p>(TITLE-ABS-KEY ((ethic* OR moral* OR dilemma* OR autonomy OR justice OR integrity OR respect* OR trust* OR wisdom OR courage OR beneficence OR non-maleficence OR deontology)) AND TITLE-ABS-KEY (pediatric nurse OR child nurse) AND TITLE-ABS-KEY (professional competence OR clinical competence OR skill OR clinical competence OR professional competence)) AND PUBYEAR &gt; 2000 AND (LIMIT-TO (DOCTYPE, 'ar')) AND (LIMIT-TO (LANGUAGE, 'English') OR LIMIT-TO (LANGUAGE, 'French') OR LIMIT-TO (LANGUAGE, 'Italian'))</p>

the search strategy, we identified a clinical question based on the PEO Methodology (Population and their problem, Exposure, Outcomes or themes).<sup>16</sup> The population included paediatric nurses or children's nurses; the exposure was 'paediatric clinical settings', and the outcome was 'the ethical competencies and dimensions adopted by paediatric nurses while providing care'. We searched PubMed, SCOPUS and CINAHL databases (see Table 1 for the search terms). Our search was limited to articles published in Italian and English between January 2001 and March 2015 to include only the most recent publications.

### *Inclusion and exclusion criteria*

Articles were included if they were (a) related to ethical dimensions and/or methodological issues based on the PEO methodology, (b) written in English or Italian and (c) if the abstract was available. Articles were excluded if they were (a) related to topics other than ethical dimensions or methodological issues; (b) grey literature and dissertations, methodological or theoretical descriptions or single case reports; (c) articles written in languages other than English or Italian; and (d) studies about neonatal care (this exclusion criterion was adopted because it was the object of another REA). In line with the REA methodology, citations or key author searches were not taken into account and authors were not contacted.

## **Search outcomes**

### *Initial screening*

Our initial search of the databases produced a total of 1205 records. After removing 50 duplicates, we had 1155 records. Two researchers separately read and checked that the respective titles and abstracts met the inclusion criteria. After excluding all the non-relevant papers, three researchers read the full texts and summarized the contents of each paper that met the inclusion criteria. The entire review process and the data analysis were supervised by the co-authors of the present review. Eight qualitative and two quantitative studies were included in the review following the mixed-methods review criteria.<sup>17–19</sup> The identification and selection process of the present review was conducted according to the methodology suggested by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA)<sup>20,21</sup> (Figure 1).

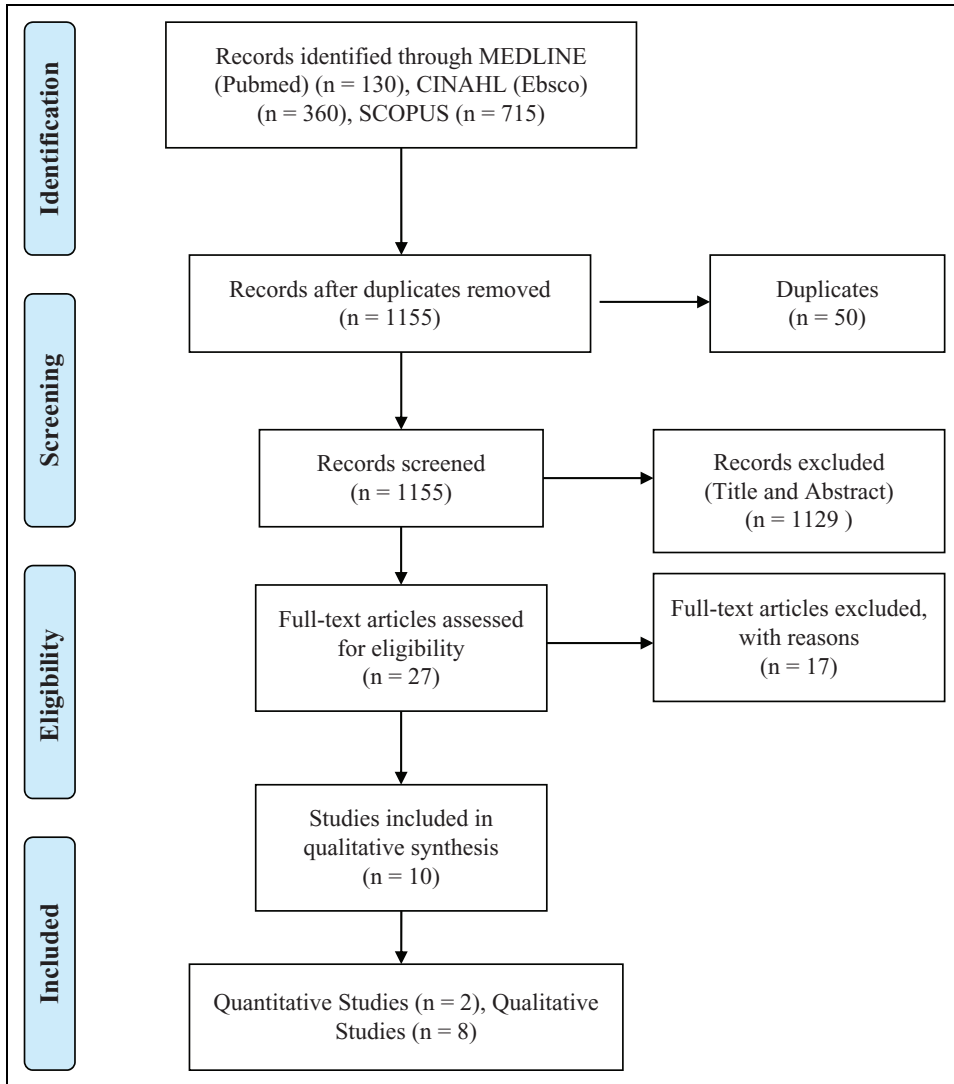
### *Description of included studies*

The papers included in this review were two surveys, of which one was conducted in Israel<sup>22</sup> and one in the United States;<sup>23</sup> of the qualitative studies, two were conducted in Brazil,<sup>7,13</sup> one in Canada and Italy,<sup>8</sup> one in Canada and France,<sup>24</sup> one in Portugal,<sup>25</sup> one in the United States<sup>26</sup> and one in Norway, which was split into two papers<sup>4,5</sup> (Table 2).

The two quantitative studies<sup>22,23</sup> used different investigative tools: The ‘Ethical Dilemmas in Nursing’ questionnaire (EDN) and a 45-item questionnaire, both developed by the authors of the studies. The other eight studies used qualitative methods: one was an exploratory study; one adopted a qualitative data analysis and semi-structured interviews; two applied a qualitative phenomenological approach; one was an ethnographic study; four did not specify the study design but two used a focus group methodology, and two adopted the narrative interview methodology. Regarding the characteristics of the sample, two studies included physicians and nurses.<sup>8,24</sup> However, for the present review, only the aspects related to nurses were considered.

### *Data extraction and synthesis*

Data were extracted using an ad hoc tool based on the methodology suggested by the Institute of Medicine<sup>27</sup> and by Long and Godfrey.<sup>28</sup> These tools included data, such as study design and aims, country of origin, setting, sample size and representativeness. The contents of each paper were summarized according to the subheadings of the data extraction tool. The data extraction and synthesis process included rereading, discussion, categorization and identification of the most significant data. Summary tables were created to identify the methodology of the selected papers. Then, we carefully examined and discussed the respective data collection and analysis process. Two papers extracted relevant verbatim data related to paediatric nursing competences, discussed by the review team, and gathered them into themes. Due to the



**Figure 1.** Flow diagram of the literature review process (PRISMA 2009).

heterogeneity and prevalence of the qualitative data, statistical techniques to synthesize them were not appropriate. A narrative synthesis of the extracted data was undertaken using results based on emerging themes to explore the relationships within and between selected studies.<sup>29</sup> This approach enabled to summarize and merge the findings of the qualitative and quantitative studies.<sup>29</sup>

## Findings

Ten papers met our inclusion criteria, and the ethical issues in paediatric nursing that emerged from these papers were grouped into three areas: (a) ethical issues in paediatric care, (b) social responsibility and (c) decision-making process.

**Table 2.** Characteristics of included studies.

Reference, country	Aim	Study design/methodology	Sample description
Andrade et al., <sup>13</sup> Brazil	To analyse nurses' reports on child care during well-baby care, taking into consideration the care and defence of the right to health	Exploratory qualitative study/semi-structured interviews recorded	14 nurses (male = 2; female = 12), age range = 29–48 years
Burns et al., <sup>23</sup> United States	To describe the attitudes and practices of critical care physicians and nurses regarding limitations to life-sustaining treatment To report the personal and professional characteristics associated with particular attitudes on these issues	Cross-sectional survey/questionnaire	110 physicians and 92 nurses, nurses' mean age = 30 years, physicians' mean age = 39 years
Carnevale et al. <sup>8</sup> Canada and Italy	To describe how decisions are made in the treatment of life support (life-sustaining therapy (LST)) in critically ill children and how these decision-making processes are experienced by the team and parents	Qualitative research/focus group	16 physicians, age range 42 years, range of PICU experience 13 years; 26 nurses, all females, age range 42 years, range of PICU experience 10; 9 parents (7 mother and 2 father)
Carnevale et al., <sup>24</sup> Canada and France	To examine how physicians and nurses in France and Quebec make decisions about LSTs for critically ill children and corresponding ethical challenges	Qualitative research/focus group	Canada: 10 (male = 2, female = 8), age range 25–50 years, range of PICU experience 2.5–25. France: 14 (male = 1, female = 13) age range 22–45, range of PICU experience 0.17–19
Albuquerque Queiroz, <sup>25</sup> Portugal	To identify the significant elements of the experiences of professionals who are members of nursing teams in the inpatient units of a paediatric hospital in the centre of Portugal	Exploratory study using a qualitative phenomenological and hermeneutic approach/focus group	11 nurses (no reported sample characteristics)
Rodrigues et al. <sup>7</sup> Brazil	To examine comprehensively how the nurse inserts the ethics and bioethics in the care of the child and his family within the hospitals	Phenomenological study/interview	9 nurses (no reported sample characteristics)
Sørli et al., <sup>5</sup> Norway	To investigate of the meaning of being in ethically difficult situations in paediatric care by male RNs	Qualitative research/narrative interview	5 male RN, age range 32 years, age range of the experiences in paediatric clinics 1–7 years and in healthcare 1–11 years
Sørli et al., <sup>4</sup> Norway	To illuminate the meaning of female RN lived experience of being in ethically difficult care situations in paediatric care	Qualitative research/narrative interviews	20 female RN, age range 25–48 years, age range of experience in paediatric clinics 10 nurses had a range 5–25 years; 10 nurses had a range 2 months–5 years

*(continued)*

**Table 2.** (continued)

Reference, country	Aim	Study design/methodology	Sample description
Twomey, <sup>26</sup> United States	To identify which ethical issues arise in paediatric mental health nursing	Ethnographic research/ unstructured interview	20 RN (male = 2, female = 18), mean experience duration in paediatric mental health 6 years
Wagner and Hendel, <sup>22</sup> Israel	(a) To identify and compare ethical situations that the two groups of nurses encounter, (b) to assess the nurses' familiarity with the International Council of Nurses (ICN) ethical code, (c) to identify factors influencing nurses' ethical beliefs, (d) to identify and compare the resources for support and (e) to identify causes of ethical dilemmas	Quantitative research/ questionnaire	224 nurses: 169 Israeli nurses (mean age 38.6 years; mean worked year 13.8); 55 international nurses (mean age 34.4 years; mean worked year 10.3)

PICU: paediatric intensive care unit; RN: registered nurse.

### *Ethical issues in paediatric care*

Some studies reported nurses' experiences of ethical issues arising from difficult situations in the field of paediatric care and their implications for practice. For instance, in Twomey's study, nurses described the ethical and moral issues associated with their relational and biomedical role with children, as well as with their role as advocates-facilitators between children and other professionals involved in their care. As a consequence, the context (or milieu) becomes a sort of extension of the family because it becomes the source of ethical problems for all those who are part of it. With regard to the context, the nurses balanced the patients' needs with the equally necessary requirement that the context be preserved as a group entity. Here, the nurses highlighted three different types of behavioural disorders in the field of mental health that could give rise to moral issues in nurses: escalation, de-escalation and seclusion. The nurses also reported that when they were excluded by institutional standards, this condition put a strong pressure on them, influencing their caring relationships with the patients, as well as the nurses' individual integrity. Trust, fidelity and mutual respect are key components of a caring relationship, and for nurses, it is important to clearly define their own role towards the patient. Communication for nurses involved taking part in children's and their parents' lives and becoming their voice when necessary.<sup>4</sup> Nurses, indeed, are often called to represent the values, beliefs and choices of their patients and their parents in front of other professionals and institutions.<sup>22</sup> As professionals, nurses have to abide by their code of conduct;<sup>30</sup> however, nurses are individuals with personal and professional values that may be in conflict with patient and/or institutional ones, generating ethical issues.<sup>2</sup> All these aspects could become sources of ethical issues when they clash with the nurses' beliefs, values and the way they perceive their own role.

In addition to this, Sørliet et al.<sup>4</sup> also explored gender differences in the way paediatric nurses dealt with difficult situations. For instance, we the authors found that for male nurses, it was important to contemporaneously take care of children and their parents and clearly distinguish their own role as nurses from that of physicians when it came to dealing with drug therapies and making decisions about life and death. For them, helping the patient was a fundamental value, where technology was important but not enough on its own because, on one hand, technology is helpful but, on the other, it reduces the nurse's direct interaction with the child.<sup>5</sup> Health workers are often so absorbed by dealing with technology that they become unable to

offer their patients additional values and end up feeling empty.<sup>5</sup> Other important components of caring were being close, comforting and protecting. The same authors in another part of their study also reported that female nurses emphasized their feelings of loneliness and emotional pain due to the lack of an open dialogue with colleagues when there were issues related to justifiable practice and to the caring culture.<sup>4</sup> All these aspects have, if left unaddressed, the potential to develop ethical issues in nurses.

Wagner and Hendel,<sup>22</sup> in their survey, highlighted another three important ethical issues linked to nursing: questioning treatments and the competences of physicians and nurses, lack of resources and rude behaviours of some caregivers with patients. This study found that a frequent dilemma for nurses was the conflict between the needs of a patient and those of the family, and how and when it was possible to involve children in the decision-making process. Due to the particular nature of their work, paediatric nurses often felt stressed, tired and with little human resources. The same nurses underlined the importance of attending educational courses that can improve ethical decision-making and gain a better understanding of their code of ethics, as well as of different cultures and beliefs. Although the paediatric nurses came from different countries and had different cultural backgrounds, when complying with universal values, they experienced similar ethical dilemmas.<sup>22</sup>

Finally, linked to ethical issues in paediatric care, emerged also the concept of vulnerability. In Andrade et al.'s<sup>13</sup> qualitative study, the nurses' narratives about children's vulnerability were analysed. The commitment of professionals, and especially of nurses, to protect and advocate for children is an ethical precept. Identifying situations of vulnerability in children offers nurses the occasion to get to know the children individually, understand which factors cause health problems and risks and to expand the scope of nurses' attention to the patient's family context. The principal elements of nursing care are attention, sensitivity and communication skills to affect care and health advocacy; to respect, protect and implement the rights of the child; and identify alternative solutions for the promotion of health.<sup>13</sup>

### *Social responsibility*

After analysing the selected papers, the theme of social responsibility was identified as the need for nurses to be considered good professionals, acknowledged for the quality of their care and for their role as mediators of the care process.<sup>4,13</sup> Some important aspects emerged from the study by Albuquerque Queiroz,<sup>25</sup> which explored the experience of nurses caring for severely ill children and their families. From the analysis of the relevant themes, they found that social responsibility and solidarity are important elements of nursing care for the non-biomedical dimensions experienced by children and families. They found that nurses gained a deeper feeling of their own self through their experiences and reflected more on their own values, increasing their ability to care in a more compassionate and holistic manner. The study by Sørli et al.<sup>4</sup> showed how important this aspect was for nurses in order to be considered as good professionals, but nurses also need to be recognized for the quality of their work when it fulfils the nursing norms and roles. They needed both a social confirmation and a self-confirmation. For these nurses, it was important to remember their patients and to not forget to take good care of them. This can be described as a sort of ethical memory and nurses experienced 'emotional pain' when they understood that they had not paid enough attention to their young patients. Andrade et al.<sup>13</sup> underlined how nurses should be considered as mediators in the child caring process, a sort of agent who respects, protects, defends children's health, supports their families and liaises with health services.<sup>13</sup>

### *The decision-making process*

In the last few years, there has been a dramatic increase in decisions to withhold or withdraw life-sustaining treatment in critically ill patients also in the field of paediatrics, giving rise to particular ethical issues.<sup>8,24</sup>



The theme of the decision-making process was identified to understand how nurses make decisions when faced with ethical issues. Burns et al.<sup>23</sup> described the attitudes and practices of critical care nurses and physicians related to the limitation of life-sustaining treatment. Many factors need to be considered when deciding whether to forego or not life-sustaining treatment, such as patient-centred factors (e.g. quality of life as viewed by the patient or family) or financial costs for the society. Ethical issues regarding each patient should be discussed both within the team (i.e. physicians and nurses) and between the team and the family.

Another ethical issue is related to who should evaluate what is best for a child, as highlighted in the study by Carnevale et al.<sup>8</sup> The nurses included in this study felt excluded from the decision-making process, and described how they could have contributed to the decision-making process, thanks to their privileged relationship with children and their families.<sup>8</sup> Carnevale et al.<sup>24</sup> examined how physicians and nurses in France and Quebec could make decisions about life-sustaining therapies for critically ill children and about the ethical challenges these would entail. The most significant ethical challenges were (a) to study strategies and educational programmes to improve team-family communication; (b) difficult relationships between physicians and nurses (some physicians attributed the silence of nurses in part to the low hierarchical level of their roles), resulting in a lack of participation in decision-making (this also depends on the cultural and organizational differences between countries); and (c) generating moral concern in nurses during decision-making, to implement the decision-making process in an ethical manner.

## Discussion

The purpose of this study was to conduct a REA to define the ethical dimensions or competences in paediatric nurses. We chose the REA method because it enables to identify in a reasonably short amount of time the principal ethical issues linked to paediatric nursing and to inform future research.<sup>14,15</sup> Even if the REA method is quicker than a systematic review, it is not less rigorous, although there is always the risk of missing an important paper.

After analysing the studies included in this review, some general common areas emerged that highlighted paediatric nurses' distress caused by the need to make ethical decisions in critically intensive clinical settings. These macro areas were described as (a) ethical issues in paediatric care, which involve ethically complex healthcare situations; (b) social responsibility, which analyses the paediatric nurse's role and need to be professionally recognized; and (c) decision-making process, to explore how paediatric nurses make decisions and interact with their patients and their families. We found that the ethical issues encountered in paediatric nursing practice were in many aspects of a universal nature. Paediatric nurses seem to share ethical principles and values that are at the basis of nursing philosophy even across various cultural backgrounds.<sup>22</sup> The ultimate aim of this philosophy is to meet the needs of children and their families in a vision of global care based on the ethical principles of autonomy, beneficence, non-maleficence and justice.<sup>7</sup> Nurses described compassion, care, patience, being able to listen and the ability to recognize an emerging problem, and the most ethical action to undertake, as key ethical competences.<sup>7</sup>

In addition, it is very important for paediatric nurses to be acknowledged as good professionals and at the same time have the possibility to share with the other members of the healthcare team ethically problematic situations that arise during clinical practice.<sup>4</sup> When this does not happen, paediatric nurses experience a strong sense of solitude and uneasiness,<sup>4,5</sup> especially those who work in the area of critical care.<sup>8,23,24</sup> In this context, as well as not being always directly involved in the decision-making processes, paediatric nurses find themselves in difficulty when faced with situations in contrast with the interests of a critically ill child.<sup>8,24</sup>

Only one study described how and up to what point a child can be involved in the care process and in the decision-making process,<sup>22</sup> underlining that in paediatric nursing, granting autonomy to a child can be a problem and can give rise to conflict with other health professionals and the family.<sup>22</sup>

Another aspect analysed by the studies included in this REA was the health professionals' need for specific educational in the field of ethics.<sup>8,22,23,25</sup> Nurses, as mediators, often represent the values, beliefs and preferences of the children and their families. To carry out this job in the best possible way, the relationship with the family and the other members of the healthcare team needs to be appropriately managed. Therefore, nurses are personally accountable to be systematically prepared for an ethical decision-making process, to clarify their personal values and beliefs and be informed about contemporary ethical thought, professional guidelines and the local and international ethical codes.<sup>8,22,23,25</sup>

In agreement with Rodrigues et al.,<sup>7</sup> we reckon that it is important to implement programmes dedicated to ethical decision-making, in compliance with the principles of the nursing code of conduct and bioethics, safeguarding moral behaviour. However, none of the studies included in our review provided a list of ethical competences specifically for paediatric nurses. This could be due to the fact that these competences are already embedded in the various nursing codes of ethics and conduct at an international level, such as the International Council of Nurses (ICN) Ethical Code,<sup>22</sup> American Academy of Pediatrics, Committee on Bioethics,<sup>31</sup> Code of Ethics of the American Nurses Association;<sup>30</sup> or specific legislation, such as the Statute of the Child and Adolescent, as reported by Rodrigues et al. (2013). In addition, it is important to underline how ethics includes values, codes and principles that rule decisions in the field of paediatric nursing practice and these should be considered as key aspects that inform professional education.<sup>22,30,31</sup>

This aspect is underpinned by the fact that from our review emerged the importance of the role of paediatric nurses as mediators between the various health professionals involved in the healthcare process, with the duty to protect children's health and integrity.<sup>13,26</sup> In this way, nurses' ethical behaviour becomes almost an imperative, which is often experienced with distress by nurses especially when they feel excluded from the decision-making processes that concern them directly.<sup>8,23,24</sup> This aspect could be partly conditioned by the fact that the studies included in this review were mainly conducted in particular in the field of paediatric mental healthcare or in the area of critical care where the role of physicians is still predominant.<sup>8,24,26</sup> Other aspects that ethically weigh on nursing and that emerged from our review are linked to problems related to communication processes and to situations of conflict between health professionals, children and their families, due to poor staffing, which compromises healthcare outcomes.<sup>22</sup>

### *Methodological issues*

This review has some methodological limits that need to be considered. One aspect is related to the inclusion of qualitative and quantitative studies, which could have generated some shortcomings in terms of rigour, errors or inaccuracies.<sup>32</sup> In the attempt to limit these aspects, we formulated a clear research question, documented the entire literature research process and systematically analysed the data. Despite, due to the type of papers retrieved and their heterogeneity, in some phases of the review, it was difficult to compare, categorize and summarize the findings. Another limit regards the type of review chosen (i.e. REA), whose selection criteria do not include grey literature, and authors cannot be contacted if the articles are not easy to retrieve. This could have led to the exclusion or missing of any further studies relevant for the review.

### **Conclusion**

One of the key findings in this review was that we could not clearly identify which were the specific competences of paediatric nurses. Following our REA, we found that few studies had investigated the ethical dimensions of paediatric nursing. The studies included in our REA were prevalently conducted in critical care settings; therefore, the data they analysed may not be relevant for other settings. From a methodological perspective, the selected studies were mainly qualitative, focused on nurses' perceptions

and experiences; therefore, due to their intrinsic nature, they cannot be generalized. Little or nothing emerged regarding the importance of involving children in the healthcare and decision-making process, and also the role of the family is never clearly described.

Paediatric nurses would require specific educational interventions to help them resolve ethical issues, contribute to the decision-making process and fulfil their role as advocates of a vulnerable population such as sick children and their families. These aspects are related to the fact that not all nurses are educated and prepared to address ethical issues. This suggests the need to implement specific education and support systems that help and guide nurses during their practice. In addition, this would enhance the nurses' professional identity and acknowledge their supporting role and as the person children and their families can refer to. Further research is needed to investigate how paediatric nurses can improve the involvement of children and their families in decision-making processes related to their own care plan.

All these aspects also suggest the need to develop new studies that investigate the ethical competences of paediatric nurses and how they can be improved through education and in various healthcare settings.

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### References

1. Chiaranai C. Dilemmas within the context of nursing: a concept analysis. *Pac Rim Int J Nurs Res* 2011; 15: 248–257.
2. Redman BK and Fry ST. Nurses' ethical conflicts: what is really known about them? *Nurs Ethics* 2000; 7: 360–366.
3. Hinds PS, Oakes L, Furman W, et al. End-of-life decision making by adolescents, parents, and healthcare providers in pediatric oncology: research to evidence-based practice guidelines. *Cancer Nurs* 2001; 24: 122–134.
4. Sørli V, Jansson L and Norberg A. The meaning of being in ethically difficult care situations in paediatric care as narrated by female registered nurses. *Scand J Caring Sci* 2003; 17: 285–292.
5. Sørli V, Lindseth A, Førde R, et al. The meaning of being in ethically difficult care situations in pediatrics as narrated by male registered nurses. *J Pediatr Nurs* 2003; 18: 350–357.
6. Bricher G. Paediatric nurses, children and the development of trust. *J Clin Nurs* 1999; 8: 451–458.
7. Rodrigues BMRD, Pacheco STA, Dias MO, et al. Ethical perspective in care in pediatric nursing: view of nurses. *Rev Enferm UERJ* 2013; 21: 1–7.
8. Carnevale FA, Benedetti M, Bonaldi A, et al. Understanding the private worlds of physicians, nurses, and parents: a study of life-sustaining treatment decisions in Italian paediatric critical care. *J Child Health Care* 2011; 15: 334–349.
9. Molewijk B, Zadelhoff E, Lendemeijer B, et al. Implementing moral case deliberation in Dutch health care: improving moral competency of professionals and quality of care. *Bioeth Forum* 2008; 1: 57–65.
10. Jacobs HH. Ethics in pediatric end-of-life care: a nursing perspective. *J Pediatr Nurs* 2005; 20: 360–369.
11. LaSala CA. Moral accountability and integrity in nursing practice. *Nurs Clin North Am* 2009; 44: 423–434.
12. Tilley S and Watson R. *Accountability in nursing and midwifery*. 2nd ed. Oxford: Wiley-Blackwell, 2004.
13. Andrade RD, Santos JS, Pina JC, et al. The child care as time defense of the right to health of children. *Cienc Cuid Saude* 2013; 12: 719–727.
14. Rapid Evidence Assessment, 2015, <https://www.gov.uk/government/collections/rapid-evidence-assessments> (accessed 23 September 2014).

15. Grant MJ and Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Info Libr J* 2009; 26: 91–108.
16. Bettany-Saltikov J. *How to do a systematic literature review in nursing: a step-by-step guide*. Glasgow: McGraw-Hill Education, 2012.
17. Thomas J, Harden A, Oakley A, et al. Integrating qualitative research with trials in systematic reviews. *BMJ* 2004; 328: 1010–1012.
18. Oliver S, Harden A, Rees R, et al. An emerging framework for including different types of evidence in systematic reviews for public policy. *Evaluation* 2005; 11: 428–446.
19. Jackson N and Waters E. Guidelines for systematic reviews in health promotion and public health taskforce. *Health Promot Int* 2005; 20: 367–374.
20. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA Statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *PLoS Med* 2009; 6: e1000100.
21. Moher D, Liberati A, Tetzlaff J, et al.; The PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med* 2009; 6: e100009.
22. Wagner N and Hendel T. Ethics in pediatric nursing: an international perspective. *J Pediatr Nurs* 2000; 15: 54–59.
23. Burns JP, Mitchell C, Griffith JL, et al. End-of-life care in the pediatric intensive care unit: attitudes and practices of pediatric critical care physicians and nurses. *Crit Care Med* 2001; 29: 658–664.
24. Carnevale FA, Farrell C, Cremer R, et al. Struggling to do what is right for the child: pediatric life-support decisions among physicians and nurses in France and Quebec. *J Child Health Care* 2012; 16: 109–123.
25. Albuquerque Queiroz A. Paediatric nurses' ethical and relational skills. *Nurs Ethics* 2008; 15: 125–130.
26. Twomey JG. Ethical voices of pediatric mental health nurses. *J Pediatr Nurs* 2000; 15: 36–46.
27. Institute of Medicine (IOM). *Finding what works in health care: standards for systematic reviews*. Washington, DC: The National Academies Press, 2011.
28. Long A and Godfrey M. An evaluation tool to assess the quality of qualitative research studies. *Int J Soc Res Methodol* 2004; 7: 181–196.
29. Pope C, Mays N and Popay J. *Synthesizing qualitative and quantitative health evidence: a guide to methods*. Maidenhead: Open University Press, 2007.
30. American Nurses Association (ANA). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: ANA Publishing, 2001.
31. American Academy of Pediatrics (AAP), Committee on Bioethics; Fallat ME and Glover J. Professionalism in pediatrics: statement of principles. *Pediatrics* 2007; 120: 895–897.
32. Whittemore R and Knafk K. The integrative review: updated methodology. *J Adv Nurs* 2005; 52(5): 546–553.