

Ethical Dilemma of Health Professionals in Ghana: Experiences of Doctors and Nurses at the Korle-Bu Teaching Hospital

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Abstract

This study sought to examine the major ethical challenges facing the nurses and doctors in their practice and how these affect the delivery of quality healthcare using Korle-Bu Teaching Hospital as Case Study. The research was a case study and employed the qualitative research paradigm. Using in-depth interviews as a data collection tool, fourteen respondents comprising seven doctors and seven nurses were purposively sampled for their experiences on ethical dilemmas encountered in their practice, its effects and their coping strategies. The findings reveal that doctors and nurses in the hospital indeed do experience ethical dilemmas. Some key causes of dilemma were found to be resource constraints, poor attitude of some staff towards work, conflicts among ethical codes, religious beliefs and personal values hampering smooth decision making and poor working relations among staff. The study found that ethical challenges lead to undue stress on health professionals, wastes time and resources and prolong the suffering and treatment of patients. In spite of these challenges the doctors and nurses are able to cope with these challenges through consultation with colleagues, relaxing to relieve stress and updating their knowledge on ethical issues. The study proposes measures such as adequate resource provision for health institutions, improved conditions of service and remuneration, institution of efficient and more comprehensive hospital protocols to address specific situations and frequent training to health professionals on healthcare ethics to help address the ethical dilemmas amongst doctors and nurses.

Introduction

Globally, most organisations and institutions have developed ethical codes that guide the conduct and behaviour of personnel in their decision making process (Schawartz, 2001). According to Roth (2007), developing ethical codes for decision making ensures transparency, fairness, justice and satisfies the ethical duties of employees and the general public. In healthcare delivery, ethical considerations are given peculiar attention as it ensures quality standards, regulate employees conduct in fiscal decision making, facilitates patient-provider contact, and market the health facility (Jurkiewicz, 2001). However, studies have shown that medical ethics and professional ethics usually conflict and do not allow correct actions or procedures to be followed when juxtaposed with personal behaviour (Eryilmaz, 2009). Moreover, high illiteracy levels among patients, language barrier, and complicated health conditions especially in developing countries hinder health professionals in enforcing high ethical standards (Caballero, 2002). It is also noted that most medical institutions have lax standards in dealing effectively with ethical issues (Kassirer, 2001).

Most physicians among other health professionals are generally perceived as caring (Pellegrino, 1995 as cited in Kassirer, 1998), however numerous studies have indicated that they encounter ethical dilemmas in ensuring quality healthcare, patient's care standards and choices (Bantz, Wieseke & Horowitz, 1999; Colvin, 1998); and balancing the needs of different groups of patients (Bantz et al., 1999; Cooper et al., 2002; Cooper et al., 2004). To help reduce or deal with the

problem of ethical dilemma, health institutions are guided by laws and codes which facilitate a sound and cordial relationship between health professionals and their clients or patients (Alkabba et al, 2012). Smith (2011) opines that the four basic principles that form the basis of moral thought in healthcare include autonomy, malfeasance, beneficence, and Justice. The need for health professionals to balance the four principles causes dilemma when making decisions that require both moral and ethical choices (Nasae et. al., 2008). In medical ethics, health professionals often analyse clinical cases from four different viewpoints including; the patient's medical indication, the patient's preference, the patient's quality of life and the social contextual factors (Ming-Liang, 2006). Health professionals face ethical dilemmas on a daily basis, regardless of where they practice (Fant, 2012).

The health sector is the kingpin of every nation (Ghana Medical Journal, 2007) and central to it is the conduct and performance of its employees (Armstrong & Baron, 1998). Since Korle Bu Teaching Hospital (KBTH) is the largest and the nation's central referral hospital, it gets over flooded with several admissions and attendances daily (Korle Bu Bulletin, 2012). High work load usually overburden and put stress on most doctors and nurses causing them to experience ethical dilemmas (Ulrich et al., 2007). It has been reported that KBTH receives over 1,500 OPD attendances and about 250 admissions daily (Korle Bu Bulletin, 2012). Ulrich et al. (2007) acknowledge that the ethical stress and dilemma faced by health professionals often led to frustration, interpersonal conflicts, dis-

satisfaction, physical illness, and possibly abandonment of the profession. To help reduce or deal with the problem of ethical dilemma, health institutions are guided by laws and codes (Carnevali, 2005; Charles & Lazarus, 2000; Alkabba *et al.*, 2012; American Nurses Association, 2012; Fant, 2012; AMN, 2012). However, the code of ethics for the health profession are unilateral and infinite which do not take into consideration all situations, society's right and certain expectations which makes it subjective, leaving some decisions for health professionals to battle out with (Carnevali, 2005).

Aside this, the code of ethics which is supposed to guide the conduct and behaviour of health professionals often conflict with each other when juxtaposed with personal values, culture, religion, and patients values and beliefs (Eryilmaz, 2009; AMN, 2012). Health professionals generally find it difficult to apply ethical principles in healthcare delivery and to maintain patients' confidentiality which may have negative long-term consequences for the medical profession (Charles & Lazarus, 2000; Bostick *et al.*, 2006; Congress, 2000). In addition, due to inadequate infrastructure and personnel, health professionals experience ethical dilemma which could exacerbate cost of healthcare, waste time and resources, and increase poverty (Hughes, 2012).

Korle Bu Teaching Hospital is the largest employer of health professionals in Ghana (Adjei-Appiah, 2008). Notwithstanding this, the over 4,000 staff of the hospital are not enough to run the entire working shift of health care delivery effectively due to the high daily average attendance (1500 patients), (Ghana Health Workforce

Observatory, 2011; Korle Bu Bulletin, 2012).

Moreover, it has been established that the poor human relations between health professionals especially superior and subordinates, ignorance of job descriptions and delays in appointments and promotions in KBTH deepen health professional's ethical dilemma. These, according to Arkoh (2004) stimulated the intention of about 54% of the doctors to leave the hospital.

Despite the negative effect of ethical dilemma in the general healthcare system, few studies have documented the ethical challenges facing health professionals especially in developing countries (Breslin *et al.*, 2005; Alkabba *et al.*, 2012). This study therefore seeks to investigate the causes of ethical dilemma and their effects on the performance of doctors and nurses in health care delivery using the Korle Bu Teaching Hospital (KBTH) as a case study.

The Concept of Ethics

The concept of ethics is very subjective and defies a single accepted definition. However, irrespective of one's definition the key concept usually involve the principles of right and wrong conduct (Velasquez *et al.*, 2010; Lewis, 1991; Boling & Dempsey, 1981). Ethics is a branch of philosophy which deals with the dynamics of decision making concerning what is right and wrong (Fouka & Mantzorou, 2011). Bayaga (2011) also argues that ethical concepts involve judgments about what is fair and unfair as well as what is moral and immoral. This implies that ethics and ethical decisions involve critical thinking and not a knee jerk activity. According Velasquez *et al.*,

(2010), ethics refers to the continuous effort of studying our own moral beliefs and our moral conduct or the study and development of one's ethical standards. Burns (2012) opines that ethics involves three aspects which include: a set of moral principles or values; principles of conduct governing an individual or group; and the discipline that deal with what is good and bad, moral duty and obligation. However, due to the complexity and subjectivity of the concept of ethics, it has been argued that it should not be strictly defined since everybody understands it (Hill, 1980). In any professional institution, ethics are coded. According to Carnevali (2005), ethical codes are the fundamental distinction between a profession and any other occupation and it ensures the public's trust in a profession and serves as the hallmark of professionalism. In health-care delivery, code of ethics bothers on the relationship the physician has with his patients, colleagues, the healthcare systems and the society as a whole (Charles & Lazarus, 2000).

The Concept of Ethical Dilemma

In the healthcare settings, ethical dilemma may be explained as a moment of uncertainty by the health professional in the administration of health services (Zumla & Costello, 2002). An ethical dilemma is a complex situation that often involves an apparent mental conflict on the right decision to take; a contradiction in which to obey one would result in transgressing another. Ethical dilemmas can be described as the state of confusion in the life of individuals regarding decision making on how to live a good life, execution of individual rights and responsibilities. It also involves the language of right and wrong as well as moral

decisions that cannot be clearly defined. Also known as a moral dilemma, it refers to a situation where moral precepts or ethical obligations conflict in such a way that any possible resolution to the dilemma is morally intolerable. In other words, an ethical dilemma is any situation in which guiding moral principles cannot determine which course of action is right or wrong (Lachman, 2009).

Methodology

The study employed a qualitative paradigm. A qualitative study emphasizes the importance of looking at variables in the natural setting in which they are found, paying particular attention to the interaction between variables (Key, 1997). The qualitative research paradigm is appropriate when the question to be investigated is subtle in nature and also involving people's attitude. In the case of this study, the qualitative research paradigm was appropriate because it enabled the researcher to have an in-depth understanding of the phenomenon under study. The approach allowed the respondents to freely express themselves and it also allowed the researchers to gain a better understanding of the ethical dilemmas facing the medical doctors and nurses of the facility.

Research Design

The case study design within the qualitative research paradigm was adopted for the study. Bryman (2004) noted that a case study is concerned with the complexity and particular nature of a case in question and thus involves an intensive examination of the setting. A case study was deemed appropriate by the researchers due to the complex nature of ethical dilemmas. The Korle- Bu Teaching

Hospital comprises different categories of healthcare professionals and, therefore, provided the researchers with different perspectives and insights. It therefore, offered the researchers an opportunity to use multiple sources of data which enhanced the reliability and validity of the findings. The study used both primary and secondary sources of data. The primary data involved the primary information elicited from key informants who are mainly healthcare professionals of the Korle Bu Teaching Hospitals. The secondary sources involved information obtained from Administrative reports of the hospital and other hospital documents relevant to the study. Information from published and unpublished journals, books and on-line sources aided the study.

Target Population

Though, there are several categories of health professionals within the KBTH, the study focussed on the doctors and nurses of the facility who are undoubtedly and most frequently, the first point of call in healthcare delivery. The study focused on the doctors and nurses from the Departments of Medicine and Surgery; Obstetric and gynaecology unit; Department of Child health; Accident and Emergency unit; Radiotherapy/Oncology and Anaesthesia/Theatre units of the KBTH. This is because the above departments/units are known to receive a large proportion of the hospital's clients.

Sampling Size

The sample size for the study was fourteen, comprising seven medical doctors and seven nurses from the hospital. The sample size of fourteen was chosen to enhance the quality of work in using an in-depth interview. The distribution was as follows;

four senior doctors, three junior doctors, three senior nurses and four junior nurses selected from various units of the KBTH. The rationale for more senior doctors and junior nurses is that the initial pretesting of the interview guide revealed that most pertinent decisions regarding patients care were made by senior doctors and junior nurses who work more closely with the patients and running most of the nursing shifts.

Sampling Technique

The purposive and quota sampling techniques were employed in this study. The purposive sampling technique was employed because the respondents who participated in the study were known to have the requisite information for the study. The quota sampling technique was to ensure a fair representation of doctors and nurses from the various departments and units.

Data Collection Instruments

Ina (1999) suggested that ethical challenges facing doctors and nurses in the contemporary world will be readily solvable if the researchers in the field allow health professionals and patients to communicate willingly their plight at length. Ina (1999) further suggests face to face interviews as one of the best techniques to solicit information on ethical issues in healthcare provision. The main method of data collection for the study was through in-depth interviews with the sampled doctors and nurses from the various departments using interview guides and audio recorders. The in-depth interviews were very interactive and each lasting between thirty-five and sixty minutes.

Results and Analysis

In this section, the data from the interviews that helped to answer the research questions are presented in four thematic sections.

Causes of Ethical Dilemma among Doctors and Nurses

The study exposes myriad of ethical challenges that confront both doctors and nurses in carrying out their daily routines. The study found out that, resource constraints, medical error and technological failure, ethical codes, decision making, social and working relations cause ethical dilemma among doctors and nurses in Korle - Bu Teaching Hospital (KBTH).

Resource Constraints

The study reveals that inadequate resources such as human, infrastructure, logistics and financial resources contribute to the dilemma. According to the administrative report of the Human Resource department of the hospital (2012), the hospital had a total 386 doctors and 1,772 nurses running the various units of the hospital. These numbers are further divided and the personnel assigned to run the various shifts of the hospital which is woefully inadequate. The hospital has an average daily attendance of 1,500 patients. In terms of doctor-patient ratio, this is very good based on the WHO' recommended doctor-patient ratio of 1:600. With respect to limited logistics, a nurse at the neuro-theatre explained the challenges they encounter in their recovery ward when they are faced with the option of rotating the only six (6) available monitors amongst their clients whenever there are more than six people on admission. This is because a sudden change in a patient's vital signs might go unnoticed. It was found out

that lack of adequate infrastructure such as consulting rooms force health professionals to share rooms and other facilities. A medical doctor noted "*sharing of consulting rooms breeds two kinds of dilemma on the health profession, thus whether to ask certain questions or not and whether responses given by patients are genuinely correct*". It was also found that equipment or logistics that ought to be disposed off are often sterilised for reuse and this brings dilemma due to the possibility of re-infection. The lack of space to house in-patients also contributes to ethical dilemma. KBTH, the study revealed is faced with financial constraints which make it unable to provide incentives to health professionals such as free health-care and allowances. Inadequate health professionals and the conduct of the available professionals creates ethical dilemma. Findings on resource constraint as source of dilemma is line with the findings of Cash (2005) and Elvira & Clark (2005). These scholars are of the view that, resource constraints at the various health facilities put doctors and nurses in a dilemma about the kind of decisions required of them to meet the healthcare needs of their clients. It is also in line with the findings of Wagenfeld et al. (1993), Robertson et al. (1997), Sigsby (1991) and Bushy (1991) who admit that inadequate resources force health professionals to provide care without optimal support that safeguards their patients. It further backs the findings of Ofori-Atta et al (2010) who are of the assertion that, limited resources force health professionals to decide how to negotiate health situations. However, the study rejects Ofori-Atta et al (2010) association of resource constraints to provision of lower quality care since it was not confirmed by the respondents.

Poor Attitude of Staff towards Work

The study also reveals poor attitude of staff towards work as source of ethical dilemma in the Hospital. Inadequate health professionals and the conduct of the available professionals create dilemma. The absenteeism and lateness of health professionals to duties create ethical dilemma. A nurse revealed that *“At times we face ethical dilemma in choosing between standing in for absentee colleagues or leave after their shift ends”... lack of support from other colleagues breed dilemma.* Health professionals who go strictly by their schedule and duties create dilemma on other health professional that have busy schedules and may need helping hands.

Medical Error and Technological Failure

The study reveals that medical professionals in the Korle Bu Teaching Hospital experience dilemma in the event of a medical error. A medical doctor stated *“when one misapplies drugs for instance, he or she is torn between either reporting it for certain necessary care to be taken or to keep to oneself to avoid embarrassment”.* In addition, technological failure makes professionals experience dilemma. Health professionals are always in the state of dilemma when they want to use a machine that has been refurbished or that occasionally cease to work efficiently because of the fear of encountering problems in the process. Medical errors committed by colleagues also breed dilemma. *For instance, when health professionals see colleagues administering drugs or treating patients wrongly, it becomes very difficult as whether to report or not especially in cases where the culprit is a superior.* The study shows that individuals have varied opinions on whether or not to report a committed medical error. Majority of the

respondents indicated that they will feel obliged to report only when the errors are life threatening for appropriate remedies to be sought. On whether they will disclose a medical error to a patient, or patient's relatives, it was established that some respondents will whilst others will not for the fear of being sued or for the lack of appropriate medical terminologies to explain the error to the patient or their relatives. This finding is backed by El Amin et al. (2012) with the assertion that, medical errors and technological failures in medicine could be blamed for ethical dilemmas faced by some health professionals particularly on the therapeutic effects of drugs and their adverse reactions. The study endorsed the assertion by Daley & Hickman (2011) that incompetence of health professionals causes ethical dilemma in the healthcare industry.

Ethical Codes

Ethical code has been found as source of ethical dilemma in the facility. The study exposed a number of ethical codes which breed dilemma which include institutional codes, professional codes, hospital protocols, religious creed, and personal values. Per the study, ethical codes usually conflict with each other to influence the judgement of professionals. The study found that since it is unethical to send or drive away a patient at the point of use of services, professionals are torn between either driving or keeping patients when the wards are full. Professionals experience dilemma when their professional codes coincide with patient's values and beliefs. One medical doctor observed that *“in treating patients with contradictory beliefs which reject some health services, professionals contemplate whether to follow professional ethics or to accommodate patients' belief”.*a

dilemma also occurs when personnel know the outcome of a prognosis. In cases where the outcome of prognosis is bad, health professionals get worried and consider whether helping the patient would be in the best interest of the patient or otherwise.

An ethical dilemma is always generated when a parent refuses to consent to a particular treatment or procedure on behalf of the minor on the grounds of religion or personal values. The health professional is placed in a fix as to respect the parents' choices or adhere to professional standards since all minors' couple as the state's property. This is a dilemma almost all the respondents had encountered.

Per the institutional protocol to ensure successful deliveries of unborn children, health professionals are to demand for the Antenatal hospital records for expectant mothers before attending to them. Health professionals who are confronted with such cases contemplate whether or not to receive patients without these records as they are unsure of what to expect concerning the delivery. The study established that when professional codes conflict with personal or religious values on the part of the health professionals it creates ethical dilemmas. On professional codes and institutional protocols, respondents said they do not contradict to breed ethical dilemma. This according to them was because the institutional codes were coined from the professional codes.

Decision Making

The study revealed that making a health decision either for a patient or a colleague breeds dilemma, especially superiors experience dilemma in consulting

subordinate colleagues regarding their opinion on a particular decision of interest to a patient. A doctor at the O&G Department recounted an experience of how difficult it was for the entire health team in deciding whether or not to remove the uterus (womb) of a 40 year old childless woman who was bleeding profusely from a uterine fibroid which could lead to her death. The lack of documented hospital protocol breed dilemma since the limits or duration of services is not prescribed in hospital protocols especially pertaining to life support. The study found that the limits or duration of services are not prescribed in hospital protocols especially pertaining to life support and resuscitation. Decision making pertaining to resuscitation is usually communicated verbally which is problematic and sometimes generate dilemma even when it is a written order. The health professional is often torn between promoting the patient's right to basic life through sustained effective resuscitation and ensuring/enhancing the quality of life of the individual even when the patient survives after a prolonged period of resuscitation. *Decision making pertaining to life supports is often communicated verbally to subordinate who find it difficult in sustaining or ending resuscitation. Even when orders of "Do not resuscitate" has been clearly written, it is still difficult for them to decide on when exactly to give up and stop resuscitation.*

This is because patients who go through prolong periods of resuscitation risk becoming brain dead and incapable of caring for themselves thereby becoming a burden to their relatives or caregivers. The dilemma of the health professional continues when it comes to issues on the referral of patients. It was uncovered that when health professionals want to embark

on referral, they think of what immediate measures to take before referrals are done and the choosing of a referral point is very dicey. Another source of ethical dilemma encountered due to decision making is the disclosure of patients' information to colleague doctors when their assistance is needed. This assertion is backed by Carnevali (2005) who purvey that the code of ethics for the health profession is not finite or comprehensive and as such do not take into consideration all situations. When health professionals are confronted with cases which are very complicated and need to get assistance from other professionals, they are torn between breaking a patient's secret or protecting patient's privacy. This finding is also in line with the assertion of Charles & Lazarus (2000), Bostick et al. (2006) and Congress (2000) who claim that, the right to patient's confidentiality is often challenged when doctors need to consult with colleagues for their opinion regarding patient's safety.

Social and Working Relations

The study revealed that some relationships between a subordinate and a superior breeds ethical dilemma. For instance, if the relationship between workers is strict and problems crop up, personnel experience dilemma as to whether to report or not. A nurse stated that *“when health professional's relatives or friends visit the facility without adequate money to access services, it causes an ethical challenge”*. Another nurse also indicate that *“insisting that the individuals make payments before accessing healthcare become challenging as most individuals are of the notion that they could get some social support from relatives or friends who are health professionals when they come here”*. It is even more dicey if the client in question is also a staff; does the person commit to the

hospital's mandate of making profits through proper revenue collection or aiding a colleague in need to maintain a good relationship as there is no statutory health insurance policy for staff of the hospital. Brown & Adams (2007) confirmed ethical dilemma resulting from the social relationships exist between health professionals, their friends and family members. Health professionals attend to social relations and family members before their turn giving them priorities over others which is backed by the assertion of Brown & Adams (2007).

Effect of ethical dilemma on the performance of doctors and nurses **Waste of time**

The study found out that a key effect of ethical dilemma is waste of time and resources. It was uncovered that encountering dilemmas waste the time of both patient and professional. For instance when a health professional has busy schedule and need to make critical decision concerning a patient, he/she thinks through the pertaining issues alone or consult colleagues. In finding the best options, it delays time that could have been used to attend to other patients. Time is wasted in reporting medical errors and remedying the errors committed. Time is an important resource. It is wasted when patients need to be resuscitated for a long time because of the lack of time limits, and when corrections, recordings and reporting have to be done due to medical errors. All these result in a reduced number of patients who otherwise would have been attended to by health professionals.

Strain on Health Professionals

It was established that ethical dilemma

brings about depression and stress on health professionals. A House Officer at the Department of Surgery explained that *encountering ethical dilemmas has no positive benefits at all, they have negative effect on healthcare delivery because it puts undue pressure on the whole health team*".

Increased Complications Medical Error

Ethical dilemma increases complications, morbidity or death. It was found that when health professionals commit medical error as a result of ethical dilemmas it often complicates the health condition of the patients and results in severe complications or even death. *When health professionals experience dicey situation and may not know what to do to salvage the situation, they may commit mistakes in carrying out their duties.* A medical doctor observed. This finding is in support of El Amin et al. (2012) finding which claims that ethical dilemma causes medical errors which can have adverse effects with severe reactions.

Break in Covenant of Trust

It came to bear that ethical issues bring about a break in covenant of trust between the health professionals and their clients. It was unfolded that health professionals are supposed to ensure the privacy of patients but this right is sometimes breached as a result of communication with other doctors to seek solutions or through open consultations. This creates a mistrust of mixed feeling for the medical profession.

Coping mechanisms of doctors and nurses in ethical dilemma

The study identifies several coping strategies by doctors and nurses in ethical

dilemma. It was revealed that health professionals take decisions and actions in the best interest of the patient. A number of coping strategies were mentioned including ethical training, seminars and workshop, consultations, relaxation among others.

Training on ethics

The study uncovered that a key way of coping with ethical dilemma is through ethical training. The study revealed that health professionals attend ethical training programmes, seminars and workshop which are organised periodically. It was discovered that all doctors are mandated by law to attend ethical programmes every year before their licences are renewed.

Consultation

The study found out that health professionals deal with dilemma by consulting with their colleagues, superiors, the ethics committee of the health facility and the palliative team for support. However, most nurses were not aware of the existence of an ethics committee or whether they did provide support to staff members who encounter ethical dilemmas. All the respondents were of the opinion that, knowledge of the professional codes and the existence of the code of ethics for the hospital was beneficial in addressing some ethical issues.

Relaxation

The study brought to bear that, health professionals cope with ethical dilemma by relaxing in cool noiseless rooms in their wards; take a walk or take a vacation break from work. It was made known that professional are permitted to go on vacation leave every year to have a rest.

Updating Knowledge using Information Technology/ Learning

The study uncovered that another means of coping with ethical dilemma and other ethical challenges is through regular updating of knowledge on current trends in medical practice using the internet facility and other reading materials.

Strategies to address Ethical Challenges among Doctors and Nurses

Based on the sources and challenges of ethical dilemmas among medical doctors and nurses, the study has suggested number of solutions to deal with ethical challenge in Korle Bu Teaching Hospital. These include: the organisation of more ethical training programmes; comprehensive documentation of laid down protocols and other ethical codes by the health facility; revision of ethical committees in the hospitals; provision of adequate resources such as personnel, logistics and infrastructure; the widening of government support in health financing; monitoring of conducts of all health professionals to prevent laziness, absenteeism, and delay to duty; cordial relationship among health personnel; sensitisation on disease preventive measures rather than curative measure; education on patients' rights and responsibilities; restructuring of the health insurance system to broaden its scope in procedures and treatment; pregnant women should be encouraged to attend antenatal service; review of hospital policies and protocol to improve the conditions of service of health professionals; and health professionals should be entreated to advance their medical knowledge on ethical issues.

The health facility should document a comprehensive laid down protocols and other ethical codes that can be relied on by health professional in dealing with myriad situations. The ethical committee at the hospital should be reviewed to undertake certain decisions and champion the ethical issues that confront health professionals. Adequate resources such as personnel, logistics and infrastructure should be provided to facilitate healthcare delivery. Again, the conduct of all health professionals should be monitored to prevent absenteeism, and delay to duty which overburdens other personnel with workload.

Conclusion

The growth and survival of any economy is founded on proficient and healthy human resource. To guarantee a healthy workforce however, healthcare institutions are heavily relied upon. Ensuring the competence of the health industry in attaining this feat should never be down played if a nation desires to sustain itself. The Korle-Bu Teaching Hospital which is the largest hospital in Ghana is a major stakeholder in ensuring a healthy workforce of this country. By its nature and due to the complexities of services it provides as well as the wide variety of its clients, doctors and nurses in the facility are exposed to several situations which involve ethical dilemmas. This study has shown that doctors and nurses in the hospital experience ethical dilemmas as a results of resource constraints, poor attitude of some staff towards work, conflicts among ethical codes, religious beliefs and personal values hampering smooth decision making and poor working relations among staff. The ethical challenges lead to undue stress on health professionals, wastes time and

resources and prolong the suffering and treatment of patients. These ethical challenges combine to put undue stress on the limited health professionals available, prolong the suffering and treatment of clients and could even be blamed for the increasing mortality in healthcare

institutions. The study has revealed that ethical dilemma permeates every aspect of healthcare delivery and the efficient ways by which stakeholders are able to resolve them forms the crust of delivering quality healthcare.

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