

Empiric Ethics Views in Mental Health and Psychiatric Care

Ruh Sağlığı ve Psikiyatrik Bakımda Ampirik Etik Görünümleri

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Abstract

The meaning of empirical knowledge in ethics has been debated from the past. Empirical ethics, which is a combination of social science and normative ethics, generally means social science research. Empirical ethics, which is also defined as an integrated form of ethical analysis and empirical research, enriches the discussions by clarifying the dilemmas faced by nurses in care services offered to individuals with mental health problems. In this context, studies combined with empirical ethics in mental health and psychiatric care are quite insufficient. In this article, it is aimed to define empirical ethics and discuss it in Turkey studies that can be defined as empirical ethical research conducted in the fields of psychiatric care.

Keywords: Psychiatric nursing, ethics, empirics ethics

Öz

Etik biliminde ampirik bilginin anlamı geçmişten beri tartışılır. Sosyal bilimler ve normatif etiğin bir kombinasyonu olan ampirik etik genel anlamda sosyal bilim araştırması anlamına gelir. Etik analiz ve ampirik araştırmaların bütünlüştürmüş biçimi olarak da tanımlanan ampirik etik, ruhsal sorunlu bireylere sunulan bakım hizmetlerinde hemşirenin karşılaştığı çözümleri zor görünen ikilemlere açıklık getirip tartışmaları zenginleştirir. Ruh sağlığı ve psikiyatrik bakımda bu bağlamda ampirik etikle birleşen araştırmalar oldukça yetersizdir. Bu makalede ampirik etiğin tanımlanması ve psikiyatrik bakım hizmetleri sunulan alanlarında gerçekleştirilmiş ampirik etik araştırması olarak tanımlanabilecek araştırmalarda tartışılması amaçlanmıştır.

Anahtar sözcükler: Psikiyatrik bakım, etik, ampirik etik

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ETHICS is defined as the science of moral action and behavior as well as a reflection of moral practice (Thiele 2005). Morally “which action is right?” means “what should be done?” The answer to the question is sought. Here, it is to reveal behavioral and intellectual values. This is intended to raise awareness of values (Steinert 2001). According to Van der Arend and Gastman (1996), everyone has a sense of ethics and they deal with ethics by considering whether certain opinions and facts are good / bad. Ethical approach consists of values and norms shaped by education and personal experiences. According to him, the individual distinguishes between good and bad from a skill called conscience. When the ethical approach that occurs spontaneously in every individual is moved to the rational level, it evolves towards “ethical reflection”. At this level, existing problems are reviewed and defined. The spontaneous ethics or conscience experienced in the individual is analyzed without ignoring the underlying ideas, feelings and assumptions. “Rational” is used here to explain ethical problems based on reason and logic. Here the emotional and individual ones accompanying the ethical problem are excluded. Because in cases where “ethical decisions” will be related to the well-being of people, the decisions taken and to be made should be taken as a result of rational promotion processes. Ethical decisions should not be only based on individual preferences, emotions, intuitions and experiences. For this reason, it is desirable that the decisions made by nurses regarding patients should be based on ethical principles. Daily clinical critical thinking and discussions can contribute to professional decision making. The fact that nurses spend more time with patients than other healthcare professionals in practice makes nursing ethics necessary. An additional challenge for nurses working in psychiatric institutions is that there is always the potential to refuse any kind of help from patients due to their illness and to reveal violent conflicts with the nurse (Grube 2003).

Ethical problems in psychiatry undertake a dual function of providing medical treatment and care services, and fulfilling a regulatory role in society (Smolka et al.1997). These functions are transferred to psychiatry by the society in the form of controlling and examination certain behaviors and therefore to nursing due to its position (Thiele 2005). On the other hand, it means treating individuals with mental health problems who do not see themselves as patients in the practice areas in the psychiatric institutions and providing care services. Finding a balance between justifying psychiatric care and respecting patient autonomy is a fundamental problem and often an unsolvable dilemma. Reiter-Theil et al. (2014) state that ethics consultation in the psychiatry clinic is a new area that supports not only ethical reflection but also practice. To them, bringing ethics to practice in psychiatry is not only related with the hopes and desires of the individuals, but also with the psychiatric institution. Problems dealt with institutions; more freedom instead of pressure, providing the necessary institutional support in ethical problems, social acceptance for the work done, less value conflict in communication with patients and sufficient personnel employment. General problems related to the individual with mental disorders are as follows; Psychiatric involuntary observation of an individual with mental health problems who are unaware of their illness, the processes of persuading them to receive treatment and care (Jordan

2014), possible suicide attempt, death wish and issues related to respecting the right to death (Yılmaz 2015), protection of society and mental problems creating a balance between shaping one's own life (Thiele 2005), preserving patient autonomy in patient interviews and group therapies, stigmatizing individuals with mental health problems in society (Oğuz 1994, Çam and Bilge 2013), mandatory hospitalizations, records in forensic psychiatry and security arrangements, polyclinic follow-up team, bringing human dignity and economy together (Jordan 2014), not working of nurses trained in mental psychiatric nursing in our country, its inability to complete to development (Aslantaş 2015) affects all healthcare professionals working in psychiatric institutions. The first question that a nurse encounters with problems in her practice will ask what should be done? Empirical research is needed in order to answer the question, to define possible ethical problems related to the issues listed above and to propose solutions. Empirical ethics, in short, is empirical research in the fields of psychology, sociology, and anthropology, and empirical research on normative bioethics (medical ethics) (Salloch et al.2011). It means empirical social science research in medicine and health sciences. Empirical ethics as a concept is also a combination of social science and normative ethics (Musschenga 1999). Some researchers use empirical ethics (Salloch et al.2011, Molewijk et al.2004, Widdershoven and Van der Sheer 2008, McMillian and Hope 2008, Hope 2008) or empirically informed ethics (evidence-based ethics) in their studies. (Tyson and Stoll 2003, Mertz 2009, Salloch, 2012a, Stech 2008, Kalichman 2009). In this article, it is aimed to define the aforementioned concepts and to discuss the implications of empirical ethics in practice in our country with researches in psychiatric care.

Ethical principles

The task of ethics is to reach a systematic approach by questioning moral values and norms. In this inquiry, it was aimed to develop both theoretical knowledge and the development of actions that will help moral decisions in practice. Human dignity/freedom, human behavior, happiness/good life, virtue, goodness/sense of duty, benefit/benefit and consensus are seen as basic working occupational elements of ethics (Jordan 2014).

In mental health and psychiatric care, the ethical problems that nurses may encounter in treatment and care services offered to individuals with mental health problems are quite various and have a fragile structure for those who participate in this process. (Bossle and Zwick 2004, Jordan 2014). A team work that brings the patient to the center, providing forward or retrospective support in understanding, evaluating, shaping, planning and developing the ethical aspects of psychiatric practices, is required. For ethical support, there is a need for concept development and empirical research testing it (Reiter-Theil 2014). For this reason, it is thought that it will be useful to briefly summarize some concepts frequently used in ethics. A brief description of some of the concepts that are frequently used in the science of ethics is given in Table 1.

Table 1. Some concepts related to ethics

Ethical concepts	Definition
Morals (Arabic)	"The behavior patterns and rules that people have to follow in a society" (TDK 2020). The word morality in its broader sense means custom, culture (latin-ethos).
Ethos (Ancient Greek)	Way of thinking formed by characteristics such as habit, tradition and custom
Ethics (Ancient Greek)	It is the scientific study and justification of morality according to traditional understanding. It examines actions, focusing on understanding them. Ethics, which is the subfield and teaching discipline of philosophy, is also the representative of applied philosophy (Fry 2000).
Conscience (Arabic)	"The ability that enables the person to make a judgment about his own behavior directly and spontaneously on his own moral values". In another definition, conscience functions as a sort of subjective identity of the individual with the system of values that make it possible to distinguish between "good and bad", right and wrong, right and wrong (TDK 2020).
Descriptive ethics	Examines the moral beliefs in a society through the descriptive method. Here "What moral values are there? The answer is sought (Fry 2000).
Normative ethics	Duty is also defined as moral. What should be according to the moral code? While seeking answers to how to behave questions; Right/wrong, right/wrong, good/bad is examined (Aslantaş 2015, Fry 2000).
Metaethics	Examines whether moral values stem from society or the individual's emotions. While answering these questions, it focuses on universal truths, the effect of religious feelings, the role of reasoning in ethical decision making, and the meanings of ethical concepts (Aslantaş 2015, Fry 2000).
Bioethics	Bios - life, ethics - attitude custom Bioethics: Ethical behavior towards life (Sass 2014)

Ethical decision-making processes and actions based on empirical evidence in psychiatric care are classified under medical ethics. Bioethics, which has been discussed since 1960, is considered synonymous with medical ethics (Yıldırım and Kadioğlu 2007, Sass 2014). The term bioethics got its status accepted by everyone from the titles of Warren Reich's "Encyclopaedia of Bioethics" and Daniel Callahan's "Bioethic as a Discipline" published in the first issue of the Hasting Center Report. Studies on medical ethics move from the methodological roots of social sciences and use methods such as case studies, questionnaire applications, and participant observation. The common goal is to collect qualitative and quantitative data on ethical issues. There are empirical data on the medical-ethical field. Medical ethics is the area where all ethical issues within the treatment and care services provided to the patient are addressed. There are four basic principles of action in medical ethics (Beauchamp and Childress 2013).

1. The patient's right to self-determination (respect for patient autonomy)
2. No harm
3. Maintaining patient well-being
4. Equality and social justice

Turkish Psychiatric Association has published its unique ethical principles and practices under the general rules of medical ethics given above, on the website of the association in 2002, the professional ethical rules adopted by the first extraordinary committee of the association (TPD 2002). Mental health and psychiatric nursing is also among the large family of medicine, where the principles of medical ethics are effective. This is clearly seen

when examining the ethical codes published by ANA (American Nurses Association) and ICN (International Council of Nurses), which are frequently used in nursing (Rape 2009). These two reference sources guide the nurse in reaching the right decision in the event of an ethical conflict with the ethical codes they have created. Research continues in nursing ethics regarding these guidelines. Considering the individuality of each ethical principle in ethical decisions in practice, the importance of empirical research in the field becomes apparent.

Empirical (evidence-based) ethics

In the last two decades, medical ethics has evolved from a predominantly theoretical discipline to a discipline that not only clearly reflects on empirical findings, but also sees empirical research as an important part (Gordijn 2000). As an example of this transformation, McMillan and Hope (2008) argue that empirical ethics are more than just data collection. In the data collection process created, the research question is subjected to empirical analysis before and after the research. Studies using a cyclical model in which ethical analysis and empirical data collection feed each other in terms of information only in an interactive loop are described as “empirical ethics” (Musschenga 2005). In all these studies used as a circular model, the need for interdisciplinary work arises. Empirical ethics therefore primarily defines various methodological approaches to interdisciplinary type ethics. In other words, empirical ethics emerges as a combination of social sciences and normative ethics. Here, it moves away from functioning as an applied subfield of ethical philosophy to an interdisciplinary field. Thus, the field has developed in a way that includes not only philosophical ethicists but also doctors and nurses, with their studies conceptually defending empirical ethics and dealing with this in detail in practice areas (Molewijk 2004, Borry et al. 2006, Schildmann and Vollmann 2009). Borry et al. (2004) lists the common assumptions of achieving empirical ethics as follows:

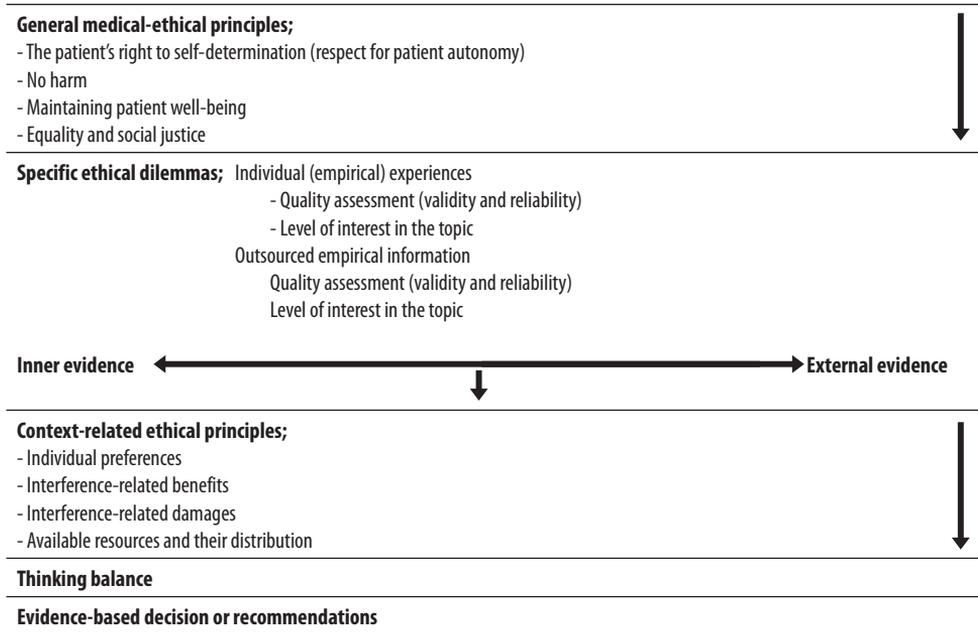
- Empirical ethics states that the study of people’s moral belief, intuition, behavior, and reasoning must be meaningful for ethics and the starting point of ethics,
- Empirical ethics acknowledges that social science methodology (through quantitative and qualitative methods such as case studies, surveys, experiments, interviews, and participant observation) is one way to map this reality.
- Empirical ethics rejects the structural incompatibility of empirical and normative approaches and believes in their basic complementarity.
- Empirical ethics is not an overarching methodology for making ethics, but a basic methodological attitude in using the findings from empirical research in ethical reflection and decision-making (Vries R De and Gordijn 2009).

Empirical knowledge is clearly vital to medical-clinical judgment. The results of empirical studies and the personal experience of healthcare professionals provide information on what tools should be used to best achieve the currently sought goal in a patient’s treatment (such as recovery, relaxation, prophylaxis.) Similarly - beyond the purely medical-clinical field -

empirical studies can provide clues as to what measures should be taken in the field of health policy or public health care to achieve a particular social goal. (Salloch 2012b, Salloch et al. 2012). When empirical ethical research moves into application areas and diversifies, it combines with evidence-based ethics.

The concept of evidence-based medicine, formed by the use of empirical knowledge obtained from research results in health sciences, has changed considerably (Kocaman 2003). The best defined by evidence-based medicine is the clear and correct use of the results obtained through systematic research on the treatment and care of the patient (Sackett et al, 1996). In his article, Kocaman (2003) defines evidence nursing, similar to the definition of evidence-based medicine, as “the decision-making process of nurses using their clinical expertise, patient preferences, and the best evidence available in care settings where resources are available”. The role of empirical information affecting decision making processes in evidence-based ethics is given in Table 2 (Strech 2008). The relationship between norms and facts in the decision-making process should be understood descriptively. Strech (2008) does not see these as sufficient for the decision-making process of medical ethics in practice. Classical medical-ethical principles need to be explained in terms of content in specific cases. Initially, the principle of patient well-being and non-harm is shaped by concretizing the benefits and harms in medical ethics with empirical data. Evaluating the fairness of an action also requires knowing the availability of the treatment or care service in the health system or the distribution of empirical data on the subject. On the other hand, patient autonomy is related to patient preferences, which should be evaluated empirically (individually or group-specific) (Strech 2008). Table 2 also shows the characteristic normative dimension in evidence-based ethics.

Table 2. Evidence-based ethical decision-making process (Strech 2008)



There has been a significant increase in the use of the term evidence-based in the last thirty years. This frequency of use finds use especially in health care, nursing, ethics and health care with the concepts of treatment and care practices. In these uses, researchers express the need for ethical decisions to be made on the basis of existing medical scientific evidence with the concept of evidence-based ethics, and the need to investigate ethical arguments and statements through empirical studies (Jansen 1997, Borry et al.2005). Empirical research has an important role in empirical ethics.

Research in empirical ethics

It focuses on revealing empirical research results in ethical reflection (Hope 1999, Borry et al, 2004, 2005). Basically, the implications that medical ethics are valid for empirical approaches and the integration of this connection between ethics and empirical research at the methodological level, in other words, in practice, are examined.

Empirical studies affect the quality of healthcare professionals and policy makers meeting ethical criteria for healthcare professionals and policymakers in specific planned initiatives involving the individual patient. For example, with the informed consent of a particular medical intervention, the patient will increase awareness of his or her health condition (Sugarmann 2004, Salloch 2012). Empirical approaches enrich medical ethics by drawing attention to their social and cultural contexts, rather than presenting certain morally or ethically appropriate situations as prescriptions (Goldenberg 2005). It takes this position with studies that examine the interests and beliefs of mental health and psychiatric nurses, who provide psychiatric care services, of individuals with mental disorders and their colleagues. Discussing whether it is appropriate to inform sick individuals of different cultures about their disease in detail may be an example. For this reason, it is important that empirical ethical research is done by paying attention to the appropriate criteria. Quality criteria in empirical ethical research are given in Table 3.

Table 3. Quality criteria in empirical ethical research (Mertz et al. 2014)

Quality criteria and methods in normative ethics (philosophical and religious)	Special criteria in empirical-ethical research	Quality criteria and methods of empirical research
- Informal* and formal logic (reasoning)	- Leading questions, theoretical framework and methods	- General standards
- Philosophical methods	- Relation	- Special standards
- Ethical judgment or decision-making methods	- Interdisciplinary research practice	- Qualitative methods
	- Research ethics and scientific ethos	- Quantitative methods
		- Mixed methods

*Informal Logic is the expression of logic in a non-formal method and language that can be understood and utilized by everyone, from its narrow formal/formal limitations and from being a field specific to philosophers, helping everyone to use their mind and language well not only in philosophical thought and research, but also when faced with daily life problems. It is a relatively recently developed logic approach that aims to be.

- Considerations for determining the characteristics of the research question and deciding on the appropriate theoretical framework and the relevant method (Mertz et al.2014);
- Distinguish between empirical research questions and questions related to ethical problems (e.g. the difference between patients' desires and patient autonomy).
- Checking whether the ethical rules are fulfilled in the whole research regarding the empirical research question.
- Reviewing the assumptions that are likely to take place in the empirical or social theoretical background in creating an ethical research question (for example, anthropological thoughts and psychological background according to the region and culture of the participant in relation to the subject in a study in which pregnant women participated in any ethical research question. Considering hidden gender patterns.
- The motivation of the researchers (ethical reflection) together with the research question (For example, is the research about patients who experience a terminal period motivated by a moral attempt to empower them so that they can go through this process as comfortably as possible?).
- Is the purpose of empirical research to evaluate the ethical practice existing in the sample, or the measures taken to improve ethical practice? otherwise purpose; Is ethics the construction of theory and norm? to clarify the questions.
- How can a theoretical framework of the empirical research question be developed; What are the main limitations of the theoretical framework chosen? For example, identifying the limitations of the autonomy principle when analyzing macro-social interactions.
- To explain the relationship between the main concepts of the research question and their definitions in other social sciences, such as philosophy and sociology.
- Determining the conformity of the preferred medical or social sciences theoretical framework (e.g. disease / health concept) to the normative framework of ethics.
- Preferred empirical methods align with theoretical frameworks in other relevant disciplines (for example, are interviews with doctors or nurses as experts compatible with a liberal, autonomous approach that claims to empower patients?).
- Determining the advantages of the preferred method over other existing methods (eg explaining the ethical relevance in the case of choosing an inductive or deductive method (such as when or why these methods should be chosen).
- Determine the suitability of the preferred methodological approaches for the envisaged compound research question.
- Although it does not seem possible to talk about certain criteria for studies that examine empirical research, research ethics and medical ethics, it is thought that it will form a beginning in the areas of thinking about the subject and its application, even if it is a little. The above criteria can be tested in empirical ethical research planned in psychiatric care. It will make more detailed and guiding evaluations possible according to the results of the research.

Empirical ethical views in mental health and psychiatric care

moral decisions made in the care services provided to sick individuals generally involve ethical awareness combined with the ideal of “doing good” through observation, analysis and evaluation processes. For nurses, doing something good here means the well-being of the patient, the quality of care, and respecting their individual sensitivities by being accepted as an individual (Paulsen 2011). In institutions related to psychiatric care, mental health and psychiatry, the fact that the mentally ill individual does not accept treatment and care with a psychiatric diagnosis (inability to make rational decisions) stands in front of the ethical decisions experienced in the services provided to the sick individuals. On the other hand, in psychiatry, as in other fields of medicine, there are no tests to monitor the individual’s diagnosis and the subsequent recovery process in concrete understanding. As Barker (Schulz 2011) states, almost all practices in psychiatry are related to the acceptance of compulsory treatment and the establishment of a balance between the assumptions about some unidentified diseases and processes of individuals with mental health problems. Therefore, as a team member, the nurse’s role in the discussion and taking processes regarding ethical decisions in psychiatric treatment and care will have an increasing effect on the quality of psychiatric services provided to patients. It would not be wrong to say to the nurses working in the field that the increase in empirical ethics studies in ethical practices related to psychiatric care and the discussion of the application areas of its results would be beneficial. Although there are studies that can be evaluated as empirical ethics in mental health and psychiatric care in our country, they are insufficient. This shortcoming does not allow for a systematic review of empirical ethical studies in this field. The studies that can be accessed and can contribute to empirical ethical studies will be divided into two as generalizations and those that contain context, as in Musschenga’s (2009) study, and will be discussed in this section.

Those who act with a generalist understanding believe that principles and regulations form the moral basis. Rather than the point of view of contextual areas, the root of morality is in social practices. While this approach is the task of philosophy to express and interpret morality, empirical social science is needed to explore it. While the coherence variant gives priority to neither concrete judgments nor ethical theory and principles, a particular variable of contextual ethics starts from the priority of the concrete judgment of the actors and thus moves from the bottom up, namely induction (Musschenga 2009).

Demir and Yıldırım’s (2013) study on professional behaviors of psychiatric nurses can be given as an example to empirical ethical research acting with a generalizing understanding. Although the country was targeted in the research, professional attitudes were evaluated in 100 participants in the study. Professional attitudes, using the behavioral inventory related to professionalism in nursing, subgroups such as autonomy, social service, research, theory, competence, continuing education, participation in professional organizations and nursing codes were evaluated among the participants. As a result of the study, the theory of the academicians working in the field of education in psychiatric care was found to be higher

than the nurses working in the education-related subgroups, which are directly related to the development of professional attitudes, than the nurses working in the fields of application of interest to professional organizations and research and publications. Considering that most of the participants in the study have graduated from undergraduate and graduate education, it would not be wrong to comment on what the deficiency in this field is and the reasons for the need for studies. Nurses working in the study scored low in referring to ethical codes related to moral problems they encountered in providing psychiatric care services in the nursing codes subgroup. The question regarding the ethical codes was whether the participants had a Turkish translation of the nursing ethics codes of the International Nursing Council (ICN-International Council of Nurses) as a reference source. Before evaluating the answers to this question, which will serve as a good example of the generalization approach, that is, before making a general judgment, it is necessary to conduct comprehensive studies on the question in question and other questions that may accompany this question. On the other hand, in the study, it was observed that the nurses working in relation to the autonomy subgroup, which means taking part in various organizations in institutions and being professionally active in decisions about them, increased with age. As a result of the study, the researchers suggested the need for comparative studies including other fields.

As a second study example, Eren (2014) is a study in which 202 nurses working in psychiatric wards in various hospitals in Istanbul examined their ethical beliefs in psychiatric care and the ethical problems they encountered in three case examples, each of which contained ethical dilemmas, and examined their recognition and decision-making situations. The statements of the majority of nurses regarding the belief that individuals who act unethically should be punished should be considered together in the study. It is necessary to investigate whether ethical behavior is perceived as a legal regulation or regulation. Participants who reported unethical behaviors in the study, ethical problems; they defined it as a lack of training in ethical and communication skills, complexity of psychiatric care, problems among the team, inadequate laws and regulations, and inadequate staff. Empirical studies are needed to better discuss the general statements about the definition of ethical problems that emerged as a result of the research above and to provide quality psychiatric care to individuals with mental health problems. Nurses have suggested that the establishment of ethical committees for the solution of possible ethical problems, supervision, supervision, therapeutic communication, adoption of professional attitudes in psychiatric care, teamwork, teaching laws and regulations, regular in-service trainings and improving working conditions. As a result of the study, the researcher suggested that the problem related to each of the general solution suggestions regarding ethical problems that may be encountered should be examined with all stakeholders through comprehensive research.

An example of contextual empirical ethics research can be given in the study conducted by Göktaş and Buldukoglu (2018) in which they examined the attitudes of nurses working in psychiatry wards regarding knowledge and practice related to the use of physical restraint. Physical restraint practices for individuals with mental illness in psychiatric care are a highly

sensitive issue in terms of being a direct intervention to the dignity and autonomy of the sick individuals (Nordenfelt 2004, Erikson et al.2012). Individuals with mental illness may experience intense internal psychological distress, which can be defined as processes where they cannot make their own decisions from their individual autonomy, especially at the beginning of the disease process. In the process in question, they will be harmful for themselves and other individuals around them. Due to the intense inner psychological distress they experience, the new freedoms they define for themselves move towards the limits of social freedom. In this case, it is aimed to reduce possible damages with physical restraint application as an urgent measure as the beginning of the treatment of the patient. Here is the therapeutic goal; It is to help the sick individual perceive his own situation and make a critical evaluation of his / her own behavior by preventing greater damages that may arise (Grube 2003, Thiele 2005). Nurses face ethical problems during the decision process of applying physical restraint to patients, during and after the application. For this reason, it is important to discuss Göktaş and Buldukoğlu's (2018) study in terms of their empirical ethical appearance in psychiatric care in our country. In their research conducted on 484 nurses working in seven public mental health and hospitals, the researchers evaluated their knowledge, attitude and thoughts about physical practice with the help of a scale developed on the subject. Almost all of the nurses participating in the study (92%) reported that they used physical restraint practice and paid attention to legal procedures both themselves and institutionally in their use. It was found from this statement of the nurses that they acted with the physician's request (85%) about the application and did not feel themselves in any ethical dilemma because they were not responsible. On the other hand, they stated that the nurses informed the physician when they thought that the patient did not need physical restraint. In the study, the majority of the participants stated that they gave their consent to inform both the family of the patient (53%) and the patient (73%) about the procedure to be performed, and they carried it to their practice. In this study, it is revealed that in practices related to the physical determination of individuals with mental illness, nurses interpret the applied procedure for the sake of violating the ethical principle of patient autonomy, in other words, as the benefit of the patient (the ethical principle of utility). Here, these two ethical conflicts will be obtained by evaluating whether each case needs physical fixation in an individual context in ethical decision. There is a need for empirical studies including individual examples as suggested by researchers on the subject as a result of the research.

The second example is Çetinkaya Duman et al. (2015) is a study conducted by patients' relatives and healthcare professionals who are accompanying in psychiatry wards on companion practice. The sample of the study consisted of 41 companions and 19 health personnel in psychiatry services. As a result of the study, it was reported that companionship practice in psychiatry wards was found appropriate by both patient relatives and health personnel. The reasons given for this were the patients' need for psychiatric care, the potential to harm themselves / their environment, and the lack of nurses in the wards. While the health personnel stated that the attendants staying in the services, they were in experienced difficulties in some of the basic needs, the attendants who participated in the

study did not state a complaint. Although the research has been evaluated under the title of contextual ethics (especially in terms of its social meaning), with the studies to be done with the nurses responsible for providing psychiatric care services; There is a need for empirical studies about the benefit of the companion practice to the patient, how it should be, and the possible reflections on the individual planned nursing care.

As discussed in the above studies, clarifying why empirical ethical research in psychiatric care requires the information gathered in the research to begin with, what are the methods / methods used in the study and what qualifications expected from the researcher in the study, and explaining the ethical dilemmas encountered in the care services provided to the sick individuals as a basis to discuss morally and philosophically. will save. In addition, it would not be wrong to say that the empirical information and study results collected will be effective in making ethical decisions experienced in psychiatric institutions.

Conclusion

In medicine and nursing ethics, the ethical reflection called external evidence in ethical decisions and the empirical ethics tendency in the justification of moral behavior is evident. Boris et al. (2004) defines empirical ethics broadly as a field that combines or tries to integrate ethical and empirical research. In addition, empirical ethics, according to them, provides information about people's beliefs, intuitions, behaviors, and the starting point for rationalizing/ reasoning ethical problems. It is clear that empirical ethics will play a facilitating role in resolving ethical dilemmas that nurses working in mental health and psychiatric care often encounter in their nursing intervention practices. In addition, understanding the concepts in ethical problems experienced in mental health and psychiatric care contributes significantly to the definition of their possible meanings, contexts, underlying processes, and their relationships with each other. In other words, it enriches ethics and helps its development by examining its compatibility with general ethical principles with the method of revealing the information used on ethical problems experienced in practice areas.

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