***Strategies and challenges of nurse team leaders for dealing with ethical dilemmas: A phenomenological study***

**ABSTRACT**

**Background:** Nurse team leaders face both ethical and enormous expectation challenges. They need sound strategies to address these. To date studies have been lacking which explore nurse team leaders who face ethical problems in daily practice.

**Objective:** This study aimed to explore nurse team leaders' experiences in dealing with ethical challenges in Indonesia.

**Methods:** This qualitative study used hermeneutic phenomenology and Heidegger’s philosophy with an online interview. A total of 14 registered nurses who have experience as team leaders in a hospital were enrolled. Simultaneously, the research analysis process employed Van Manen’s six steps. This research was conducted in six hospitals in Indonesia from November 2021 to February 2022.

**Results:** Three main themes were found. The first theme was ethical thinking clearly includes "seeking the fact," "stepping back," "considering support," and "standing by the patient." Second, senior or junior as a leader includes "senior pressure," "role model," and "nurse team leader role." Last, learning environment includes "learning or let it be," "distrust atmosphere," and "organizational support."

**Conclusion:** Nurse team leaders recognized their specific roles in the midst of ethical challenges and sought strategies and visions to deal with them. However, unsuitable learning environment might impact ethical behavior and may compromise the provision of quality care. Nurse team leaders should unite seniors and juniors to provide a good work environment. This will support and construct a positive working culture. Regular training and group reflection are recommended for maintaining nurse ethics knowledge.

*Keywords: Ethics, Hospitals, Nurse Administrators, Nursing, Leadership, ethical sensitivity*

**BACKGROUND**

Nursing was voted the most ethical and honest profession by Gallup's annual poll in 2021. Nursing ethics are developed and maintained largely through the efforts of those in leadership positions (Saad, 2022). Noticeably, nurse leaders are recognized by their actions and interventions parallel to their values and beliefs (Stanley & Stanley, 2018). They can be found in any level of health organization and seen in all clinical environments (Birkholz et al., 2022; Stanley & Stanley, 2018). They have a complex role, including support, direction, coordination, motivation, reflective and critical thinking, and as liaisons for interdisciplinary care. The position of nurse leader includes practitioner, nurse team leader, clinical nurse specialist, nurse shift coordinator, nurse executive, nurse first-line manager or headward, and chief nursing officer (Birkholz et al., 2022; Gunawan et al., 2020).

Nurse leaders working in patient department (IPD) or ward face complex ethical and huge expectations challenges involving patients, nursing teams, and multidisciplinary healthcare. Many literatures talk about ethical challenges (Birkholz et al., 2022), which nurse leaders have to face in their daily practice, including complaints, critical decision making, patient and family demands, and conflicts between staff (Aitamaa et al., 2016). They need a good strategy to spot problems, understand ethically challenging situations, and know that how to respond properly to those problems. Therefore, the ethical leadership is deemed crucial.

Conceptually, ethical leadership draws attention to ethical dilemmas and moralities by studying common values and accommodating between nursing fundamentals and nursing ethical behavior. Barkhordari-Sharifabad et al., (2018) described that ethical leadership in nursing creates and supports an atmosphere for high-quality, cost-effective healthcare and ensures ethical behavior. A number of studies found ethical leadership would bring positive impact on clinical practice. A study from China found ethical climate was positively affected by organization ethical leadership that positively influenced nurses’ moral and behavior (Zhang et al., 2019). Another study from Iran revealed ethical behavior of the leader would impact “all-inclusive satisfaction” (employees’ job satisfaction and patients’ satisfaction) and “productivity” (providing better services and inspiring ethical behavior in the employees) (Barkhordari-Sharifabad et al., 2018). Moreover, leadership is acknowledged as a significant factor with a substantial impact on employees' ability to learn from their mistakes (Ye et al., 2018).

There are many ethical challenges in the clinical practice, specifically IPD settings. Storaker et al., (2022) found ethical leadership challenge in clinical nurse leader settings, which included inadequate ethical vocabulary, competing demands placed on nurse leaders about staff management, worries about young nurses' ethical awareness, and barriers to establishing an ethical culture. The nurse leaders experienced considerable pressure. An unexpected finding was the lack of – and even disregard for – an ethical language. Barkhordari-Sharifabad et al., (2018) illustrated that ethical nursing leaders showed professional insight and mentoring roles through empathic interactions, ethical behavior, and exalted manners. Esmaelzadeh et al., (2017) discovered sensitivity in the areas of care, error detection, communication, decision-making, and ethical behavior. However, there has been no study related to nurse leader ethical dilemma in Indonesia.

 In the literature review, the issues with ethical leadership by nursing leaders in the clinical setting are presented from many angles and are complex. The majority of the studies talked about nurse manager settings, but there was a lack of studies which explored nurse team leaders. Nurse team leaders refers to the nurse which have responsibility to manage and coordinate their team during working hours. The nurse team leader has an essential role in their practice in dealing with patients, nurses, and multidisciplinary healthcare. Moreover, a limited study in Indonesia showed that it is important to explore. Therefore, this study explored nurse team leaders' experiences for dealing with ethical dilemmas.

**METHODS**

**Research Design**

This qualitative study was adopted based on hermeneutic phenomenology to explore nurse team leaders moral experience when voicing conscientious issues (Spence, 2017; Todres & Wheeler, 2001). Understanding what it is like to be a human being is a prime application of phenomenology. For this reason, it is essential for the researcher to learn to interpret the phenomena they encounter daily to gain a deeper understanding of what it is to be human. Consequently, the study employed Heidegger’s philosophical approach (Suddick et al., 2020). Heidegger believed that a person's "being" in time shaped the way they interpreted their experiences. Dasein is Heidegger's phrase for the way humans live their lives (Todres & Wheeler, 2001). To reflect on their existence as such, humans engage in what is known as an inter-subjectivity, or a subjective encounter with the objective elements of the world in which they exist (Lamb et al., 2019). This is consistent with the concept of dasein. One's life worlds, or the setting of their everyday contacts, is what brings this intersubjective orientation to a closer approximation.

**Participants**

 The research was conducted in Indonesia. The respondents came from different hospitals. The participants in this study were nurse team leaders in Indonesia. The inclusion criteria were clinical nurses who currently work within inpatient environment, have experience as nurse team leader, and reported at least one ethical case problem in the last 90 days of initiating the study (1st Nov 2021– 28th Feb 2022). The ethical issue might happen to the participant or the colleagues of participants who joined this study.

**Data generation**

The data were collected by using semi-structured interview guidelines in the local language. Participants were recruited by snowball sampling technique because of limitation of information on the nurse team leader who had an ethical problem in the past. After each interview, the analysis was performed. Then, the next interview was scheduled until information saturation, and no new codes were extracted upon interviewing 14 registered nurses (RNs). In addition, sixteen nurses refused to give information for several reasons, including uncomfortable with the topic, feeling worried about the impact, feeling unsafe, and busy related to working conditions.

**Interview**

 Interviews were conducted based on the nurse's time and place. Online interview was used, including video conference via zoom or google meet and video call through social media, such as WhatsApp, Line, and Messenger. Online interview was chosen because of the pandemic situation that caused limitation and restriction of IPD nurses. The official language, which is Bahasa Indonesia, was used for interviews, analysis, and interpretation in this study. To investigate the nurse team leader’s ethical problem experience, data was gathered through face-to-face online interviews (Doyle et al., 2019). The participants mostly used the hospital's conference room after their shifts were over. The first author interviewed each person for approximately an hour. In the interview sessions, the opening question was: “Please tell me about nursing ethical issues.” Interviews were dialogical, with a special focus on strategies and challenges faced by them to deal with an ethical problem. Answers to the primary question guided the interviewer to ask other exploratory questions concerning the nurse team leader’s strategies and challenges to facing ethical dilemmas by asking, "Can you tell me more?" "Can you give an example?”

 The inquiry team had five members. All of them work at the university and have experience of being a nurse. The lead investigator is a nurse administrator and primary author. Two of the study team are experts in qualitative study. One research team member had experience in administrative or managerial responsibilities or supervision of nurses working in the hospital in Thailand for more than 10 years. The other research members work at Indonesia institution and are directly tied to the study organization. The research team members used online meetings to track the study's progress and conclusions. The research team agreed that data saturation equaled three consecutive interviews with no more information. The principal investigator coordinated with two members, a nurse administration and a psychiatrist to recruit participants. Those members have experience in conducting qualitative research and interviewing. Meanwhile, one member is a psychiatric and mental health nurse in Thailand who is a psychiatric consultant with multiple years of experience in interviewing and has passed the advanced qualitative course.

**Data Analysis**

Van Manen’s approach was used to analyze the data (Van Manen, 2016). It offers four levels of analysis that the researchers can use to investigate and obtain a more profound and comprehensive grasp of the significance of the living experience of the individuals who are being studied (Ritruechai et al., 2018). Those are discovering thematic, grouping statements, generating category/sub-themes/themes, and reflecting from the experience.

The transcripts of the interviews were read through multiple times. The purpose of this was to have a holistic comprehension of the information. All the important parts were marked up with codes. The first and second authors did the initial Bahasa Indonesia coding, and then the similar data were isolated into category, sub-theme, and theme. The findings were translated into English by the first and second author, while the third and fourth author reviewed the translation for accuracy. The team discussed and reached a consensus on the sub-themes and themes.

**Trustworthiness**

To gain rigor and trustworthy criteria, the researchers have used specific rules to ensure our study is methodologically sound. First of all, rigor was guaranteed by using a well-known method for phenomenological research (Van Manen, 1990). Other methods we used in the criteria evaluation of Guba and Lincoln (1989) included staying in touch with the participants for a long time and being honest about the thing being studied (De Witt & Ploeg, 2006), in-depth analysis of the data, discussion of emerging themes with participants, and modification of themes based on participant input (Polit & Beck, 2017). To ensure confirmability and dependability of these processes, they were all documented in Excel files. As shown in Table 1, participant descriptions were included in the final report to better illustrate the applicability of the findings from this study (Cope, 2014). To ensure the credibility of our study, participants received a process summary and diagram and conducted member checks (Colorafi & Evans, 2016). To improve accuracy, we consulted with experts in qualitative phenomenology research and nursing leadership throughout the study (Guba, 1981). To provide transferability, the introduction part explained the context, background, and stage of the current study and researchers attempted to choose participants with the greatest variance possible.

**Ethical consideration**

 Ethical approval for the study and data collection was given by the Ethics Committee of the University (No. 04.0554/KEPITEKES-BALI/XI/2021). Before signing the consent form and agreeing to participate, participants were informed of the study’s aim and methods verbally and in writing, then participants and the researcher agreed on the interview's time and place. Following consent, participants could withdraw during data collection and analysis. To preserve their privacy, each interview was coded for confidentiality, so consequently we have not named the participants and institutions. Their identities and information were kept secret.

**RESULTS**

Based on table 1 below, the majority of respondents were female which was eleven nurses (78.6%), late adulthood (36-45 years) was seven nurses (50%), a bachelor's degree was nine nurses (64.3%), and experience 10-20 years was seven nurses (50%).

**Table 1. Demographics of Respondents**

Nurses' experiences with ethical issues are depicted in three distinct themes in this study. These themes are (1) thinking clearly, (2) senior or junior as a leader, and (3) learning environment. All themes were divided into categories to help to explain each theme.

**Thematic analysis**

 Three themes and ten subthemes emerged as follows

*Thinking clearly*

Nurse team leaders have to think clearly when dealing with a problem, precisely the problem that involves patients, including seeking the facts, stepping back, and considering support. However, they have different insights between patients and organizations.

1. Seeking the fact

 Nurse has to seek the fact to solve the problem. The patients' complaint has to be checked and rechecked to confirm the problem. They need to check all nursing staff and another team.

 "A caregiver complained about my member (nurse) that she (member) refused to answer and give information about everything when she injected the new chemical medicine to my son (caregiver's son), and just said "Don't know" when I (caregiver) asked. At that time, I (Nurse) was head of the nursing team. So, I found out the truth from the caregiver, my member nurse, and from other colleagues. It was found that the nurse was acting really badly." (N 5)

2. Stepping back

 The majority of team leaders would help them when they faced a problem. The nurse team leader is aware of the situation that might become bigger if it continues.

"I (Nurse team leader) saw my member (Nurse) talk with a male family caregiver who was drunk. I walked and told my member to go back to the nurse station because headward called for asking about her job." (N 1)

"I have a lot of bad experience. Now, I understand, I have to consider our position before dealing with the problem." (N 3)

3. Considering support

 Consideration from another team is crucial to give direction when deciding. They need to consider another team’s support to follow up on patient treatment, because there are situations which are different among respondents.

"Actually, at the hospital, there are procedures and policies regarding presenting a palliative team, but this condition or presenting a palliative team cannot be brought to us immediately." (N 4)

"I had to consult my team leader [Nurse], but she was not so sure which way was correct, so we decided to call the expert [Nurse who takes responsibility for abortion policy of province] to get the information." (N 13)

4. Standing by patient

Hospitals need to gain benefits to maintain their employees and facilities. However, the nurse's position is between the patient and the workplace.

"An ethical situation arose when there was a patient who had to discharge because they want to die at their home. The breathing machine and oxygen tank were often not enough to lend, because if allowed, they borrowed to back home, and during that time, patients still survived, while in hospital there might have case(s) with greater need to use it. I [Nurse] and the team have to decide about what should be done to provide the benefit for all patients equally." (N 2)

"When I [nurse] was taking care of underprivileged patients who used BPJS [Indonesia Universal Health Coverage], my leader said that the patient should be referred to another hospital because the complicated and long procedure for claiming will harm the hospital. I'm in a dilemma with this condition, but I will follow it since I have been instructed." (N 6)

*Senior or Junior as a Leader*

 Senior has a big responsibility as a model, and junior brings the new hopes because they are updated with the latest knowledge. There are two different perspectives among respondents which is shown below.

1. Senior pressure

 Nurse feels insecure about seniority problems. They try to give better nursing care, but the seniors do not care about it. The problem will come when they talk or report it.

 "I want to report this to our nurse manager, but I am afraid that my seniors will get angry and complain." (N 12)

"I tried many times to remind teammate or other healthcare about following the standard, but many times I get trouble from the coordinator or above." (N 8)

2. Role model

 Nurse feels the new nurses is too confident. They do not want to share or learn from the senior nurse and nurse team leader.

 "The senior nurse had the experience do nursing so long and learn a lot about mistakes. Therefore, senior nurse role models have bad and good models." (N 10)

 "New generation is so confident. They do not care even though senior try to remind." (N 5)

3. Nurse team leader role

 A big role will bring big responsibility. This situation was stated by the Indonesian nurse team leader.

 "I'm here as a primary nurse [nurse team leader], I have a bigger responsibility, so when I'm going to delegate an activity to a colleague, it's a little difficult because my colleagues feel they can't handle it." (N 7)

 "I have to take care of my team when I become a team leader. It is better for me to be just as the member of team because I can focus on my tasks." (N 14)

*Learning Environment*

1. Learning or let it be

 The majority of nurses stated about learning from all of those problems. In contrast, a nurse said there is a nurse who makes mistakes repeatedly and never learns from their mistakes.

 " It will benefit from a learning atmosphere in which nurses will bring the mistakes made to become suitable lessons." (N 6)

 "Nurse who has made mistakes in nursing care many times because it seems like they do not worry about patients and probable consequences in the future." (N 1)

2. Distrust atmosphere

 Nurse feels distrust of their colleagues. Workplace environment has a significant role in the impact. Feeling distrust will spread to other workers, and they will protect themselves.

 "My headward takes action to close with my colleague who injected wrong medicine to a patient with alcohol withdrawal. In addition, all her colleagues observed her all shifts. She told me that she feels low self-confidence, because every nursing care becomes a low quality in her mind, because she has to wait for a boss to check and allow her to do it. Finally, my colleague decided to resign. " (N 1)

“After I (Nurse) injected the wrong medicine into patients, my team leader (Nurse) didn't trust me to do injections when working with her. She will ask for checking many times, or she chose to do it herself even that day, she did not have an assignment to injection.” (N 5)

3. Organizational support

 Nurses feel hospital could not support them adequately. They have to do it by themselves if they want to find new knowledge or improve their quality.

 "We rarely take part in training. The hospital said there is support of the cost for that. We are encouraged to take part in the training independently." (N 2)

 "When the committee solves the problems related to nursing errors or ethical mistakes, they do not spread the solution. Many nurses will say they do not know. How can we deal with this problem which has persisted for many years?" (N 3)

Patient challenges

Thinking clearly

Seeking the fact

Stepping back

Considering support

Standing by patient

Team challenges

Senior or Junior as a leader

Senior pressure

Role model

Nurse leader role

Learning environment

Learning or let it be

Distrust atmosphere

Organizational support

Figure 1. Thematic findings

**DISCUSSIONS**

 Dealing with the problem in everyday situations is a big challenge for nurse team leaders. The majority of the ethical dilemmas were problems with patient/family, including patient complaint because of nurses mistake, uncontrolled family conditions, and patient request beyond the nurse competency. Nurse team leaders have to think clearly about the problems, specifically problems that involve patients and other healthcare workers. Seeking the fact, stepping back, and considering support from another team are positive ways for the nurse to solve the problem. However, unethical decision might happen in some hospitals because this aligns with the previous study on patients' ability to pay for accessing health facilities (Rainer et al., 2018). Therefore, decision making is an important characteristic of ethical leadership. This finding was linked with two root elements of the ethical sensitivity concept as follows: 1) ‘being aware’, and 2) ‘responding and reacting to the needs of others.’ Both of these elements enclose ethical (Bebeau et al., 1999). Moreover, components of ethical sensitivity involve role and moral responsibility, which cause moral reason, and the consequence is moral decision making which guides moral action or ethical behavior (Lützen et al., 2006). This is consistent with a finding of "senior or junior as a leader."

 Nurses team during the shift is difficult to handle. The previous study stated nurse leaders had difficulty to handle member conflict (Wittenberg et al., 2015). Senior has a big responsibility as a good ethical role model for the junior. This was consistent with Bowles et al., (2018) that stated role model is crucial in core competencies for all nurses as leaders. The integration of role modeling, articulating expert practice, reflecting on practice, and giving feedback helped nurses grow and learn regarding ethical behavior. However, it is hard to delegate a big responsibility to another person, because they have to consider their ethical experience and understanding. Hence, findings showed that senior nurses and nurse team leaders try to bring a good direction to their juniors, but the youth are too confident to accept it. Probably, the junior nurse tries to overcome ethical issues to achieve professional competence (Rennó et al., 2018) by bringing new hopes because they are updated with the latest knowledge. Although both generations seem like they are opposed to each other, in fact, they express the same ethical goal. They recognize their ethical role and responsibility to protect the patients' rights. Also, it is clear that these nurses take an active role in dealing with challenging ethical problems and consider doing so as part of their professional job. They deserve to receive support for their learning and development of ethical competency (Andersson et al., 2022).

 The last finding is the learning environment. This is a supplement to fulfill ethical sensitivity in nurse team leaders and their teams. The working environment dramatically influences the nurse leaders' style. A strict climate will directly impact the nurses that might leave their workplace or job. Good leaders have to provide a good healthy work atmosphere for learning from their mistakes (Bove & Scott, 2021). It will become a problem if they cannot learn from the experience. Although ethical dilemmas may not be new and often occur in nurse life experience, also they can be recurring day-to-day issues for different reasons. A charismatic leader would give learning support to their team (Bove & Scott, 2021). However, nursing theory and practice evolve with new solutions to solve appropriately. Therefore, an organization needs to support ethic education to nurse team leaders to increase their knowledge through seminars or workshops, because nurse leaders have to support new nurses (Andersson et al., 2022; Hemberg & Hemberg, 2020). Minimum support from the hospital will have a negative impact on their mind, which might influence the way of making decisions about being ethical or unethical, one of the most important aspects of fostering an ethical environment to improve nurse and patient outcomes.

**IMPLICATIONS FOR NURSING POLICY**

 Ethical dilemmas cannot be stopped or avoided. Nurse team leaders have to think clearly about the situation. They need to consider the nurse position, reduce the tension by being aware and making the situation calm is one way to deal with a problem. Unethical decision will happen if they cannot adopt moral reason and understanding, so nursing role becomes not clear. This problem arises because they face conflict of interest between patient and workplace. Meanwhile, nurse team leader should unite their team for encouraging their performance. Train senior as a role model and stimulate all of them for sharing their knowledge and ethical experience is the appropriate way to establish a positive learning atmosphere. Additionally, the workplace environment is an essential factor in motivating nurses to reflect and learn from ethical dilemma issues. Interdisciplinary policy is needed to avoid blaming when one nurse or another faces this problem. The policy will impact the culture by learning from the mistakes.

**CONCLUSION**

 Nurse team leaders have a big responsibility to unite their teams. A good team will bring a good performance and reduce the gap between seniors and juniors. However, they have a big challenge dealing with patients/family and team members. The strategy for solving the problem, specifically the problem with a patient, is thinking clearly, including seeking the fact, stepping back, and considering support. Additionally, the environment has an important role that affects the nurse team leader's character in leading their team. Discipline might be good for constructing a straight nurse, but it will produce vast pressure. Nurse team leaders need to control why they need to learn it or let it be. The learning situation could be flexible, but not too loose.

**STRENGTHS AND LIMITATIONS**

To our knowledge, this study is the first study concerning nurse team leader. Moreover, it is the first study in Indonesia to explore the strategies and challenges in dealing with ethical dilemmas. Thus, they can be considered the strengths of the study. However, the limitations that different subjects might give a bias if we ask from the other healthcare profession or hospital management. In addition, different researcher perspectives would give different findings. Workplace situation makes the study could not be generalized. Further studies that focus on each finding can support future results.

**REFERENCES**

Aitamaa, E., Leino-Kilpi, H., Iltanen, S., & Suhonen, R. (2016). Ethical problems in nursing management: The views of nurse managers. *Nursing Ethics*, *23*(6), 646-658. <https://doi.org/10.1177/0969733015579309>

Andersson, H., Svensson, A., Frank, C., Rantala, A., Holmberg, M., & Bremer, A. (2022). Ethics education to support ethical competence learning in healthcare: an integrative systematic review. *BMC Medical Ethics*, *23*(1), 1-26. <https://doi.org/10.1186/s12910-022-00766-z>

Barkhordari-Sharifabad, M., Ashktorab, T., & Atashzadeh-Shoorideh, F. (2018). Ethical leadership outcomes in nursing: A qualitative study. *Nursing Ethics*, *25*(8), 1051-1063. <https://doi.org/10.1177/0969733016687157>

Bebeau, M. J., Rest, J. R., & Narvaez, D. (1999). Beyond the promise: A perspective on research in moral education. *Educational researcher*, *28*(4), 18-26.

Birkholz, L., Kutschar, P., Kundt, F. S., & Beil-Hildebrand, M. (2022). Ethical decision-making confidence scale for nurse leaders: Psychometric evaluation. *Nursing Ethics*, *29*(4), 988-1002. <https://doi.org/10.1177/09697330211065847>

Bove, L. A., & Scott, M. (2021). Advice for aspiring nurse leaders. *Nursing2021*, *51*(3), 44-47. <https://doi.org/10.1097/01.NURSE.0000733952.19882.55>

Bowles, J. R., Adams, J. M., Batcheller, J., Zimmermann, D., & Pappas, S. (2018). The role of the nurse leader in advancing the quadruple aim. *Nurse Leader*, *16*(4), 244-248. <https://doi.org/10.1016/j.mnl.2018.05.011>

Colorafi, K. J., & Evans, B. (2016). Qualitative descriptive methods in health science research. *HERD*, *9*(4), 16-25. <https://doi.org/10.1177/1937586715614171>

Cope, D. G. (2014). Methods and meanings: credibility and trustworthiness of qualitative research. Oncology Nursing Forum,

De Witt, L., & Ploeg, J. (2006). Critical appraisal of rigour in interpretive phenomenological nursing research. *Journal of Advanced Nursing*, *55*(2), 215-229. <https://doi.org/10.1111/j.1365-2648.2006.03898.x>

Doyle, L., McCabe, C., Keogh, B., Brady, A., & McCann, M. (2019). An overview of the qualitative descriptive design within nursing research. *Journal of Research in Nursing*, *25*(5), 443-455. <https://doi.org/10.1177/1744987119880234>

Esmaelzadeh, F., Abbaszadeh, A., Borhani, F., & Peyrovi, H. (2017). Ethical Sensitivity in Nursing Ethical Leadership: A Content Analysis of Iranian Nurses Experiences. *Open Nursing Journal*, *11*, 1-13. <https://doi.org/10.2174/1874434601711010001>

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Ectj*, *29*(2), 75-91.

Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Sage.

Gunawan, J., Aungsuroch, Y., Fisher, M. L., McDaniel, A. M., & Marzilli, C. (2020). Managerial Competence of First-Line Nurse Managers in Public Hospitals in Indonesia. *J Multidiscip Healthc*, *13*, 1017-1025. <https://doi.org/10.2147/JMDH.S269150>

Hemberg, J., & Hemberg, H. (2020). Ethical competence in a profession: Healthcare professionals' views. *Nursing Open*, *7*(4), 1249-1259. <https://doi.org/10.1002/nop2.501>

Lamb, C., Babenko-Mould, Y., Evans, M., Wong, C. A., & Kirkwood, K. W. (2019). Conscientious objection and nurses: Results of an interpretive phenomenological study. *Nursing Ethics*, *26*(5), 1337-1349. <https://doi.org/10.1177/0969733018763996>

Lützen, K., Dahlqvist, V., Eriksson, S., & Norberg, A. (2006). Developing the concept of moral sensitivity in health care practice. *Nursing Ethics*, *13*(2), 187-196. <https://doi.org/10.1191/0969733006ne837oa>

Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams & Wilkins.

Rainer, J., Schneider, J. K., & Lorenz, R. A. (2018). Ethical dilemmas in nursing: An integrative review. *Journal of Clinical Nursing*, *27*(19-20), 3446-3461. <https://doi.org/10.1111/jocn.14542>

Rennó, H. M. S., Ramos, F. R. S., & Brito, M. J. M. (2018). Moral distress of nursing undergraduates: Myth or reality? [Article]. *Nursing Ethics*, *25*(3), 304-312. <https://doi.org/10.1177/0969733016643862>

Ritruechai, S., Khumwong, W., Rossiter, R., & Hazelton, M. (2018). Thematic analysis guided by Max van Manen: Hermeneutic (interpretive) phenomenological approach. *Journal of Health Science Research*, *12*(2), 39-48. <https://he01.tci-thaijo.org/index.php/JHR/article/view/164236/119020>

Saad, L. (2022). *Military Brass, Judges Among Professions at New Image Lows*. Retrieved May 5 from <https://news.gallup.com/poll/388649/military-brass-judges-among-professions-new-image-lows.aspx>

Spence, D. G. (2017). Supervising for Robust Hermeneutic Phenomenology: Reflexive Engagement Within Horizons of Understanding. *Qualitative Health Research*, *27*(6), 836-842. <https://doi.org/10.1177/1049732316637824>

Stanley, D., & Stanley, K. (2018). Clinical leadership and nursing explored: A literature search. *Journal of Clinical Nursing*, *27*(9-10), 1730-1743. <https://doi.org/10.1111/jocn.14145>

Storaker, A., Heggestad, A. K. T., & Saeteren, B. (2022). Ethical challenges and lack of ethical language in nurse leadership. *Nursing Ethics*, *29*(6), 1372-1385. <https://doi.org/10.1177/09697330211022415>

Suddick, K. M., Cross, V., Vuoskoski, P., Galvin, K. T., & Stew, G. (2020). The work of hermeneutic phenomenology. *International Journal of Qualitative Methods*, *19*, 1609406920947600. <https://doi.org/10.1177/1609406920947600>

Todres, L., & Wheeler, S. (2001). The complementarity of phenomenology, hermeneutics and existentialism as a philosophical perspective for nursing research. *International Journal of Nursing Studies*, *38*(1), 1-8. [https://doi.org/10.1016/s0020-7489(00)00047-x](https://doi.org/10.1016/s0020-7489%2800%2900047-x)

Van Manen. (1990). *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. Albany.

Van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge.

Wittenberg, E., Goldsmith, J., & Neiman, T. (2015). Nurse-Perceived Communication Challenges and Roles on Interprofessional Care Teams. *Journal of Hospice and Palliative Nursing*, *17*(3), 257-262. <https://doi.org/10.1097/njh.0000000000000160>

Ye, Q., Wang, D., & Li, X. (2018). Promoting employees’ learning from errors by inclusive leadership: do positive mood and gender matter? Balt J Manag *Baltic Journal of Management*, *13*(1), 125–142. <https://doi.org/10.1108/BJM-05-2017-0160>

Zhang, N., Li, M., Gong, Z., & Xu, D. (2019). Effects of ethical leadership on nurses' service behaviors. *Nursing Ethics*, *26*(6), 1861-1872. <https://doi.org/10.1177/0969733018787220>

January 18, 2023

Re: Resubmission of manuscript *Strategies and challenges of nurse team leaders for dealing with ethical dilemmas: A phenomenological study*, 2446

The Editor of Belitung Nursing Journal

Dear Editors, Joko Gunawan, Ph.D., Ns.

Thank you for the opportunity to revise our manuscript, *Strategies and challenges of nurse team leaders for dealing with ethical dilemmas: A phenomenological study*. We appreciate the careful review and constructive suggestions. It is our belief that the manuscript is substantially improved after making the suggested edits.

Following this letter are the editor and reviewer comments with our responses in italics, including how and where the text was modified. The revision has been developed in consultation with all coauthors, and each author has given approval to the final form of this revision. The agreement form signed by each author remains valid.

Thank you for your consideration.

Sincerely

Authors

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewer Number | Original comments of the reviewer | Reply by the author(s) | Changes done on page number and line number |
| Reviewer | TITLE* Check the title: Is it “a nurse team leader”? one leader only?
* Add “A qualitative study” or “A phenomenological study” in the title
 | *Thank you very much for the suggestion. The title revised that entitled “Strategies and challenges of nurse team leaders for dealing with ethical dilemmas: A phenomenological study”* | Page 1 |
|  | ABSTRACT* Reading the abstract makes me confused a little bit between “nurse team leader”, “nurse leaders”, and “registered nurses”. Who are the target samples in this study?
* Provide the month and year of data collection in the methods part.
* Missing the info where the study was conducted.
* Discussion, conclusion, and implications for nursing policy should be combined. Check the guideline, please.
 | *It revised.* *It added.**It added.**It revised following the guideline.* | Page 1 |
|  | MAIN TEXT:Background* Background and Introduction should be combined.
* Similar to my comments in the abstract. What is the different between “nurse team leader” and “nurse leaders” in this study?
* Where is the context of this study? Indonesian context? Also, is it in hospital, clinics, community? The context should be presented.
* What are the current existing problems, ethical problems, ethical dilemmas, and research problems in this study?
* What is the gap? Overall, the background is unclear.
 | *It revised.**It added.**Those problems have been writing.* | Page 2-4Page 2, paragraph 2Page 4, paragraph 1Page 3, paragraph 2Page 4, paragraph 1Page 3, paragraph 2 |
|  | Methods* Why using hermeneutic phenomenology and Heidegger’s philosophy? No reasons are presented. The strength of qualitative study is based on their method and its philosophy underpinning. So, please explain it clearly.
* Now I can see the context in the methods. This should be explained clearly in the background, for the Indonesian context of nursing leadership and management system in the hospital. Otherwise, we miss the context.
* Provide the example of semi-structured interview guideline.
* Why using online interview?
* Missing the information of data analysis. Explain the process and each step, and ensure it is in line with the chosen method.
* “participants could withdraw at any time”, not possible. How if the participants want to withdraw now? what can you do?
 | *It added.**It added in the abstract and background**The main questions were written.**The reason is added.**It added.**It revised* | Page 4, paragraph 2Page 5, paragraph 2Page 5, paragraph 2Page 6, paragraphs 2-3Page 7, paragraph 2 |
|  | Results & Discussion* The results and discussions are not matched. You stated that van Manen’s hermeneutic phenomenological approach has four components: lived space (spatiality), lived body (corporeality), lived time (temporality), and lived other (relationality). But only ‘‘Thinking is clearly’’ is in line with spatiality. What about the other themes? Please rewrite the results and discussions to be in line one another and ensure it is in line with the phenomenological approach.
* Missing the info what ethical dilemmas being faced by Indonesian nurse team leaders before they came up with strategies.
* Can you make it clear results and present it in a picture?
 | *It revised.**It revised.**It added.* | Pages 12-14Page 12, paragraph 1, line 2-3Page 13, paragraph 2, line 1-2  |
| Reviewer B | Firstly, I need to the authors to use COREQ checklist and complete the study using that checklist. Many missing information if they carefully read the checklist and the guideline. | *Thank you for your checking. It revised. Please recheck, and state clearly if there is any issue in the specific number.* |  |
|  | Secondly, pay attention to the typos and grammatical errors. I need the authors to recheck their academic writing. | *Thank you for your suggestions. I acknowledge the manuscript have been proofread by native speaker.* |  |
|  | Thirdly, pay attention with citation and reference format. Surely we do not understand “Association, A. N. (2015).”, “Nurses, I. C. o. (2012)” | *It Revised* |  |