The Relationship of Conscience, Ethical Climate and Moral Distress Among Registered Nurses in the Acute Care Environment

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Introduction

Nurses are often faced with ethical dilemmas on a daily basis and experience conflicts between their professional oath, a desire to care for the suffering, and a fiduciary duty to serve when weighed against the ever expanding body of legal and regulatory requirements. This is compounded further when resulting moral dilemmas ensue because of factors involving: quality of life issues, deciding when, or if, life should be terminated and determining how best to honor a patient's or family member's health care decisions–which may inevitably conflict with the moral or religious beliefs of the nurse. In the realm of daily patient care activities, the nursing unit's climate can serve as the foundation for support mechanisms the nurse may utilize for coping with difficult situations and moderating the effects of moral stress which may occur.

Background/Significance

1. The national implication regarding the use and exercise of conscience remains an unsettled area of bioethics and an intense national and international debate is occurring.
2. Recently the issue regarding a health care provider's right to conscientious objection has come under greater scrutiny and some have called for its discontinuance based on views regarding: 1) the need for fair and equitable care, 2) addressing the needs of the medically indigent, and 3) to remove the potential access barriers to care.
3. As the conscience rights debate receives increased attention across multiple U.S. industry and government sectors, a serious question is raised pursuant to the significance of conscience and hospital climate to registered nurses.
4. Research to date does not provide a clear picture regarding the relationship between the hospital ethical climate and its possible effect on the role of conscience and moral distress in nurses in the acute care setting in the United States.
5. Within nursing alone, a growing recognition of moral distress and its impact on patient care and staff retention, as well as mental anguish suffered by these health care providers demand a method for addressing the cause of the issue .

Theoretical Framework

➢ *Corley's Moral Distress Theory*

Explains the process which happens when a nurse is either unable or feels unable to advocate for a patient and thus experiences moral distress. The theory addresses the nurse's psychological responses to moral distress and builds upon the work environment and the internal and external contexts as experienced by nurses. Defines initial distress as feeling, such as anxiety, when a person faces obstacles and reactive distress is that which nurses feel when they do not act upon their initial stress.

➢ *Stress of Conscience Model*

Explains concept of stress as being generated by a troubled conscience caused by institutional obstacles and is related to nurses who do not act in accordance with their own conscience . Moral distress is related to stress of conscience as noted by Jameton (1984) as he coined the term "initial distress" meaning the internal unsettling a nurse experiences when he/she is prevented from doing what is believed to be the right thing. When the personal conscience comes into conflict with one's norms and ideologies or practices in society, conscientious conflicts can occur.

Population and Sample

Approximately 300 registered nurses (RNs) throughout the state of Louisiana were randomly recruited for this study. The population of practicing nurses was obtained from a 2014 list of full time staff nurses compiled by the State Board of Nursing. The inclusion criteria included RNs currently working in acute care settings from a variety of institutional, geographic, and socioeconomic settings. Exclusions from the study included staff nurses employed in long term care, psychiatry, office-based, outpatient, and rehabilitation. Nurses currently not working in an acute care setting were excluded, i.e., retired or on maternity leave. Potential participants had to meet the following criteria:

1. Be a registered nurse practicing in the United States. Advanced practice nurses and licensed vocational nurses were excluded;
2. Care for patients as a staff nurse in an inpatient critical care, medical-surgical, emergency and maternal-child department;
3. Have a minimum of one year of professional nursing experience in the acute care setting; and
4. Work in the current institution for at least 6 months.

Methodology

This is a quantitative, non-experimental study. A correlational, cross-sectional, non-probability design was used to examine a predictive relationship between levels of stress of conscience and moral distress and moral distress among nurses in the acute care setting. Potential participants were contacted via email to participate in the online study via Survey Monkey. Instruments included:

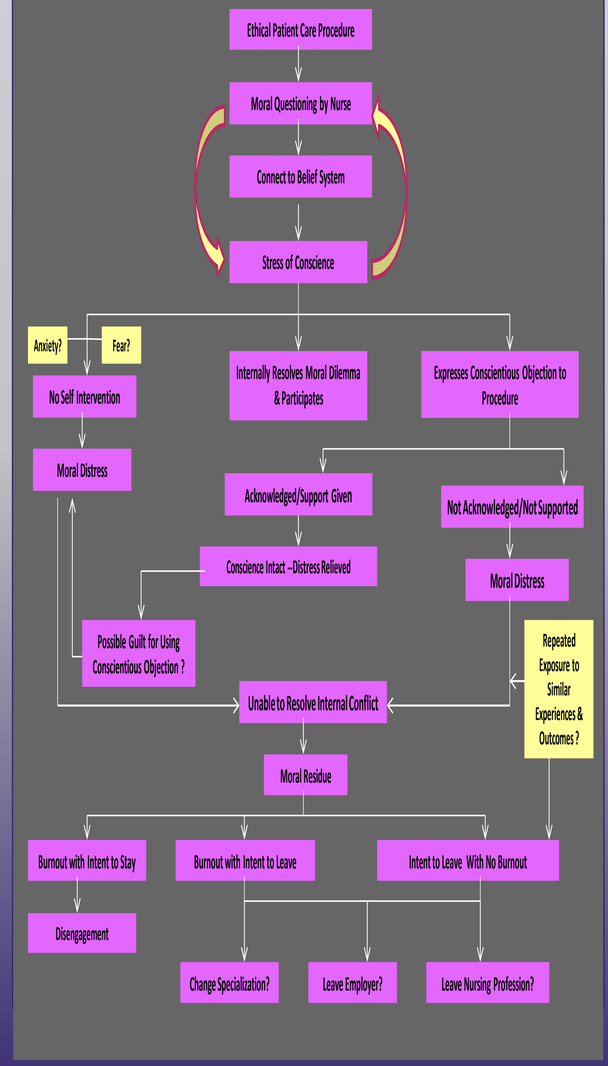
➢Perceptions of Conscience Questionnaire;
➢Stress of Conscience Questionnaire;
➢Hospital Ethical Climate Scale; and the
➢Corley's Moral Distress Scale–Revised

A multiple analysis of variance (MANOVA) with Pearson's co-efficients and multiple linear regression techniques were used for statistical analysis to examine possible relationships between variables. Final study results are pending.

Research Questions

What is the relationship between hospital ethical climate moral distress and conscience in registered nurses in the acute care setting? Specifically:

1. What is the relationship between conscience and moral distress in registered nurses in the acute care setting?
2. What is the relationship between conscience and ethical climate in registered nurses in the acute care setting?
3. What is the difference in how the hospital ethical climate is viewed among registered nurse specializations in the acute care setting?
4. What is the difference in stress of conscience among registered nurse specializations in the acute care setting?
5. What is the difference in attitudes on moral distress among registered nurse specializations in the acute care setting?
6. Does a relationship exist between the use of conscientious objection and specialization choice among registered nurses?



Implications

1. The findings from this study will provide clarity on nurses' current views about the importance on the use of conscience in moral decision-making and whether the use of it relieves moral distress or actually increases it.
2. Empirical support examining the relationship between stress of conscience and moral distress in registered nurses will add to the body of nursing science and bioethics research.
3. It is important to understand the possible implications of what nurses might choose regarding their career status or specializations if conscience rights were modified or even possibly eliminated in the future.
4. Health care administrators and nurse leaders may gain a better understanding of the possible relationship between stress of conscience, the role of the hospital ethical climate and moral distress in registered nurses.
5. By recognizing the conscience as the identifier of conflicts between what should be done and what is done, and as the source of the ongoing distress when conflicts are not resolved, new strategies for addressing and alleviating moral distress may also emerge.

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