Moral Distress In Nursing Academia

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Background

• Nursing is a moral profession (Corley, 2002)
• Moral distress is an issue which professional nurse educators face daily
• Moral distress studied previously, but not through lens of nursing educator
• Purpose of study was to explore the lived experience of moral distress among nursing faculty members

Methods

• Phenomenological approach used to interview 10 participants
• Participants were nurse educators in associate and bachelor’s degree nursing programs
• Participants’ teaching experience ranged from 2 to 15 years
• Semi-structured interviews conducted, recorded, transcribed, and analyzed
• Data coded and themes identified

Review of the Literature

• Moral distress in the hospital environment can stem from overly aggressive treatment, inappropriate use of resources, perceived incompetent patient care provided by physicians, and patient wishes are disregarded (Gutierrez, 2005)
• Moral distress in nursing has led to poor staff retention, decreased job satisfaction, and decline in physical health (Burston & Tuckett, 2012)
• Moral distress can cause self-doubt, self-blame, disappointment, and exhaustion (McCarthy & Deady, 2008).
• “Seeds of moral distress” can include academic dishonesty, grade inflation, and/or bullying (Ganske, 2010)

Thematic Analysis

• Support & Philosophical Differences: Nurse educators said a lack of support led to more distress
• Professional Nursing Ethics, Values and Morals: Distress caused from administration not upholding nursing ethics and values
• Personal Ethics, Values and Morals: Nurse educators felt discrimination from faculty and miscommunication from all staff
• Physical Effects: Nurse educators experience physical illness
• Psychological Effects: Discrimination led to feelings of insignificance in the work place and caused anxiety and discomfort
• Devaluation of Care: Nurse educators felt that without enforcing academic integrity, by dealing with students who violate moral values accordingly, it could lead to inadequate patient care.

Recommendations

• Increase nurse leadership and administrative support
• Free confidential counseling sessions at the school of nursing
• Encouragement of voicing issues or concerns
• Education about proper self-care
• Discuss the importance of creating an ethical climate supportive of moral courage beginning with strong nursing leadership (Iseminger, 2010)
• Use Augusto Boal’s Theatre of the Oppressed to facilitate problem-based learning among nursing faculty (Brown & Gillespie, 1999)

References