Results

Ethical Sensitivity (Sample comments)

"Please consider that in some cultures and religions the opposite sex is not supposed to make physical contact with individuals outside of marriage/family. For example, many Muslim females will request only female nurses. Orthodox Jewish men will only allow male nurses to care for them. I am the only female NP in our clinic, so I do not see the health/women's as most women prefer a female provider for this."

[This post is regard to obligations for nurses to clean up a patient even if they are perfectly capable of doing themselves.] “Hard to say. Some are lazy. Some want attention. Some think it’s your job, it’s learning to judge, weather you need to be firm and tell them to do it or They may actually need you to do it, but this is your job. Alas, things change, they may have been fine earlier with the phsy, but are struggling later in day. You can’t use that as your reason why a pt was left in a mess. you are still obligated."

"I am a home health nurse and work with a 22-year-old female patient who is a ventilator-dependent quadriplegic. There is a ton of work which must be done during my 10-hour shift. The problem is I’m having the expectation to stand next to her bed for my entire shift while they tell me “open my phone. Open Instagram. Scroll down. Drop her name. Tap on following. Tap this first girl. Block her. Block her to new feed. Scroll. Go back” FOR HOURS. She will interrupt me in the middle of a procedure so she can look at her own Instagram profile for the millionth time. I have tried introducing her to Apple’s voice control accessibility, it does not recognize her voice or her touch. I have tried suggesting eye-gaze technology and she said she tried it and did not like it “it’s easier if you just do it for me.” I have tried telling her nicely “I’m sorry I won’t be able to do your iPhone/Pad for you since I’m going to be doing this procedure and it’s important that I keep my hands clean.” she doesn’t listen and interrupts me 3 minutes later. Sometimes, I give in and stand by her and control her phone for her; and I’m sorry, but I just don’t look excited while doing it. Other times, I don’t indulge her and reinforce that I have work to do and ignore her subsequent requests: It’s a mix of both. I never spend an entire shift ignoring her.”

"Recently I had a family of “proud white supremacists” who tried to refuse care from anyone nonwhite staff. One of our charges nurses tried to accommodate this request while making assignments, while a different charge nurse refused to use race in making the next assignment. The doctors eventually discharged them because they just refused EVERYTHING offered for 3 days and kept wanting to change doctors until they got a white doctor. Our hospital does not have a set policy on these types of requests."

Ethical Climate (Sample comments)

"As an ICU nurse at this facility I have been put in many situations that were unsafe for the patient. They will triple up with a patient for nurses, sometime it being 2 or 3 vent patients at once, so they can pull one of our nurses to a MedSurg floor. The doctors at this facility are never the same age, they are always different. They do NOT listen to the nurses at all. When we tell them that a patient is not ready to leave ICU, they send them anyway and then go to management when the patient gets worse and say that the nurse didn't take good care of them."

"It is sad that nursing care now revolves around census and money. I have been a nurse for a long time and am planning to leave my current job exactly for those reasons. I have been chastised by management for speaking up concerning unsafe conditions. I no longer want to be legally liable for the unsafe conditions that jeopardize patients and my license. I have the fortunate to have been hired in a non-cooperative setting. I will be making less but will at least be assured that I can provide safe, compassionate, loving care to my patients."

"Julie claims that untrained nurses were assigned ICU patients. Julie trusted there would not be retaliation if she complained. There was. Julie claims her Director intimdated her and at one-point frightened Julie by getting physically close. Julie’s schedule was changed to working every other weekend. She felt dismissed. Every day that the Director's actions were inappropriate. Even so. Julie was removed from duty within hours the day she refused to take a third patient."

Conclusion

This study examined the presence of three ethical/moral dimensions (sensitivity, climate, residue) in nurses’ publicly posted comments. Given that the comments were unsolicited by the researchers, there is no concern that the authors were influenced by a desirability bias (e.g., Nederhof, 1985). Thus, there is no obvious reason to doubt the veracity of their comments.

Due to space limitations, this poster can only provide a few examples of nurses’ comments. However, the researchers were able to find hundreds of comments which addressed similar issues during the past six months. Indeed, the sample was limited to 300 comments (100 per category) for manageable data analysis. Consistent with prior literature (Langley, et al. 2015; Smitle, et al., 2005), the comments repeatedly highlighted nurses’ depth of commitment to patients and frustrations with working constraints. These comments also align with Schluter’s (2008) argument that these are multidimensional experiences. Given the intensive demands of Covid19, future analysis of nurses’ ethical/moral comments could provide deep insights into their experiences under extraordinary circumstances.

References


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