Moral and Ethical Stressors in Modern Nursing

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Abstract

Ethics and morals are important because they influence nurses' daily experiences. Ethics are standards dictated by professional organizations, whereas morals are individuals' own beliefs (Ulrich 2010). Ethical or moral issues can add undue stress to nurses' work. The purpose of this study is to examine nurses' self-reports of moral and ethical stressors that they experience in healthcare settings. More specifically, we used directional coding in a content analysis of nurses' comments posted in publicly accessible online forums (e.g., blogs, discussion groups). In directional coding, researchers identify concepts from extant literature (e.g., empirical/conceptual articles) and examine whether the concepts are evident in data sources (Hsieh & Shannon, 2005; Miles & Huberman, 1984). Based on the medical ethics/morality literature, we found three specific issues (sensitivity, climate and residue) are present in the nurses' comments. This analysis has revealed that such issues are relevant to nurses' challenging experiences.

Introduction

Given the high degree of contact with patients, families and other care providers, nurses must navigate intense situations (Langley, Kisorio & Schmollgruber, 2015). These situations can highlight ethical and moral issues that influence the care they can provide (Ulrich, 2010). Although nurses seek to hold themselves to high standards (Sørlie, Kihlgren, & Kihlgren, 2005), they are often limited by factors outside of their control.

Schluter, Winch, Holzhauser and Henderson (2008) identified common ethical and moral dimensions. Ethical sensitivity reflects the ability to accurately interpret patient communications and consider care options. Nurses view patients' cultural and personal characteristics as context for understanding their needs. Ethical climate reflects the organizational conditions under which they must work. These conditions can include physical workspaces, administrative policies and nurse-supervisor relationships. Moral residue reflects a sense of powerlessness from an accumulation of adverse experiences. Nurses recognize what they would have done differently if they had had more resources (e.g., knowledge, control over situation). The residue acknowledges that such events can have a lasting impact on them (Schluter, 2008). This study examined whether these dimensions were evident in nursing blog comments.

Method

Online Site Selection Criteria:

- www.nurses.com was selected because it is most frequently mentioned on recommended resources for nursing community.

Directional Coding Procedure ((Hsieh & Shannon, 2005):

- Within the website's blog and comment spaces, word searches were conducted. The words reflected definitional elements of sensitivity, climate or residue (Schluter, et al. 2008).
- 300 comments (100 per dimension) written in the last 6 months were identified. Each comment was evaluated for fit with a dimension.

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 my clinic, so I do most of the women's healthcare as most women prefer a female provider for this."

[This post is regard to obligation for nurses to clean up a patient even if they are perfectly capable of doing it 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 minimal assistance/supervision or just encouragement. Also, things change, they may have been fine earlier with the physio, 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 I'm having is she expects me to stand next to her bed for my entire shift while she tells me "open my phone. Open Instagram. Scroll down. Down. Tap her name. Tap on following. Tap the first girl. Block her. Back to new feed. scroll. 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 d/t her trach. 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/iPad 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."

"We recently had a family of "proud white supremacists" who tried to refuse care from any nonwhite staff. One of our charge 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 us up with patients for one nurse, sometimes 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 on the same page with each other. 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 fortune to have been hired in a non-cooperate 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 intimidated her and at one-point frightened Julie by getting physically close. Julie's schedule was changed to working every weekend. She felt harassed. Even the HR department at Westside acknowledged 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."

Moral Residue (Sample Comments)

"I knew from experience, by assessing this lady she had days to live. The patch along with oramorph for breakthrough pain was not sufficient. IMO a syringe driver was necessary to prevent these "peaks and troughs" in pain. I consulted the Macmillan "specialist" who suggested it was too early for a syringe driver and that we should commence additional oral meds. I knew this was inappropriate and the wrong choice but I let the Macmillan team over rule me. My pt had to suffer 48hrs of reactive pain relief, and I can't help but feel if I'd of acted in a stronger manner this may have never happened. After two days a palliative consultant assessed my pt and started the driver. Which confirmed how inadequate my own actions were. Has anyone ever felt they didn't do enough?"

"I had this gentleman who was dying of what started as lung cancer and had metastasized to his brain bones etc. The man was in so much pain. He would just look at me and say please just give me enough morphine to put me to sleep forever. This would break my heart. I would explain to him I could only give him so much morphine. His wife however would not let me medicate him. She "wasnt ready to let him go yet". I would spend a lot of time explaining to her his obvious pain and how we needed to keep him comfortable. She still refused…What I didn't realize was she was waiting for his youngest son to get to the hospital from another state. Once the son got there and saw his dad in such distress he wanted to know why I was 'letting him suffer'"

"I'm an ICU nurse with almost 2 years of experience in a few months. When I was a nursing aide and a new grad, I've made many errors due to lack of knowledge…However, these past few weeks I've been having intrusive, panic evoking thoughts about the past when I wasn't as knowledgeable and competent…This error, as well as others that I've made, even after much time has passed and I've admitted to them, learned from them, I can't seem to move on. I am anxious, unable to sleep at night often because of errors I've made months and years ago.."

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; Sørlie, et al., 2005), the comments repeatedly highlighted nurses' depth of commitment to patients and frustrations with working constraints. Their comments also aligned with Schluter's (2008) argument that these are multidimensional experiences. Given the intensive demands of Covid19, future analysis of nurses' moral/ethical comments could provide deep insights into their experiences under extraordinary circumstances.

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