MORAL STRESS IN HEALTH CARE PROFESSIONALS

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Introduction

With the advent of modernity, today's world debates between what is objective and subjective, between the global and the individual. Achieving modernity in Mexican society, determines the presence of demographic and health transitions, characterized by the increase in infant (neonatal) mortality , aging of the population, the polarization of health problems, which are becoming more complex, resulting the vast majority in deep ethical dilemmas. Changes in the pattern of culture derived from modernity, characterize the individualistic society in less solidarity and more unequal.

The health care professionals face a complex load (moral stress) in their professional practice in health services because they are confronted with moral and ethical challenges created by discrepancies between what they know is right, in other words the ideal and what the health system allows them to do. (Martínez,2006; Rodríguez, 2009).

Objective

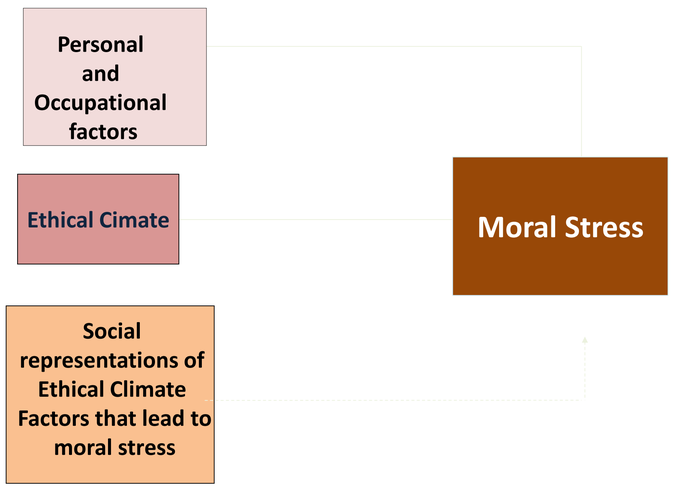
Understand the social representations that build physicians and nurses respect to which ethical climate factors may cause moral stress.

Conceptual Framework

Moscovici (1997) states that social representations are a theoretical construct that stands among the social, psychological and the image that reproduces what is real.

The perceptions and concepts are products, derivatives modes to meet the iconic and symbolic respectively.

Conceptual model of the relationship of personal and work factors, Ethical Climate, Stress Moral Representations



Methodology

Qualitative study within social representations framework of the perception of ethical climate and moral stress that physicians and nurses perceive and experience through individual semi-structured interviews where they deepened into the subject in 2 to 3 sessions with the key informants. (Moscovici,1983).

Results

Were identified beliefs which lead to moral stress when confronted with ethical dilemmas as: Patient prognosis, lack of resources, lack of training and camaraderie, demands from family of the patient. Also were identified positive and negative emotional and affective states that are triggered and cause from satisfaction for moral fulfillment to moral stress.

•The prognosis of the patient is the prediction of the probable evolution of a disease.

Children with hypoplatic left ventricle syndrome or exocardia, you know they are going to die. Most of the children with Edwards Syndrome, trisomy 18, with severe diaphragmatic hernias, severe pulmonary hypoplasia,...there´s not much to offer...to do...that causes moral stress (ME01, ME02).

Lack of respources, infrastructure, technology and treatment

The infrastructure of the hospital do not give the necessary equipment in order to work 100% with those patients ….this causes moral stress (ME01).

•Lack of medical and nursing training and lack of companionship.

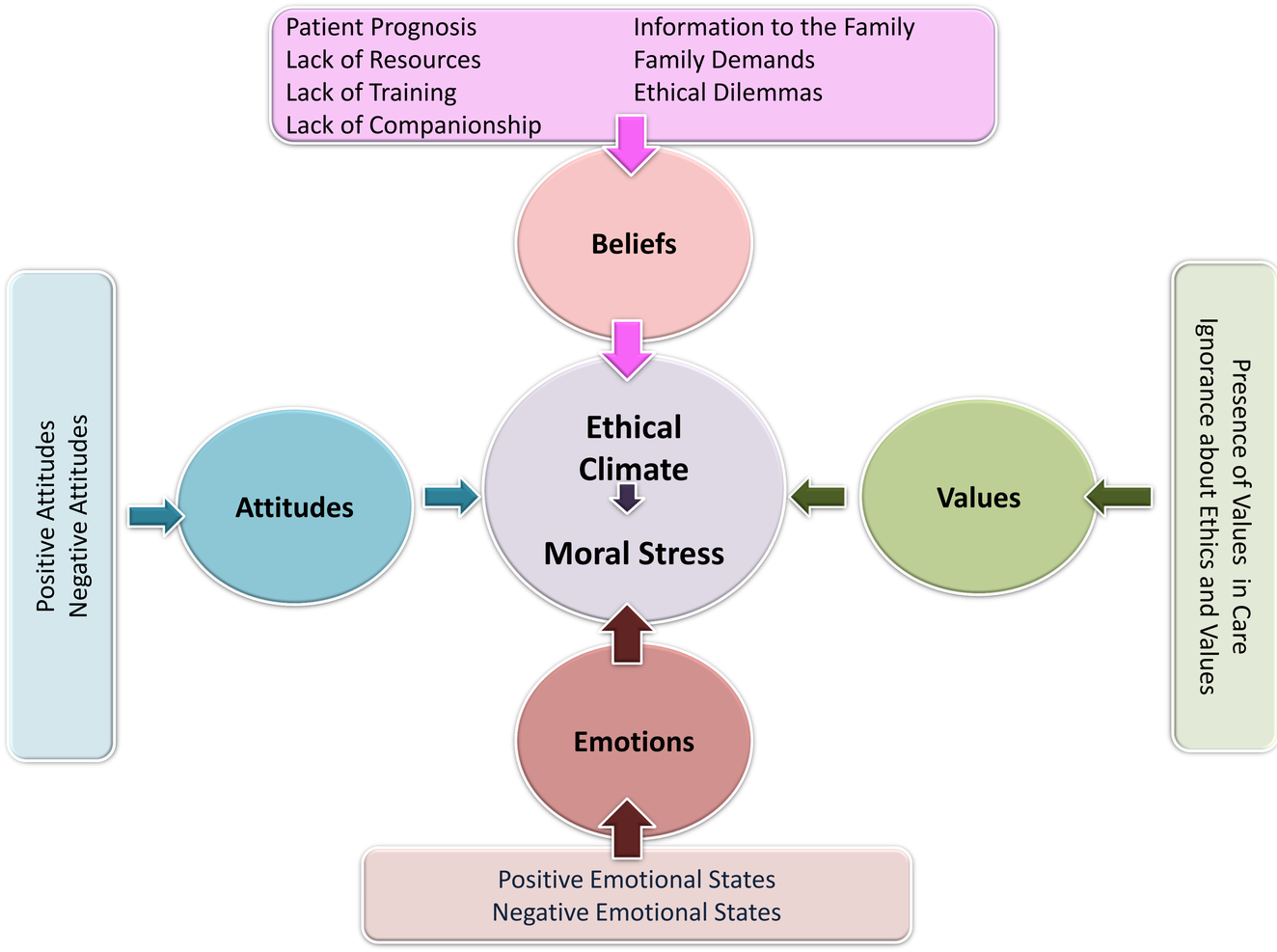
When the physician or the nurse is inexperienced, you have to be more alert of them, of their indications and you ask yourself is right or wrong? Well, this causes stress (E01).

•The information and demands from the family were other factors identified by physicians and nurses as source of moral stress.

Because they were expecting a baby, they were happy…expecting for nine months and sometimes the baby …. Has a good weight, but has a very serious problem, what do you tell them?….that gives me a lot of moral stress because of the parents(ME02).

• Confronting diverse ethical dilemmas.

Sometime ago, an 800 grams premature was born, with a serious brain damage… at some point you see him in your office, and you ask yourself ¿did I do right? Or o ¿Did I act wrongly?. This affects you through the years…you remain with the idea that maybe you could do more for your patient(ME01).



Furtheromore, positive and negative emotional states were identified as affective states that are triggered in nursing and medical staff as result of the patient care and may result in satisfaction from moral compliance to moral stress.

Likewise positive and negative attitudes, as a form of pshycological-evaluative organization that occurs in the care that give physicians and nurses. Identified the beliefs, presence and absence of values, as ideals or independent abstracts of any specific object or concrete attitudes situations, that represent the beliefs of the persons about the ideal conduct models and about the ultimate goals.

Recommendations: To carry out a request to authorities in order to classify moral stress as a pathology that can actually cause temporary or permanent disability.

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