

**Title:**

The Impact of Conscience and Ethical Climate Among Nurses in the Hospital Setting

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**Session Title:**

Nursing Ethics

**Slot:**

L 12: Sunday, 30 July 2017: 8:30 AM-9:45 AM

**Scheduled Time:**

8:50 AM

**Keywords:**

conscience, ethical climate and nursing ethics

**References:**

Ahlin, J., Ericson-Lidman, E., Eriksson, S., Norberg, A. & Strandberg, G. (2013). Longitudinal relationships between stress of conscience and concepts of importance. *Nursing Ethics*, 20(8), 927-942. doi: 10.1177/0969733013484487

Atabay, G., Cangarli, B.G., & Penbek, S. (2015). Impact of ethical climate on moral distress revisited: Multidimensional view. *Nursing Ethics*, 22(1), 103-116. doi: 10.1177/0969733014542674

Birchley, G. (2012). A clear case for conscience in healthcare practice. *Journal of Medical Ethics*, 38(1), 13-17. doi:10.1136/jme.2011.043653

Borhani, F., Jalai, T., Abbaszadeh, A. & Haghdoost, A. (2014). Nurses perception of ethical climate and organizational commitment. *Nursing Ethics*, 21(3), 278-288. doi: 10.1177/0969733013493215

De Villers, M.J. & DeVon, H.A. (2013). Moral distress and avoidance behavior in nurses working in critical care and noncritical care units. *Nursing Ethics*, 20(5), 589-603. doi: 10.1177/0969733012452882

Ericson-Lidman, E. & Ahlin, J. (2015). Assessments of stress of conscience, burnout, and social support before and after implementation of a participatory action-research-based intervention. *Clinical Nursing Research*, 1-19. doi: 10.1177/1054773815618607

**Abstract Summary:**

A recent U.S. research study investigated nurses' attitudes regarding conscience and ethical climate in the acute care setting. Findings revealed that poor ethical climate can lead to conscience-related stress in nurses. A team-based environment is important to allow the nurse to act with moral courage during ethically difficult patient-care situations.

**Learning Activity:**

| LEARNING OBJECTIVES  | EXPANDED CONTENT OUTLINE   |
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| The learner will be able to discuss the relationship identified between perceptions of conscience and stress of conscience among nurses working in the hospital environment. | 1. Discuss background of study and explore previous international nursing studies which examined perceptions of conscience and stress of conscience in various work settings. 2. |

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|   | Describe quantitative methodology utilized for study, including instruments for data collection, sample and participant criteria.  |
| The learner will describe organizational factors contributing to the ethical climate and its relationship to stress of conscience and moral distress in nurses as identified in the research study. | 1. Analyze study results obtained which revealed a significant relationship between ethical climate and stress of conscience among nurses in a variety of specializations. 2. Discuss significance of moral distress among nurses who reported acting against their conscience during patient care activities. |
| The learner will integrate principles of nursing ethics related to moral courage and moral resilience in the nursing practice environment.  | 1. Discuss implications of study and integrated concepts involving the American Nurse's Association Professional Code of Ethics and the International Code of Ethics for Nurses. 2. Address necessary strategies to be implemented to support moral courage and moral resilience in nursing practice.          |

**Abstract Text:**

**Purpose:**

The purpose of this study was to conduct a quantitative descriptive correlational investigation to examine the relationship between ethical climate and the role of conscience in registered nurses who worked in acute care hospital facilities in a southern state in the United States. While the relationships of various types of organizational climates, including ethical climate, have been studied in multiple industries and disciplines, there is a paucity of research that addresses the role of nursing conscience in the acute care environment. The relationship of ethical climate, perceptions of conscience and stress of conscience had not been examined prior to this study. An examination of conscience beliefs and how these beliefs may be influenced by the ethical climate of various hospital nursing units could provide insight into differences and similarities that will add to the collective knowledge in nursing bioethics. A better understanding of the contributing factors to high levels of stress of conscience in nurses should result in improvement in nursing educational ethics programs and in specific support systems designed to aid the nurse during moral dilemmas in the work setting. The data obtained provide additional insight to nurse leaders and assist with needed methods to reduce the likelihood of nurses departing from their chosen specialty, changing employers, or leaving the profession. Additional research findings explaining the interface between the hospital ethical climate and the role of nursing conscience can assist administrators in developing workplace environments suitable for the flourishing of safe places for nurses to voice ethical concerns (Ford et al., 2010).

**Methods:**

A quantitative, non-experimental, descriptive correlational study was utilized to determine the relationship between the variables defined as perceptions of conscience, hospital ethical climate and stress of conscience. A purposive, non-probability-based sampling of 193 registered nurses in the southern United States was surveyed using a web-based survey instrument. Both the ethical climate theory and moral distress theory were utilized to guide the implementation of this study.

Personal characteristics included the respondent's background information (i.e., institutional information, education level, years of experience) and information about the respondent's thoughts on the ethical

climate of the patient care unit using the Hospital Ethical Climate Survey [HECS] (Olson, 1995). Conscience was measured by the Perceptions of Conscience questionnaire (PCQ) which assessed different beliefs on where nurses think conscience originates, and what its nature and functions are (Dahlqvist et al., 2007; Gustafson, Eriksson, Strandberg, & Norberg, 2010). Examining background data and information was important to this research to identify factors and characteristics that could be related to the hospital ethical climate where the nurse is employed and attitudes about the importance of conscience. The second part of this study asked respondents to identify concerns that may contribute to a stress of conscience, also referred to as a troubled conscience, by using the Stress of Conscience (SoC) questionnaire (Glasberg et al., 2006). This stress was measured by frequency of selected stressful situations and the amount of troubled conscience the nurse experienced in each of those occurrences. Both multiple and hierarchical regression analyses were conducted to obtain the findings.

### **Results:**

The inability to act on one's values leads to internal conflict and situations that prohibit the nurse from expressing ethical or moral concerns and interceding on the patient's behalf lead to moral distress and a stress of conscience. A culture of conformity may suppress the nurse's ability to address feelings associated with a stress of conscience and moral distress. The results of this study verified a significant relationship exists between perceptions of conscience and hospital climate. An additional relationship was established between hospital ethical climate and stress of conscience. There was no relationship found between nursing demographics and job characteristics, however.

### **Conclusion:**

Based on the results of this study, the conclusion can be drawn that perceptions of conscience in nursing contribute to the work environment. It does influence how ethically challenging dilemmas are experienced and are perceived and serves a vital underpinning which allows the nurse to act with moral courage. The important role of team relationships was also duly noted as part of these findings. In ethical climates where nurses perceive that their ability to act on their consciences is suppressed by other nurses or physicians, a troubled conscience ensues. Moreover, the results of this study demonstrate that there is still a significant need to improve the interdisciplinary approach to patient care delivery where all professional contributions, opinions, and ideas foster better collaboration among healthcare team members. These interactions, including ongoing dialogue regarding ethical dilemmas which cause moral uncertainty and distress among the nursing staff are vital for the safety and clinical progress of patients under care. The importance of this and other related research findings from this study cannot afford to go unnoticed by hospital administrators and nurse managers. Their leadership role is critical to finding and implementing solutions that mitigate the negative consequences of poor ethical climates on nursing units and the resulting moral distress, burnout and exodus of nurses from their institutions and the nursing profession. These strategies will assist in combating the growing nursing shortage in the United States and the world.