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

Dr. Theresa Kyzar, PhD, MSN, RN, MBA
STTI—2017 International Nursing Research Congress
July 30, 2017
Objectives

At the completion of this presentation conference participants will be able to:

• discuss the relationship between perceptions of conscience and stress of conscience among nurses working in the hospital environment

• describe organizational factors contributing to the ethical climate and its relationship to stress of conscience

• integrate current study findings regarding challenges for nurses to act with moral courage in the clinical practice environment
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.
Statement of the Problem

➢ Moral Distress
➢ Burnout
➢ Nurses leaving employers and profession
➢ Nursing shortage anticipated to worsen in the United States in 2017
Statement of the Problem

➢ The use of conscience by health care providers remains an unsettled area of bioethics
➢ Health care provider’s conscience rights has come under greater scrutiny internationally
➢ Less understood is how a nurse’s conscience may be affected by the hospital ethical climate and the relationship to stress of conscience
Methodology

❖ Study Type: Quantitative

➢ A non-experimental, cross-sectional, correlational research design was best suited to answer the research questions to determine a relationship between variables

➢ Utilized 3 Survey Questionnaires
   » Hospital Ethical Climate
   » Perceptions of Conscience
   » Stress of Conscience

➢ Purposive Sampling
Population and Sampling

❖ Inclusion Criteria
- RNs with active license in Louisiana
- Work in acute care settings in state
- Provide direct patient care as staff RN
- Minimum 1 year of work experience as RN
- Work at institution for at least 6 months

❖ Exclusion Criteria
- New graduate nurses with less than 1 year of experience
- Nurses working outside of the hospital setting
- Nurses who do not have direct patient care responsibility
Data Collection & Analysis

❖ Process for Obtaining Data:

➢ 650 nurses contacted by mail with request to complete survey
➢ (February-May, 2016)
➢ Survey Monkey
➢ SPSS

❖ Process for Data Analysis:

➢ Data collected from the Hospital Ethical Climate, Perceptions of Conscience and Stress of Conscience Questionnaires
➢ Regression Analysis including hierarchical linear regression
Sample Demographics

- N=193 nurses
- 91% Female & 9% Male
- 86% Caucasian
- 63% under the age of 40
- 48% with BSN degree
- 57% with religious affiliation
- 68% worked day shifts or 7AM-7PM shifts
- Majority: 30%--Medical-Surgical Units & 21%--Critical Care
Research Question #1

- What is the relationship between perceptions of conscience and stress of conscience among registered nurses?
  - Linear Regression Conducted
  - Finding: Perception of conscience alone does not have a predictive relationship on stress of conscience.
  - Null hypothesis was not rejected
Research Question #2

• What is the relationship between perceptions of conscience and hospital ethical climate among registered nurses?

- Linear Regression Conducted
- Finding: Perception of conscience had a significant predictive relationship on hospital ethical climate
- Null hypothesis was rejected
Research Question #3

• What is the relationship between hospital ethical climate and stress of conscience among registered nurses when controlling for age, gender, specialization and number of years working as a nurse?

  - Hierarchical Linear Regression Conducted
  - Finding: Hospital ethical climate was found to be a significant predictor in the model on stress of conscience
  - Null hypothesis was rejected
Research Question #4

- How do demographic factors and job characteristics influence stress of conscience among registered nurses?
  - Multiple Linear Regression Conducted
  - Finding: Not significant suggesting that demographic factors and job characteristics did not significantly predict stress of conscience
  - Null hypothesis was not rejected
Research Question #5

• How does perceptions of conscience and ethical climate influence stress of conscience among registered nurses above and beyond associated demographic and job characteristics?

  - Hierarchical Linear Regression Conducted
  - Finding: demographic factors and job characteristics did not significantly predict stress of conscience
  - With each unit increase in perceptions of conscience, participants’ stress of conscience scores increased
  - With each unit increase in hospital ethical climate, participants’ stress of conscience scores decreased
  - The null hypothesis was rejected
Summary of Findings

- Participants viewed conscience as an asset
- Over 60% have witnessed a patient injury during their hospitalization in last six months and report a very troubled conscience
- Significant number having to act against their moral beliefs more than once in the last 12 months with ongoing stress of conscience
Summary of Findings

• Many reported poor communication with physicians and lack of respect and support among peers during ethical dilemmas.

• In ethical climates where nurses perceive an inability to act on their consciences due to team member suppression or conflict, a troubled conscience ensues.
Summary of Findings
Perceptions of Conscience

• A conclusion can be drawn that perceptions of conscience in nursing contribute to the work environment
• It influences how ethically challenging dilemmas are experienced and perceived
• Serves a vital underpinning which allows the nurse to act with moral courage
Study Implications

• Important for nurse managers and health care leaders to support a positive ethical climate for nursing staff
• Professional communication among nurses and physicians continues to need improvement
• There is still a significant need to address the interdisciplinary patient care delivery model where all professional contributions, opinions, and ideas foster better collaboration among healthcare team members
Study Limitations

- Participant self selection—possible sample bias
- Study conducted in Louisiana; may not be generalizable to other nurse populations in other states
- Sample was largely Christian; mostly females & predominantly white; greater diversity of nurse participants needed
- Majority worked during the day; perspectives needed from nurses working night shifts
Recommendations for Further Research

• Expand study beyond one southern state and obtain a larger, more diverse sample of nurses.
• Study to identify effective solutions that may assist nurses dealing with a stress of conscience and move toward moral resilience.
• Examine nurses’ perceptions of professional resources, nurse leadership and how these are utilized to support the nurse’s conscience and promote a positive ethical climate.
Questions
References