

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



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# 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**

# Introduction



- **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

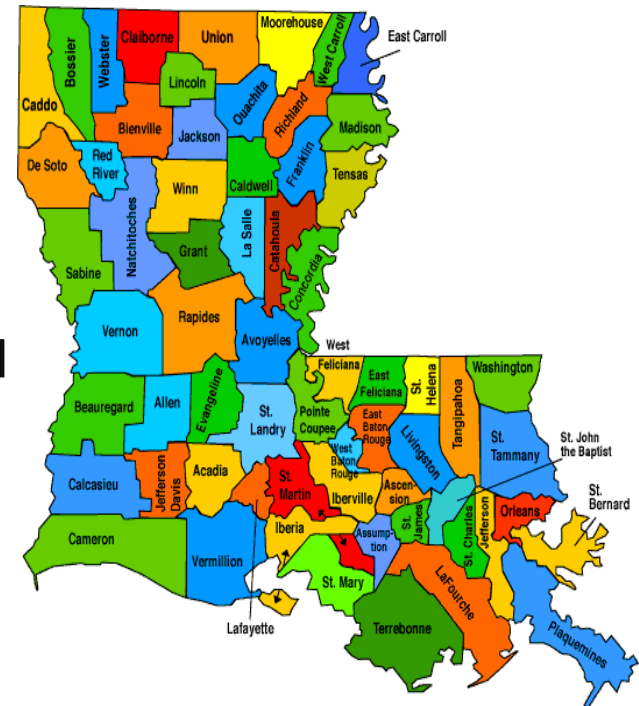


## ❖ Inclusion Criteria

- 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 hierarchal 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



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