Addressing Moral Distress: Creation of a Just Culture in Nursing Education
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- Describe the aspects of the experience of nursing education that cause moral distress among nursing students.
- Describe how moral distress impacts the education and experience of nursing students.
- Identify how nursing students cope with morally distressing events.
- Discuss strategies for dealing with moral distress in nursing education.

Objectives

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Funding Acknowledgement
• Years of teaching ethics course
• Presenting cases/definitions of moral distress
• Class discussions
• Gaps in the literature

Background

• Moral Distress – reaction to a troubling situation in which one knows the right thing to do, yet is unable to follow one’s moral beliefs or choose the right course of action because of external restraints (Burkhardt & Nathaniel, 2002; Jameton, 1984, 1993)
• Academic setting – classroom or clinical, and interactions with fellow students and faculty. “Anywhere teaching and learning occur” (Clark, 2013, p. 10)
• Nurse Educator – faculty, instructor, teacher
• Nursing Program Administrator – dean, director, chairperson

Operational Definitions

• The phenomenon of interest is moral distress among nursing students.
• Studies of professional nurses found that:
  ◦ Moral distress is part of daily work of nurses (Gunter & Thomas, 2006; Laabs, 2007; Nathaniel, 2006, Pavlish, et al, 2011b; Radzin, 2011).

Problem Statement
Significant gap in the literature concerning moral distress and the experiences of nursing students. Demands of the profession and of healthcare in general require that students:
- Navigate through complex decision-making processes
- Support patients, families, and peers through ethically challenging events
- Act as moral agents
As a result, we may be setting students up to be vulnerable to moral distress as professionals.

**Study Relevance & Significance to Nursing**

What is the experience of moral distress among nursing students?
- What aspects of the experience of nursing education cause moral distress among nursing students?
- How does moral distress impact the education and experience of nursing students?
- How do nursing students cope with morally distressing events?

**Research Questions**

- Moral Distress & Professional Nursing
- Moral Integrity
- Moral Residue
- Powerlessness
- Nurse Educator & Student Perspectives

**Literature Review**
Participant Selection

- Fifteen (15) participants
- Purposeful sampling
- Inclusion criteria = enrolled in campus-based associate degree nursing program; completed at least one year of nursing program; able to speak English; able to tell a story; have experienced a morally distressing event during their time in nursing school
- Exclusion = Baccalaureate Degree students

Protection of Human Subjects

- Institutional Review Board at The Sage Colleges, as well as additional approval from four (4) schools (exempt study)
- No major risks; minor risks of discomfort or distress related to re-telling of story.
  - (discontinue and/or referral to Student Services, debriefing)
- Informed Consent process
- Assignment of alias to each participant
- Nothing to identify specific schools or locations

Data Collection

- Interview questions: open-ended and intended to allow the participants to tell their stories of moral distress
- Demographics similar to other studies (Kelly, 1992; Range & Rotherham, 2010; Ulrich, et al., 2010).

1. Faced a troubling situation where you knew the right thing to do, but were not able. (or)
2. Were asked to do something that you felt was wrong. (or)
3. Felt something done to you was wrong. (or)
4. Felt something done by another person was wrong.
• Dual approach: narrative, within-case and thematic, across-case (Ayres, 2000; Ayres, Kavanaugh, & Knafl, 2003; Rieselman, 1993).
• Narrative passages used to convey findings from individual cases.

Data Analysis

Findings

• Although each narrative was a significant account of the experience of moral distress, this exemplar narrative described those aspects of moral distress that were common to all participants' accounts (Colaizzi as cited in Ayres et al., 2003).
• Eli believed a faculty member “targeted” him because he is a male.
• Experienced moral distress - felt as if he couldn’t speak up about the manner in which the instructor treated him.

Narrative Exemplar: Eli
“Rattled my world...”
Dealing with the inherent stress of nursing school while also dealing with situations of moral distress
• Learning and working in an unjust culture
• Disempowerment & Status
• Moral Residue

Themes of Moral Distress in Nursing Education

Impact of Moral Distress on the Nursing Student

Moral distress & Moral residue

• Shame
• Avoidance behaviors
• Decreased ability to focus/learn
• Physical symptoms
• Regret

Loss of trust

Vulnerability to future moral distress
• Create a “work-around.”
• Turn to policies/procedures/textbooks
• Seek advice or consolation from faculty/friends/family
• View the experience as opportunity for professional/personal growth

**How Do Nursing Students Cope with Moral Distress?**

• The students’ resilience and sense of responsibility to their patients, peers, and others was apparent.
• Moral distress took a great toll on students, yet they derived significant reward from their roles, each expressing hope for their future as professional nurses.

**Despite Not “Taking a Stand...”**

• It was evident that a mentoring, supportive relationship with faculty could potentially serve to mediate many of the students’ experiences.
• Students desired a “place at the table”, to be included as a valued member of the healthcare team.
• Findings similar to previous studies of professional nurses:
  - Influence of the ethical environment (frequency and intensity of moral distress) (Corley et al., 2005; Pauly et al., 2009; Ulrich et al., 2007; Zuzelo, 2007).
  - Ignoring one's own beliefs/values (Kelly, 1998; Laabs, 2007).
  - Avoidance behaviors (Kelly, 1998; Laabs, 2007).
  - Powerlessness (Ferrell, 2006; Pavlish et al., 2011a, 2011b).
  - Lingering effects of moral distress (Corley et al., 2001; Ferrell, 2006; Zuzelo, 2007).

Discussion

• Needing to prove oneself
• Experiences of intolerance/impatience
• Fear of retribution and punishment
• Shame
• Inability to learn/focus
• Vulnerability to future moral distress – lost opportunity to learn from experience
• Seeking answers in policies/textbooks or from consultation with faculty or trusted advisor

Unique Findings

• Creation of an ethical environment: Embrace the ideals of a Just Culture
• Policies of zero tolerance regarding negative behaviors
• Organizational vision for civility (Clarke, 2013)

Recommendations for Nursing Education
Just Culture - open, fair environment. Creates opportunities for learning, design of safe systems, and management of behavior (American Nurses Association, 2010)

- Free of blame and intimidation

- Early recognition of moral distress
- Ethical environment - both academia and practice
- Break down the barriers between education and practice - collaboration

- Collaboration amongst safety, quality, and ethics committees
- Institution-wide policy - zero tolerance for negative behavior
End the legacy of “secrecy, shame, and blame” (Barnsteiner & Disch, 2012).

Traditional model reprimands or punishes students for errors – fear-based approach inhibits learning

**Just Culture**

- Education of nurse educators – understanding moral distress, role modeling moral courage, strategies for coping with difficult situations

**Questions/ Discussion**
References
Available upon request