

Students' experiences in associate degree nursing programs: A qualitative study looking at moral distress



Rhonda L. Reader DNS, RN, CNE*

Crouse Hospital College of Nursing, Syracuse, NY 13201, USA

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Abstract

This qualitative study aimed to describe experiences of moral distress among students enrolled in associate degree nursing programs. Four themes emerged during analysis: (a) dealing with the inherent stress of nursing school; (b) learning and working in an unjust culture; (c) disempowerment and status; (d) moral residue and regret. Strategies to help nurse educators mediate and support students through challenging situations are discussed.

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1. Introduction

Ethical issues encountered in professional nursing practice have been found to lead to moral distress, particularly when nurses face situations that cannot be resolved or result in a perceived compromise of one's values and beliefs (Kelly, 1998; Laabs, 2007, 2011). Jameton (1984) first described moral distress in nursing as a distinct category, separate from moral dilemmas and moral uncertainty. His definition of moral distress meant knowing the right thing to do, but as a result of constraints, being unable to follow the right course of action. In 1993, Jameton expanded the definition to further elaborate on the concept of constraints as barriers to action. He said, "a nurse experiences moral distress when the nurse makes a moral judgment about a case in which he or she is involved and the institution or coworkers make it difficult or impossible for the nurse to act on the judgment" (Jameton, 1993, p. 542).

Epstein and Delgado (2010) argued that issues of moral distress must be dealt with because society cannot afford to

lose nurses. The authors asserted that repeated episodes of moral distress may lead to nurses' desensitization to moral issues, avoidance of ethically challenging situations, or symptoms of burnout and desire to leave a position or the profession. In fact, multiple studies revealed many consequences of moral distress and moral residue, among them was the intent to leave a position or the profession of nursing because of moral distress (Cavaliere, Daly, Dowling, & Montgomery, 2010; Corley, 1995; Hamric & Blackhall, 2007; Laabs, 2005, 2007; Wilkinson, 1987/1988).

Moral residue describes a lingering and lasting emotion that remains with a person even after the situation has resolved or ended. A concern is that nurses may face and deal with a morally distressing situation, but continue to experience feelings akin to moral distress long after the situation has resolved (Corley, Minick, Elswick, & Jacobs, 2005). Webster and Bayliss (2000) described moral residue as "that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised" (p. 218).

The findings from these types of studies and theories have very real implications for the future of the nursing profession

* Corresponding author. Tel.: +1 315 447 4342; fax: +1 315 470 5774.
E-mail address: rhondareader@crouse.org

because the employment projection for registered nurses is expected to grow to 3.24 million in 2022, an increase of 19% (Bureau of Labor Statistics & U.S. Dept. of Labor, 2014). What is known about moral distress in professional nursing must certainly impact nursing students. Addressing the feelings of defeat, dissatisfaction, and powerlessness that result from moral distress is essential to the issue of retaining the existing and future nursing workforce.

This article describes experiences of moral distress among students enrolled in associate degree nursing programs and provides a different perspective to expand understanding of moral distress. The findings from this study may contribute to a better understanding of the stressors students face and enable nurse educators to more effectively mediate morally distressing events throughout students' academic careers. Ultimately, mitigation of nursing students' moral distress may empower future nurses and positively impact nursing workforce retention.

2. Literature Review

2.1. Moral Distress and Nursing Students

Although multiple studies (Cavaliere et al., 2010; Corley, 1995; Corley et al., 2005; Deady & McCarthy, 2010; Hamric & Blackhall, 2007; Hart, 2005; Kelly, 1998; Laabs, 2005, 2007; Pauly, Varcoe, Storch, & Newton, 2009; Radzin, 2011; Ulrich et al., 2007; Wilkinson, 1987/1988; Zuzelo, 2007) confirmed the presence of moral distress and examined the consequences of unresolved moral distress in professional nursing, studies describing nursing students' experiences with moral distress during their academic careers are rare. Ham (2004) and Range and Rotherham (2010) addressed moral distress among nursing students. Yet, only one set out to specifically examine moral distress in nursing students (Range & Rotherham, 2010). Experiences of moral distress emerged as a finding of Ham's (2004) study examining ethical reasoning in the clinical environment. While it has been established that moral distress among professional nurses negatively impacts retention of the workforce, questions remain about the experience of moral distress among nursing students. If students are experiencing moral distress during their academic careers, are they, in turn, expecting it to be part of their professional life? The literature was limited and unclear on how students experienced moral distress during their academic careers and more specifically, what aspects of nursing education created moral distress for students.

2.2. Stress While Learning

A hallmark of moral distress is the presence of a constraint to moral action (Epstein & Hamric, 2009). One constraint in nursing education may be fear of punishment or retribution. Indeed, several authors asserted that nursing schools operate with painful shaming practices that undermine teaching and

learning (Barnsteiner & Disch, 2012; Bond, 2009). Along those same lines, Dolansky, Druschel, Helba, and Courtney (2013) stated that the traditional nursing education model reprimands or punishes students when an error occurs. This fear-based approach actually inhibits learning, may contribute to more errors, and certainly does not enhance students' courage to speak up about a moral wrong. Compounding the problem is the fact that students and new graduate nurses may experience more uncertainty than experienced nurses in the face of morally challenging situations because of their novice status, lack of confidence, and sense of powerlessness (Beckett, Gilbertson, & Greenwood, 2007; Cohen & Erickson, 2006). Because of students' moral uncertainty, there is a critical need for faculty to mentor and guide students through difficult situations.

2.3. Ethical Environment and Moral Integrity

The environment's influence on frequency and intensity of moral distress is well documented in the literature. Unsafe staffing levels on clinical units correlate positively with moral distress in several studies (Corley et al., 2005; Pauly et al., 2009; Ulrich et al., 2007; Zuzelo, 2007). Additional factors that contribute to moral distress include quality of patient care, relationships and collaboration with other providers, and competency of nurses and physicians. Alarming, in several studies, researchers learned that nurses frequently ignored their own beliefs and values, altered their definition of morally acceptable behavior by drawing a line not to be crossed, or avoided patients and situations in an attempt to cope with morally distressing events (Kelly, 1998; Laabs, 2007, 2011). Research findings indicate that nurses working in environments of high or frequent moral distress are more likely to leave their current position or perhaps the profession (Hart, 2005; Ulrich et al., 2007). Of interest, is the analysis from Ulrich et al. (2007) that indicates "ethical climate partially mediates the relationship between ethical stress and job satisfaction and job satisfaction completely mediates the relationship between ethical stress and intent-to-leave" (p. 9). This analysis emphasizes the importance of early recognition of moral distress and creation of a supportive ethical environment, including the academic setting.

It is clear from the literature that unaddressed moral distress results in feelings of moral residue and may further compromise one's integrity. Nursing students' experiences of moral distress may linger as they transition to professional practice with the potential to negatively impact future practice.

3. Method

This descriptive, qualitative study posited the following questions to uncover and describe the phenomenon of moral distress among nursing students. (a) What aspects of the experience of nursing education cause moral distress among

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