Presenting Grounded Theory: Moral Distress in Nursing Academia

By:
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Introduction

• Nursing profession built upon strong ethics, morals, & values
• Nursing faculty responsible for defining & modeling professional ethics
• Strong ethical & moral stance & faculty responsibilities can lead to moral distress.
Background & Significance

- 61% of nursing schools have at least one full-time position open (American Association of Colleges of Nursing, 2013)
- Mean vacancy rate of 2.0 full-time positions per nursing program (American Colleges of Nursing, 2013)
- Average age of master’s degree-prepared nursing faculty between 51.2 and 57.1 (Fang, Li, Arietti, & Bednash, 2014)
- Institute of Medicine (IOM, 2010) calling for an increase in number of nursing faculty members
Background & Significance

- Moral distress in hospital environment has an effect on nurses resulting in negative feelings, psychological disequilibrium, & exit from nursing profession (Gutierrez, 2005; Wilkinson, 1988)
- Anecdotal evidence exists supporting presence of moral distress in nursing academia (Ganske, 2010)
- Due to severe shortage of nursing faculty, nursing profession cannot afford same consequences of moral distress in academic environment
Review of Literature:

Moral Distress in Nursing

- Research focused on refining definition & determining antecedents & consequences
  - Antecedents include: patient care situations, environment, & personal ethics, values, & morals
  - Consequences include: psychological &/or emotional effects (Gutierrez, 2005; Wilkinson, 1988), negative effect on personal relationships & self-esteem (Wilkinson, 1988), use of coping mechanisms (Gutierrez, 2005), & decrease in job satisfaction (DeVeer, Francke, Struijs, & Willems, 2012; Elpem, Covert, & Kleinpell, 2005; Wiegland & Funk, 2012)
Suggested “seeds of moral distress” include: environments accepting of academic dishonesty, grade inflation, and/or bullying (Ganske, 2010).

Conflict between responsibility of role as mentor toward student and that of gatekeeper to the nursing profession (Pratt, Martin, Mohide, & Black, 2013).

Phenomenological study identified themes of environment, violation of personal &/or professional morals, & physical symptoms (Stratton et al., 2014).
Review of the Literature:
Moral Distress in Nursing Academia

- Nursing faculty members who had reported student cheating expressed desire for distance from students (Fontana, 2009)
- Lyndaker (1994) explored nurse educators’ experience with ethical conflicts
- Nurse educators felt unsupported, powerless, & feeling beliefs & values had been compromised by decisions of university appeals committees (Stokes, 2007)
Purpose & Research Questions

Research Questions:
- How does moral distress develop within a nursing faculty member?
- How do nursing faculty members manage moral distress?
- What is the result of experiencing moral distress?

Study Purpose:
- Utilize grounded theory methodology to explore moral distress in nursing faculty members employed in the academic environment to generate theory.
Methodology:
Data Collection Procedures

- Following IRB approval, sampling began
- Convenience & snowball sampling to achieve theoretical sampling
- All participants completed informed consent
- Additional consent obtained to allow digital recording
- Data obtained via semi-structured interview
- Interviews lasted approximately 60-90 minutes
- Additional research materials to include field notes, research journal, & memos
Methodology:
Study Sample Characteristics

- Twelve participants
- All twelve females
- Ages ranged from 40-68, mean age 57 years-old
- Years of experience in nursing ranged from 9-42, mean 30 years in nursing profession
- Years of experience ranged from 4-22, mean 12 years of experience in nursing education
Study Rigor

- Credibility
- Originality
- Resonance
- Usefulness
Results

- Core category: Moral Distress Experience
- 6 main subcategories:
  - The Moral Self
  - Influencers
  - Continual Insult
  - The Response
  - Coping Mechanisms
  - Results
The Model of Moral Distress in Nursing Academia
The Moral Distress Experience

- Perception & Experience
  - "I think to me when we talk about incivility or moral distress it’s so individual. And it is, um, what am I trying to say, it’s unique to each experience. So that both of us may go through the same experience and feel nothing the same".
The Moral Self

- High personal & professional moral standard
  - “As a nurse educator, I felt a moral, it was really a dilemma for me because it was like if I saw okay this person can come through here and they can actually pass, I feel it is a reflection not just on the university, but on me personally”.
Influencers

- Includes subcategories of environment and the duty to public
  - Environment further includes: lack of support, lack of integrity, and feeling of devaluation
  - Duty to public includes: duty to society and duty to students.
Influencers: Environment

- Lack of Support (policies, communication, administration)
  - “That we had policy, of course coming from the hospital background, we all had policy and procedure. I mean you’re drilled in and go with it and then all of a sudden you’re like what do you mean we aren’t going to follow it? What do we have it for then? And so that was some, I think that’s the red flag that kept coming back is that this is not okay”
  - “One minute you’re told that you know, overarching for all of us that you need to be um, be more student centered and then when you meet with your students, you’re making all the rest of us look bad”
  - “I have no choice or I get threatened that they’ll take away my specialty courses. It’s that threatening type nature that they’ll take your courses away and you’ll never get them back. They’ll reassign them to someone else”
Influencers: Environment

- Lack of Integrity (academic and personal and/or professional)
- Academic
  - “So I said he hasn’t passed any of his assignments. And the director at the time who just kind of wanted to get him out of her hair said well, I’m going to have somebody else grade his assignments as a second pair of eyes and I said fine. And she graded everything up you know, an extra 5 points or whatever it was and you know, I told the director then you post the grade because the grade I’m going to post is the one that I’ve graded his work and I don’t think he’s demonstrated any competencies and so you know, a grade change form went in and she changed his grade”
Influencers: Environment

- Personal and/or professional integrity
  - “She’s walked out of our [faculty] meetings, slammed the door, screamed at us, embarrasses people. Her MO is to embarrass people and she’s embarrassed almost, you know, quite a few of the faculty that have been there for a very long, long time. And I take great offense to that, that you would intentionally humiliate someone in front of the group”
• Feeling of devaluation (lateral violence and bullying and loss of academic freedom)
  o “I felt like I had no value, you know, to the program and to the university and at that point because I felt like I was just holding a space, taking up office space. I felt like I was hired for a purpose and at some point they must have seen value at hiring me and anybody else that was there as an instructor. But at some point, for some reason, I lost value”
  o “I think for me one that is most distress to me is to see faculty treated unfairly but not to feel secure enough to step up and say this is unfair. I would do that for myself but maybe not necessarily for other because fear of reprisals”
  o “I said it’s my academic freedom, that’s my academic integrity and if my name goes on something, you know, I’ll take full responsibility if something goes wrong, but I need to be able to be true to myself and true to my profession”
Duty to Society

- “I feel as an educator we have some, I don’t even know how to say it, we have such a duty to the public to educate them the best way as we can. To, and know they are still novices when they go out, but still knowing they have everything they need. And those who can’t get it, for whatever reason, shouldn’t be there”

- “We have a duty to the public through the board of nursing to protect the public and I saw that as a major safety issue”

- “Sometimes I have some distress about the quality, or, yeah, I’ll say that, the quality of our student and graduating them to have a BSN and practice”
Influencers:
Duty to Public

- Duty to Student:
  - “I tell you when I have moral distress. When those students have graduated the program and they’ve taken the NCLEX oh 8 or 10 times and still haven’t passed. And they are still working in a menial job and paying the huge fees in order to be able to retest and 5 years out, still haven’t passed”
  - “We have students who are, you know, drop out for a while. They have mental health issues, you know, anxiety, depression, some are admitted to psych facilities, um, you know, you’re probably aware of the increase in suicides on campuses or out perceived increase. But how do we deal with those mental health issues and find them enough support and yet, not let them progress when there’s some serious issues goes on”
  - “All we did in the long run was put him further and further in debt because he could never do what he needed to do. We were never fair to him”
The Continual Insult

- Primary moral insult led to heightened awareness, increasing sensitivity and/or awareness of morally distressing events.
  - “I think it took it being such a consistent state because being in isolated seasons, if you will, we can process through it and move on. But when it became in another area and then another issue and I could see a theme, you know, we were just declining overall. It was then that I knew I needed to do something”
  - “The morally distressing episode happened when it was just a few years back and it has continued over the years”
  - “A pervasive negative effect at work that carries over beyond the day into, it bleeds into my personal life to where I was constantly thinking about it and not viewing work as the happy place anymore and looking for other opportunities”
The Response: Physical

- Insomnia, headaches, nausea, crying
  - “As much as I tried to wall it off still there was an emotional response and that affected my sleep”
  - “I did notice an increase in my frequency of migraines”
  - “Oh sick, oh my gosh. Sick. I used to feel you know like I was going to throw up half the time when I had to sit through meetings”
  - “It was just physically upsetting to me. So many times I would just go home and I would cry after students would share with me in clinical an experience that they had you know, with this individual and I just witnessed how loving, caring, and nurturing and how they are applying what they have learned in the classroom”
The Response:

Emotional

- Dread, emotional preoccupation, anger, disappointment, sadness, frustration, fear
  - “More emotional preoccupation with some of this muck and so, it kind of sucked energy from the family to get through and get over this kind of stuff”
  - “When things happen like that and you start to feel like you dread going to work”
  - “I felt angry because I felt they should be dismissed from the program. I felt very strongly that the students that plagiarized from another student should have been dismissed and they were not”
  - “It made me feel angry and disappointed in the people that re-graded his work and that just wanted to pass him off”
  - “What I’m afraid of is being the one that gets picked on now”
  - “I could not tell my chair for fear of my job or retribution I could not say to her why did you look the other way? You could have done something about it, you had the power”
The Response: Psychological

- Decrease in self-esteem, perceived loss of power, feeling of not being cared for
  - “It affects your self-esteem which translates into how I see myself as a mother, how I see myself as a wife, and how I see myself as a daughter, how I see myself as a friend”
  - “I ended up saying, look, if you don’t think I’m capable of doing this job, just tell me. Just tell me if I can’t teach the course, I won’t teach the course”
  - “They don’t really care about you as an individual. That’s the whole thing. How could they possibly care? I don’t know what their whole modus operandi is, what their motives are, but it has nothing to do with caring”
Coping Strategies: Positive Coping Strategies

• Included self-reflection, reaching out to others, spirituality, increased commitment to students
  o “I’m like, am I qualified? Do I really need to be here? Am I the one that should be the teacher? Do I need to go back and get some more education myself?”
  o “Afterwards I realized there were some things that were totally out of my control and there wasn’t anything I was going to be able to do. But since then, I’ve done a lot more reading and a lot more education myself that I think I’ve acquired some tools that when, and I’ve found myself in some situations that were close to that again, then I feel comfortable enough saying wait, we’ve got to stop”
  o “We never had been a very social group of faculty, and we had become more social because we needed to do that emptying out so that we would be able to be whole when we were with the students, you know. Because it’s kind of like a wound”
Coping Strategies:
Positive Coping Strategies

- “I am a Christian. Part of my stress management is prayer time so that’s how I deal with life in general”
- “One of my ways of coping is to try to improve things the best I can so I get involved in a lot of the student activities”
- “I was less engaged with the people at the university and I suppose more committed to the students in a way. So, in a way, it had some positive outcome because I changed who I was a little bit. I discerned a little bit what I really valued about teaching and gave myself to that and didn’t give myself to a lot of other stuff. So in academia so much other stuff and so many committees and meetings and whatnot and so I didn’t give myself as much to that and by choice and I’m glad that I pulled in that way in order to do what I considered the primary role which was teaching and engaging with students”
Coping Strategies:
Negative Coping Strategies

- Withdrawal
  - “It kind of leads to isolation where you just don’t want to be part of anything. I go in, I put my time in. It’s really kind of funny, a lot of faculty I’ll find there in the evening and I’ll find them there on the weekend and we’re all trying to hide. It’s not like we are trying to hide from the students, but we are trying to avoid any confrontation that could possibly take place”
  - “I think I pull back and I’m less likely to do my best work”
  - “My way of dealing with that was to keep up a boundary and to keep it separate and to just march on”
  - “I kept my blinders on and kept my focus towards one direction”
Results

• Strength and Empowerment
  o “I think I feel stronger as an individual. In my practice in the past, I’ve always been feeling like I’m so much the novice that I’ve not been able to take that step and now, through my education, I mean, I’ve done a lot of reading about civility in nursing and so much on caring that you know, it’s all about we got to keep a really civil environment, we can’t eat our young anymore, it’s gotta stop even in an academic environment”
  o “I’m a strong believer of that saying that what doesn’t kill you makes you stronger”

• Resignation
  o “When some of this toll continued, it was pretty continually draining so it was, even though I was committed there, when a better opportunity really presented itself in a way that was meaningful and important for me and my family, I accepted that”
  o “I’ve thought about leaving. You know, that’s, right now I’m going to stay because of this new opportunity and I don’t really want to leave. I mean who wants to leave a place they’ve worked for 5 years”
Findings

• Must be combination of morally distressing event & challenge to nursing faculty member’s morals for moral distress to develop. Similar to Wilkinson (1988).

• Moral distress does not stem from one isolated incident.

• Individual’s perception of morally distressing event critical. Similar to Wilkinson (1988)

• Environment had a significant impact on development of moral distress. Similar to Corley, Minick, Elswick, & Jacobs (2005) and Pauly, Varcoe, Storch, & Newton (2009).
Findings

- Program administrators play a significant role in the environmental aspects of development of moral distress. Similar to findings by Chambliss (1996), Fontana (2009), & Stokes (2007).
  - Leadership style important
- Nursing programs must maintain high standards of integrity.
- Feeling of being devalued can stem from environments in which lateral violence & bullying as well as a lack of academic freedom also exist.
Findings

• Feelings of duty to society did not discourage faculty from confronting academically dishonest students. Contradicts finding of Stokes (2007).

• Once moral distress develops, physical, emotional, &/or psychological response follows. Similar to findings of Gutierrez (2005), Wiegand & Funk (2012), Wilkinson (2008).

• Positive & negative coping mechanisms are utilized. Similar to findings by Wilkinson (1988) & Gutierrez (2005).
Findings

• Withdrawal a common coping mechanism. Similar to findings by Corley, Minick, Elswick, & Jacobs (2005); Epstein & Hamric (2009); Whitehead, Herbertson, Hamric, Epstein, & Fisher, 2015; Wilkinson (1998); Fontana (2009)

• Sense of strength & empowerment developed following events of moral distress. Similar to findings by Browning, 2013 & Lyndaker, 1994
Unexpected Findings

- Participants described feeling sense of relief when learning other faculty members experience moral distress. Similar to Elpem, Covert, & Kleinpell (2005)
- Difficult to recruit participants
- Moral distress emerged for select number of participants regarding DNP role
Implications

• Low retention rates might be associated with moral distress in the academic environment.
• Nursing program administrators need to establish a culture that does not breed moral distress.
Recommendations

• Additional research needed to determine effect on retention rates & potential interventions to decrease moral distress
• Program administrators and faculty remain familiar with ANA’s Code of Ethics with Interpretive Statements.
• Nursing education professional organizations need to be more involved in discussing & combating moral distress in the academic environment
• Nursing faculty members need to be more aware of morally distressing events in their environment & know what to do when exposed to these events
References

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