Enhancing the Ethical Climates of Nursing Work Environments
Canadian Association of Critical Care Nurses

Plenary Presentation: Dr. Jan Storch

Dynamics of Critical Care 2009:
Navigating the Future: Sail the River of Knowledge

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CONTEXT OF CARE

• Economic & organizational pressures have placed a strain on nursing workplaces and that strain impacts the well being of nurses and other health providers.

• These strains impact the well-being of individuals, families and communities as well.
• In Canada and in other countries, many studies have been directed at the quality of nurses workplaces, work environments, practice environments.
Taking up the Challenge of Nurses’ Workplaces

• Rarely has an “ethics lens” been used to examine nurses’ workplaces

• This is the challenge we took up in our study – using an “ethics lens” to see nurses’ workplaces
AN ETHICS LENS

• ...is similar to putting on a new pair of eye glasses and being able to see ethical situations more clearly
• ...involves using knowledge of ethics more explicitly, learning a broader ethics vocabulary to name situations (e.g. moral distress) and engaging in conversations about ethics with colleagues
WHAT LEAD US TO THIS RESEARCH?

- A question about nursing curricula and the way ethics was being taught to student nurses
- A decision to go to where nurses practice to ask them about ethics
STUDY 1: ETHICS IN PRACTICE

• 1999-2001. A Focus Group Study asking RNs to tell us:
  • What ethics means to them in their practice
  • What resources they use to deal with ethical situations
STUDY 1 FINDINGS (1)

- Nurses could more easily describe situations when they could not practice ethically and they were “distressed” about those situations.
- Nurses said they relied first on their colleagues, - they used each other, their conscience, their prior learning in ethics and sometimes codes of ethics.
STUDY 1 FINDINGS (2)

- They said they never had a chance to talk about ethics as a group on their unit
- “This is the first time we have ever talked about ethics situations - I did not know you felt this way?... that this bothered you too, etc. “
ETHICS IN ACTION: STUDY 2

Our Question:

• to determine how we could create situations that allowed nurses to deal with ethical situations by having regular opportunities to talk about nursing ethics concerns with each other
QUESTIONS IN STUDY 2

- How do we enhance nurses knowledge in ethics?
- How do we assist them to use ethics more explicitly in their practice?
- How do we help them identify and take ethical actions for change?
STUDY 2 FINDINGS (1)

- Nurses in direct care know more about ethics than they realize
- We could assist them in recognizing that knowledge
- We could help them engage with their colleagues in dialogues about ethics
STUDY FINDINGS (2) cont...

• Through sharing ethics experiences and learning to trust each other, nurses are able to decrease their ethical distress and improve the ethical climate of their workplaces.
The support of nurse managers and senior nurse executives (chief nursing officers) is critical if ethical climates are to be enhanced and moral communities developed.
AN ETHICAL OR MORAL CLIMATE

• ...refers to the values that are both explicit and implicit in the workplace, and that drive health care delivery and shape practice (Rodney, Doane, Storch & Varcoe, 2006).
THE LEPP STUDY

• LEADERSHIP FOR ETHICAL POLICY AND PRACTICE = LEPP

• OUR 3RD STUDY
STUDY 3 (LEPP) FINDINGS

Research Questions:
1. Can we replicate our study findings in other settings where nurses practice — e.g. in small town hospitals? on other specialty units?
2. How can we help Nurse Leaders and RNs in direct care to create ethical/moral climates and moral communities?
• 2004-2007
  - 3 year funded study
  - Involved Nurse Leaders (Chief Nursing Officers - CNOs) from all Health Regions in British Columbia + 2 National CNOs
  - Included 5 faculty members plus 2 Research Associates and several research assistants
  - Included nurses involved in direct care
HOW DID OUR RESEARCH UNFOLD?

Members of the team were involved in co-learning and action

• Nurse Leaders (CNOs) developed the research proposal with academic faculty members
• Research ethics approval was obtained
• A Lead Team met every 6-8 weeks to set goals and plan for projects & meetings
HOW DID STUDY 3 UNFOLD?

- Site teams of nurses on a particular hospital unit, in a small town hospital, or as part of cancer care programs began meetings with their CNO (or designate) to identify ethical problems in their environment, make plans to enhance the ethical/moral climate, and develop moral communities.
ETHICAL OR MORAL DISTRESS

• “...arises in situations where nurses know or believe they know the right thing to do, but for various reasons (including fear or circumstances beyond their control) they do not or cannot take the right action or prevent a particular harm. ...nurses’ identity and integrity as moral agents are affected and they feel moral distress” (CNA Code, 2008)
MORAL COMMUNITY

• A workplace where values are made clear and are shared, where these values direct ethical action and where individuals feel safe to speak and be heard (CNA Code, 2008 – adapted from Rodney & Street, 2004)
WHAT DID WE LEARN?

• There can be many different approaches to integrating an ‘ethics lens’ to identify, analyze and discuss practice issues

• The participatory action research involved nurses fully in designing how their meetings would be focused - what plans they wished to make for change
The LEPP Study Findings ...

- Reinforced the importance of nurses identifying and dealing with ethical concerns in their own practice settings.
- Emphasized the importance of creating moral space and place for nurses to engage in dialogue with each other.
LEPP Study Findings....

- Again we found that nurses in formal leadership roles are key to facilitating discussions by helping to create and support an ethical climate that allows for open questioning and open discussions about perplexing ethical situations.
WHAT STRENGTHS, WHAT LIMITATIONS?

- Participatory Action Research (PAR) has the advantage of immediate knowledge transfer
- PAR takes time - no immediate deliverables
- Turnover of CNOs and other formal nurse practice leaders impacts site team work
OUR CONCLUSIONS

• RNs began to see their nursing practice, their relationships with persons in care, families, communities and other health professionals through an ethics lens
OUR CONCLUSIONS: THE ROAD AHEAD

• The moral climate of practice sites can be positively influenced by use of participatory action research approaches.
• Nurses can work together to develop moral communities and enhance the ethical climate in their workplaces.
Moral Climates

• With enhanced moral climates, or even while working to enhance moral climates, nurses moral distress diminishes as they see small and large changes occurring

• RNs said it gave them ‘hope’
Research Team

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WEB Site:
- web.uvic.ca/~lepp
Key References


Key References (2)
