FREQUENCY AND BURDEN WITH ETHICAL CONFLICTS AND BURNOUT IN NURSES

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Introduction – the aim of the study

Among different kinds of stressors related to burnout in nurses, situations causing a conflict of goals and values deserve special attention. According to Jameton, nurses experience ethical conflicts (ECs) as:

(a) moral distress (when they cannot carry out the morally appropriate action, because of a variety of institutionalized obstacles);
(b) moral dilemma (when two or more moral principles apply but they support mutually precluding courses of action), and
(c) moral uncertainty (when they are unsure what moral principles or values apply to a situation).

The group included 100 professionally active nurses, mainly female (98%), aged 20-50 (M=39.4; SD=8.08), with a Bachelor's degree, employed in public health service (99%), mainly in hospitals (77%). Half of them worked in nurse positions and the rest had some managerial positions. Most of them were married or single and living in big or medium-size cities.

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- ethical uncertainty (when they are unsure what moral principles or values apply to a situation).

Relations between frequency and burden with ECs ranged from <.05; ns (Being a witness of committing a medical error) to <.01; <.001 (Lack of colleagues understanding in a situation of enhancing professional qualifications)

The relations between frequency and burden with particular conflict were rather moderate.

1. The frequency of ECs turned out to be more important for PB than the level of burden.
2. Conflicts most significant for burnout refer to a nurse-nurse relationship.
3. Not only the most frequent conflicts can be related to burnout: the conflicts less frequent are also important.

There are two, to some extent independent, aspects of ethical conflict: its frequency and the feeling of being burdened with it. Some conflicts may occur quite frequently but do not entail much ethical distress, while others may be relatively rare but extremely burden-provoking.

The aim of this study was to establish the relations between ethical conflicts’ frequency, burden with them and burnout in nurses.

Method

Participants

Measures

- burnout - the Polish adaptation of the Maslach Burnout Inventory
- frequency and burden with ECs - Ethical Conflicts Questionnaire (an original tool). It contains 14 descriptions of conflicts prepared on the basis of the Polish Code of Professional Ethics for Nurses and Midwives. A schema: the first part of the sentence is a description of a hard situation from nurses' work; the second part is a relevant quotation from the Code.

An example item:
Your colleague has mixed up the patients' surnames while giving an intravenous injection. He/she is afraid of the possible consequences and restrain from action, and you know that according to the Code of Professional Ethics Finding out that an error has occurred in the medical proceeding the nurse should immediately inform appropriate members of the therapeutic team (especially in case of life and health threatening error).

The most frequent ECs and Burnout (Tau b)

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<tr>
<td>Inability to maintain a proper attitude towards the patient due to a task overload (conflict 5)</td>
<td>.29***</td>
<td>.28***</td>
<td>.28***</td>
<td>.13 ns</td>
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<td>Inability to inform the patient about a therapeutic process (conflict 1)</td>
<td>.12 ns</td>
<td>.18*</td>
<td>.11 ns</td>
<td>.01 ns</td>
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<td>Inability to fulfill a patient’s family expectation of treating their close one in a special way (conflict 2)</td>
<td>.02 ns</td>
<td>.10 ns</td>
<td>.01 ns</td>
<td>.13 ns</td>
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<td>Inability to maintain a proper attitude towards an impolite patient (conflict 4)</td>
<td>.08 ns</td>
<td>.09 ns</td>
<td>.05 ns</td>
<td>.06 ns</td>
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The least frequent ECs and Burnout (Tau b)

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<td>Being a witness of committing a medical error (conflict 9)</td>
<td>.26***</td>
<td>.28***</td>
<td>.20*</td>
<td>.10 ns</td>
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<td>Being a witness of discrediting a nurse by another nurse in the presence of a third party (conflict 13)</td>
<td>.32***</td>
<td>.36***</td>
<td>.26***</td>
<td>.16*</td>
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<td>The superior’s pressure to provide special care for a particular patient (conflict 14)</td>
<td>.23**</td>
<td>.23**</td>
<td>.19*</td>
<td>.10 ns</td>
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<td>Being a witness of disclosing the patients’ personal information to a third party (conflict 3)</td>
<td>.17*</td>
<td>.18*</td>
<td>.24**</td>
<td>.06 ns</td>
</tr>
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Conclusions

1. The relations between frequency and burden with particular conflict were rather moderate.
2. The frequency of ECs turned out to be more important for PB than the level of burden.
3. Conflicts most significant for burnout refer to a nurse-nurse relationship.
4. Not only the most frequent conflicts can be related to burnout: the conflicts less frequent are also important.

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