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2021

### Spiritual/Religious Orientation and Moral Distress in Pulmonary Care Nurses: An Exploration of Ethical Norms, Moral Agency and Moral Resilience

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#### Recommended Citation

Hyrkas, Kristiina and Koonce, Myrna, "Spiritual/Religious Orientation and Moral Distress in Pulmonary Care Nurses: An Exploration of Ethical Norms, Moral Agency and Moral Resilience" (2021). *Costas T. Lambrew Research Retreat 2021*. 44.

<https://knowledgeconnection.mainehealth.org/lambrew-retreat-2021/44>

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Spiritual/Religious Orientation and  
Moral Distress in Pulmonary Care

Nurses:

An Exploration of Ethical Norms, Moral  
Agency and Moral Resilience

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Introduction

- Nurses who provide care which they perceive as increasing suffering often experience moral distress (MD).
- Response to MD is a key factor in nurse wellbeing and retention, and is widely studied in nurses.
- Less research exists on foundations of moral belief and practice among nurses.

Methods

1. Qualitative phenomenological study was employed.
2. Nine pulmonary care nurses were interviewed.
3. Interview and probing questions explored experience of care of patients with serious illness at limits of medical intervention. Follow up questions explored meaning making and coping.
4. Data were analyzed using open coding, assisted by MAXQDA coding software.

Results

- Three main themes and 14 subthemes were found.
- Implicit, not explicitly spiritual/religious, belief system was found to undergird nurse moral judgments.
- Tensions were found between 1) respecting and distancing from spirituality and religion, 2) duty to institutional norms and duty to elements of the nursing code of ethics, and 3) nurse identity as a self-sufficient, strong individual and as a person in need of care and support when experiencing MD.

Identity as a “good nurse” integrates three main themes of nurse meaning-making: Being true to one’s own values, pursuing ideal patient care (“doing good”), and participating in or resisting the values of the system and culture. Nurses did not identify spiritual/religious orientation as a primary framework for their values or coping.



Pursuing Ideal Patient Care: “Doing Good”	Participating in/Resisting Values of System and Culture	Being True to One’s Own Values
Care at the core	Being a professional	Compassion for self and others
Good life, good death	Self-sacrifice	Duty and responsibility
Conversations: what’s most important	Institutional support?	Openness and pluralism
Relationships are key	Change the system, change the culture	Truthfulness and honesty
Respect religion		Autonomy and self-reliance

- Findings indicated nurse desire for deeper reflection on actions in morally challenging and morally ambiguous circumstances.

Discussion

- Nurse values have diverse sources.
- As frontline practitioners dedicated to doing good, nurses need more opportunities to engage in reflection on their values.
- Further research is needed on interplay between nurse spirituality, moral agency and reflective practice in the face of MD.

References

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- Rushton (2016). Moral resilience. *AACN advanced critical care* **27** (1): 111-119