Professional Practice Issues

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Abstract

The value in exploring nursing issues was publicly demonstrated in 1997 when Winnipeg perioperative nurses told of their struggle with the personal impact of professional practice issues in their workplace. Nursing issues are matters of dispute within and affecting the nursing pofession. Issues evolve because of value differences which emerge as part of one's socialization process or develop as a by-product of one's life experience. The author revisits a personally experienced nursing issue and explores it according to Bowman's plan.

Stress abounds for the nursing practitioner with possibilities for conflict existing in both the professional and personal realm. Some of these stressors may revolve around uncomfortable work environments, rigid policies, or unsupportive work relationships (Wiele, 1994). Bowman (1985) stated that such a conflict was an issue. Thus, a nursing issue is a matter of dispute within or affecting the nursing profession.

In 1997, Canadians read of and witnessed the distress of pediatric perioperative nurses in Winnipeg as they described disturbing surgical problems and deaths. Although they had voiced specific concerns; they remained unsupported in their workplace and the problems which they had identified continued.

Dealing with issues is an inevitable part of the professional nurse's practice. Issues evolve because of value differences. Values may be instilled as part of one's socialization process or develop as a by-product of one's life experience. Values, once internalized, become the guide for choosing between alternatives, both in the private and professional realm. In fact, for the integrated individual, one's professional values are a reflection and expansion of personal values, refined through the identification of personal motivators, the building of self-awareness, and the enhancement of self-esteem.

Conscientious objection is one such issue. Does the perioperative nurse have the right to exempt herself from particular procedures to which she is morally opposed?

The Issue

In twenty-seven years as a registered nurse, my primary focus has been perioperative nursing. In the past ten years, I have had to deal with a personal moral dilemma on two different occasions.

The first event occurred when I was being interviewed for a job in the OR of a large, tertiary, teaching hospital. During the interview I was candid about my anti-abortion philosophy with the Nurse Manager because I also value absolute honesty. The Nurse Manager asked me if I had any objections to scrubbing for the staff neuro or cardiac surgeons, specialists whose disagreeable conduct in the unit was widely known. She went on to explain that a number of the nursing staff refused to work with the surgeons in these specialties and that my desire to be relieved of participation in abortions was less of a problem for her than dealing with the other staffing issue. She faithfully organized staff assignments sensitive to my request. During my time in this unit, a number of the nurses spoke with me privately, expressing regret that they had not voiced the same reservations on their hiring. Once they had been active participants, they believed that it would be inappropriate to withdraw their services. They felt stuck, impotent, and frustrated.

Several years later I was being interviewed for a similar position in a smaller community hospital. The Nurse Manager in this facility was unwilling to give me a direct response and, instead, polled each of her current staff to see how they felt about having a non-participatory RN on staff. Their consensus was negative. I was advised to seek employment elsewhere.

What Do The Experts Say?

Abortion raises complex moral questions for society in general, but more particularly for those women who seek the service and for those professionals requested to provide it.

Curtin, (1993) identifies the complex questions which this issue raises "about relationships among professional nurses' personal values, their professional ethics, the obligation to the institutions that employ them, and their statutory rights and obligations".

Little has been written concerning conscientious objection from the Canadian legal perspective, although the limited rights of the American RN in this forum have been documented(Wardle,1993). There, discrimination, coercion, and retaliation are possibilities for those professionals objecting to personal participation in practices ranging from blood transfusion, abortion, sterilization, and organ transplants to the withdrawal of nutrition and fluids. This leads to the destruction of personal integrity(Curtin,1993); a particularly distressing occurance for those who are subordinate (ie. students, new staff) and potentially more vulnerable to this sort of pressure in the workplace.

To date, most of the emphasis in this dilemma has centred on the rights of the patient and the duties of the nurse towards that patient. But, rights are not unlimited. From an ethical point of view, the right to self determination is only supreme if it does not impinge on another's right to autonomy. Still, Rumbold(1993) suggests that simply choosing to be a nurse puts some limits on that nurse's rights since nurses have a duty not only to enable their patients to exercise their universal right to health care; but also in ensuring that no harm to the patient results.

Nurses also have a duty to abide by their contractual agreement with their employer. Job descriptions are implied contracts. When one accepts a position, one agrees to perform it as it has been defined. Therefore, Smith(1991) contends that ethical arguments are unacceptable in defending one's refusal to perform a task that is a stated requirement of one's job because this noncompliance would then be an obvious dereliction of duty and the nurse would be subject to disciplinary action and/or dismissal. With this in mind, it would probably be prudent for the nurse not to seek employment in settings where their personal values or belief system are unmistakably at odds with those of the facility.

While Curtin(1993) reminds us that nurses should be expected to provide competent and courteous care to all patients; she asserts that nurses who oppose abortion should act responsibly to protect their own integrity. Thus, if those same nurses are in contact with abortion patients, those patients have every right to expect protection from physical and emotional harm, and to not be abandoned. Qualified professionals must provide their care.

Consequently,the nurse manager may be left with the problem of ensuring quality of patient care through the maintenance of competent nursing resources. Would lack of willingness to participate in the care of certain patients be contagious among staff members? Kuhn(1995) also asks whether it would be deemed discriminatory to assign one nurse to perform those tasks which another had refused to execute. If one nurse will not perform certain services to which the patient has a right; must another nurse perform them? And Curtin(1993) cites various psychiatric reviews in her caution that "even if one doesn't believe that the abortion procedure involves the destruction of a human person, repeated exposure to abortion procedures...can have a very negative effect on the health professionals involved".

While most would accept that people have a right to act in accordance with their personal beliefs and values; Virginia Henderson's Basic Needs affirmed that "one's ability to conform to one's concept of right and wrong is a basic human need", (Rumbold, 1993).

As such, it is a need which nurses share. Patient's needs are met through nursing interventions, while nurses meet their own needs through exercising their freedom and defending their own moral convictions. Thus, when the nurse seeks to absent herself from particular interventions, she is speaking only for herself (Benjamin and Curtis,1992). There is no intention to oppose other staff or to prevent them from performing those tasks. Rather, the nurse seeking

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exemption in this manner is responding to the guidance of her conscience and acting with the courage of her convictions.

Bowman's Plan for Exploring Issues

The process which Bowman(1985) advocates for analyzing and resolving an issue is closely linked to the nursing process. It involves assessing the situation to determine whether an issue exists based on recognition, verification, and evaluation of the issue's scope, developing strategies related to issue resolution, followed by implementation and evaluation of those strategies.

Stimulated by a UBC nursing course, I decided to investigate whether questions of personal morality still impact on the practice of my colleagues. Does conscientious objection continue to be a matter of personal concern? I also wished clarification from my professional association on this issue.

Issues requiring recognition and resolution of conflicting personal ethics (internal and external) as they relate to other practitioners as well as to organizational goals have been around forever. While some might still argue that this particular topic is a personal issue, rather than a professional issue; professional publications continue to document the never-ending struggle for nurses who wish to exercise personal rights. The issue, in this instance, is not whether abortions should or should not be performed. Rather, if the profession declares abortion a matter of client choice; then, is the same autonomy granted to the client available for the professional?

While I found that a number of authors supported my view that this was a nursing issue; the fact that former colleagues spoke with me about distress in this area made me anxious to consult my current associates. Verification of this concern was important from Bowman's perspective.

What Do My Colleagues Say?

I prepared a questionnaire which asked for anonymous responses to 10 questions. Not all of them dealt with the issue of "choice" because I thought it might prove thought provoking to compare the responses to moral dilemmas around conscientious objection with those to issues involving unacceptable professional conduct (ie. harassment by surgeons). Of the 27 questionnaires distributed over several days to my colleagues in the OR at BC Children's Hospital; 23 were returned. This huge response might be indicative of some emotion around the issue, or it might simply suggest a desire to be of personal assistance. It is impossible to deduce.

While some respondents wrote in additional comments which also proved interesting; the questions and responses pertinent to this issue were as follows:

Does the perioperative RN have the right to refuse to participate in procedures to which she is morally opposed (ie.abortion)? **Yes 1 No 10**

Have you ever participated in a procedure to which you were morally opposed? **Yes 13 No 8**

Have you ever refused to participate in a procedure to which you were morally opposed? **Yes 4 No 19**

Would knowledge about procedures performed in a particular facility influence whether or not you would seek employment there? **Yes 21 No 1**

Would you seek to be exempted from procedures to which you were morally opposed? **Yes 19 No 4**

Have your views made you selective about where you would or would not seek employment (ie.pediatric hospital, Catholic hospital, long term care facility)? **Yes 8 No 14**

Would you support colleagues in your workplace who wished to exercise choice and exempt themselves from particular procedures? **Yes 16 No 7**

Although I had requested anonymous responses, the process of completing the questionnaire generated much discussion among staff as they met in the OR lounge on breaks. Most seemed to have had some personal experience with the issues and were anxious to share their concerns and to justify their responses. At times, it seemed that a debriefing session around ethical decision making would make a logical next step. While this was an unscientific, informal gathering of opinion, it was interesting to note that while the majority of my colleagues felt that perioperative nurses had the right to refuse to participate in procedures to which they were morally opposed; a larger majority had personally participated in such procedures. And, an even larger majority had never refused to participate in such procedures. Thus the issue presents itself. Theoretical belief and philosophical approval does not always lead to personal behaviour consistent with those beliefs.

In retrospect, it might have been even more enlightening to ask an additional question about "resentment". Just because colleagues will support each other does not infer that annoyance or irritation are not generated. After all, as was mentioned in the literature review, if one nurse will not perform certain tasks, another nurse must.

What Does My Professional Association Say?

The CNA Code of Ethics(1997) states that "if the care requested is contrary to the nurse's moral beliefs, appropriate care is provided until alternative care arrangements are in place to meet the client's needs". Communication with my professional association, the RNABC, reaffirmed the position that although nurses have the same rights as all other persons in society, at times those rights may be limited by their professional obligations relating to their assumed duty to provide care.

While there are a number of situations where it might be acceptable for nurses to withdraw from or refuse to provide care; when considering conscientious objection, the RNABC expects that the RN will make her beliefs known to the employer well before an individual client will require care. If a situation arises where a nurse expresses her conscientious objection, the employer has an obligation to make reasonable attempts to assign the nurse in a way that will avoid her moral or religious conflict. But, if the nurse cannot be otherwise accommodated, the nurse must provide the care in question and that nurse's objections to the care must not be evident to the client or in any way affect the quality of the care provided (RNABC,1992).

Conclusion

Nurses as a professional group are divided in their opinions with regard to many issues; but even controversial issues should be addressed. The questions remain valid and should be asked of the individual practitioner and the profession as a whole. "The professional must not sacrifice personal integrity and certainly must never be required by policies, laws, or social expectations to do so"(Curtin,1993). While appeals to conscience are based on the desire to preserve this personal integrity which is at risk when practitioners act contrary to their individual values and beliefs(Rumbold,1993); they do not apply to issues which are contrary to the ethics of the profession as set out in the CNA Code of Ethics(1997).

Given the division on this issue among my perioperative colleagues and the evidence presented by experts in a variety of publications, it is apparent that this ethical issue can only be decided by the individual, based on that professional's moral and ethical decision making skills. Numerous resources are available for the nurse seeking guidance in ethical decision making. Consulting reference lists on nursing ethics, moral or ethical reasoning, moral agency or moral distress should assist the professional seeking direction.

It is the opinion of this professional that resolution of this issue requires both moral reasoning and ethical behaviour. They cannot be separated. Behaviour is measured by observing actions; not what people say they will do, but what they actually do - as Leah Curtin writes, "You are the sum total of your value choices"(Hall,1996).

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