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MORAL AGENCY, BUREAUCRACY & NURSES: A QUALITATIVE STUDY

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Abstract: This research explores moral agency among a group of nurses in an urban hospital located in a Western Canadian province. For this study, six Nurses were recruited and their stories describe various limitations within the culture of the healthcare system appears to constrict moral agency and possibly lead to moral distress among nurses. Moral agency seems to be influenced by hierarchy and taking initiatives, time/workload, and the “politics of healthcare”. Nurses also shared experiences of resiliency in facing moral dilemmas in the nursing profession. In conclusion, nurses appear to juggle conflicting priorities between providing quality care to patients and being efficient in the health system. As suggested by previous research, this climate leads to moral distress and may negatively influence the wellbeing of nurses in the care they provide to patients.

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Introduction

Authenticity and good faith require individuals to make choices and recognize innate freedom. Moral agency goes beyond this by acknowledging individuals’ ability to make moral judgments and take responsibility for the outcomes of their decision-making.¹ Through their work, nurses strive to maintain their integrity, and the values emphasized in the Canadian Nurses’ Association Code of Ethics. Milliken goes further by conceptualizing moral agency as the ability and willingness to act on behalf of patients.² The 2017 Code of Ethics for registered nurses defines moral agency as “Someone who has the capacity to direct their actions to some ethical end, for example, good outcomes for patients.”³ This includes being a moral agent for the patient. Considering this, it is important to explore what occurs when nurses are constrained in converting moral choices into moral action.⁴ Moral agency enables moral recognition, deliberation and action to fulfill moral obligations. For instance, in this study Nurses

seemed to exercise moral agency by advocating for patients and acting on their behalf, “When patients don’t have a voice, we are that voice for them” (Nurse 5).

Moral agency appears to be an individual trait, influenced by organizational culture. At times, individual nurses can succeed in improving the care provided to patients through independent action and initiatives. However, Nurses acknowledged that time, workloads, resources/space, and the “politics of healthcare” can make it difficult for them to exercise moral agency. Therefore, while nurses show the ability to be independent, to speak up and have autonomy, the overall culture of healthcare can constrain them. In a work setting like healthcare, moral agency is essential because moral dilemmas and situations encountered in healthcare require critical thinking and taking initiatives.

However, when facing time restraints, high workload, and limited resources and space, even resilient nurses who want to exercise moral agency can feel constricted or prevented from acting in the best interest of patients. This may lead to moral distress. For example, in 2009, a public inquiry identified systemic failings in the care provided by the Mid Staffordshire Trust at St. James Hospital in England from 2005 to 2009.⁵ Researchers such as Smajdor investigated these findings and agreed that inadequate quality of services and environments predisposed personnel to moral distress. This was caused by an overarching pragmatic and calculative culture at the Trust.⁶ The report exposed the motivation for reducing costs through controlling resources and processes at the expense of patient care.⁷ It was argued that the Trust failed in its fundamental responsibility to provide safe health services to patients and caused unnecessary suffering and deaths.⁸ Accounts by healthcare professionals described the

distress, frustrations, and feelings of depression and helplessness as their concerns were dismissed by the administration.⁹ Poor quality of health services is a symptom of a greater systematic problem in which nurses and health professionals also suffer. “Emotional and psychological damage can affect people who are working in situations that challenge moral norms, or make them feel powerless to act in accordance with that they believe to be right.”¹⁰ Additionally, Pence observed that compassion requires time and willingness to listen.¹¹ The lack of time and over scheduling in the health care system demonstrates that willingness to listen and form relationships with patients is not possible if time is not available.¹²

Healthcare professionals in general and nurses specifically face complex situations with unpredictable outcomes that can challenge their moral perspective.^{13 14} Over time, moral dilemmas can cause psychological and physiological consequences such as burn-outs, high stress, and fatigue.¹⁵ Witnessing or participating in acts that conflict with an individual’s sense of morality is also detrimental. The healthcare system predisposes nursing staff to moral distress and potential injury by featuring an unavoidably volatile environment combined with large workloads, high emotional demands, a lack of support, and, as a consequence, lack of meaningful relationships.¹⁶

In this study, the Nurses’ responses regarding having a voice in the healthcare system seem rooted in existential thought. By being moral agents, nurses seemed capable of understanding moral principles and using them to guide decisions. The Nurses appeared to understand their roles and the tasks to be performed. They described having to take initiatives to keep the system afloat, having autonomy in doing assessments, and planning care for patients. A Nurse explained that some nurses do not know what to do

with patients' assessments or that they do the procedures without knowing why they are doing it. Such nurses are at risk of developing an automated response to what is the essence of their profession. This represents acting in bad faith because an authentic nurse knows that professional identity is not found by blindly accepting duties set by the profession and the administration. The Nurses interviewed seemed to be rooted in good faith; they indicated that they voice their concerns for patient safety and are not afraid to speak up, but that others such as colleagues, sometimes remain silent in indifference or in frustration.

In striving to be authentic, nurses can explore themselves. It is also important to determine how to increase the knowledge that nurses have in the decision-making network as it may be useful to improving teamwork while allowing them to consider the parallels between their beliefs and the values of the organization they serve. Nurses are authentic when the duties they perform reflect what they value rather than reproducing what is required. For instance, in setting priorities, nurses make choices. Self-exploration allows individuals to accept an organization's moral constructions in good faith. By having good faith, nurses become aware of their moral agency. They acknowledge freedom, choice and responsibility for their actions, and the impact of their decisions on others. The Nurses voiced that at times that they felt they did not advocate enough for patients while other nurses expressed feelings of disempowerment. These feelings can be damaging to nurses. Working in this environment makes it harder for nurses to be authentic and presents a risk for moral distress. Perhaps there is a need to increase the accessibility of processes in place that allow for system-wide advocacy. It is important to

foster moral agency by addressing the constraints in the system. When this occurs, nurses can be more authentic in providing patients with quality care.

Findings

Nurses in the study were asked questions relating to the extent of their moral agency in the health care system. Their responses identified common problems in the organizational climate and culture of health care. These themes demonstrate limitations faced by nurses such as lack of empowerment associated with the hierarchical nature of nursing, lack of time, a high workload, as well as the “politics of healthcare”. These constraints show that the system and nurses may have diverging views regarding patient ontology. Patient flow and productivity are valued while nurses also seek to put patients first and provide patient-centered care. Through data analysis, five themes emerged appearing to impact moral agency in nursing.

Time & Workload

Time limitations and high workloads significantly influence the moral climate of the nurses’ working environment. Nurse 2 explained that “what drains on nursing staff is our workload”. She noted that nurses “have troubles trying to manage and give patients the time. . . because we are patient overloaded”. When the institution focuses on numbers, the system is efficient rather than patient-centered and this may cause moral distress and ethical dilemmas; “There were 7 people critically ill and there was just so many of us. How do you decide who’s more important at the end? These people all really need you. . .” (Nurse 5). The need for efficiency and productivity in the health care system can lead to moral distress among nurses.

Nurses explained that they are pressured to get patients out of the hospital and emergency department quickly. However, Nurse 4 observed that “you can only work at a human pace. . .” The expectation is “to push them [patients] through the system as fast as possible. Get them in, have them seen, and send them out” (Nurse 2). Nurses in long term care type specialties explained that, due to heavy workloads, their time is limited, but they succeed in forming relationships with their patients because they care for them for longer periods of time”

If I actually have the time to be myself it’s usually when I’m working with the longer-term people because I’m spending more time in there with them. Whereas when I’m working at triage, it’s like I can’t really be myself and I can’t choose how I can react to things because my judgment can impact how the patient’s experience goes in the hospital (Nurse 4).

Nurses must also address the moral dilemma of deciding who receives care first. Nurse 2 explained that there is a mentality in emergency where the sickest people do not always receive care first because “We try to get as many people through the system as possible.” Being patient overloaded combined with a lack of time constricts nurses in giving patients the compassion they feel patients deserve. The challenge of being overloaded and addressing the specific needs of the patient in a limited time frame affects the level of care provided to patients and the meaning nurses attach to their profession. Nurse 2 explained the ethical problem as follows: “In focusing on our numbers...we miss the ball on taking care of patients because we are focused on pushing them through the system.”

The healthcare system’s time expectations and patient flow demands conflict with the nurse’s reasons for choosing the nursing profession. The Nurses stated that they became nurses in order to care for patients, to help them in their most vulnerable states.

However, Nurse 5 commented that “The system drains you... It’s hard to keep that empathy after a 13-hour shift.” Again, the time spent with patients has to be “efficient to get to the bottom line pretty fast” (Nurse 2). In the current environment you “can only maintain a high level of care for a certain amount of time before you burn yourself out” (Nurse 2). Therefore, nurses may strive to be authentic in their work by taking initiatives, showing compassion and sensitivity, but ultimately, they may have to restrict their emotions to meet the needs of all patients.

A system that combines high volumes of patients with inadequate staffing levels and time constraints seems to fatigue nurses and negatively impact the quality of care. As described by Nurses, in this current health system, “We’re trying to keep our heads above the water” (Nurse 5). This is a problem that may be causing moral distress across the health care system and in other health professions.

Limitations in Resources & Space

Another issue appearing to constrict moral agency in the health care system is limited resources such as supplies and space. Nurse 3 explained: “Everything’s just compressed into less time and fewer resources” (Nurse 6). With reduced resources, Nurses expressed that patients can at times not receive the care they deserve, thus putting them in jeopardy.

We’ve had expired supplies in our bins, not being able to properly stock central line ICU central line kit based on stuff not being available, IV bags not being available... And tuberculin syringes...there’s not enough for everyone so often times people are trying to make do with what they actually have and it can be unsafe (Nurse 4).

Further, Nurses expressed that it is not appropriate for patients to be assessed and consulted in hallways by healthcare professionals. Nurses explained that this lack of

space signifies patients are not given the privacy and confidentiality they deserve. Resources and space are barriers for nurses in fulfilling their role. These restrictions create a difficult work environment, affecting the quality of care provided to patients and limiting the voice of nurses. “I know this person is sick. I know I need to put them through, but I have no physical space. . . and it’s going against all my beliefs and all my judgments” (Nurse 5).

Hierarchy & Taking Initiatives

Hospitals, like any organization, are structured bureaucratically and hierarchically to care for patients efficiently and effectively. In this system, nurses can find themselves in a paradoxical place in relation to other health professionals. Nurses occupy a level of power in caring, and in being the primary point of contact for patient care. However, Nurses can feel it is risky to take initiatives as it can place them in challenging situations, knowing that speaking up could come back on them can lead to the silenced voice of the nurse:

You can speak uu...[but] if the patient goes home unhappy, whether you’re right or wrong, once they call the client reps and once they give them their story, it all comes back to you... I think nurses need to be independent; they need to make their own decisions... I’m not sure all nurses know why they’re doing certain things (Nurse 3).

In this study, Nurses questioned the limits to their own autonomy and the impact this has on their ability to be good nurses and the fulfillment they find in their profession.

“The politics of health care”

An important theme mentioned in interviews was the idea of the “politics of health care” (Nurse 2). To the nurses, this term signifies that decision-making is out of their hands and administrative values of efficiency and effectiveness can conflict with the

values of patient-centered care. Nurses expressed that the overall structure of the health system is “a numbers game”. Nurses are encouraged to maintain a high level of expedient care while being understaffed and this is difficult; “It doesn’t matter if you have 1 patient or 14 patients, you need to spread yourself to make sure everyone is getting the care” (Nurse 5). Further Nurse 1 comments: “There’s politics like short staffing, and why can’t we bring in more people? ...the people making these calls, is it really for patients?” Policies guiding short-staffing can impact the quality of care patients are receiving and lead to moral distress among nurses as their realities are unheard.

Nurse 5 explained that nurses advocate for patients by using their judgment and critical thinking to maneuver through and “to make things work for the patient, not just the system”. The Nurses agreed that to enhance moral agency, something has to change in the culture of nursing and in how the system operates. These systems problems must be addressed and the culture of health care needs to be redefined.

Resilience

Nurses shared experiences of resiliency in facing moral dilemmas in the nursing profession. Existential hardiness seemed to be an underlying theme as the high pace/stress nature of the health care system places nurses in situations where moral judgment is required. To the Nurses, the ability to cope with ethical dilemmas and experiences in healthcare comes with time and a cohesive team. Starting out in the profession, the Nurses described themselves as “green”, and “clueless”. Nurses explained that for inexperienced nurses it is difficult to have a voice or to take initiatives. It was the Nurses’ practical experiences and peer support rather than their educational training that gave them the confidence they need to speak up in morally complex situations. Having a

good team environment is crucial to being able to take initiatives and provide the best care to patients:

If you don't have a good teamwork environment, sometimes you can't take initiative because you don't want to step across somebody else's plan... You go home and think, 'Oh God, what could we have done better...how many people did we fail because our plans were not properly vocalized to each other?' (Nurse 4)

Nurses acknowledged that while their education prepared them technically, it was their practical training that guides them in everyday practice. Learning and gaining experience also appears to be an important factor in making decisions in morally complex situations and in being resilient.

Discussion

At the core of the healthcare system is a culture committed to productivity, efficiency, and effectiveness. This study began to identify and analyze organizational values in healthcare culture to see how it impacts the moral agency of nurses. Emerging themes suggested that the moral agency of nurses is limited in healthcare by time restraints, high workload demands, and limited resources/space. These constraints stem from bureaucratic values conflicting with moral agency. The current culture may lead to moral distress among nurses who strive to be authentic by using moral judgments and think critically in their professional practice. While nurses are required to take initiatives to make the system function, the essence of their autonomy and independence can be limited by the hierarchical nature of the healthcare system. If the healthcare system minimally supports nurses in being moral agents, it can damage nurses' collective perception of their role in healthcare and their long-term perception of meaning through work. Therefore, the current culture may be generating a sense of powerlessness among nurses who want to be themselves in their work and find meaning in their actions.

Nonetheless, a healthcare culture prioritizing efficiency and effectiveness seems to have repercussions on the well-being of nurses, consequences for patient safety, and the quality of care provided to patients.¹⁷

In this study, it appears that the hospital administration influences the environment by guiding patient flow, patient experience, and staffing levels. The intent, as seen in all bureaucratic environments, is to achieve efficiency and effectiveness in the system. However, as the administration is removed from direct contact with patients and, to some extent, with staff, the overarching organizational values can conflict with individual moral agency.

Further, Nurses appeared to find it difficult to exclude personal moral values from the decision-making process or the tasks to be accomplished. By investing themselves in the care they provide, nurses seek to be authentic in their work and this requires moral agency. Moral dilemmas, restrictions due to time restraints, high workloads, and limited resources and space are potential factors limiting moral agency and leading to moral distress.

When a healthcare system focuses on organizational values, reflected through patient flow and productivity goals, it can overlook the moral issues encountered by the nursing workforce. Although the administration may not purposefully be acting in bad faith, the consequences of prioritizing bureaucratic goals within the system seem to constrain nurses and affect patient care. In the current system, nurses are limited in their time and must manage high workloads and make do working with limited resources and space. Efforts to rationalize the health care system as discussed by the Nurses aim to make the health system more efficient and effective. In reality, this approach appeared

limiting as it created policies that restrict nurses and limit their moral agency. The repercussions seemed to affect the moral sense of nurses who described feeling limited in providing the best care possible for patients. While health care rationalization appeared to be an effective framework to maximize productivity and expedite the short-term goal of keeping the system afloat, it did not consider the long-term consequences on nurses and potentially their patients.

The organizational climate described by nurses may predispose them to moral distress and result in inadequate quality of services for patients. In this setting, the wellbeing of nurses is also endangered as they are overworked, fatigued, and risk burnout functioning in this environment. In understanding the nature of this climate, a more collaborative, respectful, and meaningful culture can be fostered in the system. Such initiatives may translate into reduced turnover, absenteeism, stress, moral distress, and injury.

Conclusion

The purpose of this study was to explore potential barriers to the moral agency and resilience of nurses in their bureaucratic healthcare contexts. Resilience is an underlying theme in this study and demonstrated through nurses' ability to cope with moral dilemmas and distress. Nurses in this study explained that nothing prepared them for the difficult emotional experiences they see in their careers or how to effectively cope with moral dilemmas. Moral agency appears to be influenced by hierarchy and taking initiatives, time/workload, and the “politics of healthcare”. Learning and gaining experience seemed to be the determining factor in the Nurses’ level of moral agency and resiliency. Finding meaning in work helps nurses overcome situations of stress and

successfully cope with the demands in time and workload. It is essential to foster resiliency to maximize moral agency and reduce moral distress in the nursing profession.

Note: Methods of this research included recruiting five registered nurses and one licensed practical nurse. Nurses had five to eighteen years of experience in emergency and/or long-term care specialties. Two nurses had experience mainly in long term care type specialties. One Nurse had extensive experience in both acute and long-term settings (18 years total) and the three other Nurses were specialized in emergency. Nurses were recruited using purposive and snowball sampling. Ethical approval was received, and interviews with Nurses were conducted at a local University. These sessions were conducted, audiotaped, and transcribed. Each Nurse received the transcript of their interview by email to ensure that it contained what they wished to convey as well as the findings of the research.

The data, words and phrases, were coded and organized into patterns by meaning. Thematic content analysis allowed the researcher to identify and describe explicit ideas while emphasizing implicit relationships and themes within the data sets. Having a small sample size allowed the researcher to explore the experiences of Nurses in depth. The researcher formed themes based on the experiences of Nurses described in the interviews.

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