Protecting Client Autonomy: A Grounded Theory of the Processes Nurses Use to Deal with Challenges to Personal Values and Beliefs

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A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

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January, 2008
I hereby certify that the work embodied in this thesis is the result of original research and has not been submitted for a higher degree to any other University or Institution.

(Signed): .............................................................
Acknowledgments

The journey I have taken to complete this thesis has been somewhat like a rollercoaster ride. There have been times of pure exhilaration and excitement interspersed with moments of panic and dread. But it is a journey I shall never regret for I have learned much about the topic under investigation and about myself. This would not have been possible without the support, nurture, and encouragement of many. I wish to acknowledge a few of the individuals who have played particularly important roles in helping me through this journey.

Foremost I thank my principal supervisor, Professor Irena Madjar. Due to several unforeseen circumstances the journey has taken longer than initially anticipated. I am so grateful you were willing to stay with me until its completion even though at times that caused difficulties. I could not have wished for a more supportive supervisor and mentor. On some occasions I considered giving up, but your encouragement and reminders that the study was important to nursing helped sustain me. Thank you so much for taking time to dialogue about my insights through the project and for all you taught me about research, academic writing, and dedication to a cause.

I also thank Associate Professor Margaret McEniery who was a co-supervisor through much of the project. Although, due to retirement, you left before I completed the thesis, I want to acknowledge your contribution, especially in the early part of my journey. Thank you for encouraging me to pursue my topic of interest and giving me confidence that I had the ability to do it.

The study could not have happened without the generosity of the participants. Although they must remain anonymous I acknowledge their major contribution and thank them sincerely for their willingness to share their time and stories.

My employer, Avondale College assisted me financially through this program and for that I am grateful. I also thank my work colleagues - you supported me by showing interest in my progress and by providing ongoing and indispensable encouragement.

Sustaining me through the journey in their own special way were many special friends. Particular mention is made of Jennifer Knight and the ‘craft group’ who helped me remember there was a life outside of academia. Thank you for helping me maintain my sanity!

I acknowledge the support of my family. I thank my extended family for nurturing me and allowing me to pursue my academic journey. Special thanks go to my father Ray Wilkinson, for inspiring me to begin the project and helping me stay motivated through to its completion; and to my late mother Ruth for the way she encouraged me to reach high goals.

Finally, and most importantly, I thank my husband Steve, and daughter Kayla. I recognise you both made many sacrifices to help me pursue this dream. Thank you so much for your enduring patience and love. This work is dedicated to you.
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Being self-aware
Determining duties to other/s versus self
Engaging self as protector
Restoring self from tension or anguish

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Quoted sections from participant data (interview transcripts and vignette responses) are included in this thesis.

Please note that for ease of reading, where there is no effect on the meaning of the statement, I have excluded from the quotes:
• verbal utterances such as “umm” and “err”,
• use of ‘fill in’ words such as “like” and “right”,
• repeated words due to stuttering.

The following font and symbols have been used when including participant data in this thesis:

*Italics*  Used to indicate all excerpts from interview transcripts and vignette responses

…  Section of the original quote has been left out

(---)  Long pause (several seconds) by participant during interview
Abstract

Registered nurses, while carrying out their professional roles, regularly encounter situations with ethical components. While there are research findings reporting the types of ethical challenges nurses face, their level of involvement in ethical decision-making, and reasoning processes used, how nurses actually deal with situations that challenge them personally has not been specifically explored. The purpose of this study was to investigate the psychosocial processes that can explain how registered nurses reason and make decisions when faced with ethical situations that challenge their personal values and belief systems.

A grounded theory approach was used to conduct the study, allowing a substantive theory to be developed. Twenty-three nurses, currently working in metropolitan or regional areas in New South Wales, volunteered to participate in the study. Two methods of data collection were utilised, the first being semi-structured, in-depth interviews which were audio taped then transcribed. The second method used hypothetical vignettes with associated questions to which the participants were invited to anonymously return written responses. Data were managed by means of the computer program NVivo 2, while constant comparative analysis using open, axial and selective coding, as outlined by Strauss and Corbin (1998), was performed.

The substantive theory which emerged from the data explains the processes used by nurses when they have to deal with ethical challenges to their personal values and beliefs. The basic psychosocial process (core category) of protecting client autonomy reveals a pattern of moral reasoning that gives priority to the client’s self-determined choices. This subsumes the key processes (subcategories) of: (1) being self-aware, (2) determining duties to other/s versus self, (3) engaging self as protector, and (4) restoring self from tension or anguish, which link to each other and to the core category to explain the various sub-processes used when protecting client autonomy is considered a priority. Findings in the study revealed that nurses who give primacy to client autonomy believe they should not impose their own preferred choices on to clients. Yet the emphasis on client autonomy is also paradoxical, since it may come at the cost of compromise and even denial of the nurses’ own autonomy.
and their deeply held values and beliefs. When they become aware that their personal values and beliefs are being challenged, they are at times prepared to compromise their own values or beliefs, yield to constraints, or put themselves at risk in order to protect the autonomy of clients. Such actions can leave nurses experiencing ethical tension or anguish for which they need to seek support. Opportunities to find appropriate support are not always available to them in the work environment.

The findings in this study have important implications for both nurses and the nursing profession. The pattern of moral reasoning shows generosity and nurses’ commitment to their caring and advocacy roles. However, when nurses are regularly prepared to compromise their own values or beliefs because they give priority to protecting client autonomy, there is a risk they may be left with a sense of loss to their personal worth and in their ability to be moral agents. Further, in some situations it may occur out of complacency because they simply accept that it is the client’s choice, absolving the nurse of further moral responsibility. Appropriate support systems need to be available to nurses to help them deal with the consequences which may occur as a result of giving preference to clients’ choices, over their own.