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Stress of Conscience: Concept Clarification

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Abstract

Workers in healthcare systems are predisposed to work-related stress based on moral factors. Stress results when nurses are exposed to ambiguous moral situations, or when they are prevented by hospitals or their employer from doing what they ought to do. Such experiences have been described as *stress of conscience* because they give rise to a troubled conscience. Empirical studies indicate that healthcare employees, including nurses, sometimes refer to *stress of conscience* when faced with ethically difficult situations related to patient care.

Keywords: Stress, *conscience*, *Concept*

Stress of Conscience

Healthcare professionals are often in ethically difficult situations. They experience distress when they face a situation with contradictory demands or are hindered from taking actions that they experience as ethically demanding. Healthcare professionals who have high moral sensitivity will experience ethical demands that may give them a bad conscience when they do not act in accordance with these demands. How they react to a bad conscience is connected to their perception of the origin and significance of conscience.

This part of the study describes the concept of conscience as reflected by the care professionals and particularly nurses. The literature analysis was based on articles from 1990 to 2010 from the databases of CHINAL, PubMed, PsycINFO, Military & Government Collection, and MEDLINE with full text, with the purpose of reviewing and summarizing past research about the conscience of nurses.

According to Altun (2002), nurses may sometimes feel stressed when carrying out basic tasks of promoting and maintaining the health of individuals, families, and the community. Care providers often meet people who need help, but who cannot afford health care. In such cases, nurses feel helpless, guilty, shameful, and powerless. Sometimes nurses and physicians are in conflict with their own conscience. In such cases, their conscience creates moral stress.

Lutzen, Cronqvist, Magnusson, and Andersson (2003) stated that all healthcare workers may be viewed as engaging in a moral enterprise embedded in one-to-one relationships. Nurses are aware of patients' vulnerability, made evident by diminished health and dependent relationships; nurses feel a moral responsibility to provide care that is in the best interest of the patient. Moral stress begins when nurses are morally sensitive to patients' lack of autonomy and believe that they have no control over the situation. Healthcare professionals who have high

moral sensitivity will experience ethical demands that may give them a troubled conscience when they do not act in accordance with these demands. A nurse's reaction to a troubled conscience is connected to the perception of the origin and significance of conscience (Tuveesson, Eklund, & Wann-Hansson (2012); Glasberg et al., (2006).

Conscience in Philosophy

Historically, conscience has been defined by the ethics field as the will of a divine power expressing itself in man's judgments; an innate sense of right and wrong resulting from man's unity with the universe; an inherited intuitive sense evolved during the long history of the human race; and a set of values derived from the experience of the individual. Schalow (1995) conducted a phenomenological analysis of Heidegger's concept of conscience. Heidegger distinguished the linguistic dimension of conscience as the reticent voice of care, the individualized transmission of the call as a testimony of the authentic self.

Heidegger (1927) described conscience as a voice that the self both utters and heeds. For him, conscience was not a human mode in which the voice of God becomes present, but rather the recoil from absence, which prefigures any turn toward enlightenment and self-discovery. Heidegger uncovered conscience as God's way of seeking out what is most troublesome or of foremost concern to us, as an appeal corresponding to the divine logos, which stands for God's conscience. Heidegger (1927) suggested that conscience involves troubling oneself to take care of the troubling situation. According to Heidegger, the call of conscience says nothing; by saying nothing, the call provides the necessary provocation to awaken the self to its own possibilities, including the unique prospect of death. The logos, which is expressed in the silent call, supplies the governance to direct the self back to who it already is.

Conscience in Psychology

Conscience is a multifaceted construct with diverse affective and behavioral manifestations. Conscience is defined as a person's system of moral values, standards of behavior, and sense of right and wrong. Its elements consist of a sense of accountability, including both responsibility for past actions and feelings and obligations with regard to future ones, a capacity for self-criticism, and standards and ideals. Conscience is linked to concern about compliance with standards of conduct, apology, confession, and reparation as well as empathy and concern about social relationships (Galdikiene, 2005).

Kohlberg's studies on moral maturity and immaturity clearly show that not all orientation for life is a call of moral conscience. Kohlberg posited six stages of moral development (two stages at three major levels). The first stage on the first level is marked by heteronomy and an orientation toward punishment. In the second stage, morality is pragmatic and based upon the satisfaction of needs, primarily one's own. At the third stage, on the second level, morality is defined in terms of conventional social standards, and the emphasis is on superficial niceness. At the fourth stage, morality reflects a belief in maintaining social order and obeying authority. The third level refers to the development of moral thought and consciousness of rules. At the fifth stage, people understand and believe that rules can be changed if everybody agrees to such a change. Kohlberg's sixth and final stage is characterized by the presence of self-selected standards as well as true respect for other individuals (Crain, 1985).

How conscience develops is an important subject of theoretical investigation for the human-service professions. Conscience development, which includes ethical and moral development, requires some degree of intellectual development. The growth of conscience involves a gradual increase in impulse control, the incorporation of parental moral standards, the

development of shame and guilt, the learning of the consciousness and practice of rules, and the maturation of a sense of justice (Rose, 1999).

Conscience in Theology

We can find a different explanation of conscience in Biblical foundations. Farin (2008) indicated that the Hebrew language has no specific word for conscience, though the idea of a judgment of actions performed is expressed by reference to the heart. The heart, meaning the inward part of a person, as opposed to what is visible from it, precedes thoughts, feelings, words, decisions, and actions. The Scriptures present the proper working of the heart in terms of seeking God, being in relationship with Him, and listening to Him.

According to the Greeks, conscience is a function of reason. In the Greek sources, pain of conscience is experienced by the individual. Many theologians commented on the individuality of conscience. The individuality of conscience had dramatic consequences for individuals and the communities in which they lived and died. However, the principle of the conscience is religious, or, more specifically, Catholic. Most faith groups that have a theologically centered reality include the central notion that an individual answers personally to God for what he or she has done. Because individuals answer for their behavior, they must have the freedom to act on their deeply-held, reflected beliefs. Conscience is not laissez-faire behavior; it involves deep reflection on one's values (Rickaby, 1908).

Crowell and Malpas, (2008) has asserted that conscience meaning, particularly in Catholic moral theology, determines good and right conduct in a concrete situation. In theology, the emphasis has been placed on the object-orientation of the conscience. Often, the conscience is considered the voice of God. The phrase "follow your conscience," which is often heard in connection with morality and pastoral matters, is subject-related.

From an Islamic point view, conscience is a judge having a spiritual quality that differentiates between right and wrong. Commonsense and conscience are given to everyone, but people do not always use them; hence, they stray from the right path. Conscience is like inspiration. When a man does something wrong, he feels guilty deep in his heart. When a man does something right, he feels a sense of satisfaction. Hence, conscience determines what is good and what is bad. Here it should be noted that there are two types of human conscience: pure and impure. The former is referred to as *Nafs-e-Mutminah* or “the contented self” in the Quran. It is a virtuous self-differentiation between good and bad according to divine injunctions. The latter is referred to as *Nafs-eummurah*, or “the evil self.” It does not differentiate between good and bad; it is demonic. About the conscience or self, the Quran states: “the self and what proportioned it and inspired it with depravity and piety, he who purifies it has succeeded, he who covers it up has failed” (Jafr, n.d.). Conscience is a natural gift of God that is a great guide and arbitrator. Conscience draws the line of demarcation between vice and virtue, justice and injustice, logical and illogical (Jafri, nd).

Stress of Conscience in Healthcare

Healthcare personnel refer to their conscience to answer ethical questions when their conscience commands them to do the right thing for people in need of medical treatment (Glasberg et al., 2006). Nurses have reported feelings of a troubled conscience in situations in which they felt unable to provide the quality of care that they believed was required of them. Moreover, nurses have reported difficulty in dealing with feelings aroused when a patient is suffering; their inability to sense patients’ needs makes them feel inadequate. Nurses indicate that stress of conscience is attributed to factors such as deficient social support from superiors

and low levels of resilience (Glasberg et al., 2006; Juthberg, Eriksson, Norberg, & Sundin, 2007; McHale, 2009).

Healthcare personnel often refer to their conscience when asked to rate the meaning of being in ethically-difficult care situations. Conscience forbids and commands certain actions as well as requires people to examine their actions (Glasberg et al., 2006; Juthberg, Eriksson, Norberg, & Sundin, 2008; McHale, 2009). A troubled conscience has been described as a positive force that develops our moral values; it makes nurses aware of their values, even though its negative consequences are more frequently described. For nurses, an inability to act according to their conscience is associated with several phenomena: decreased well-being in nurses and patients, high turnover rates and shortages of nurses, burnout, and distancing from patients. A question that arises in response to these findings is whether a troubled conscience is a source of stress in healthcare work. The possible negative consequences of a troubled conscience make it imperative to understand more about situations that evoke it in order to offer guidance to personnel in how to relate to professional values and rules and to their personal conscience (Åhlin, Ericson-Lidman, Norberg, & Strandberg, (2015); Glasberg et al., 2006).

Empirical studies have shown that healthcare personnel sometimes refer to conscience when talking about being in ethically-difficult everyday care situations. A study conducted by Juthberg et al. (2007) examined the relationship between conscience and burnout among care-providers in elder care, exploring the relationship between stress of conscience and burnout, and between perceptions of conscience and burnout. A questionnaire was distributed in municipal housing for older people to 166 care providers, 146 of which (50 registered nurses and 96 nurses' aides/enrolled nurses) participated. The results indicated that the highest mean of the index scores was calculated for the item, "How often do you lack the time to provide the care the

patient needs?” followed by, “Is your work in healthcare ever so demanding that you do not have the energy to devote yourself to your family as you would like?” The lowest mean of the SCQ index scores was calculated for the item, “Is your private life ever so demanding that you do not have the energy to devote yourself to your work as you would like?” followed by, “Do you ever find yourself avoiding patients or family members who need help or support?” However, the canonical correlation between stress of conscience and burnout indicated that experiences of shortcomings and of being exposed to contradictory demands are strongly related to burnout (primarily to emotional exhaustion). The relationship between perceptions of conscience and burnout indicates that stress of conscience is strongly related to burnout.

Conclusion

Stress of conscience can be provoked by environmental factors. Substantial research suggests that personality or belief factors affect how well we cope with the demands placed upon us. Conscience may play an important part in the way that stress is experienced, yet very little research has been conducted on conscience in healthcare. A cross-sectional study to examine factors related to stress of conscience in healthcare (Glasberg et al., 2007) collected data from one hospital in northern Sweden and eight surrounding primary healthcare centers. The data were collected using a series of questionnaires completed by 423 healthcare employees. The series includes the Stress of Conscience Questionnaire, Perception of Conscience Questionnaire, Revised Moral Sensitivity Questionnaire, Social Interactions Scale, Resilience Scale, and a Personal/Work Demographic form. The data were analyzed using stepwise regression analysis with forward inclusion, resulting in a model that explains approximately 39.6% of the total variation in stress of conscience.

Stress of conscience was further related to poor social support from superiors but not from coworkers and family/friends. This finding is contrary to a previous study with the same sample, which found that burnout was related to deficient support from coworkers but not to deficient support from superiors, family, and friends (Glasberg et al., 2007). Furthermore, the experience of stress of conscience and not being able to follow one's conscience at work is, to some extent, dependent on outer restrictions, that is, on the boundaries set by managers.

References

- Åhlin,,J. Ericson-Lidman, E., Norberg, A., and Strandberg, G. (2015). A comparison of assessments and relationships of stress of conscience, perceptions of conscience, burnout and social support between healthcare personnel working at two different organizations for care of older people. *Scand J Caring Sci*; 29; 277–287
- Altun, I. (2002). Burnout and Nurses' Personal and Professional Values. *Nursing Ethics*, 9(3), 269-278.
- Crain. W. C. (1985). *Theories of Development. Chapter seven Kohlberg's stages of moral development*. Retrieved from <http://faculty.plts.edu/gpence/html/kohlberg.htm>
- Crowell, S., &Malpas, J. (2008) Review article. [Review of the book *Transcendental Heidegger*]. *Parrhesia Journal*. Retrieved from http://www.parrhesiajournal.org/parrhesia05/parrhesia05_farin.pdf
www.parrhesiajournal.org
- Galdikiene, N. (2005). *A validity study of a questionnaire about the perception of conscience among care professionals in primary health care in Lithuania*. Retrieved from [http://www.bth.se/fou/cuppsats.nsf/all/51e677dbd543e896c125727a005c0e10/\\$file/NIJ_OLE_Tezes_Svedijai_references.pdf](http://www.bth.se/fou/cuppsats.nsf/all/51e677dbd543e896c125727a005c0e10/$file/NIJ_OLE_Tezes_Svedijai_references.pdf)
- Glasberg, A., Eriksson, S. Dahlqvist, V., Lindahl, E., Strandberg, G., Soderberg, A., Venke Sørli, V., & Norberg, A. (2006). Development and initial validation of the conscience questionnaire. *Nursing Ethics*, 13(6), 633-648.
- Glasberg, A., Eriksson, S., & Norberg, A. (2008). Factors associated with “stress of conscience” in healthcare. *Scandanavian Journal of Caring Sciences*, 22(2), 249-258.

- Glasberg, A., Eriksson, S., & Norberg, A. (2007). Burnout and “stress of conscience” among healthcare personnel. *Journal of Advanced Nursing*, 57(4), 392–403.
- Heidegger, M. (1927). *Being and time*. (Joan Stambaugh, Trans.). Albany: State University of New York Press, 1996.
- Jafri, M. (ud). *Islamic concept of conscience*. Retrieved from http://www.irfi.org/articles/articles_151_200/islamic_concept_of_conscience.htm
- Juthberg, C., Eriksson, S., Norberg, A., & Sundin, K. (2007). Perceptions of conscience in relation to stress conscience. *Nursing Ethics*, 14(3), 330-343.
- Juthberg, C., Eriksson, S., Norberg, A., & Sundin, K. (2008). Stress of conscience and perceptions of conscience in relation to burnout among care-providers in older people. *Journal of Clinical Nursing*, 17, 1897-1906
- Lützén K., Cronqvist A., Magnusson A., & Andersson, L. (2003). Moral stress: Synthesis of a concept. *Nursing Ethics*, 10(3), 312-322.
- McHale, J. V. (2009). Conscientious objection and the nurse: A right or a privilege? *British Journal of Nursing*, 18(20), 1262-3
- Rickaby, J. (1908). Conscience. In *The Catholic Encyclopedia*. New York: Robert Appleton Company. Retrieved from <http://www.newadvent.org/cathen/04268a.htm>
- Rose, S. (1999). Towards the development of an internalized conscience: Theoretical perspectives on socialization. *Journal of Human Behaviour in the Social Environment*, 2(3), 15-27.
- Schalow, F. (1995). The topography of Heidegger’s concept of conscience. *American Catholic Philosophical Quarterly*, 69(2), 255-273.

Tuvelsson, H., Eklund, M., & Wann-Hansson, C. (2012). Stress of Conscience among psychiatric nursing staff in relation to environmental and individual factors. *Nursing Ethics*, 19(2):208-19. DOI: 10.1177/0969733011419239