

Paper Session C2: Ethical Aspects of Clinical Decision-Making

Moral Decision-Making in Nursing: A Theoretical Model to Guide Research and Practice

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Purpose: To explicate the Moral Cascade Model as a framework for nursing research, policy formation, and practice.

Background: Nurses are consistently rated as the most trusted profession in the US. Actual nursing care, however, is often carried out in environments that are riddled with cultures, policies, and practices that may not fully align with the mores of the individual nurse or the Code of Ethics for Nurses. As such, moral distress is an increasingly recognized and studied nursing phenomenon. Organizational research, both within and outside of nursing, explores the interconnections among organizational ethics, culture, and worker or institutional outcomes. Studies that examine the interactive dynamics of the organization and the individual are scant, however, and hampered by methodological complexity and a paucity of guiding conceptual frameworks. The Moral Cascade Model has been developed to address this gap.

Approach: The model was inductively derived via theory synthesis and derivation strategies utilizing the scholarly literature on stress, moral development, positive psychology, and virtuous organizations.

Major Points and Rationale: The Moral Cascade Model posits an interactive dialectic between 1) individual experience and moral judgments and 2) the virtuousness of the employing organization. Depending on how resolution is reached, moral stress can cascade via two pathways, one leading to a moral distress and its sequelae, moral residue, the other leading to moral eustress with corresponding organizational enhancement. The model details the evolving nature of individual and organizational moral identities, and the role of key concepts such as moral prehension, moral attention, moral certainty, and organizational virtuousness. The pathways by which moral stress can lead to vitality in practice and a highly responsive, morally robust organization are discussed, as is the obverse: cynicism and despair on the part of the individual and obtunded, ethically indifferent organizations.

Conclusions: The response to moral stress within and between individuals and organizations requires a transformative, interactive approach. The Moral Cascade Model and its conceptual foundations are currently being studied. Opportunities for nurse scientists are discussed, as are implications for policy formation and practice.