

# **SOCIETAL CONTEMPT TOWARD NURSING AS A PROFESSION**

A Research Paper submitted to the Department of Engineering and Society  
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By

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On my honor as a University student, I have neither given nor received unauthorized aid on this assignment as defined by the Honor Guidelines for Thesis-Related Assignments.

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Moral distress is a complex problem that occurs when person is unable to act in a correct manner according to their internal code of ethics due to institutional level parameters (Morley, 2018). This condition is most commonly found in healthcare workers, and even more specifically nurses. Due to their role in hospitals, nurses are frequently placed in moral dilemmas to which their position in the institutional hierarchy does not allow them to act in lines with their values (Burston & Tuckett, 2013). The accumulation of morally distressing events is met with nearly zero outlets, as hospitals rarely have units designed to handle such cases. Left unabated, these problems affect patient care and increase the already expanding burnout rates plaguing the United States (Jacobs, 2021). Being a relatively new concept of mental health, moral distress has only been perceived as an important problem for past few decades (Fourie, 2017). While there has been much research on the associated complications, as well as identification of its triggers, there is a relatively low number of intervention tools available. Similarly, current processes only understand the base level of why it occurs; there is little research explaining the implications of societal stigmatization and hierarchal infrastructures that correlate to increased moral distress levels. It is important to isolate the factors that expand and incite the negative consequences associated with moral distress. Facilities can then be established that work to reduce the effects of moral distress, therefore increasing overall patient care. Further generating awareness of the cause-and-effect relationship involved will result in societal and institutional level changes that could break the paradigm of burnout in nursing culture.

These issues will be addressed through a tightly coupled technical and STS project presented in this report. The technical project, lead by Vanessa Amos consisting of undergraduate researchers Taylor Brooks and Keegan Pezzella, will focus on the software development of a mobile device app. This application, will serve as a point of contact between

nurses and higher-level hospital staff, as well as provide strategies to alleviate problems associated with moral distress. In a world built around communication, speaking out about mental health often creates a negative portrayal of the speaker to their peers (Stuart, 2006). The anonymity that is supported through the app will help to increase the number of reports, and ensure a healthy workplace environment. Since nurses are especially susceptible for moral distress, it is important to understand their role in society. Identified through the STS research will be the key social factors effecting mental health among nurses in healthcare. How they are portrayed through media, and the social contempt faced by most nurses every day encourages cases of moral distress. This is further exacerbated from hospital management, which place extreme stress on nurses while offering minimal support. It becomes difficult to work confidently when your profession is perceived with a negative connotation from society due to the complications placed on you by the institution for which you dedicate your life (Hayes, 2019).

These paired research projects will be presented in the form of a scholarly article which uses Actor Network Theory as a critical framework. With a goal to further the debate on how society influences our healthcare system, this theory will provide an in-depth view at the various confounding factors that enable the mistreatment of nurses in their profession. By analyzing this view society has on nurses, and understanding what actors are influencing this perception, it is hopeful that the nursing profession will not only see greater confidence levels, but a decrease in moral distress that ultimately correlates to increased patient outcomes. Taking it one step further, this research would spark further debate that results in changes within hospital support services as well as an increase in work satisfaction among nurses.

## THE UTILITY OF FRAMEWORK

To better understand the connections between society and nursing distress as well as discover potential solutions, an Actor Network Theory (ANT) should be referenced (Cresswell et

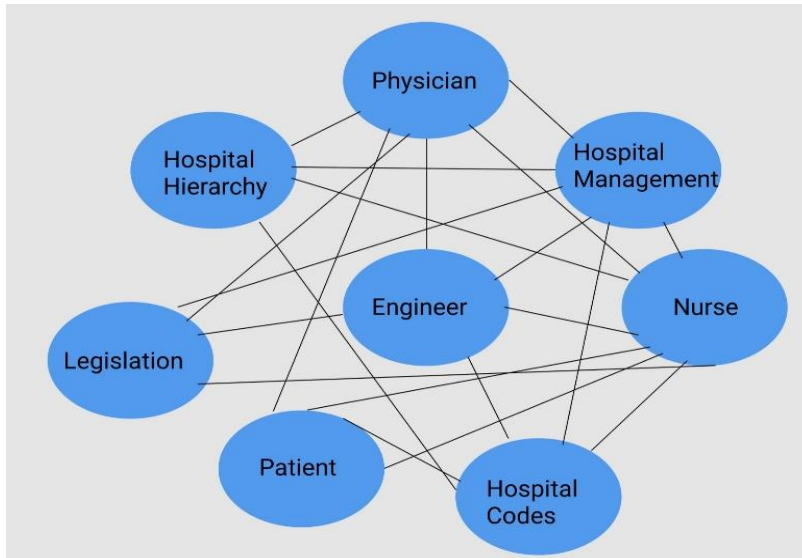


Figure 1: Application of Actor Network Theory: Each group, whether human or non-human, is treated with the same ability to change society and technology (Miroulis, 2021).

al., 2010). Figure 1 depicts the connectedness of different actors, and how each group can affect the technological and societal impacts of the other. Bruno Latour, Michel Callon and John Law, the creators of ANT, describe it as a method to create a relationship between factors

human or non-human that have power to alter the technological and societal process (Cresswell et al., 2010 p. 1; Hurtado-de-Mendoza et al., 2015; Law & Callon, 1988). This theory provides reasoning as to why certain technologies or social constructions exist, and gives good insight into how adding new technology will alter those same factors. ANT is especially good at creating connections through shifting networks, and explaining how they may change in the future. Healthcare models could greatly benefit from the use of this analysis. According to scholars Joram Nauta and Marc Steen, incorporating the opinions of various stakeholders helps to mold ANT models, and increases success in innovation (Steen & Nauta, 2020). They focus on increasing societal engagement, which inevitably raises project diversity, in order to address problems and

identify potential actors. This would prove to be especially impactful in an environment, such as hospitals, that experience diverse populations with antithetical differences.

## **SOCIETAL CONTEMPT TOWARD NURSING AS A PROFESSION**

### **INSTITUTIONAL FAILURE**

Nurses are experiencing rapidly increasing burnout rates all across the country (Haddad et al., 2021). The effects of COVID-19 only exacerbated the problem as hospitals are constantly at capacity or turning away patients with less than life threatening needs. Hospitals are unable to support themselves financially and are forced to close all while healthcare frustration rises due to public misconception and political negligence (Jacobs, 2021). All of these problems are placed into the hands of both physicians and nurses. Nurses work tirelessly in some of the most highly demanding environments, and are reaching burnout stages at much earlier points in their careers (Gutsan et al., 2021). Nurses specifically, because of their role in healthcare, are faced with problems such as the prioritization of care, and inability to properly care for each patient. These problems account for significant increases in mental health strain, and without the ability to seek support, cascade into a cycle of further decrease in quality of care. The current understanding of overworked and morally limited nurses is that the hospital mortality rate increases by 7 percent per each patient above 4 assigned to 1 nurse (Gutsan et al., 2021). The only option left is to drop out and switch careers, which is unsustainable in a field that is already projected to experience serious shortages by 2034 (Renfrow, 2021). While some hospitals have worked with nurses in order to better understand the problem, this is highly limited and often reliant upon the nurses stepping forward to enact change. They have been forced to innovate solutions to patient care and hospital flow in attempts to counteract the dire circumstances of hospital staffing (Boyel,

2021). In order to reduce burnout and increase patient care, nurses need a system in which they can better control the environments they work.

Hospital management is a crucial aspect to the functionality and patient care of a healthcare system. Management dictates high level processes such as patient flow, staffing, and funding. All of which play important roles in determining the level of procedural success. On top of clinician experience and skill, funding is often one of the most relevant factors dictating the quality of patient care (Akinleye et al., 2019). As a business, most healthcare institutions operate on the basis of making money, and similar to other industries those that make more money typically perform better. When capital is poorly managed it becomes difficult compete with wages that other hospitals are able to guarantee. This creates problems in staffing, which ultimately causes nursing cohorts to be overworked. In an environment such as a hospital, time off is extremely important for patient care. Not being able to meet certain requirements for staffing, pressure and increased mental health problems. With no indication of subsiding, this is a significant driver of rising burnout rates and is a reason why many rural hospitals are unable to sustain themselves (Ellison, 2021; Paradisi, 2018).

Hospitals employ a staff that consists of a myriad of departments, each with a team containing an extensive conglomerate of workers. They operate on a hierarchy that gives doctors the final decision on operations and treatment procedures. Since nurses will typically rank on the lower end of these models, they are subject to high levels of mental health strain and increasing situations involving moral distress (Burston & Tuckett, 2013). Nurses are consistently placed in situations in which they are unable to act in the way they feel most appropriate. Whether this is due to a disagreement between a nurse and doctor, or institutional level regulations, they seldom are able to act on their own accord. At a large scale, these occurrences are commonplace and

cause moral distress to buildup among the nursing staff. Institutions currently have few consultation services for mental health and even fewer for moral distress. They are time consuming processes that nurses will often choose to forgo (Weiner, 2020). Being lower on the hierarchy, when they do seek help from the hospital little is done to change the institutional level problem. Counseling is conducted in an attempt to alleviate the current stressor, but then the nurse is released back into the same environment only to await the next similar encounter. Hospitals conduct their work in a constantly adapting field, and yet fail to adapt to the needs of some of the most important members.

Upon the spreading of COVID-19, hospitals have had to make serious changes involved in patient flow models and care delivery. The virus has kept hospitals near maximum capacity and has had a devastating effect on the nursing profession. Demand has increased on nursing staffs to not only work more often in a dangerous environment, but provide care to patients with very little understanding of the correct treatment plan. Burnout rates have risen drastically and the only solution hospitals have devised is to raise their salary (Haddad et al., 2021; Yang, 2022). While an important, and for many convincing adjustment, no solutions have been pushed to quell the shortage. Nurses continue to be overworked and leave a profession that invests little into ensuring the prosperity of their mental health.

## **SOCIAL STIGMA**

The nursing profession has seen the perpetuation of both stereotypes and societal scrutiny that appear unchanged, even through the modern era of progressivism (Hayes, 2019). The contempt elicited on a societal level can be found from the early role of women as nurses, as well as the portrayal through media outlets (Brennan, 2020). In modern healthcare, nurses face

chastisement from multiple sources including, physicians, patients, family members, and

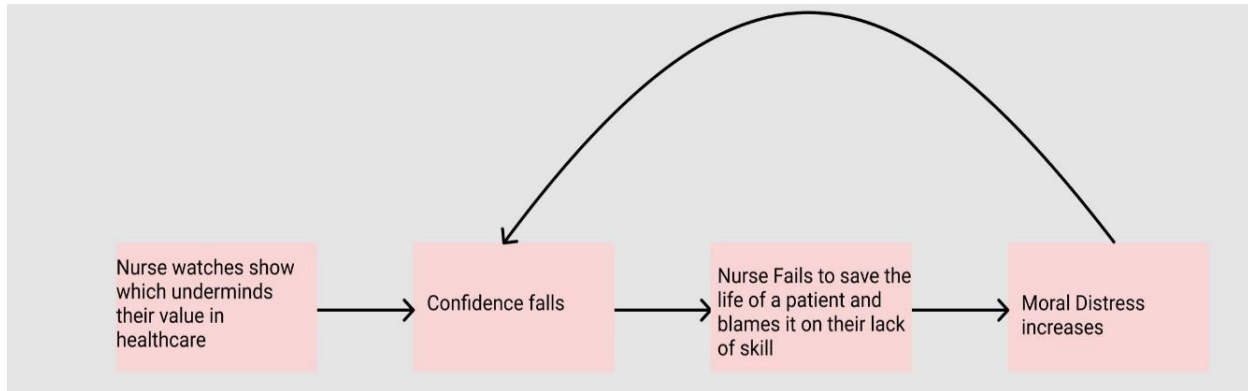


Figure 2: The nursing cycle: This serves as an example to show how society can influence the performance of nurses. The cycle will continue due to the lack of support resources, and the nurse will eventually experience burnout (Miroulis, 2021).

management level positions (Godfrey, 2013). The continued aggressions, whether intentional or not, translate to issues that take hold in their work place. Hospitals are already highly stressful environments, and yet they become even more difficult to navigate when paralleled with a lack of confidence and satisfaction. These compounding problems have significant impact to mental health causing nurses to be unable to provide healthcare up to their typical standards. Moral distress, an undervalued and under researched aspect of mental health, can then result if a nurse feels as though they are failing in the duty to provide quality care (Morley, 2018). Per figure 2, the cycle continues if left uninhibited, with nurses performing worse as moral distress increases. Not only does this problem increase nursing burnout, but as the quality of patient care is decreased it further propels the stigma surrounding the nursing profession.

Working in a hospital comes with many high stressing experiences, and taking ample time off provides a much need catharsis. Criticism toward their profession however, is not only limited to within hospitals. Interactions with society reveal common theme of further scrutiny and underappreciation (Hayes, 2019). Modern media portrayal on both nurses and mental health



serves to increase mental health problems and moral distress severity, while perpetuating the practice of not seeking help. Only in recent times has mental health awareness become a relevant component in progressive change. Serious stigmas surrounding coming forward, especially when associated with men, exist in society (Chatmon, 2020). Many employees neglect seeking help in fear of becoming labeled as someone who is mentally unstable. These misconceptions from many communities reinforce this ideology, and prevent people receiving the help they need. It becomes much more convoluted when this occurs in a healthcare facility. Presenting yourself with mental health issues can cause peers and patients to believe you may be unfit to work in the profession. While these are natural experiences and are proven to not be indicative of negative performances, nurses will still choose to avoid using outside help (Lambert et al., 2007; Samuel, 2017). Apart from discrimination by their peers, hospital management will ask workers to disclose any mental health conditions before and throughout their jobs. Further reducing their potential to get help due to a fear of potentially losing their jobs. While legislation exists preventing companies from dismissing workers on a mental health basis, there are ways to go around these laws. Working a job that requires compassion and empathy while receiving none in return creates an environment which requires extremely high turnover rate for employees. However, this cannot be achieved due to the complexity and level of schooling that is required.

Outside of the hospital, society provides little relief for increasing stress and mental health awareness. Currently, the nursing community feels underappreciated and ignored, especially throughout the COVID-19 pandemic (Girvin, 2015). Working scientifically to provide communities with the knowledge to make informed decisions, they have become discredited by some communities due to political conflicts. Not limited to COVID, there are many tactics and treatments that can be employed to stop the spread of the diseases, and yet citizens will

choose to refuse such procedures. Inevitably, hospitalizations will rise and nurses will be put in situations of significant risk. Their efforts and sacrifices then go unnoticed, resulting in a feeling of societal disregard and uselessness. When popular media does present on their profession, it usually occurs in a negative light. Medical mishaps are much more likely to gain traction and interest, and as such, news outlets prefer to provide these stories with more front-page exposure. Societies will then absorb information most available to them, and generate the preconception that nurses are ineffective at doing their duties. After hearing continual criticism throughout their careers, nurses become increasingly susceptible to stereotype threat, in which they will not perform to the best of their abilities (Young-Brice et al., 2018). Nurses will then go back to work with poorer mental health assuming they are inept and become more likely to make mistakes. Attempting to avoid the stereotypes, these mistakes will have a greater negative impact on their mental health and cause more mistakes to compound in the future.

### **SOCIAL CONTEMPT, STIGMAS, AND SOLUTIONS**

In the era of intelligence, many cultures have taken steps to review societal processes and norms, in order to create a more functional system. Using computer software to innovate mathematical models, progressive reforms in legislation, and biologically advanced experimentation all act in accordance with traditional social improvement. This continual development however, has illuminated in many ways how society is still failing to many expectations. Nurses specifically are considered miniature when compared to the vast expanse of innovation occurring around the world. Contrary to such social beliefs, they remain in one of the most relevant roles in healthcare. Operating in nearly full autonomy and providing patients with the most direct line of care, nurses have been proven to be some of the most pivotal components

for determining hospital mortality rates (Stewart et al., 2016). Reinvesting money and resources into their success will provide benefits to healthcare systems as a whole.

Constructing a solution to societal negligence toward nurses should begin through application of ANT. Understanding the effects of each applicable factor can create a hierarchy to determine which connections hold greater influence. Institutional reform provides the main method in which significant change can be made. Nonhuman actors such as hospital program models and protocols limit the ability for a nurse to act according to their own standards of ethics. If hospitals were to make services more oriented to the mental health of its workers, then there would likely be a decrease in mortality rates along with increased worker satisfaction, and thus patient satisfaction. Similarly, increases in positive media portrayal alongside public education programs would boost nursing confidence. They would gain the recognition they deserve and no longer feel as though their sacrifices are obsolete.

Reform on this level is hard to achieve, especially when it requires change at the cultural level. Further research would allow for better data collection and understanding to prove this ideology correct. Comparing standard hospital statistics to those who have adapted to a model with greater spending on resources for nurses would illustrate the magnitude of potential benefits. The technical application coupled with STS research is able to both identify and solve the problems associated with declining mental health and nurse burnout in healthcare. Significant parallels between the two projects allow for ease of transition from theoretical to reality. It is important to address these problems in healthcare as they will one day affect everyone.

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