Conscience Clause in the Professional Practice of a Nurse and Midwife: A Cross-Sectional Study

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Abstract

Background

Attitudes toward the conscience clause are a manifestation of the compromise between the conscience of the health care provider and the welfare of the patient. The aim of the study is to distinguish types of approaches of nurses and midwives to the conscience clause and factors that affect them.

Methods

The research was conducted by means of the Generalized Self-Efficacy Scale (the GSES) and a standardized questionnaire in the group of 270 nurses and 262 midwives (Poland).

Results

Nurses are characterized by three types of attitudes to the conscience clause: radically conservative, radically liberal as well as liberal-conservative. In the group of midwives moderately liberal, rational-liberal and radically conservative types of approaches were found. Factors that differentiate the attitude of nurses and midwives to the conscience clause include type of medical procedure, place of residence, education, maternal experience, seniority, attitude to faith in God and self-efficacy.

Conclusions

It is desirable for nursing and midwifery professionals to take steps toward addressing moral dilemmas through education, well-designed workplace guidelines, and engagement in research to uncover underlying barriers.

Background

One of the basic axioms of human rights protection system is providing an individual with the possibility of exercising the right of freedom of conscience and religion in a practical manner [1, 2].

The emergence of numerous new technologies in healthcare has complicated the choices that healthcare professionals and patients face [3]. In this respect there is the so called conscience clause, as an emanation and realization of the freedom of conscience, which is supposed to help resolve moral dilemmas, which are actually a conflict of [4]. Due to the dynamic development of nurse's and midwife's competences in recent decades, the legislation of individual countries has encountered the need for comprehensive regulation of the provisions on the rules of practicing the profession of a nurse and midwife, including the issue of defining the legal framework of the conscience clause [1].

The cases of nurses and midwives withdrawing from the professed system of values have not been sufficiently researched, which is significant for effective provision of health services [5]. Conscientious objection is the topic that arouses a lot of legal and moral controversy

[6, 3]. The issue of conscience clause is most frequently discussed in the public sphere with regard to a doctor's or pharmacist's practice. The review of scientific studies does not provide plentiful reports on the issue discussed

regarding the profession of a nurse or midwife [2]. Therefore, empirical exploration of this issue is vital and constitutes a valuable debate on the freedom of conscience and religion in nurses and midwives.

One of the most important truths of the Church is the sanctity of human life, namely, every medical procedure aimed against human life ought to be manifested with opposition. Thus, a crucial element of the study was the assessment of differences in the attitude to faith in God in nurses and midwives presenting certain type of beliefs about the conscience clause in Poland, where catholic denomination is dominant and accounts for 87.6% of the total population [7].

The aim of the study is distinguishing types of approaches of nurses and midwives to the conscience clause as well as the factors affecting them – differentiation by profession, sociodemographic factors, self-efficacy and coping. The following study presents a new perspective and constitutes valuable advice as well as unique contribution into the research on practical aspects of the conscience clause implementation in the profession of a nurse and midwife.

Methods

Study design and participants

The study was conducted in 2021 by means of the diagnostic survey method using the survey technique in the group of 270 nurses and 262 midwives employed in medical facilities in Poland.

Professionally active individuals with the right to practice the profession of a nurse or midwife who provided their written consent to participate in the research were included in the study. Exclusion criteria were: lack of consent to participate in the diagnostic survey, not practicing the profession of a nurse or midwife actively, incorrect or incomplete completion of the questionnaires.

Data Collection and Procedure

It is a cross-sectional study conducted in accordance with the guidelines for Strengthening the Reporting of Observation Studies in Epidemiology (STROBE). The consent to perform the study was issued by the Bioethics Committee at the Medical University of Lublin.

The research group was collected in the course of the specialization examinations, which nurses and midwives from various regions of Poland attended. The respondents were informed that their participation in the research is voluntary and anonymous and that the results are to be used only for scientific purposes. The course and purpose of the research as well as the method of completing the questionnaire were discussed with the respondents. Each participant received a survey questionnaire and an informed consent form. In order to guarantee anonymity of the respondents, the questionnaires and consent forms were collected in the ballot box, which was opened when the research came to an end. The population of nurses and midwives qualified for the examination was 3391. The minimum number of respondents was estimated at 346 (with a maximum error of 5% and confidence level of 95%). A total of 94 individuals did not take the exam and thus 556 questionnaires were distributed. Correctly completed questionnaires accounted for 532 (24 forms were incomplete or incorrect) which were qualified for the further statistical analysis. The efficiency ratio of the data obtained was 95.68%.

Assessment Instrument:

To achieve the research goal, a structured questionnaire comprising two research tools was developed, namely the Generalized Self-Efficacy Scale and the authors' own standardized questionnaire.

- The authors' own standardized questionnaire – an instrument that included questions on the characteristics of the individuals researched as well as the research subject. The respondents expressed their opinion on functioning of the conscience clause in their professional practice on a five-point Likert Scale.
- Generalized Self-Efficacy Scale (GSES) – a questionnaire used to measure the intensity of generalized belief of an individual in their effectiveness in coping with difficult situations and obstacles. An individual surveyed responds to ten statements by selecting one of the following answers: 1- Not at all, 2 – Hardly true, 3 – Moderately true, 4 – Exactly true. A total of points gives a general indicator of self-efficacy, which is then converted into standardized units – stens. A low level of self-efficacy is presented by individuals who obtained 24 point and less (1-4 sten), a moderate result ranges from 25-29 points (5-6 sten), whereas a high level of self-efficacy is presented by respondents whose result accounted for more than 30 points (7-10 sten). The Cronbach's Alpha coefficient for the instrument is 0.85 [8, 9], 0.93 for the nurses and 0.87 for the midwives surveyed.

Statistical Analysis

SPSS software (IBM SPSS 25 Statistic, Chicago, USA) was used in the data analysis. Descriptive statistics of the variables tested were used to characterize the study group. They included: mean value (M), standard deviation (SD), numerosity (n) and percentage (%).

The central limit theorem was also invoked – distributions close to normal were considered to be those whose kurtosis and skewness ranged from -2 to 2. In order to assess the significance of differences between the means, the F-Fisher statistic was determined based on the analysis of variance and the post hoc test – Least Significant Differences (LSD) was used. The identification of types was possible thanks to the application of agglomeration clusters analysis and the k-means method, developed by John MacQueen.

Results

Table 1 depicts characteristics of the females participating in the diagnostic survey. Mean age of nurses (n= 270) was 43.33 years of age (SD = 11.78). They were mostly married, with two or more children. The majority of the group surveyed had higher education (first cycle studies), lived in the urban areas and worked in hospitals with work experience of more than 20 years. They declared that they belonged to the Roman Catholic Church but treated faith more like a tradition.

In the group of the midwives researched (n = 262) the mean age was 37.09 years old, with the majority of married women who mostly had two or more children. The respondents had higher education (second cycle studies), lived in the urban areas and worked mainly in hospitals for the period from one to twenty years. They declared belonging to the Roman Catholic Church and defined their attitude to God as tradition.

Table 1. Participants' characteristics

Participants' characteristics		Nurses		Midwives	
		n	%	n	%
<i>Education</i>	High school education	60	22.22	39	14.89
	Bachelor's degree	112	41.48	91	34.73
	Master degree	98	36.30	132	50.38
<i>Place of residence</i>	Provincial city	66	24.44	119	45.59
	City other than a provincial city	125	46.30	87	33.33
	Village	79	29.26	55	21.07
<i>Marital status</i>	Single	75	27.78	90	34.35
	Married	195	72.22	172	65.65
<i>Maternal experience</i>	No children	60	22.22	97	37.02
	Has children	210	77.77	165	62.98
<i>Seniority</i>	Under year	28	10.37	29	11.07
	1-10 years	63	23.33	104	39.69
	11-20 years	41	15.19	53	20.23
	21-30 years	66	24.44	41	15.65
	above 30 years	72	26.67	35	13.36
<i>Attitude to faith in God</i>	Treats faith as tradition	106	39.26	85	32.44
	Believes in personal God	68	25.19	74	28.24
	Puts God first	5	1.85	14	5.34
	Other	91	33.70	89	33.97
<i>Religious denomination</i>	Roman Catholic Church	228	84.44	225	85.88
	Other	19	7.04	16	6.11
	Does not belong to any religion	6	2.22	15	5.73
	Refuses to answer	17	6.30	6	2.29

In order to classify the respondents, agglomeration analysis and then cluster analysis was utilized. This enabled to distinguish types that differed significantly but presented the lowest possible differentiation within the group. The clusters distinguished in nurses express three types of attitudes to the conscience clause.

Type 1 radically conservative (n = 98) – was represented by nurses who:

- least frequently faced with the need to follow medical recommendations contrary to their conscience or moral principles

- presented the least firm conviction that an individual who decided to practice as a nurse must take into account the need for performing certain procedures, even if they violate their moral principles and that the conscience clause is unnecessary and complicates the receipt of the due medical service for the patient
- were most convinced that a detailed procedure on how to deal with the situation of using the conscience clause should be developed, that a nurse should be able to act in accordance with their conscience in any medical situation, and they should be able to refuse to provide a health service contrary to their beliefs.

Type 2 – radically liberal (n = 9) characterized nurses who:

- least frequently faced the necessity to refuse a health service that was contrary to their beliefs and use so-called 'silent objection of conscience' as well as feared to make use of the conscience clause in situations violating their moral principles,
- presented the strongest conviction that a person who decided to practice as a nurse must take into account the necessity to perform certain procedures, even if they violate their moral principles,
- depicted the least firm conviction that a detailed procedure of using the conscience clause should be developed and the scope of its use should be expanded,
- showed the weakest belief that a nurse should be able to act in accordance with their conscience in all medical situations, that they should be able to refuse a health service inconsistent with their moral principles but also that they are not entitled to use the conscience clause when the patient's life or health is threatened.

Type 3 – liberal-conservative (n = 81) constituted nurses who:

- most frequently faced the necessity to refuse a health service or implement medical recommendation contrary to their beliefs, conscience and principles as well as the need to utilize so-called 'silent objection to conscience' (i.e. a request for a replacement or change of hospital ward),
- were most afraid of using the conscience clause in situations violating their moral principles,
- presented a moderate conviction that a person who decided to practice as a nurse should take into account the necessity to perform certain procedures, even if they violate their moral principles, and that a nurse should be eligible to refuse a health service that is against their beliefs as well as act in accordance with their conscience in all medical situations,
- depicted the most firm conviction that the conscience clause is redundant and complicates patient's receipt of due medical service (Table 2).

The types of attitudes to the conscience clause distinguished in midwives slightly differ from the ones in the group of nurses:

Type 1 – moderately liberal (n = 48) was depicted by midwives who:

- were the most convinced that a person who decides to practice as a midwife must take into account the necessity to perform certain procedures, even if they violate their moral principles and is not entitled to use the conscience clause when the patient's life or health is threatened, that the conscience clause is redundant and complicating the patient's receipt of due medical service and that a detailed procedure of using it should be developed,
- presented a moderate conviction that a midwife should be able to act in accordance with their conscience in all medical situations and should be able to refuse a health service that is contrary to their beliefs,

Type 2 – rational-liberal (n = 54) characterized midwives who:

- presented a moderate intensity of belief, that a person who decided to practice as a nurse must take into account the necessity to perform certain procedures, even if they violate their moral principles, and that institution of the conscience clause is redundant and complicating the patient's receipt of due medical service, and that a detailed procedure to be followed when a conscience clause is utilized should be developed,
- depicted the weakest intensity of the belief that a midwife should be able to act according to their conscience in all medical situations, should be able to refuse a medical service that is contrary to their beliefs, nevertheless, is not entitled to utilize the conscience clause when the patient's life or health is threatened.

Type 3 – radically conservative (n= 159) constituted midwives who:

- presented the weakest intensity of the conviction that a person who decided to practice as a midwife must accept the necessity to perform certain procedures, even if they violate their moral principles, that the institution of the conscience clause is redundant and complicating the receipt of due medical service to a patient, as well as that a detailed procedure of using the conscience clause should be developed,
- depicted the greatest intensity of the conviction that the scope of the conscience clause should be expanded and a midwife should be able to act according to their conscience in all medical situations and should be able to refuse a health service being in opposition to their beliefs (Table 2).

Table 2. Differences in components regarding conscience clause among nurses and midwives representing specific belief types

Variables	Type 1			Type 2		Type 3		Statistics results of variance analysis		
	M	SD		M	SD	M	SD	F	p	Post-hoc NIR
Facing the necessity to follow medical recommendations contrary to conscience/moral principles	Nur	1.60	0.77	1.74	0.77	3.05	1.09	70.48	<0.001	3>1,2
	Mid	1.94	0.99	1.76	0.93	1.91	0.96	0.60	0.550	-
Facing the necessity to refuse the performance of a health service contrary to their beliefs	Nur	1.57	0.72	1.41	0.60	2.98	1.22	83.33	<0.001	3>1,2
	Mid	1.77	0.90	1.70	1.00	1.75	0.89	0.08	0.921	-
Facing the necessity to use so-called 'silent objection to conscience' (a request for a replacement or change of a hospital ward)	Nur	1.44	0.69	1.35	0.58	2.94	1.20	94.13	<0.001	3>1,2
	Mid	1.71	0.94	1.65	0.93	1.74	1.36	0.18	0.837	-
Fear of using the conscience clause in situations violating the moral principles	Nur	1.42	0.64	1.30	0.48	3.11	1.21	130.34	<0.001	3>1,2
	Mid	1.79	0.87	1.72	0.95	1.67	1.05	0.22	0.803	-
Facing the use of the conscience clause in a situation violating their moral principles	Nur	1.40	0.65	1.36	0.62	2.94	1.29	87.79	<0.001	3>1,2
	Mid	1.69	0.83	1.79	0.97	1.72	1.05	0.27	0.765	-
Conviction that a person who decided to practice as a nurse/midwife must take into account the necessity to perform certain procedures, even if they violate their moral principles	Nur	2.81	1.33	3.70	1.05	3.20	1.16	13.47	<0.001	3<2, 3>1, 2>1, 2>3
	Mid	4.33	0.81	3.59	1.21	2.95	1.24	27.71	<0.001	1>2,3 2>3
Conviction that the conscience clause is redundant and complicating the receipt of due health service	Nur	2.06	0.91	3.11	0.97	3.15	0.99	39.10	<0.001	3>1,2
	Mid	3.60	0.96	3.54	1.18	2.08	1.02	62.71	<0.001	1>3 2>3
Conviction that the scope of the	Nur	3.02	1.05	2.62	0.94	3.01	1.01	4.87	0.008	2<1,3
	Mid	2.40	1.18	2.06	1.05	3.01	0.96	19.87	<0.001	3>1

conscience clause should be expanded										3>2
Conviction that a detailed procedure of using the conscience clause should be developed	<i>Nur</i>	3.51	1.06	3.02	1.01	3.14	0.95	6.06	0.003	2<1,3
	<i>Mid</i>	4.38	0.64	2.61	1.29	3.62	1.04	37.71	<0.001	1>2, 1>3 2>3
Conviction that a nurse/midwife should be able to act in accordance with their conscience in all medical situations	<i>Nur</i>	4.38	0.60	2.59	0.99	3.14	1.08	97.74	<0.001	2<1,3 1>3, 2>3
	<i>Mid</i>	3.23	1.04	2.19	0.87	4.31	0.77	135.64	<0.001	1>2, 3>2 3>1
Conviction that a nurse/midwife should be able to refuse a health service contrary to their beliefs	<i>Nur</i>	4.48	0.61	2.68	1.05	3.16	1.15	90.93	<0.001	2<1,3 1>3, 2>3
	<i>Mid</i>	3.08	1.16	2.04	0.87	4.30	0.72	154.81	<0.001	1>2, 3>2 3>1
Conviction that a nurse/midwife is not eligible to use the conscience clause in a situation when the patient's life or health is threatened	<i>Nur</i>	3.17	1.38	2.77	1.22	3.15	1.00	3.11	0.046	2<1,3
	<i>Mid</i>	4.21	0.94	2.76	1.40	3.14	1.27	19.11	<0.001	1>2, 3>2

Nurses: Type 1 - radically conservative, *Type 2* - radically liberal, *Type 3* - liberal-conservative;

Midwives: Type 1 - moderately liberal, *Type 2* - rational-liberal, *Type 3* - radically conservative;

M – mean, *Me* – median, *SD* – standard deviation; *Nur* -Nurses, *Mid* -Midwives

Statistically significant differences ($p < 0.001$) were found with regard to the education level of nurses who represented three different types of attitude to the conscience clause. The greatest number of nurses representing the radically liberal and liberal-conservative types had higher education (first cycle studies). The most numerous group of individuals belonging to the radically conservative type had higher education (second cycle studies). Midwives representing certain types, in turn, mainly had higher education (second cycle studies) ($p < 0.001$), (Table3).

Differences between the place of residence and certain types of attitude to the institution of the conscience clause in nurses ($p < 0.001$) and midwives ($p < 0.001$) were noticed. The greatest number of nurses representing certain types of attitude dwelled in towns rather than voivodship cities. The most numerous group of radically conservative midwives lived in voivodship cities, whereas, moderately liberal midwives were residents of smaller towns other than voivodship cities (Table 3). Nurses representing a radically conservative and liberal-conservative type more frequently had children, whereas the respondents of radically liberal type were primarily childless ($p < 0.05$). Midwives representing certain types of attitudes to the conscience clause most frequently did not have children($p < 0.001$), (Table 3).

In terms of distinguished beliefs to the conscience clause both nurses and midwives, statistically significantly, most frequently worked in the profession for the period of from one to 10 years and the least numerous group worked for less than a year ($p < 0.05$), (Table 3).

The analysis of research concerning attitude to religiousness showed that the majority of nurses represented the radically liberal ($p = 0.50$) and liberal-conservative type ($p = 0.008$) and treated faith in God as tradition, (Table 3).

Table 3. Association between selected socio-demographic variables and specific types of beliefs of the conscience clause

Variables	Type 1			Type 2		Type 3	
		M	SD	M	SD	M	SD
Age	<i>Nur</i>	42.48	11.61	43.18	12.02	44.52	11.78
	<i>Mid</i>	38.08	12.34	35.91	10.98	37.19	11.84
STATISTICS	<i>Nur</i>	F = 0.67; p = 0.511; $\eta^2 = 0.005$					
	<i>Mid</i>	F = 0.45; p = 0.638; $\eta^2 = 0.003$					
		n	%	n	%	n	%
High school education	<i>Nur</i>	20	20.41	22	24.18	20	24.69
	<i>Mid</i>	13	27.08	8	14.81	26	16.35
Bachelor's degree	<i>Nur</i>	37	37.76	41	25.05	33	40.74
	<i>Mid</i>	12	25.00	16	29.63	63	39.62
Master degree	<i>Nur</i>	41	41.48	28	30.77	28	34.57
	<i>Mid</i>	23	47.92	30	55.56	70	44.03
STATISTICS	<i>Nur</i>	$\chi^2 = 50.17$; p < 0.001		$\chi^2 = 50.17$; p < 0.001		$\chi^2 = 50.17$; p < 0.001	
	<i>Mid</i>	$\chi^2 = 50.17$; p < 0.001		$\chi^2 = 50.17$; p < 0.001		$\chi^2 = 50.17$; p < 0.001	
Provincial city	<i>Nur</i>	34	34.69	17	18.68	15	18.52
	<i>Mid</i>	17	35.42	30	55.56	72	45.28
City other than a provincial city	<i>Nur</i>	35	35.71	41	45.05	49	60.49
	<i>Mid</i>	23	47.92	12	22.22	52	32.70
Village	<i>Nur</i>	29	29.59	33	36.26	17	20.99
	<i>Mid</i>	8	16.67	12	22.22	35	22.01
STATISTICS	<i>Nur</i>	$\chi^2 = 50.17$; p < 0.001		$\chi^2 = 100.02$; p < 0.001		$\chi^2 = 172.61$; p < 0.001	
	<i>Mid</i>	$\chi^2 = 63.84$; p < 0.001		$\chi^2 = 0.003$; p = 0.953		$\chi^2 = 72.44$; p < 0.001	
No children	<i>Nur</i>	37	37.76	47	51.65	36	44.44
	<i>Mid</i>	25	52.08	32	59.26	97	61.01
Has children	<i>Nur</i>	61	62.24	44	48.35	45	55.56
	<i>Mid</i>	23	47.92	22	40.47	62	38.99
STATISTICS	<i>Nur</i>	$\chi^2 = 3.32$; p = 0.190		$\chi^2 = 5.83$; p = 0.050		$\chi^2 = 9.56$; p = 0.008	
	<i>Mid</i>	$\chi^2 = 104.56$; p < 0.001		$\chi^2 = 189.91$; p < 0.001		$\chi^2 = 1291.31$; p < 0.001	
Seniority < 1 year	<i>Nur</i>	12	12,24	15	16.48	9	11.11
	<i>Mid</i>	9	18.75	9	16.67	22	13.84
1-10 years	<i>Nur</i>	34	34.69	25	27.47	22	27.16

	<i>Mid</i>	20	41.67	26	48.15	81	50.94
11-20 years	<i>Nur</i>	19	19.39	16	17.58	13	16.05
	<i>Mid</i>	8	16.67	12	22.22	26	16.35
21-30 years	<i>Nur</i>	18	18.37	17	18.68	21	25.93
	<i>Mid</i>	7	14.58	5	9.26	17	10.69
>30 years	<i>Nur</i>	15	15.31	18	19.78	16	19.75
	<i>Mid</i>	4	8.33	2	3.70	13	8.18
STATISTICS	<i>Nur</i>	$\chi^2 = 3.32$; $p = 0.190$		$\chi^2 = 5.83$; $p = 0.050$		$\chi^2 = 9.56$; $p = 0.008$	
	<i>Mid</i>	$\chi^2 = 51.92$; $p < 0.001$		$\chi^2 = 84.50$; $p < 0.001$		$\chi^2 = 324.08$; $p < 0.001$	
Treats faith as a tradition	<i>Nur</i>	69	70.41	57	62.64	52	64.20
	<i>Mid</i>	33	68.75	36	66.67	111	69.81
Believes in a personal God	<i>Nur</i>	13	13.27	14	15.38	11	13.58
	<i>Mid</i>	5	10.42	6	11.11	20	12.58
Puts God first	<i>Nur</i>	8	8.16	11	12.09	12	14.81
	<i>Mid</i>	7	14.58	7	12.96	14	8.81
Others	<i>Nur</i>	8	8.16	9	9.89	6	7.41
	<i>Mid</i>	3	6.25	5	9.26	14	8.81
STATISTICS	<i>Nur</i>	$\chi^2 = 3.32$; $p = 0.190$		$\chi^2 = 5.83$; $p = 0.050$		$\chi^2 = 9.56$; $p = 0.008$	
	<i>Mid</i>	$\chi^2 = 0.22$; $p = 0.882$		$\chi^2 = 0.05$; $p = 0.828$		$\chi^2 = 4.10$; $p = 0.129$	

Nurses: Type 1 - radically conservative, Type 2 - radically liberal, Type 3 - liberal-conservative;

Midwives: Type 1 - moderately liberal, Type 2 - rational-liberal, Type 3 - radically conservative;

M – mean, Me – median, SD – standard deviation; Nur -Nurses, Mid - Midwives

Nurses representing the radically conservative type more frequently used the conscience clause in the course of pregnancy termination procedure than nurses of the radically liberal type ($p = 0.021$). They also utilized the institution of the conscience clause more frequently while performing activities related to euthanasia compared to nurses representing the radically liberal and liberal-conservative type ($p = 0.019$), (Table 4).

On the other hand, in the professional group of midwives, the ones representing the radically conservative type more frequently dealt with the conscience clause in the course of procedures concerned with the administration of hormonal contraception, infertility treatment, prenatal diagnostics and pregnancy termination than midwives representing the moderately liberal and rationally liberal type ($p < 0.05$). Midwives of the radically conservative type more often dealt with the use of the conscience clause in the course of procedures aimed at euthanasia, blood and/or blood-like material transfusion than midwives representing the moderately liberal type ($p < 0.01$), (Table 4).

In the light of the research results obtained, only nurses representing the three types of attitudes to the conscience clause differed statistically significantly in terms of generalized self-efficacy ($p = 0.044$). Individuals belonging to the

radically conservative type were characterized by a higher level of self-efficacy ($M = 30.29$) compared to nurses representing the liberal-conservative type ($M = 28.72$), (Table 4).

Table 4. Types of attitudes toward the conscience clause versus procedure performance and generalized sense of self-efficacy

Variables	Type 1		Type 2		Type 3		Statistics results of variance analysis			
	M	SD	M	SD	M	SD	F	p	Post-hoc NIR	
Activities concerned with pregnancy termination	Nur	13.06	4.51	11.35	4.32	11.95	3.88	3.91	0.021	1>2
	Mid	10.10	5.14	7.93	4.30	13.66	4.32	37.43	<0,001	3>1, 3>2, 1>2
Activities concerned with administration of hormonal contraception	Nur	2.94	1.26	2.84	1.35	2.88	0.98	0.17	0.840	-
	Mid	2.02	1.25	1.85	1.17	3.01	1.28	23.32	<0,001	3>1, 3>2
Activities concerned with infertility treatment	Nur	5.89	2.63	5.67	2.59	5.81	1.92	0.20	0.823	-
	Mid	3.85	2.57	4.00	2.53	5.50	2.49	12.22	<0,001	3>1, 3>2
Activities concerned with prenatal diagnostics	Nur	5.76	2.84	5.82	2.82	5.75	2.08	0.02	0.979	-
	Mid	3.73	2.63	3.93	2.50	5.01	2.63	6.45	0,002	3>1, 3>2
Activities concerned with blood and/or blood like material transfusion	Nur	5.92	2.90	5.54	2.89	5.57	2.36	0.56	0.574	-
	Mid	3.83	2.62	4.11	2.63	4.92	2.75	3.87	<0,001	3>1
Activities concerned with euthanasia	Nur	9.69	3.26	8.58	3.40	8.52	2.85	4.01	0.019	1>2, 1>3
	Mid	7.94	3.64	6.39	3.22	9.79	3.40	21.78	<0,001	3>1,3>2, 1>2
Generalized self-efficacy	Nur	30.29	4.21	30.03	4.21	28.72	5.18	F = 3.05	0.044	1 > 3
	Mid	30.60	4.26	29.96	3.88	30.87	3.22	F = 1.32	0.270	-

Nurses: Type 1 - radically conservative, Type 2 - radically liberal, Type 3 - liberal-conservative;

Midwives: Type 1 - moderately liberal, Type 2 - rational-liberal, Type 3 - radically conservative;

M – mean, Me – median, SD – standard deviation; Nur - Nurses, Mid - Midwives

Discussion And Conclusion

The profession of a nurse and midwife is often associated in the literature with fulfilling ‘a social mission’. Its performance requires specific emotional and social skill. It is said that the approach to the conscience clause is an

expression of a compromise between the conscience of the healthcare provider and the patient's well-being [10]. The results of the research presented depict that professional groups of nurses and midwives are internally differentiated in terms of their attitude to the conscience clause.

Three types of attitude to the institution of conscience clause were distinguished in nurses: type 1 radically conservative (representing for instance the strongest intensity of belief that a nurse should be able to act in accordance with their conscience in all medical situations and refuse to perform a health service that is in opposition to their beliefs), type 2 radically liberal (characterized by, for example, nurses with the strongest conviction that a person who decided to practice as a nurse must take into account the necessity to perform certain procedures, even if they violate their moral principles) and type 3 mixed: liberal-conservative (characterized by nurses who, for instance, were the most afraid of using the conscience clause since they believe that it complicates the receipt of due health service to a patient). In the group of midwives, in turn, the following types of attitude to the conscience clause were distinguished: type 1 – moderately liberal (having the strongest conviction that the objection of a midwife's conscience, as a member of health team, is detrimental to a patient. Type 2 – rational-liberal (characterized by midwives who believe that objection to conscience of a health team member is against the patient's good and that a midwife should be able to refuse performance of a medical procedure that is against their beliefs) and type 3 – radically conservative, representing midwives convinced that objection to conscience of medical team member is not against patient's good and that the scope of the conscience clause should be expanded.

With regard to the profession of a nurse and midwife the conscience clause is a specific legal regulation, according to which, a nurse or midwife can refrain from performing health services inconsistent with their conscience. The analysis of the literature of the subject indicated that the issue is substantially more frequently raised in relation to a doctor's practice and it is rarely a case in relation to a nurse's or midwife's profession [11, 12].

In Italy, the research shows that approximately 70% of doctors, midwives and other healthcare professionals make use of the conscience clause, and in the Lazio region it accounts for even 80% [13].

According to the research by Jarmoluk, the institution of the conscience clause is rarely utilized by nurses and midwives in Poland, even though roughly one third of the individuals surveyed have performed medical services inconsistent with their conscience [14]. The research conducted in the USA (Idaho) in the group of 1144 nurses showed that one third of them at least once a month experience a feeling of moral anguish. Some nurses had to change job due to their doubts of conscience [15]. The differences in the research results may result from a more liberal law concerned with controversial medical procedures in the state of Idaho or in Italy than in Poland, where the provisions on morally questionable health services are much more radical. Nurses and midwives participating in the following study, particularly the ones belonging to the radically conservative type, presented the firmest conviction that a detailed procedure of utilizing the conscience clause should be developed, a nurse should be able to act in accordance with their conscience in all medical situations as well as refuse a health service that is inconsistent with their beliefs.

Religiousness is one of the factors that could affect the attitude of medical professionals to the conscience clause. The authors' own research presented that the beliefs about the conscience clause were influenced by the attitude to faith in God. The most numerous group of individuals surveyed indicated that they treated faith in God as a tradition. It was particularly reflected by nurses belonging to the radically liberal and liberal-conservative type. They believed that a person who decided to pursue a medical profession must take into account the necessity to perform certain procedures, even if they violate their moral principles, and a nurse is eligible to use the conscience clause in the course of their work. The research results presented by Davis show that nurses whose ethical beliefs were to the greatest

extent concerned with religiousness presented a higher level of moral anxiety than individuals whose beliefs developed under the influence of other factors such as family values, political views or a professional ethics code [15].

In midwives, no differences were found between individuals representing certain types of attitude to the conscience clause and their approach to faith in God. Nevertheless, some differences concerning contraception were observed. Individuals of the radically conservative type more frequently dealt with application of the conscience clause in the course of activities related to the administration of hormonal contraceptives than midwives representing a moderately liberal and rational-liberal type. They included people whose convictions indicated a greater openness and freedom in utilizing the conscience clause at work – they expressed the strongest belief that a midwife should be able to act in accordance with their conscience in all medical situations, and had a less firm conviction that if an individual decided to pursue a medical profession, they should be prepared to perform procedures contradictory to their moral principles. Moreover, they most frequently believed that the scope of the conscience clause should be expanded. In some US states, pharmacists have the right to refuse dispensing a drug for which they have moral concerns. Davidson performed research in the group of pharmacists regarding dispensing patients with five controversial drugs namely emergency contraception, abortion medications, drugs for erectile dysfunction, oral contraceptives and infertility medicines. Religious affiliation significantly influenced their readiness to dispense contraceptives and abortion medications. It was observed that evangelical and catholic pharmacists as well as those of other religions much more frequently refuse to dispense at least one drug compared to non-religious pharmacists. Similar tendencies can be found in other healthcare professionals. Thus, the issue appears to be of great interest and should be further researched [16].

An essential aspect in considerations on the conscience clause is also professional experience. Seniority affected the beliefs of the respondents participating in the research for the following study. It was particularly noticeable in the group of midwives, where a relationship was found with all types of attitudes distinguished. It was observed that the individuals surveyed have worked in the profession for mostly from one to ten years. Radically conservative individuals constituted the largest group among midwives with such seniority. They were most strongly convinced that the scope of the conscience clause should be expanded and a midwife should be able to act in accordance with their conscience in all medical situations. They also presented the weakest intensity of the belief that objection to conscience is detrimental for patients. The authors' own research corresponded with the results of the analysis by Davis, which indicated that nurses whose ethical beliefs were developed under the influence of such factors as professional experience, presented a less intensified moral anxiety.

It is interesting that various types of attitudes of the respondents participating in the research were shaped at the beginning of their professional career, namely during the first ten years of their work experience. Therefore, a proper preparation of individuals pursuing the profession of a nurse or midwife in terms of the conscience clause is essential. The preparation should involve not only the theoretical aspect but also an open dialogue, understanding the conflicts of conscience and discussing barriers hindering the implementation of the conscience clause, as this may have a significant effect on the moral development of healthcare professionals, as well as patients' access to certain medical services [15].

Nurses and midwives representing different types of attitude to the conscience clause differed in terms of education and place of residence. Nurses of the radically conservative type mostly had higher (second cycle) education. No such differences were found in the group of midwives. However, in the group of nurses representing various types of attitudes to the conscience clause, no differences with regard to place of residence was observed. Midwives of the moderately conservative type lived in smaller towns, whereas the ones of the radically conservative type dwelled in voivodship cities.

Over the years, the profession of a nurse and midwife have become fully independent. They are more and more aware of the challenges that they face and the scope of their responsibility in the course of the treatment process increases. Putting a healthcare professional in a position of choosing whether to make use of the conscience clause in the performance of their duties is undoubtedly a difficult and stressful situation. In the light of Bandura's concept, generalized self-efficacy is the key personal trait in coping with difficult situations. It is also a crucial predictor that determines better professional performance of medical staff [17]. Therefore, assessing the level of this personal resource in nurses and midwives was an essential element of the research discussed.

Nurses providing hospice care surveyed by Zheng showed a moderate level of self-efficacy [18]. Iranian nurses, in turn, were characterized by an average level of the resource researched [19]. The majority of Polish nurses researched by Wojcieszek presented a high level of self-efficacy [20], which corresponded with the authors' own research results. Midwives representing various attitude types to the conscience clause, in turn, did not differ in terms of the generalized self-efficacy. Furthermore, in the light of the results obtained, nurses representing the three types of attitude to the conscience clause differed among themselves in terms of self-efficacy level in a statistically significant manner. The ones representing the radically conservative type were characterized by a significantly higher generalized self-efficacy compared to those of the liberal-conservative type, who were least frequently faced with the need to follow doctor's recommendations contrary to their conscience or moral principles and presented the strongest conviction that nurses should be able to refuse a health service that is inconsistent with their beliefs.

The scope of research on the functioning of the conscience clause in the professional practice of a nurse and midwife is limited, even though the issue is of great importance, taking into account the growing shortage of nurses and midwives and the necessity to shape the personnel that is capable of coping with more and more complex situations involving moral dilemmas in healthcare. This essential issue requires further research.

The awareness of the effect of beliefs on the provision of medical services should shape the health policy, respecting the rights of patients and medical personnel. Supportive environment for healthcare professionals, which guarantees a safe atmosphere for an open dialogue and adequate space for the conscience clause should be provided. Leaders of nursing and midwifery ought to develop understanding of conscience conflicts through education, well-designed workplace guidelines and engagement in the research aimed at uncovering the underlying barriers. Along with advances in technology, constantly changing healthcare policy and the growing scope of practice, both reflection and dialogue on the objection to conscience are crucial for the development of value systems in making clinical decisions for healthcare professionals.

Strengths And Limitations Of The Study

The size of the study group (532 individuals) and provision of questionnaires in person are the strengths of the study. The issue of the conscience clause is vital both for patients and healthcare professionals but extremely rarely discussed among nurses and midwives. Therefore, the research results presented constitute a valuable scientific contribution. Moreover, distinguishing types of attitude to the conscience clause show a new approach.

Conducting the research in the country where the majority of the population belong to the Roman Catholic Church and the provisions on the morally controversial health services are radical can be considered an asset of the study. However, in the further research on the conscience clause, it is worth to make a division into individual religions. A limitation to the study is that it is cross-sectional and did not include the assessment of changes in the approach to the conscience clause over time.

Declarations

Ethics approval and consent to participate

We declare that all procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee (The Bioethics Committee of the Medical University of Lublin: KE-0254/43/2021) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

Consent for publication

Not applicable

Availability of data and materials

All data generated or analyzed during this study are included in this published article

Competing interests

The authors declare that they have no competing interests in this section.

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Author's contributions

All authors contributed to the study conception and design. GI-P: analyzed the research material, wrote the paper, performed the manuscript review. MM: data collection, analyzed the research material, prepared the manuscript, wrote the paper. AK: statistical analysis, interpreted the data, wrote the paper. AR: statistical analysis, interpreted the data, wrote the paper. BS: data collection, analyzed the research material. All authors read and approved the final manuscript. All authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Code availability

Not applicable

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