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Nurses' integrity and coping strategies

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Nurses' integrity and coping strategies: An integrative review

Abstract

Introduction: Integrity is one of the core values in nursing that needs to be maintained by nurses in practice. However, the complexity in the nursing milieu can pose threats to integrity. An understanding of the common threats and coping strategies might assist nurses in preserving integrity in everyday practice.

Aim: To review and synthesis the concept of integrity in nursing and identify common threats and coping strategies.

Methods: Whittemore and Knafl's integrative review method was implemented. A search was performed in Scopus, Medline, Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Proquest Health and Medical electronic databases published in English between 2000 and 2017. Two reviewers independently assessed eligibility for inclusion. Methodological appropriateness for the included studies was assessed using the critical appraisal skills programme. The constant comparative method of grounded theory was utilised to analyse and synthesise data from seven peer-reviewed articles.

Results: Two major conceptions of integrity were identified. These included the sense of wholeness with regard to personal-professional concerns and ethical-moral conducts. Five entities: self, patients, teamwork and work culture, the nature of work, and organisation, were identified as interweaving elements that may induce threats to integrity. When integrity is threatened, nurses use two key strategies to survive: adjusting and compensating. An emergent framework to facilitate understanding of nurses' threats to integrity is discussed.

Conclusions: A threat to nurses' integrity takes form when there is an unmitigated gap between a nurse's expectation and reality. While the expectation comes from within the nurse, the reality materialises out of the

complex interplays that occur in the healthcare workforce. Maintaining integrity demands a continual strive to balance personal expectations, professional concerns, and nursing realities.

Key words: literature review, nurse, nurse-patient relationship, nurse-physician relationship, psychological and social coping, psychosocial adjustment, nursing practice, personal integrity.

1. Introduction

Integrity as a multi-dimensional concept has multiple interpretations (Cox, La Caze, & Levine, 2017). The Oxford dictionary provides two definitions of integrity: “the quality of being honest and having strong moral principles”, and “the state of being whole and undivided” (Oxford dictionary, 2017). In a philosophical sense, however, the term integrity is complicated as it involves several abstract concepts such as self, identity, and social virtues (Calhoun, 2016; Ekeberg, 2011). For example, Calhoun (2016) views integrity as a social virtue that manifests in three forms: integrated-self (intactness of one’s desires, evaluations, and commitments), the identity (fidelity to projects and principles that constitute one’s core identity), and the clean-hands (conserving virtues of one’s own agency in situations where common moral principles are challenged). The philosophical concept of integrity encompasses all aspects of one’s life such as personal-professional values and expectations along with the entities of social and ethical conduct (Edgar & Pattison, 2011).

Integrity is considered as one of the core values of the nursing profession (Mariano, 2016). The complex and dynamic nature of nursing work require nurses to possess not only adequate clinical skills but also certain personal qualities such as social and moral consciousness (Johnstone, 2016). These qualities are regarded as attributes of personal integrity (Tyreman, 2011).

The term ‘integrity’, ‘personal integrity’ and ‘professional integrity’ need to be clarified. The concept ‘integrity’ is implicitly personal (Tyreman, 2011). Thus, the term ‘integrity’ and ‘personal integrity’ are identical and both refer to the individual’s core integrity. Professional integrity on the other hand is a domain of personal integrity that applies to professional life, thus personal-professional integrity is inseparable (Calhoun, 2016). However, personal values and professional values might clash, which adds complexity to the conception of personal-professional integrity.

Despite being highly valued in nursing, there is no consensus on the definition of integrity. Nonetheless, the concept of integrity in nursing practice tends to be understood in a reduced magnitude and isolated values such as: honesty, sincerity, ethical conduct, or professionalism (Breakey, Cadman, & Sampford, 2015; Tyreman, 2011). Such interpretations might be misleading and potentially diminish its value (Cox et al., 2017). Tyreman (2011) suggests integrity needs to be viewed within a social framework which implies a more complex interplay of various entities rather than merely an independent element. Indeed, understanding integrity in a reduced construct might underestimate and consequently trivialise the true power of integrity (Cox et al., 2017).

In addition, the concept of integrity in nursing appears to be understood as the completeness of nurses' emotional state. This conception seems to be logical as the work environment often exposes nurses to many physical, psychological and moral discomforts such as exhaustion and stress. Working in a physically and mentally demanding environment, nurses often experience psychological distress (Black, 2017). Furthermore, psychological distress has been associated with burnout and high attrition rates (Mariano, 2016; Tham & Gill, 2016; Zou et al., 2016). As nurses' intelligence, emotions, values and expectations are constantly challenged, nurses might endure psychological and moral distress, which poses a threat to their integrity (Woods, 2014).

Encountering integrity-threatening situations is common in nursing care. Yet, maintaining integrity can be strenuous (Pearson, 2006) especially within complex and dynamic work environments (Black, 2017). In these settings, nurses are required to be able to justify and balance their internal dispositions, professional requirements, ethical comportments and other external constraints in the workplace (Dossey, 2016; McIntosh & Sheppy, 2013). However, there are no guidelines available for dealing with integrity-threatening situations. Nurses may be coerced into subjectively judging these difficult situations and make decisions based upon their personal values and past experiences (LaSala, 2009). To manage such situations, it is important for nurses to understand the nature of threats to integrity along with strategies to deal with these situations.

2. Aim

The aim of this review was to synthesize the concept of integrity in nursing and identify threats and coping strategies in practice. The knowledge gained from this review may assist nurses in understanding integrity in their everyday practices.

3. Methods

An integrative review of the literature was conducted. To guide the process, Whitemore and Knafl's (2005) proposed method was employed. Methodological rigour of the reviewed studies was assessed using the critical appraisal skills program (CASP, 2013). The constant comparative method of grounded theory was utilised to analyse and synthesise data from seven peer-reviewed qualitative articles. The PRISMA checklist was chosen as a reporting guideline for this review (see supplementary file 1).

3.1. Search Strategy

Systematic search was performed against six major databases: Scopus, Ovid Medline, Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Proquest Health and Medical. To identify search terms, preliminary search was done in Scopus and Medline databases. Analysis of the words contained in the title and abstract as well as the index terms / subject headings (Butler, Hall, & Copnell, 2016) were performed in consultation with a librarian. Four search terms: nurse, threat, maintain, and integrity were

used in the preliminary searches. However, in the main search the search terms were extended to include their synonyms as well as their corresponding and neighbouring concepts. To ensure that all possibilities would be captured, proper truncations and Boolean operators were used (Butler et al., 2016). See Table 1 for search terms.

Refinements to each database search was done by limiting searches to articles' subject area, source type, document type, and other limiters unique to each database. This review included peer-reviewed empirical articles that were published in English between 2000 and 2017. Literature reviews and editorials were excluded. To avoid publication bias, a grey literature search was performed to find relevant unpublished theses, conference proceedings, and government documents.

3.2. Search process and outcomes

A total of 502 articles were successfully retrieved. The software Endnote was used to locate 49 identical articles, which were removed from the list, leaving a total of 453 articles for title-screening. One hundred and ninety articles were deemed irrelevant upon title-screening while the remaining 263 articles were then screened by abstract. The abstract-screening, which was conducted by the first author, filtered out 255 articles and left eight potential articles for eligibility assessment. A search of grey literature resulted in an addition of three relevant articles providing a total of eleven articles for full-text review. This was performed by the first and second authors with the decision on the selection of articles achieved through consensus. Upon critical appraisal, four articles were excluded for the following reasons: one article was a review, another one was non-empirical paper and two had low CASP scores. The critical appraisal extracted seven high quality studies: four journal articles and three doctoral theses. No quantitative studies were found. The complete search process for this review is depicted in a PRISMA flowchart in figure 1.

3.3. Data analysis

Following Whitemore and Knafl (2005) data analysis method for integrative reviews, the data was analysed in four steps. Firstly, the data was reduced and extracted from each study individually and recorded in the form of a table and mind maps. Secondly, all extracted data was converted and combined into a primary mind map which allowed the authors to observe similarities and differences across the studies. The data was then examined from various point of views. Analysis against the extracted data on the mind map was performed by constantly comparing each theme, developing new categories and making revisions and refinements as needed.

3.4. Summary of study characteristics

Four of the seven reviewed studies were undertaken in the USA. One study involved participants from multiple countries including the USA, the UK, Canada, and Australia. One study was conducted in Sweden and one in Australia. Four studies were published in peer-reviewed journals and three were in the form of doctoral theses. Regarding the methodologies, five studies utilised grounded theory whereas the remaining employed phenomenology as the key method. The number of participants varied across studies with a minimum of 13 to a maximum of 30 nurses. In terms of study settings, five studies were conducted in acute care settings, one in a general setting and the other in both general and acute settings. Further details on each study are presented in Table 2.

4. Results

Through constant comparison data analysis method three major themes emerged: 1) conceptions of integrity, 2) threats to integrity, and 3) common coping strategies to maintain integrity. The three themes are presented below (See Table 3 for data extraction).

4.1. Conceptions of integrity

Two major conceptions of integrity emerged from the review. Firstly, the sense of personal, professional, and social wholeness. The idea of personal wholeness incorporates three aspects: physical (Erikson & Davies, 2017; Irurita & Williams, 2001; Pike, 2001), psychological (Erikson & Davies, 2017; Irurita & Williams, 2001; Laabs, 2007; Nilsson, Rasmussen, & Edvardsson, 2016; Pike, 2001), and spiritual (Irurita & Williams, 2001; Pike, 2001). Integrity is viewed as possessing control over situations to protect oneself, maintain dignity as human beings, and be recognised as individuals (Cartwright, 2006; Erikson & Davies, 2017; Irurita & Williams, 2001; Pike, 2001).

Secondly, integrity is viewed as social and moral conducts (Cartwright, 2006; Irurita & Williams, 2001; Pike, 2001). This concept comprises the ethical principles such as beneficence and non-maleficence as guiding values for a good nurse (Nilsson et al., 2016). It is an endeavour to practice in certain ways that allows nurses not to feel guilty about their work (Erikson & Davies, 2017; Irurita & Williams, 2001; Pike, 2001). In addition, integrity is viewed as a value to deal with morally difficult situations (Cartwright, 2006; Laabs, 2007; Pike, 2001). Failure to manifest what is morally right in one's practice often leads to moral distress and impacts nurses' integrity (Cartwright, 2006).

4.2. The threats to integrity

Based upon the conceptions of integrity identified in the reviewed studies, a threat to integrity is defined as any situation that has a potential of impairing a sense of personal (physical and mental), professional, social or moral wholeness. With reference to threats to integrity, five loci of threats were identified. These included, self, patients, teamwork, the nature of work, and the organisation.

4.2.1 Self

Generally, nurses have certain expectations with reference to their work and profession. However, there might be a discrepancy between what had been imagined and the real challenges they came across in everyday practice. For example, the reviewed studies showed nurses expect to be able to consistently provide ‘high quality’ care (Irurita & Williams, 2001; Nilsson et al., 2016). High quality care is described as providing extra care that is “over and beyond the usual expectation” (Irurita & Williams, 2001, p. 584). In addition, some nurses had strong feelings of obligations to bringing positive outcomes. However, these expectations and perceived obligations could not always be satisfied due to external factors such as limited resources or organisational policies, resulting in nurses experiencing a feeling of loss. Such a feeling sprang out of the conceived incapability of fulfilling their obligations (Irurita & Williams, 2001; Nilsson et al., 2016). When the gap between expectation and reality became overwhelming, it started to affect nurses psychologically and morally (Laabs, 2007; Nilsson et al., 2016). In the case where nurses were unable find solutions to the problems, they started feeling disappointed and distressed, which if continued may harm nurses’ integrity (Laabs, 2007; Nilsson et al., 2016).

4.2.2 Patients

Dealing with confused and aggressive patients potentially harms nurses’ integrity. In Nilsson et al.’s (2016) study, when caring for older patients with cognitive impairment in an acute care setting, nurses were reported being at high risk of offence. The offences ranged from verbal to physical attacks that had caused nurses to feel uncomfortable and, to some extent, frightened (Nilsson et al., 2016). Repeatedly experiencing physical and psychological harassments from patients can affect nurses’ integrity (Erikson & Davies, 2017; Nilsson et al., 2016).

Engaging in long-term care such as palliative care settings often creates a special bond between nurses and patients (Irurita & Williams, 2001). Nurses who are frequently involved emotionally with their patients, have difficulties in resolving tensions between connecting personally and maintaining professional conduct (Erikson & Davies, 2017, Irurita & Williams, 2001). A conclusive link between integrity and inability to mediate a tension between personal values and professional conduct is explored in-depth by Erikson and Davies (2017). Their study revealed that failing to find the best equilibrium between the two, nurses were likely to suffer from psychological and moral repercussions that potentially threatens their integrity (Erikson & Davies, 2017).

4.2.3 Teamwork and work culture

Problematic relationships within teamwork creates a less conducive atmosphere in the workplace. Nurse – doctor relationships have been an issue in nursing practice as nurses sometimes feel being undervalued by doctors (Cartwright, 2006; Laabs, 2007; Pike, 2001). This situation springs out of an imbalanced power relationship with

doctors being regarded as the most authoritative team members. In addition, there has been a stigma in the healthcare work culture where nursing is considered inferior to the medical profession (Pike, 2001). The stigma creates a feeling of powerlessness among nurses and leads to nurses' integrity being threatened (Cartwright, 2006; Nathaniel, 2003).

Personal characteristics of some doctors as well as those of peers can make the professional relationship even more troublesome (Pike, 2001). Poor communication among team members has been a common consequence of a non-harmonic relationship that can affect patients' outcomes (Cartwright, 2006; Laabs, 2007; Pike, 2001). When nurses observe less preferable outcomes that are attributable to poor communication, they experience a sense of loss that jeopardises their integrity (Cartwright, 2006).

4.2.4 The nature of work

Nurses often endure ethically and morally difficult situations, especially when encountering end of life issues. Depending upon the intensity of the situation, it can bring various moral problems from moral uncertainty to moral distress, which has been linked to threaten integrity (Cartwright, 2006; Erikson & Davies, 2017; Irurita & Williams, 2001; Laabs, 2007; Nathaniel, 2003; Nilsson et al., 2016). Nurses working in departments such as intensive care and emergency settings experience more frequent and intense ethical issues that potentially lead to moral distress. This has been linked to their sense of integrity (Cartwright, 2006).

4.2.5 Organisation

Some organisational-related factors appear to potentially threaten nurses' integrity. The factors involve limited physical resources (Irurita & Williams, 2001; Laabs, 2007; Nathaniel, 2003; Nilsson et al., 2016), policy on productivity quota (Laabs, 2007), lack of time, poor staffing, and shortage of nurses (Irurita & Williams, 2001; Laabs, 2007). These factors simply impede the services that nurses are able to offer and can result in disappointment and discouragement for nurses (Irurita & Williams, 2001; Nilsson et al., 2016). Consequently, nurses lose their confidence and motivation in continuing their practice (Nilsson et al., 2016).

4.3. Common strategies for maintaining integrity

When integrity is challenged, nurses restore and maintain their integrity by adjusting to the challenging situations as well as compensating. Both strategies are presented next.

4.3.1 Adjusting

The participants of the reviewed studies strived to adapt to integrity threatening situations by aligning their values not only to avoid burnout but also to preserve their sense of intactness (Erikson & Davies, 2017; Nilsson et al., 2016). Two kinds of adjustment emerged from the reviewed studies: value and instrumental.

4.3.1.1. Value adjustments

Nurses adjusted their values and expectations in response to the difficult situations by utilising several strategies including accepting limitations (Laabs, 2007), lowering expectations (Irurita & Williams, 2001; Nilsson et al., 2016), convincing self (Laabs, 2007; Pike, 2001), 'letting off steam' (Erikson & Davies, 2017; Nilsson et al., 2016), self-preservation (Erikson & Davies, 2017; Irurita & Williams, 2001) and deadening conscience (Nilsson et al., 2016). These strategies were in place not only to ease the psychological impacts of unmitigated gaps between nurses' expectations and reality but also in helping nurses preserve and regain a sense of individual wholeness.

4.3.1.2. Physical/ Instrumental adjustments

Along with adjusting values, nurses used physical and or instrumental adjustments to promote their wellbeing (Nilsson et al., 2016). For instance, nurses participated in physical exercise activities and engaged socially (Irurita & Williams, 2001; Laabs, 2007) to restore physical, psychological and social sense of wholeness. (Erikson & Davies, 2017; Irurita & Williams, 2001). In situations where nurses felt too much pressure on their personal side, self-preservation methods were used (Irurita & Williams, 2001). However, when nurses had difficulty in coping with certain situations, they either avoided or removed themselves from the situation. Some nurses tried to avoid the source of problems by moving to a less stressful clinical environment within the same organisation (Irurita & Williams, 2001) while others had an intention to leave their job (Laabs, 2007).

4.3.2 Compensating

In circumstances where there is a lack of time and resources or inadequate staffing, nurses are often unable to provide optimal care and service to their patients resulting in nurses feeling dissatisfied, frustrated, and guilty (Irurita & Williams, 2001). To compensate their guilty feelings nurses offered extra services for instance, using their personal time interacting with the patients and showing their attention not only to comfort the patients but also make them feel better about their care (Irurita & Williams, 2001; Laabs, 2007; Nilsson et al., 2016).

This compensation strategy was apparent where nurses worked in a specific environment or with specific characteristics of patients such as acute care settings (Nilsson et al., 2016), and older cognitively impaired patients or end-of-life facilities (Irurita & Williams, 2001; Laabs, 2007). Patients within these clinical settings tended to be more demanding. As a result, care was unequally divided between the ones who were more demanding than others less demanding. Although the less demanding patients did not enjoin the nurses to share the same amount of attentiveness the nurses often regarded themselves as doing an injustice for not being able to do so. This raised guilty feelings that need to be counterbalanced by compensating.

5. Discussion

5.1. Conceptions of integrity

Integrity in nursing practice appears to be conceptualised around two orientations: morale and moral. Within the morale-oriented perspective, integrity is viewed as an outcome of an action/incidence. Integrity is regarded in terms of a sense of an individual's wholeness. The intactness of nurses' physical and mental wellbeing appears to be one of the common conceptions of integrity among nurses. Thus, any incidence that has a potential to undermine one's sense of individual's intactness is then regarded as a threat to integrity. This concept of integrity appears to be contextualised in a broader sense than that discussed in the philosophical literature where the notion of integrity revolves around moral undertakings rather than morale outcomes of incidences (Breakey, Cadman, & Sampford, 2015; Calhoun, 2006; Tyreman, 2011). For example, feeling frustrated of being physically attacked by patients as identified in Nilsson et al.'s (2016) study might be considered irrelevant from a philosophical perspective because of the absence of moral loads.

From a moral-oriented perspective, integrity is conceptualised around moral processes and actions. This orientation is in line with the philosophical concept of integrity. It is viewed as maintaining ethical conduct and behaviour in morally-problematic situations in workplace. This conceptualisation corresponds with the notion of 'a person with integrity who maintains the consistency of his/her values and actions (Breakey, Cadman, & Sampford, 2015; Hardingham, 2004). Morally difficult situations often arise from the discrepancy between personal, professional, organisational values. For this reason, nurses might encounter moral problems from conflicting values and principles. How nurses respond to morally difficult situations is affected by their configuration of integrity. Nonetheless, the pattern of nurses' mindset and projections in the reviewed studies appears to parallel Calhoun's (2006) 'clean-hands' concept of integrity on the grounds that nurses strive for ethical conduct when facing morally problematic situations.

Contextualising integrity in the workplace is a complex undertaking. In some cases, nurses are confronted with difficult situations in which they might have to decide whether to stay consistent with the code of conduct, organisational policies, or hold true to their personal values. Any decision that nurses make might have both positive and negative effects on their conscience. For example, to remain consistent with organisational policies nurses may need to compromise their personal principles. Similarly, to hold true to oneself, nurses' professionalism might be compromised. While compromise is not uncommon in nursing, to what extent it threatens integrity is difficult to determine.

5.2. Threats to integrity and dealing with them

There are several inherent conditions that if not properly governed can pose threats to nurses' integrity and make preserving integrity difficult. As identified in the review the threats to integrity originate from the complex interplay between various components that take place in the nursing workplace. Knowledge of these components

and how they are intertwined is essential. Understanding the nature of threats might assist nurses to be more mindful in their practice. The state of mindfulness in nursing plays an important role. Mindfulness helps to manage personal values and accept the unfamiliar experience without feeling negatively about it with a potential to promote self-wellbeing and outcomes of care (Gustin, 2018).

As threats to integrity are generated not just from nurses' interactions with patients, teamwork, and other stakeholders but also from nurses' own ideal expectations. Indeed, the threats to integrity that arise from within individuals are mostly due to poor harmonisation of self-dispositions and external forces. Sometimes the gap between one's expectation and reality are too complex to harmonise. However, nurses usually have no options other than confronting the situation while trying to maintain their sense of integrity.

One of the strategies for maintaining integrity is value adjustment. This is a manifestation of self-disposition reconciliation that helps nurses survive challenging situations and keeps them remaining in the profession (Nilsson, et al., 2016). Unfortunately, adjusting values usually involves lowering one's expectations and can include various undertakings ranging from accepting limitations to allowing some degrees of suppressed conscience.

In some nursing settings, nurses' morale may be challenged quite intensely impairing nurse's morale and causing some morale-fatigue related issues such as compassion fatigue and burnout. Lack of compassion and deadened conscience have been associated with compassion fatigue and burnout (Juthberg, Eriksson, Norberg, & Sundin, 2008; Russell, 2016). Gradually becoming more indifferent to psychological and moral situations of the patients manifests nurses' suppressed conscience, which may influence the way care is provided (Raab, 2014) and potentially affects its outcomes. Yet, suppressed conscience is perhaps a natural reaction to recurring stressors rather than a planned action. It appears to be a mechanism to maintain nurses' own psychological wellbeing. Nonetheless, allowing suppressed conscience to continue to reach a point of deadened conscience may affect one's professional identity, particularly the image of 'a good nurse' such as in the case of less compassionate care (Juthberg et al., 2008; Nilsson et al., 2016).

Another physical/instrumental adjustment strategy is removing self from the challenging situation. This strategy often includes total detachment such as leaving the profession. Nurses' intention to leave is found to be related to work environment pressure and personal factors (Hayward, Bungay, Wolff, & Macdonald, 2016). It is reported that 46% of nurses consider leaving their position due to distress (Woods, Rodgers, Towers, & La Grow, 2015). Despite being an option for some nurses, total detachment highlights the need for appropriate managerial interventions in the work environment to support the retention of nurses (Holland, Tham, & Gill, 2018) and to minimise threats to nurses' integrity. Ongoing awareness of moral encounters and associated risks needs to be introduced early in nurses' education. Continuing professional development may assist nurses in becoming more conscious and adaptive in their practice when dealing with integrity related situations.

Having a holistic and systematic understanding of the threats to integrity is necessary to effectively deal with them as they arise. Drawing upon the thematic analysis of this review, a framework to facilitate the understanding of the nature of threats to integrity in nursing practice is proposed (see Figure 2).

5.3. Threats to integrity: The framework

The sources and characteristics of threats are depicted in figure 2 as multiple-layers. Each layer represents one or more entities that are positioned to show their relative distance to integrity as nurses' central core. The inner layer are the entities that nurses have immediate contact with such as patients, teamwork, and the work culture. Situated in the next layer is the profession and nature of work. Finally, the outer layer represents the broader environment that includes the organisation and the wider health system.

Integrity is positioned at the core of the individual nurse as an internal personal quality of a nurse. An incidence can affect integrity after penetrating through a nurse's personal space. Among other factors that reside within the personal space is a nurse's expectation. As identified in this review, incongruence between expectations and the reality of practice appears to be a central theme of threat to integrity. The skill required to juxtapose the reality gap is usually lacking for new nurses. Entering the profession with high levels of confidence and hopes, new nurses confront realities that are often beyond their expectations (Newton & McKenna, 2007) hence making them more vulnerable to disappointment due to the expectation-reality disparities. The expectation to provide ideal nursing care is often negated by external factors that new nurses might or might not be aware of. External factors include organisational policies, physical resources, work culture, and the nature of interaction with other team members (Parker, Giles, Lantry, & McMillan, 2014). Indeed, these factors add to the dynamics of nursing care that may impact all nurses, regardless of their work experience.

Personal and professional interactions in the workplace appear to be entities that potentially penetrate nurses' personal space. Therefore, in the framework people whom nurses interact with: patients, peers, and physicians are accommodated in the outer ring of individual space. This suggests that personal quality is perhaps the only balancing factor that determines the flexibility of the barrier between external factors and internal space. Nurses describe the line between personal and professional as, 'a blurry line' mainly because there are no universal guidelines on how to balance personal-professional concerns in everyday practice (Laab, 2007). Indeed, developing a universal guideline would be difficult as situations are highly dynamic and unique in each encounter. Consequently, nurses are left to intuitively determine approaches in navigating the blurry, if not, non-existent line between personal – professional space. When there is a relatively distinct line between the two, nurses are required to make decisions or take actions in such a way that preserves the best equilibrium of personal-professional gains and losses (Laab, 2007). However, what constitutes 'best' might also involve personal judgement and experience.

Navigating through professional and personal concerns is problematic as the concept of professionalism in nursing often involves personal matters. Nurses are expected to practice in a professional manner by separating personal concerns from professional work. However, high quality nursing practice requires personalised and genuine compassionate care which demands genuine personal values and compassion competence (Lee & Seomun, 2016) along with sound skills in managing emotion (Leonard, 2017). Nurses often engage in caring for poorly behaved patients who, for example, harass nurses verbally and sometimes physically attack them (Nilsson et al., 2016). Such experiences potentially create a sense of personal insecurity for nurses. In settings such as emergency nursing, workplace violence is reported to affect as high as 87% of nurses (Pich, Kable, & Hazelton, 2017). Within these situations, it is difficult to synchronise personal-professional concerns. In addition to nurse-patient relationships, interactions with team members might create issues that have potential to interfere with personal concerns, particularly if the interactions involve an imbalance in power relationships. In such situations, nurses may feel devalued (Apesoa-Varano, 2013). Feeling respected can be comforting, energizing and confidence-boosting, conversely feeling the other way is discouraging, intimidating, belittling and can create many forms of negative emotions (Bournes & Milton, 2009).

The next layer is the professional nature of nursing work. Within this layer, nurses are often exposed to many ethically problematic situations (Sweeney, 2017). Repeated exposures to ethically difficult situations could induce moral problems. Some common moral problems in nursing practice involve moral uncertainty, moral outrage, and moral distress (Barlem & Ramos, 2015). Moral problems have been identified as the common precursor for integrity loss (Nilsson et al., 2016). Frequent engagement with ethically problematic situations makes nurses view those encounters as inherent consequences of the profession that impel them to self-adjust. Adjustment often means compromising personal values (Laabs, 2007) and allowing a certain amount of moral residue, that is feeling unease on nurses' conscience for an extended period of time (Hardingham, 2004). The accumulation of moral residue could induce negative psychological states such as compassion fatigue (Brint, 2017; Sinclair, Raffin-Bouchal, Venturato, Mijovic-Kondejewski, & Smith-MacDonald, 2017) and deadened conscience (Nilsson et al., 2016), which is linked to integrity loss (Juthberg et al., 2008).

The framework's outer layer represents the organisation and the wider health system and environment. As nursing care is a sub-system within the wider health system, it is logically bound to the dynamics of the existing health system. The organisation, policies, physical facilities, and human resources have a potential to impede the provision of nursing care. However, to be considered a potential threat to integrity, these aspects need to be of a significant magnitude to affect the entities that are closer to the personal layer. Problems arising in the healthcare system, are usually well beyond nurses' control and require intervention by managers or policy makers. Maintaining integrity is a complex and continuous endeavour in 'getting things right'. 'Getting things right' entails finding the best equilibrium between being a 'good' nurse, a 'good' person, and a 'good' team member.

Yet, what constitutes 'right' and 'good' in practice is often less clear. Preserving a construct of personal integrity (for example: maintaining individual sense of individual intactness), sometimes means compromising another construct of professional integrity (for example: compassionate care) and it holds true to the other way around (Besser-Jones, 2008). Deciding on what kind of compromise and how much one is able to make, is a complex intellectual process. This process requires personal qualities such as creativity, emotional intelligence (Lewis, Neville, & Ashkanasy, 2017), resilience (Delgado, Upton, Ranse, Furness, & Foster, 2017) and sound clinical knowledge.

5.4. Further research

The processes that are involved in the formation of, and what constitutes, integrity in nursing remains nebulous. How integrity impacts and influences nursing practice is an under-studied field and warrants further research.

5.5. Limitations

All of the studies were qualitative with small samples size which limits the generalisability of those studies' findings. The reviewed studies were conducted in acute care settings which constrains the resulting framework as care settings such as primary health, community, and nurse-led clinics, threats to integrity may differ. Furthermore, this review is limited to studies published in the English language.

6. Conclusion

Integrity is a multi-faceted concept that involves a complex interplay of numerous entities in nursing practice. A threat to a nurse's integrity occurs when there is an unmitigated gap between the nurse's expectation and the reality of practice. While the nurse's expectation is internalised, the reality is enacted out in the complex interplay that occurs in the healthcare workforce. Perceived gaps between nurses' ideals and realities, combined with nurses' abilities to mitigate tensions between their values and practicalities, determines the degree to which their integrity is challenged. Maintaining integrity when challenged, exacts continual adjustments and compensations to balance personal expectations, professional concerns, and practice realities to retain a sense of intactness as both an individual, and a professional.

7. Relevance to clinical practice

The synthesis from this review allows a more comprehensive understanding of the nature of threats to integrity and strategies to maintain it. Understanding the nature of integrity threats can raise nurses' mindfulness of their personal-professional circumstances. It may assist nurses' reflectivity of their expectations by offering insights and considerations when their integrity is challenged. Understanding and having strategies in relation to integrity

may also help nurses with setting realistic goals and expectations, thereby avoiding disappointments with their professional practice.

Raising awareness of the potential problems related to nurses' integrity along with identifying the sources of the problems and viable solutions offer considerations for managers and key stakeholders when developing workplace policies. This review provides a comprehensive knowledge on nurses' integrity that could be embedded into nursing education curricula to facilitate students' preparation for the realities of everyday practice.

8. What does this paper contribute to the wider global clinical community?

- Maintaining integrity involves a continual effort to balance personal and professional expectations within the workplace.
- Nurses use two core strategies to deal with the threats to integrity: adjusting and compensating.
- A novel framework is offered to assist in understanding threats to nurses' integrity.

9. Acknowledgment

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Table 1: Search terms across databases

Search terms
integrity
nurs* (nurse, nurses, nursing)
midwi* (midwife, midwives, midwifery)
maintain* (maintain, maintains, maintaining)
preserv* (preserve, preserves, preserving)
protec* (protect, protects, protecting)
retain* (retain, retains, retaining),
sustain* (sustain, sustains, sustaining)
compromi* (compromise, compromises, compromising),
threat* (threat, threats, threatening, threatened)

Table 2. Description of the included studies.

No	Authors (year) Title Journal	Context	Research Summary	Methodology
1	<p>Erikson, A., & Davies, B. (2017) Maintaining Integrity: How Nurses Navigate Boundaries in Pediatric Palliative Care. Journal of Pediatric Nursing, 35, 42-49.</p>	<p>Country: the USA. Setting: acute care unit and end-of-life facility</p>	<p>A grounded theory study, that explored how nurses manage professional and personal boundaries, i.e. the process that involved in negotiating boundary, while delivering care to seriously ill children and families</p>	<p>18 registered nurses (10 from the end-of-life facility, 8 from the children hospital) were interviewed using semi structure interview and were observed in their work setting. Participants were recruited by means of posting flyer, and snowball sampling. Data analysis using constructivist grounded theory</p>
2	<p>Nilsson, A., Rasmussen, B. H., & Edvardsson, D. (2016) A Threat to Our Integrity - Meanings of Providing Nursing Care for Older Patients with Cognitive Impairment in Acute Care Settings. Scandinavian Journal of Caring Sciences, 30(1), 48-56.</p>	<p>Country- Sweden Area: acute care setting (General medical, oncology and neurological clinics)</p>	<p>Phenomenological study that aimed at exploring the meanings of caring for older cognitively impaired people in acute care settings.</p>	<p>13 registered Nurses and assistant Nurses were interviewed, and the data was analysed using hermeneutical-Phenomenological analysis</p>
3	<p>Laabs, C. A. (2007) Primary care nurse practitioners' integrity when faced</p>	<p>Country- the USA Area: primary care</p>	<p>A grounded theory study that explored the process of managing moral problems common to primary care</p>	<p>23 nurse practitioners were interviewed. Data was analysed using Glasserian Grounded theory method.</p>

	with moral conflict. Nursing Ethics, 14(6), 795-809.			
4	Cartwright, D. J. (2006) Perception of nurses regarding their moral decision-making and their ability to be resolute in their attempts to provide care that maintains moral integrity. Thesis - Utah State University	Country: the USA Area: acute care, rural hospital environments	A study that aimed at describing the moral decision making with emphasis on the process for compromising or maintaining moral integrity	16 registered nurses were interviewed. Data was analysed using the phenomenological study principles.
5	Nathaniel, A. K. (2003) A grounded theory of moral reckoning in nursing. Thesis - West Virginia University, Ann Arbor	Country: the USA, the UK, Canada, and Australia in All area of care, but mostly in high stress clinical area.	A grounded theory that aimed at elucidating experiences and consequences of nurse's moral distress and formulating a logical, systematic, and explanatory theory of moral distress and its consequences.	Data was obtained by interviewing 21 registered nurses. Data was analysed using Glasserian grounded theory approach.
6	Pike, A. W. (2001) "I don't know how ethical I am": An investigation into the practices nurses use to maintain their moral integrity. Thesis - Boston University	Country: the USA. Setting nurses working in acute care hospitals, ICU, nursing homes, community health centers, and homecare.	A grounded theory study that aimed to identify practices the nurses use to maintain their moral integrity and discover patterns in nurse's use of these practices	17 interviews with registered nurses (randomly selected) Participants were asked about times in their practices when their most cherished value were challenged/ threatened by the decision of more powerful others. Data was analysed using Straussian grounded theory approach.

7	<p>Irurita, V. F., & Williams, A. M. (2001)</p> <p>Balancing and compromising: Nurses and patients preserving integrity of self and each other.</p> <p>International Journal of Nursing Studies, 38(5), 579-589.</p>	<p>Country: Australia.</p> <p>Area: acute care hospital settings.</p>	<p>A grounded theory study that aimed to develop a theory of balancing and compromising in response to the shared problem of threats to integrity, especially encountered when broader environmental and contextual conditions were unfavourable.</p> <p>Experiences of both nurses and patients on nursing care delivery were explored</p>	<p>Data was collected from many different sources. It made use of data from two previous studies (interview of 22 nurses and 23 patient) and other 10 new interviews (theoretical sampling) as well as data from other concurrent study.</p> <p>Data was analysed using constant comparative method, following Glasserian grounded theory approach</p>
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Table 3. Data extraction and synthesis.

Themes	1	2	3	4	5	6	7
Conceptions of integrity							
Sense of wholeness.							
Sense of personal & professional wholeness	✓	✓	✓	✓	✓		✓
Sense of having adequate control over situation	✓			✓			✓
Ethical conducts and moral dilemmas			✓	✓		✓	✓
Threats to integrity							
Self							
Unacceptable incongruence of expectation and real practice		✓	✓				
Perceived repeated failure in providing care that patients are entitled to		✓			✓		✓
Patients							
Poorly-managed patient-nurse interaction resulting from difficulties in dealing with poorly-behaved patients or hardship in aligning personal and professional relationship	✓	✓					✓
Teamwork and work culture							
Work culture in which imbalanced-power relationships persist leading to nurses feeling disempowered and undervalued			✓	✓		✓	
Profession and the nature of work							
Nature of nursing work which requires nurses to face ethically difficult situation and moral conflict	✓	✓	✓	✓	✓	✓	✓
Organisation							
Inadequate resources leading to impeded ability of providing cares and overload.		✓	✓		✓		✓
Common strategies of maintaining integrity							

Adjusting							
Expectation/Value adjustment	✓	✓	✓		✓	✓	✓
Physical/Instrumental adjustment			✓		✓		✓
Compensating		✓	✓			✓	✓

Legend:

1. Erikson, A., & Davies, B. (2017). Maintaining Integrity: How Nurses Navigate Boundaries in Pediatric Palliative Care. *Journal of Pediatric Nursing*, 35, 42-49. doi:10.1016/j.pedn.2017.02.031
2. Nilsson, A., Rasmussen, B. H., & Edvardsson, D. (2016). A Threat to Our Integrity - Meanings of Providing Nursing Care for Older Patients with Cognitive Impairment in Acute Care Settings. *Scandinavian Journal of Caring Sciences*, 30(1), 48-56. doi:https://doi.org/10.1111/scs.12220
3. Laabs, C. A. (2007). Primary Care Nurse Practitioners' Integrity When Faced With Moral Conflict. *Nursing Ethics*, 14(6), 795-809. doi:https://doi.org/10.1177/0969733007082120
4. Cartwright, D. J. (2006). Perception of Nurses Regarding Their Moral Decision-Making and Their Ability to be Resolute in Their Attempts to Provide Care That Maintains Moral Integrity. (3252261 Ed.D.), Utah State University, Ann Arbor.
5. Nathaniel, A. K. (2003). A Grounded Theory of Moral Reckoning in Nursing. (3142913 D.S.N.), West Virginia University, Ann Arbor.
6. Pike, A. W. (2001). *"I Don't Know How Ethical I Am": An Investigation into the Practices Nurses Use to Maintain Their Moral Integrity*. (9991069 Ed.D.), Boston University, Ann Arbor.
7. Irurita, V. F., & Williams, A. M. (2001). Balancing and Compromising: Nurses and Patients Preserving Integrity of Self and Each Other. *International Journal of Nursing Studies*, 38(5), 579-589. doi:https://doi.org/10.1016/S0020-7489(00)00105-X

Figure 1: PRISMA Flow Chart of Search Strategy

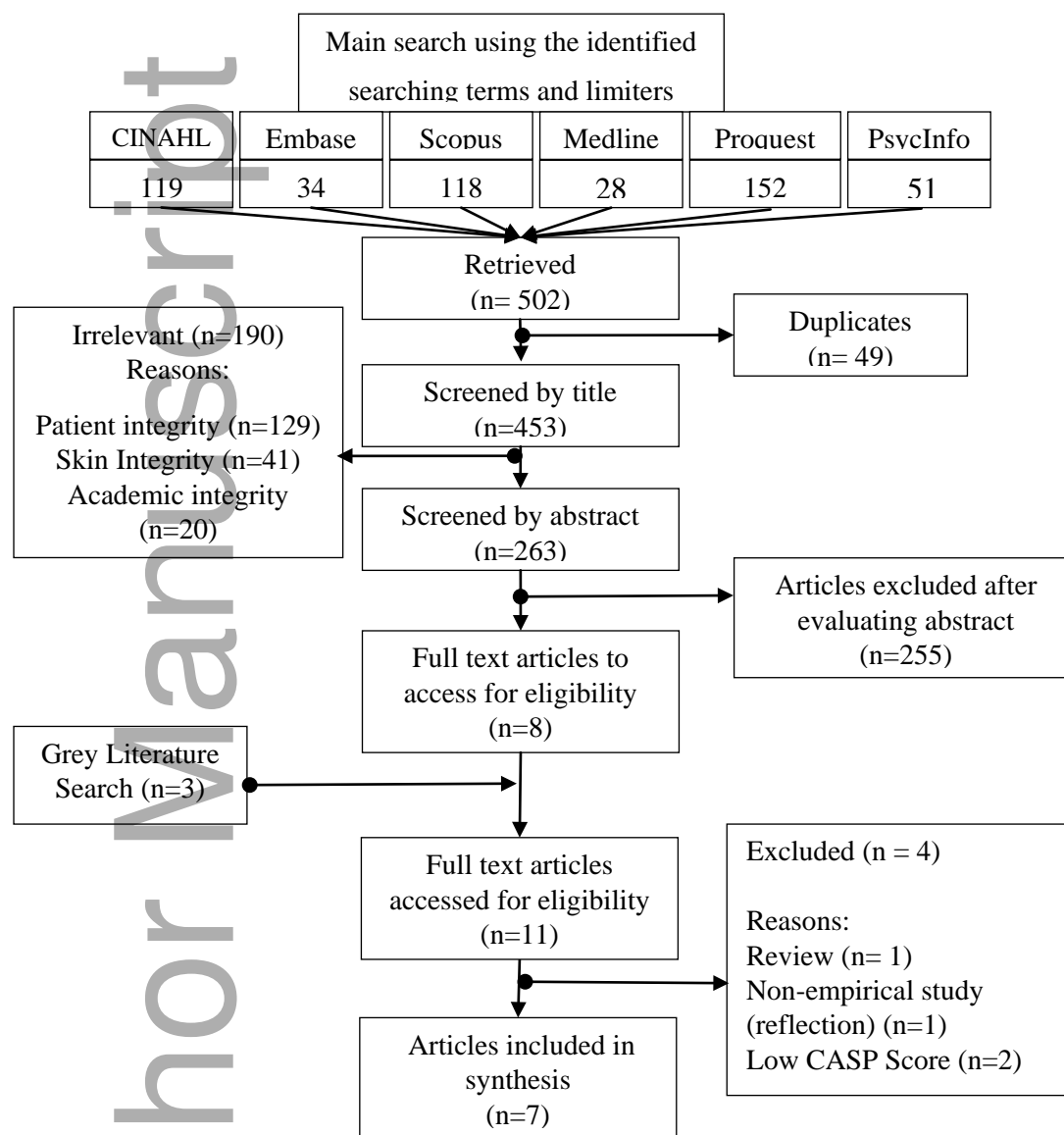
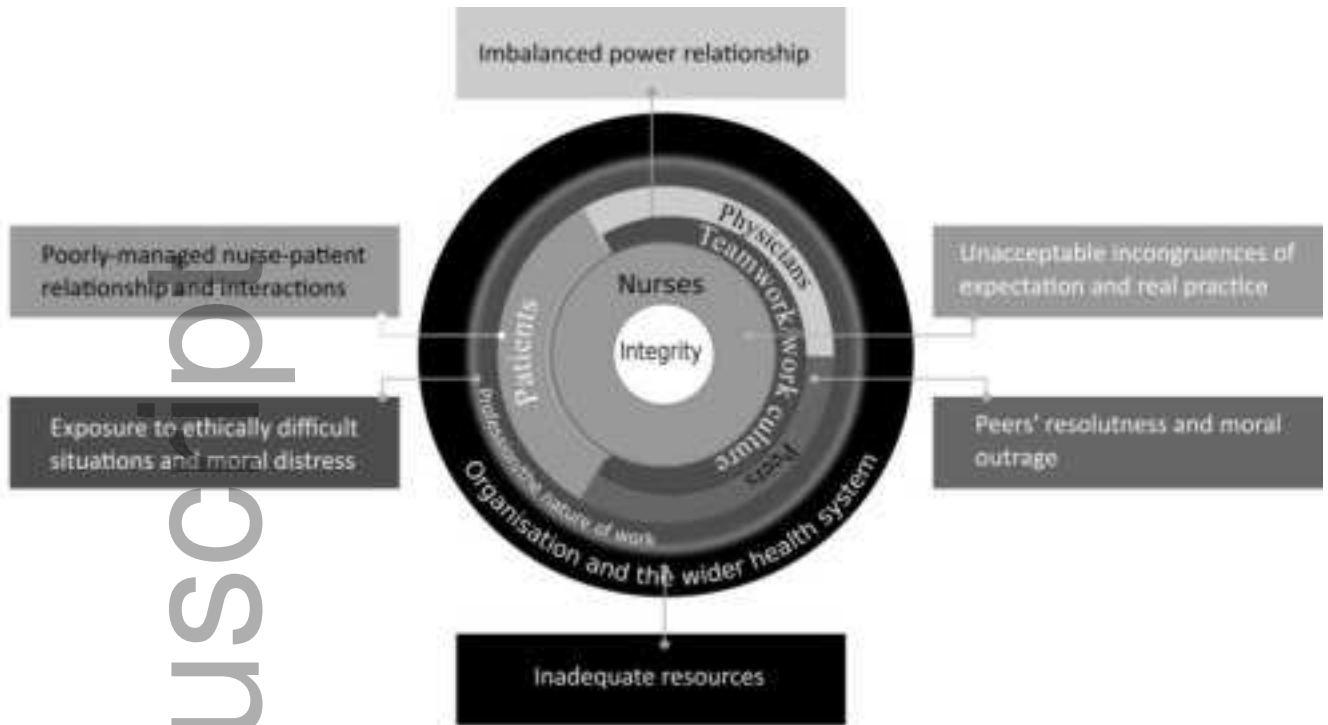


Figure 1 PRISMA flow chart of search strategy

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