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Research Article

Reviewing moral distress and its related factors from the perspective of hospitals nurse in Neyshabur City 2013

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Abstract: A moral distress is one of the major ethical issues that effects on the identity and integrity of the nurse as a being committed to ethics. This study aims to explore ethical distress and related factors were analyzed from the perspective of nurses. The materials and methods in this study was descriptive-analytic cross sectional study which all the nurses in the 22 Bahman and Hakim Hospitals of Neyshabur County, participated in it with total-counting method. Sample size of 162 was determined according to Morgan Table. To collect the data a three-part questionnaire including demographic characteristics was used, the ethical distress scale was reviewed by Corley and factors related to ethical distress were used. Data collected by SPSS version 18 and through descriptive statistics and inferential statistics were analyzed. In findings 34.6% of the nurses at the Hakim hospital and 65.4 %, of them in 22 Bahman hospitals were working. 37 % in the ICU, 24.7 % in EMS, 38.3 percent working in other sectors. In general, overall level of distress was moderate at both hospitals. Statistically significant correlation between the degree of distress with demographic data were not observed (p> o.o5). From the perspective of the hospital nurses' organizational and administrative features more than the personal characteristics of nurses and the individual characteristics of patients is useful to make effective moral distress. In Discussion and conclusion according to the results, since distress can affect nurses and the quality of nursing care, nursing staff should be planned to identify and control the factors affecting their moral distress.
Keywords: moral distress, nurses, factors associated with distress

INTRODUCTION

Ethics is an integral part of the nursing profession because nurses in their working environment, based on personal beliefs and values systems operate. In addition they are trained and expected to adhere to the values of their profession [1]. Nurses every day in their work environment take many ethical decisions but in practice cannot always act according to their moral obligations. Moral distress as a negative experience is among the major issues that nurses face [2]. Andrew Jimpton described moral distress as follows: when a person knows what the right thing to do, but it is limited to do it and feels that he is unable to do the right thing [3]. When regressing these values and beliefs of nurses I this way, the identity and integrity as the moral obligation to be impress and they feel moral distress [4].

The moral distress for nurses, regardless of the lack of skilled and trained manpower, organizational policies [5] including aggressive treatment of dying patients, unnecessary tests, inadequate and incomplete treatment by colleagues, unjust allocation of power between partners, lack of organizational support [6] , pain and suffering caused by invasive diagnostic and therapeutic procedures, treatment in order to meet the needs of organization, prolonging the time of death without the consent of the patient and his family and the budget constraint [5].

Corley was the first to examine the moral distress in nurses. His results indicate that the80 % of nurses have experienced moderate to high levels of moral distress [7]. Moral Distress in various nursing workplace has been studied. Joolaei et al. also found 210 nurses working in medical, surgical, ICU, CCU and emergency at medical and teaching centers of Tehran University of Medical Sciences that nurses tolerated average intensity of moral distress [8].

Constraints on the moral right to take action by nurses as well as internal factors related to a nurse and external factors are crucial. The internal factors include the fear of job loss, anxiety and low self-esteem. The imbalance of power and the weak interaction between members of the health team, the pressure to reduce costs, lack of support from hospital administrators and policy governing the hospitals are among external management factors effective in limiting nurses [9]. The results of Ebrahimi *et al.;* show that occupational distress and moral distress are nurses' main reactions in ethical decision-making [10]

Moral Distress has negative effects on nurses, patients and organizations. Nurses who suffer from Ethical distress, feelings anger, frustration and guilt. Moral Distress also causes physical and mental problems that sometimes its effects remain for many years [11]. Alcohol and drug abuse, decreased ability to care for the sick and leave the work place and even change jobs is the moral distress's impact [13-11]. Moral Distress can also lead to burnout and resignation of the nursing profession. In 2006, 43 % of Americans because of moral distress designated their situation [14]. Remain unknown and lack of solving ethical problems in clinical settings lead to instability, confusion and distress among nurses [15]. Due to the fact that nurses are an integral part of delivering high-quality care [16].

Today the extensive research on the topic of moral distress by focusing on the nursing profession being done in medical centers, however, the moral distress of nurses in the country is an issue that has been forgotten or to be regarded as a natural issue [17]. However, due to the effects and consequences of moral distress on nurses and patients and consequently the health care system we decided to study in order to examine the ethical and distress related factors from the perspective of nurses in hospitals in Neyshabur in 2013.

METHODS

This research is a descriptive - analytic cross-study that in 2013 all nurses in all areas of the hospital on 22 Bahman and Hakim hospitals of Neyshabur city with total enumeration was performed. According to Morgan Table, the sample size was 280 and 162 respectively. Therefore, proportional to number of nurses at on 22 Bahman and Hakim hospitals which respectively were 183 and 97, the sample size of the two hospitals respectively 106 and 56 were determined. The study population included patients who took study in the hospitals mentioned above were employed. Have at least a bachelor's degree and a minimum of one year experience in the sector as entry criteria were considered. Also applying an open question the participant were studied in the aspect of acute psychological problems and if have a problem of psychology, was eliminated from the study population. The researcher to contact the nurses on all shifts referring to parts of the hospital and moral considerations such as the optional inclusion and exclusion, assuring the confidentiality of their data subjects, explanation about the anonymous nature of the questionnaire and the verbal consent of the subjects in this study, data collection measures were given them and finally, the questionnaire was delivered. The data collection instrument was a three-part questionnaire.

The first part of the questionnaire consists of 10 questions about demographics (age, gender, work experience, marital status, educational level, employment status, type of mean shifts in month and an open question about a problem or a history of mental illness), respectively. The second part of the questionnaire, "Corley revised scale of moral distress" which by Hamrick in 2010 has been revised.

The tool that consists of 21 items, by Atashzadeh Shoorideh (2012) is translated and categorized by factor analysis in three terms of "non-qualified healthcare providers," " futile effort "and" lack of ethics" which in this study was adapted from it [18]. The tool stability with Cronbach's alpha coefficient 0.86 and its validity was 0.75 [19, 18]. This means calculates the frequency and intensity of moral distress in terms of five-part Likert scale in the frequency dimension from never (zero) until the day (four) and in the intensity dimension from never (zero) to very high (four). The amount of moral distress of each term is calculated from the product of the number of moral distress intensity and the score of moral distress frequency is calculated. Thus, the scores range of effect from 0 to 16 is varied. Scores for overall moral distress from intensity, frequency and extent of the effect of mean total scores are obtained. The frequency and severity of moral distress obtained from the scale into four categories: low (0-1), Medium (1.01-2), high (2.01-3) and very high (3.01-4) was classified. The third part of the questionnaire "ethical factors related to distress," taken from Ms. Ameri thesis, which consists of three domains of factors associated with nurse and patients and occupational factors and organizational factors was classified.

According to five-part Likert scale of the nurses, mentioned factors are scored from one to five. Higher scores indicate that the score has more effect on experience of moral distress by nurses. The reliability alpha coefficient is reported 0.82 and validity has been reported 0.76 [19]. On the other hand, to determine the confidence of above questionnaire the validity content method is used and the reliability with retesting and correlation coefficient of 0.85 for the questionnaire of "Corley revised scale of moral distress " questionnaire

and to 0.83 for " factors related to ethical distress " was calculated.

Descriptive statistical methods to examine the relationship between nurses' moral distress by demographic variables independent t -test, Non-parametric Kruskal - Wallis one-way analysis of variance test to determine the correlation between age and work experience with moral distress Pearson's correlation coefficient was used. For comparison, the mean of moral distress scores on the various dimensions of the questionnaire of "moral distress related factors of nurses' view" the repeated measures of ANOVA test, Greenhouse - Jazer test was used . For data analysis, SPSS software version 18 was used.

FINDINGS

60.8 % of the subjects were female and 30.2 % were male and had a mean age of 36.73. 80.2 % were married and 19.8% were single. 19.8 % were formal employed, 31.5 were contractual employed, 18.5 percent were planned employed and 30.9 were arbitrary employed. Minimum work experience was one year and maximum was 29 years with the mean of 8.473. 34.6 percent in Hakim hospital and 65.4 percent in 22 Bahamn hospitals were working. 37 % in the ICU and CCU, 24.7 % in EMS and 38.3 percent worked in other sectors.

The data showed that between the degree of tension of ethical distress and number of clinical situations causing moral distress of nurses in hospitals of the city of Neyshabur, there is a significant positively correlation ($r = 0.795$, $P < 0.01$). And the amount of distress in the 22 Bahman was hospital more than Hakim hospital. Between the degree of tension with the demographics (gender, employment status, age and marital status there was no statistically significant correlation ($p > o.o5$). Nonparametric Kruskal - Wallis test showed that between the degree of moral distress of nurses in various parts, there is a statistically significant relationship ($p < o.o5$). So that the rate in the ward – natal sector is lower and in the domestic sector was higher than other sectors (Table 1).

ANOVA test with repeated measurements shows in nurses' view, the organizational and administrative features of the hospital more than nurses' personal characteristics and the individual characteristics of patients affects the moral distress (Figure-1). The total amount of moral distress in dimensions of "lack of safety ", " Visit the sick and suffering " and "working with no qualified personnel" was high and presenting "less care in order to reduce costs" and " increase the amount of morphine in patients with decreased level of consciousness " was the lowest (Table-2).

Table 1: The degree of moral distress among nurses in various departments, arranged from smallest to largest.

Section	No	Average	SD	Minimum	Maximum
Obstetrics & Gynecology	4	0.6905	0.36577	0.38	1.1
NICU	9	0.873	0.41377	0.48	1.62
pediatric	7	1.2245	0.86666	0	2.24
Pediatric emergency	3	1.254	0.77421	0.57	2.1
HEART	7	1.4626	0.735	0.52	2.43
EMS	39	1.4823	0.77041	0.1	2.57
Surgery for Women	16	1.5357	0.73802	0	2.43
Operating Room	13	1.5641	0.72266	0.24	2.57
Dialysis	7	1.5646	0.14659	1.43	1.86
Nursing Office	3	1.6349	1.20593	0.33	2.71
Surgery for Men	8	1.6905	0.7653	0.05	2.38
ICU	20	1.7167	0.51159	0.71	2.57
CCU	11	1.8918	0.57424	0.52	2.52
Internal	15	1.9492	0.46984	0.76	2.52

Table 2: - repeated clinical situations lead to moral distress experience and the degree of ethical distress in view of nurses in hospitals of Neyshabur City arranged from smallest to largest based on Average

Question	no	average	SD
14. Increase the amount of intravenous morphine in patients with decreased level of consciousness, while it may hasten the patient's death.	162	0.67	1.114
1. Providing fewer care to cut costs in implementing administrative policies and insurance	162	0.72	1.066
19. waiver of informed unconsent from the patient	162	0.91	1.024
16. Following the request of the patient family, despite the personal desire of the nurse for fear of complaints	162	0.99	1.19
15. Failure to perform an action based on superior orders when faced with ethical dilemmas in providing care and treatment	162	1.01	1.117
2. Giving false hope to patients and family	162	1.09	1.094
18. Inadequate nursing care	162	1.15	1.049
10. Care of patients who I am not competent enough to take care of them.	162	1.2	1.173
5. Accept the family request to not inform the patient about the his dying status	162	1.23	1.111
12. Failure to control pain because doctors' fear of prescribing analgesic drugs in large quantities	162	1.23	1.191
13. Failure to provide necessary information about the patient status to the patient and family in accordance with physician orders	162	1.28	1.165
7. Care of the patient in the last stages of life dependent on ventilator, when the patient can't decide to remove the device.	162	1.44	1.328
3. Useless provide patient care, continuity of life according to the wishes of his family	162	1.45	1.261
17. Work with nurses and other health care providers without qualification	162	1.56	1.158
20 - View of patient suffering due to lack of continuity of appropriate care	162	1.6	1.122
21 - disregarding safety rules by nurses and other health care providers	162	1.66	1.201
11. painful diagnostic procedures performed on patients in order to enhance the skills of medical students	162	1.69	1.429
9 - medical helping who you think are not qualified to provide treatment	162	1.77	1.343
8 - waiver and no errors by colleagues	162	1.78	1.322
4. reclamation operations in order to delay the death of the patient	162	1.79	1.218
6 - testing and unnecessary treatment in later stages of life of patients according to the physician's order	162	1.98	1.213
Total	162		

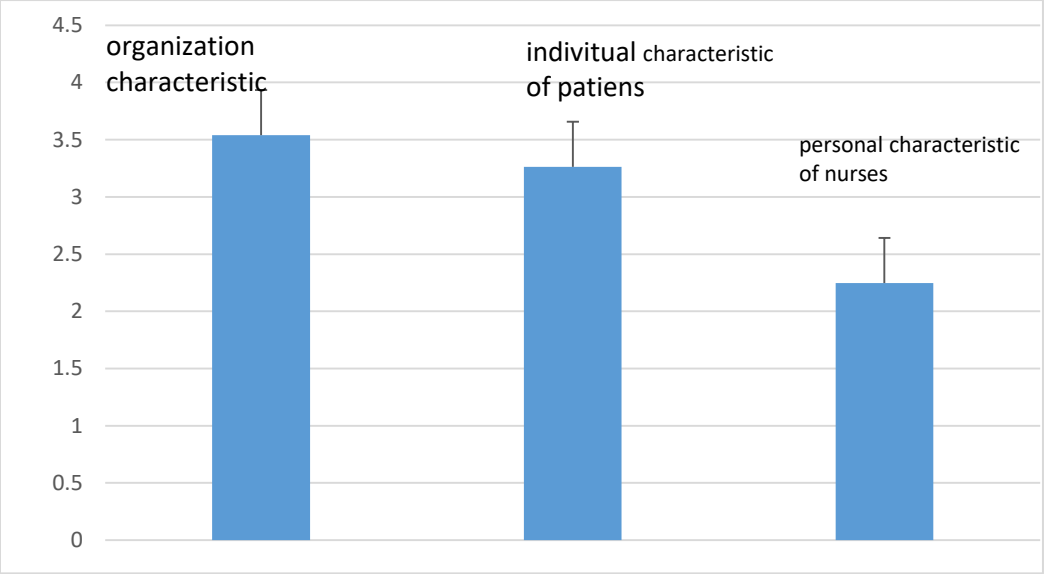

Fig-1: The degree of moral distress Based on the factors affecting stress in view of nurses in hospitals of Neyshabur City

DISCUSSION:

The purpose of this study was to investigate the moral distress and its related factors of nurses in different wards of the Nishapur County. In this study, between the degree of moral distress and number of clinical situations causing moral distress of nurses in hospitals of the city of Neyshabur, there is a significant positively correlation. So that as much as clinical situations lead to moral distress experience is more, moral distress is more as well. The degree of moral distress on the dimensions of “lack of safety”, “Visit the sick and suffering " and “working with no qualified personnel " is high and in aspects of " less care in order to reduce costs” and " increase the amount of morphine in patients with decreased level of consciousness" was minimal which were not consistent with Ameri’s study in 2012 [19]. The study of Ameri (2012) the most amount of frequency of the moral distress average was related to “unqualified health care providers “in the phrase "work with nurses and other healthcare providers without qualification ". In the study by Rice *et al.;* this phrase also was as one of the most frequent causes of moral distress [20]. Based on our results, it is perhaps due to the fact that a high percentage of nurses in the group constituted less experienced and less experienced. In our study, the severity of the moral distress in Obstetrics and Gynecology sector was lower and the degree of tension in the inner part was more than other sectors. Given the positive correlation between the degree of tension with a number of situations lead to distress the reason may be related to a number of clinical situations can lead to distress in this sections. In the study of Joolaei and colleagues in 2009 the degree of moral distress in nurses working in emergency, CCU, ICU parts and surgical hospitals affiliated to Tehran University of Medical Sciences is reported average. And concluded that the situations involves moral distress does not occur frequently and although moral distress may be an event which is possible to face it in above study but happens when people experience high intensity [8]. Factors associated with moral distress in the perspective of nurses in sectors, the organizational and administrative characteristics of the hospitals had the highest average. Malova also found in his study that most of the nurses' role in supporting ethical issues refers to managers of health institutions, nursing managers and supervisors [21]. This was consistent with our results. Given the ethical challenges that lead to distress in the work environment of nurses and the nursing profession can be regarded as one of the main strategies for improving health limitations in coming decades. Research findings conducted by Ebrahimi *et al.;* show the wishes of patients and their families on the one hand and organizational constraints such as lack of resources and support of them put them in status of ethical conflicts and lead to tensions and distress in occupational tasks [22]. Corley in his theory of moral distress comments that nursing goals are involving morality. So when the nurses to achieve goals such as protecting the patient from harm, provide appropriate and timely care and maintaining a healthy environment face barriers are suffering from moral distress. He believes that moral distress occurs where organizational policies and procedures make providing of the needs of patients and their families impossible. In his theory the organizational limitations are seen as the main focus [23]. As findings from Ebrahimi *et al.;* show a close relationship exist between distresses and how nurse’s work and structural constraints of the system which is consistent with the perspective of nurses in this study [22]. Easy communication between members of the

health team should be based on the existence of sincerity, mutual trust and authority, ability and responsibility to contribute to joint decision-making given the resources, facilities and equipment in order to solve the patient's problem [24]. Tabak and Koprak write in this context that several factors causing distress in the nursing profession. Which one of the most important items is the lack of effective working relationships and tensions in professional relations, especially with doctors [25]. Most studies suggest that distress with doctors more than tension with other colleagues will lead to distress in nurses. Therefore improving communication and collaboration between nurses and doctors could save them from dealing with situations leading to moral distress [27, 26]. Moreover, in this study between the degree of tension and demographic data (gender, employment status, age and marital status) was not statistically significant relation (p> o.o5) which was consistent with Ameri studies in 2012 [19]. Perhaps this lack of consistency is due to that in Ameri study only one part is considered. Alpern [30], Rice *et al.;* [28], Mobly and colleagues [20] in their study concluded that a significant positive correlation with moral distress and nurse's experience is existing [30, 28, 20]. These results were not consistent with our results. This heterogeneity is maybe because of the number of low-experience personnel in hospitals of Neyshabur. However, Corley reviewed studies in relation to moral distress and concluded that the age of a nurse and her experience not affect moral distress experienced by nurses [23]. Which was consistent with our results? In the research of Rahimi and colleagues (2004) an association between marital status and distress was not found [31] that were consistent with our results. And the atashzadeh Shoorideh [8] and Joolaei *et al.;* [18] in their study didn't found an association between employment status and moral distress. Which was consistent with our results? In the present study, factors related to the patients had lowest scores. Respect for the human is most basic human right. It takes a special form in nursing because patients often do not have the ability to defend their rights and one of the known roles of nursing is defending the legal rights of patients. So it was not unexpected that mentioned matters were the least important factors affecting nurses' moral distress.

CONCLUSION

Since distress can affect nurses and the quality of nursing care and cause a loss of integrity and dissatisfaction among nurses and patients it is necessary to nursing managers to consider that increasing the knowledge of nurses in relation to moral issues of patient care and ways to deal with these issues, increase nurses' job satisfaction and prevent them from leaving their profession. Also reviewing courses in nursing and teaching nursing ethics, provide the ability to deal with ethical problems for nursing students. The findings could pave the way for new research, including qualitative study of nurses' perceptions about the moral distress, conflict, burnout and patient satisfaction. And also it is proposed this study to be conducted for clinical instructors and private hospitals and other health care team members.

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