Original Investigation

Moral Distress among Nurses Working in a Teaching Hospital

Amita Ale[1], Ramesh Subba[2], Amrita Ghimire[2,*] , Sarita Nepal[2]

[1]School of Nursing, Chitwan Medical College, Bharatpur, Chitwan, Nepal
[2]Department of psychiatric Nursing, School of Nursing, Chitwan Medical College, Bharatpur, Chitwan

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ABSTRACT

INTRODUCTION: Distress is a serious problem to nurses, the deepest source of distress that nurse's experience has been arisen because of the variation between nurse's values and reality of daily nursing practice. Moral distress referred to the cognitive-emotional dissonance that arises when one feels compelled to act against one's moral requirements. Moral distress has a deleterious effect on patients, nurses, and organizations which results in decreased job satisfaction, increased turnover, and withdrawal from a job, and developing physical and psychological symptoms. The aim of this study is to assess the moral distress among the nurses in Chitwan Medical College Teaching Hospital. **MATERIALS AND METHODS:** A descriptive, cross-sectional research design was conducted among 114 nurses of Chitwan Medical College Teaching Hospital by use probability, stratified random sampling technique. Data was collected by using Standard Hamric Modified Distress Scale-Revised (MDS-R). **RESULTS:** The study finding revealed that majority of nurses (82.5%) had mild moral distress and 17.5% had severe moral distress. The father's occupation was significantly associated with moral distress (p=0.035). Interestingly, a statically significant association was observed between moral distress and respondents who were utilizing facilities of government health insurance (p=0.013). **CONCLUSIONS:** Nearly one fifth of the nurses have severe moral distress which is less in count but its effects may be severe. Hence special program needs to be organized by hospital admission for nurses to minimize the moral distress.

Keywords: Bachelor level nurses, moral distress, PCL nurses.

INTRODUCTION

Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action [1]. oral distress (MD) occurs when one knows the morally correct action to take but feels unable to take this action [2]. definition of moral distress as one or more "negative self-directed emotions or attitudes that arise in response to one's perceived involvement in a situation that one perceives to be morally undesirable'' [3].

Moral distress was defined as a 'painful psychological disequilibrium' caused by situations in which the ethically appropriate action is recognized but cannot be taken because of institutional barriers [2]. Moral distress has been identified as a factor influencing the physical and emotional wellbeing of the nurses. It was documented that ethical problems have been divided into three categories. The first category is moral uncertainty; the second one is ethical

dilemma; and the moral distress is the third category. Moral uncertainty is described as being unsure whether a course of action is moral or not; but the ethical dilemma is described as a conflict between one or more ethical theories or principles. While moral distress arise when one knows the right thing to do, but institutional constraints make it almost impossible to pursue the right course of action [3].

Moral distress has undesirable outcomes for both nurses and patients, and can have direct and indirect effects on nurses. Physical disorders such as nightmares, headache and anxiety and a dysfunctional personal life have been reported among nurses at risk for moral distress [4]. Moral distress compromises the ability of nurses to provide optimal patient care and achieve quality outcomes for patients. Furthermore, nurses who experience moral distress may reach a state of burnout and eventually leave their job [5].

The aim of the study is to identify the level of moral distress among nurses working in a tertiary level hospital of Chitwan Nepal.

MATERIALS AND METHODS

Study design and setting

A descriptive cross-sectional design was used to assess the awareness regarding moral distress among the Nurses. The study was conducted at all wards of Chitwan Medical College Teaching Hospital (CMCTH), Bharatpur-10, Chitwan from 15th Jan 2022 to 30th Jan 2022.

Participants, sample and sampling techniques

Stratified proportion random sampling technique was adopted for the selection of nurses. PCL nurses and bachelor level nurses were considered as two strata. Nurses who were willing to participate and who are working more than 6 months in CMCTH were included in the study.

Participants of two strata were randomly selected generating random numbers in Microsoft excel. Out of total 260 population, we selected 114 samples. Out of total 114 samples, 75 were PCL nurses and 39 were Bachelor level nurses. Semi structured self-administered questionnaire was developed for the socio-demographic variables including profession related factor and organizational facilities related variables. Standard Hamric Modified Distress Scale-Revised (MDS-R) was use to measures Moral Distress [6].

Study variables

Moral distress: It referred to the cognitive-emotional dissonance that arises when one feels compelled to act against one's moral requirements. Which was measured by Modified Distress Scale-R [6]. **Level of moral distress**: It's referred to the score achieved by respondents. Level Moral Distress is measure by MDS-R. The level of Moral Distress was further ranked as; Mild Moral Distress = <30% and Severe Moral Distress = ≥30%. **Nurses:** It referred to those persons who had completed Proficiency Certificate level in Nursing (PCL) and Bachelor of Science in Nursing (BSc. Nursing) or Bachelor in Nursing Science (BNS) and are working in inpatients departments of CMCTH.

Data management and statistical analysis

Data was entered and analysed trough IBM SPSS V. 20. Frequency and percentage, mean was calculated for describing the socio-demographic variable. Chi-square test was used to find the association between with socio-demographic variable selected baseline variables p value <0.05 is considered significant.

Ethical considerations

Research proposal approval was taken from Research Committee of School of Nursing, Chitwan Medical College. Ethical approval was obtained from Institutional Review Committee of Chitwan Medical College (Ref. No: CMC-IRC/078/79-167). Formal administrative permission for data collection was taken from Hospital Director. Verbal permission was obtained from respondent prior to data collection.

RESULTS

Table 1 shows: near two third of respondents (65.8 %) belongs to 20-24 years old age group. Regarding Family type, majority of respondents (64.9%) belongs to nuclear family. Regarding marital status, nearly three fourth of respondents (71.9%) were unmarried and regarding their educational level, majority of respondents (65.8 %) had completed PCL level. Regarding fathers' educational status, more than three quarters (71.9%) were secondary and above. Regarding Mothers' educational status, almost (94.7 %) literate. Concerning to mother's occupation, most of the respondents (90.4%) were self-employee. Regarding fathers' occupation, two third (66.7%) were also self-employee.

Table 2 shows that mean score of moral distress statements of respondents. Highest mean score (33.28±29.28) was found for Carry out the physician's orders for what I consider to be unnecessary tests and treatments (statement no.6) and lowest mean score (8.16±14.90) was found for witness healthcare providers giving "false hope" to a patient or family (statement no. 2). Table 3 shows that the level of moral distress among respondents. More than three quarters of respondents (82.5%) had mild level of moral distress whereas just 17.5% had severe distress. Association between level of moral distress with selected variables among nurses are shown in Table 4.

The results indicated that father's occupation was significantly associated with moral distress: those whose father's were employed (28.9%) had more severe moral distress then those (11.8%) whose father's occupation were self-employee (p=0.035). Interestingly, a statically significant association was

Table 1 | Distribution of respondents according to Socio-demographic variables (n=114)

Demographic characteristics	Frequency	Percentage
Age category (year)		
20-24	75	65.8
25-29	35	30.7
30-34	3	2.6
35-39	1	0.9
Median =23, IQR(Q3-Q1)=25-22, Max=38, Min=20		
Marital status		
Married	32	28.1
Unmarried	82	71.9
Type of family		
Nuclear	74	64.9
Joint	40	35.1
Educational level		
PCL level	75	65.8
B.Sc. Nursing	24	21.1
BNS	15	13.2
Educational status of mother		
Illiterate	6	5.3
Literate(n=108)	108	94.7
General literate (can read and write)	20	18.52
Basic education (class 1-8)	19	17.59
Secondary education (class 9-12)	62	57.41
Bachelor level and above	7	6.48
Educational level of father		
General literate (can read and write)	9	7.9
Basic education (class 1-8)	23	20.2
Secondary education (class 9-12)	61	53.5
Bachelor level and above	21	18.4
Mother's occupation		
Home maker	80	70.2
Service	10	8.8
Business	18	15.8
Health personal	1	0.9
Other	5	4.4
Father's occupation		
Farmer	19	16.7
Service	35	30.7
Business	45	39.5
Health personal	3	2.6
Other	12	10.5

SN	Statements	Mean±SD
	Table 2│ **Mean score of moral distress statements among respondents**	
1	Provide less then optimal care due to pressures from administrators or insurers to reduce costs.	17.59±23.08
2	Witness healthcare providers giving "false hope" to a patient or family.	8.16±14.90
3	Follow the family's wishes to continue life support even though I believe it is not in the best interest of the patient.	19.74±24.77
4	Initiate extensive life-saving action when I think they only prolong death.	20.67±24.77
5	Follow the family's request not to discuss death with a dying patient who asks about dying.	24.89±29.37
6	Carry out the physician's orders for what I consider to be unnecessary tests and treatments.	33.28±29.28
7	Continue to participate in care for a hopeless ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support.	29.71±28.52
8	Avoid thinking action when I learn that a physician or nurse colleague has made a medical error and does not report it.	23.41±27.86
9	Assist a physician who, in my opinion, is providing incompetent care.	24.73±29.28
10	Be required to care for patient, I don't feel qualified to care for.	14.63±20.27
11	Witness medical student perform painful procedure on patients solely to increase their skill	31.57±18.75
12	Provide care that does not relieve the patient's suffering because the physician fears that increasing the dose of pain medication will cause death	19.35±24.75
13	Follow the physician's request not to discuss the patient's prognosis with the patient and family	19.74±24.79
14	Increase the dose of sedative/opiates for an unconscious patient that I believe could hasten the patient's death.	15.95±22.17
15	Take no action about an observed ethical issue because the involved staff member or someone in a position of authority requested that I do nothing.	20.29±25.70
16	Follow the family's wishes for the patient's care when I do not agree with then, but do so because of fear of a lawsuit.	21.43±25.71
17	Work with nurses or other healthcare providers who are not as competent as the patient care requires.	21.71±25.65
18	Witness diminished patient care quality due to poor team communication.	22.64±25.64
19	Ignore situations is which patients have not been given adequate information to insure informed consent.	15.46±22.69
20	Watch patient care suffer because of lack of provider continuity.	19.24±22.05
21	Work with levels of nurse or other care provider staffing that I consider unsafe.	19.41±26.39

Level of moral distress	Frequency	Percentage
Table 3│ **Level of moral distress among respondents (n=114)**		
Mild distress (<30%)	94	82.5
Severe distress (≥30%)	20	17.5

observed between moral distress and respondent's health insurance, as those who had health insurance (28%) had more severe distress than those (9.4%) who had not health insurance (p=0.013). No other independent variables were significantly associated with the respondents' level of moral distress.

DISCUSSION

This study reveals that nearly one third of respondents (65.8%) belonged to age group 23 to 38 years. Nearly one third of them were from nuclear family. Near to three quarters were unmarried. Two-third of the nurses were having PCL level and remaining nurses were from Bachelor level. The central point of this study was that we assessed all nurse's level of moral distress. The most important finding of this study was 24(17.5%) nurses had severe moral distress and 90(82.5%) mild moral distress.

Table 4| Association between level of moral distress among nurses and selected variables (n=114)

Variables	Level of Moral Distress		Chi-Square	*p*-value
	Mild distress	Severe distress		
	No. (%)	No. (%)		
Age(year)				
<23	34(87.2)	5(12.8)	0.914	0.339
≥23	60(80)	15(20)		
Marital status				
Married	26(83.9)	5(16.1)	0.059	0.808
Unmarried	68(81.9)	15(18,1)		
Education level				
PCL nursing	63(84.0)	12(16.0)	0.361	0.548
Bachelor level	31(79.5)	8(20.5)		
Type of family				
Nuclear	61(82.4)	13(17.6)	0	0.993
Joint	33(82.5)	7(17.5)		
Father's education				
Basic education	29(90.6)	3(9.4)	2.052	0.152
Secondary and above	65(79.3)	17(20.7)		
Father's occupation				
Employee	27(71.1)	11(28.9)	5.124	**0.024**
Self-employee	67(88.2)	9(11.8)		
Working position				
Staff nurse	68(82.9)	14(17.4)	0.045	0.832
Senior staff nurse/ nursing officer	26(81.2)	6(18.8)		
Working experience				
<2 years	39(81.2)	9(18.8)	0.083	0.773
≥2 years	55(83.3)	11(16.7)		
Working place				
Critical ward	58(82.9)	12(17.1)	0.02	0.887
Non-critical ward	36(81.8)	8(18.2)		
Working hour				
≤48 hours	68(84.0)	13(16.0)	0.432	0.589
>48 hours	26(78.8)	7(5.8)		
Working shift				
All shift	89(82.4)	19(17.6)		1
Day shift only	5(83.3)	1(1.1)		
Number of patients care				
<5	45(78.9)	12(21.1)	0.97	0.325
≥5	49(86.0)	8(14.0)		
Satisfaction with salary				
Yes	32(88.9)	4(11.1)	1.505	0.169
No	62(79.5)	16(20.5)		
Satisfaction with Leave facilities				
Yes	36(80)	9(20)	0.31	0.62
No	58(84.1)	11(15.9)		
Health insurance				
Yes	36(72)	14(28)	6.731	**0.013**
No	58(90.6)	6(9.4)		
Night allowance				
Yes	82(84.5)	15(15.5)		0.175
No	12(70.6)	5(29.4)		
Response with amount of night allowance				
Yes	60(81.1)	14(18.9)		0.11
No	22(95.7)	1(4.3)		
Health hazard allowances				
Yes	10(83.3)	2(16.7)		1.0
No	82(82.5)	18(17.5)		
Competency development training				
Yes	44(84.6)	8(15.4)	0.308	0.639
No	50(80.6)	12(19.4)		

Notes: Statically significate at<0.05

The findings of the study were similar with the study conducted by Almutairi et al., 2019 in Saudi Arabia, where 24.3% had severe moral distress and 75.7% had mild moral distress [8]. In a study conducted by Hassan et al. 2013 in Egypt reported that the majority of ICUs nurses had severe moral distress (97.2%), while 1.4% of them had moderate, and the same percent for mild moral distress [9]. Which is in contrast to this study. It might be due to different setting and varies in knowledge about coping strategy of distress. In the present study, age of respondents (≥23) had more severe moral distress

compared (<23 years) respondents (20% vs 12.8%). In a study conducted by Almutairi et al., moral distress was significantly higher in those younger than 37 years (29.9%) compared to those 37 years and older (18.6) (p=0.015) [8, 10]. which is in contrast to this study. It might be due to our majority of populations were belongs to age group 23-38 years old. Bachelor level nurses were more distress as compared PCL level nurses (20.5% vs 16.0%). This finding was supported by the study by Almutairi et al. lower education level had more sever distress then higher education. These study results indicated that father's occupation was significantly associated with moral distress: those whose father's occupation was employment had more severe moral distress then those whose father's occupation were self-employee (p<0.05). It may be due to exposure to the organization facility through their employee father. Likewise, a statically significant association was observed between moral distress and respondents using Nepal Government health insurance facility package, as those who have been using health insurance facility package had more severe distress then those who had not using health insurance facility package. (p<0.05).The study has some limitation as it was conducted in single setting with a small sample size.

CONCLUSIONS

Based on the findings of the study, it is concluded that nearly one fifth of nurses had severe moral distress and majority of nurses had mild moral distress among the nurses in CMCTH. Organization's facilities of health insurance and father's occupation were significantly associated with level of moral distress and rest of other independent variables were not significantly associated with level of moral distress,

The study findings might be helpful to hospital administration for planning and implement educational programs for the nurses to minimize the moral distress and for local health care planners and policy maker to plan health care activity for nurses by addressing identified factors affecting moral distress.

Hospital administration should plan and implement educational programs for the nurses to minimize the moral distress. Local health care planners and policy maker should plan health care activity for nurses by addressing identified factors affecting moral distress. Similar study can be carried out in larger scale and in different target population like nurse, physician, pharmacist, lab technician, and other medical person in different hospital.

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Data Availability: Data will be available upon request to corresponding authors after valid reason.

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