

## Surgical Nurses Perceptions of Moral Distress

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**Abstract:** Nurses in their workplace are faced with many moral issues. Moral distress is one of the ethical issues that is affected identity and integrity of the nurse as committed person to ethics. The aim of this study is to determine the extent of moral distress nurses working in surgery department. This descriptive study was performed in 2016 on 123 nurses working in general surgery department of affiliated hospitals to Shahid Beheshti University of Medical Sciences based on available sampling. To collect data was used of demographic information form and Corley moral distress questionnaire. In this study, 80/5 % of samples was women and the age average of the samples was  $33/1 \pm 7$  years. More samples (44/7%) of moral distress in both dimensions of frequency and severity of distress have been reported too much. Considering the high level of moral distress in nurses, presentation of continuing ethics training courses for nurses regarding familiarity with ethical issues including moral distress and how to deal with them seems necessary.

**Key words:** Moral distress, nurse, surgery department, affiliated hospitals, demographic

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### INTRODUCTION

Ethics is defined as a set of spiritual and inward qualities of human which is occurred as actions and behavior that arises from man's inner moods (Tolaei, 2008). Ethics is considered an integral component of the nursing profession because nurses in their working environment are acted based on individual beliefs and values system. In addition they will be trained and expected to adhere to the values of their profession. Nurses every day in their working environment have many ethical decisions but in practice cannot always act in accordance with their ethical obligations (Borhani *et al.*, 2014). The unpleasant experience is among the major issues that nurses are facing with it (Elpern *et al.*, 2005). In 1984, Jameton defined moral distress as when a person knows what the right thing to do but to do it has been limited and feels powerless to do the right thing (Ulrich *et al.*, 2010).

Moral distress is occurred when values and moral obligations of nurse are not coordinated with common needs and views of his work environment (Epstein and Delgado, 2010). In addition, goals of the nursing profession are in the context of moral principles. So when achieving some of these goals, such as protection from damage to patients, providing care properly and timely and maintain a healthy environment for patients become impossible, inevitably will be experienced moral distress nurses (Corley, 2002).

Corley *et al.* (2005) studied for the first time in nurses' moral distress. The results of his study were indicated that 80% of nurses have been experienced moderate to high level of moral distress. Results of studies show that one out of every three nurses is experiencing a moral distress. The causes are different in the field of moral distress. Work pressure and lack of workforce, work environment, futile care and unnecessary tests and procedures for patients, physicians and medical staff

disqualification of health care team, the patient and his family's wishes and decisions for patients at the end of life are common causes of the moral distress (McCarthy and Deady, 2008; Abbasi *et al.*, 2014).

Moral distress have negative consequences on the health of nurses among which can be mentioned disorder in public health nurses (Hart, 2009) and thus the resignation of the patients, the displacement in the sector, turnover, shortage of manpower, nurses and reducing quality of care for patients. Moral distress has been an undeniable phenomenon that can interfere in the process of achieving goals and ultimately on the model of community health care systems also have negative effects. Considering the importance of moral distress and its growing prevalence in the nursing profession in order to clarify various aspects need to numerous researches (Abbaszadeh *et al.*, 2012). On the other hand, most studies have been done on moral distress in the special sections while surgical nurses are especially at risk of moral distress due to high levels of displacement of patient and work load (DeKeyser and Berkovitz, 2012). So, this study has been done in Iran to investigate the moral distress of nurses in surgery department Shahid Beheshti University of Medical Sciences in Tehran hospitals in 2016.

## MATERIALS AND METHODS

**Performance procedure:** This study is a descriptive study that it has been studied the amount of moral distress. The study sample is comprised of 123 nurses working in general surgery of selected hospitals of Shahid Beheshti University of Medical Sciences which were selected by convenience sampling method. Individuals who were entered the study have work experience more than a year in operation section and at least a bachelor's degree of nursing.

To collect data was used of demographic data form, such as age, gender, education, work experience, type of employment, Corley's Moral Distress Questionnaire. Corley's Moral Distress Questionnaire is contained 24 questions that every option is related to a specific location on hospital care and understanding of individuals from both sides, "intensity of moral distress" and "frequency of moral distress" have been examined. Response of this tool is for 5-option Likert. Scoring of evaluate the frequency section of moral distress is from "I have never encountered (zero point) to "I have been very much exposed" (4 points) and scoring of reviews intensity of moral distress is from "I do not make distress for myself" (0 point) to "I make great distress for myself"

(four points), scoring of scores ranging has been graded from 0-96. Earning a higher score represents greater intensity and frequency of moral distress. The questionnaire in Iran by Abbaszadeh *et al.* (2011) has been valid and reliable.

In this study, to determine the validity of instruments was used face validity and content validity index. The results of the study of content validity showed that content validity index in the relevance of moral distress questionnaire has been 92/5%. To determine the reliability of the instrument was used of analysis method of internal consistency which respectively Cronbach's alpha coefficient for moral distress (frequency dimension) is 0/89 and moral distress in the dimension of intensity of exposure was 0/92.

Data analysis was carried out using SPSS Version 22, using descriptive statistics (frequency distribution, average index and standard deviation) and statistical tests Kolmogorov-Smirnov (to check the normality of the data), Pearson correlation was used.

This study was approved by the Ethics Committee and the Council in 2015 Shahid Beheshti University of Medical Sciences has been reached IR.SBMU.PHNM. 1394.259 to code of ethics. Researcher after obtaining the necessary permits by receiving letter of introduction from the esteemed deputy of education of Shahid Beheshti School of Nursing and Midwifery and dear Manager of graduate of Shahid Beheshti University of Medical Sciences has been referred to Therapeutic Educational Centers and after receiving permission hospital administration, director of Nursing Services and head nurses of desired departments that have been during the study and has introduced himself to the relevant department and research objectives have been stated and questionnaires have been at the discretion of subjects under investigation. Meanwhile, obtained confidentiality of information and the lack of need with mention the name have been stated in the questionnaire.

## RESULTS AND DISCUSSION

In this study, 80/5% of samples was women, 45/5% was single, 87/8% was with undergraduate education and 46/3% has been officially employed. The majority of cases were in the age range of 20-29 years old and have a history of 1-9 years. Average of age of the samples was 33/1±7 years and demographic characteristics of the study samples entirely in Table 1 have been provided.

The average of frequency score of moral distress was 50/43±16/2 and the average of severity score of moral distress was 53/8±18/9 and more samples (44/7%) have

Table 1: demographic characteristics of samples under study

Variables	Frequency	Percentage
<b>Gender</b>		
Men	24	19/5
Women	99	80/5
<b>Age (years)</b>		
From 20-29	51	41/4
From 30-39	50	40/6
40 years and older	22	18
<b>Education</b>		
Master	108	87/8
MA	15	12/2
<b>Marital status</b>		
Single	56	40/0
Married	67	04/4
<b>Employment status</b>		
Official	57	46/3
Contractual	17	13/8
Conventional	31	20/2
Projective	18	14/7
<b>Work experience (years)</b>		
1-4	36	29/3
5-9	36	29/3
10-14	25	20/3
From 15-19	17	13/8
>20	9	7/3

Table 2: Frequency distribution, percentage, mean and range of moral distress of dimension scores

Variables	Frequency	Percentage	Average	SD	Min. score	Max. score
<b>Frequency of moral distress</b>						
Low	9	7/3	50/43	16/20	2	96
Moderate	48	39				
High	55	44/7				
Too much	11	9				
<b>Intensity of moral distress</b>						
Low	7	5/7	53/81	18/93	4	96
Moderate	39	31/7				
High	55	44/7				
Too much	22	17/9				

been reported too much moral distress in both frequency and severity of distress. There is statistically significant relationship ( $p = 0.000, r = 1$ ).

In the context of examining the relationship of dimensions moral distress with demographic variables, the results showed in Table 2. that there was no connection among the age, sex, education, work experience, employment status with moral distress in terms of frequency and intensity of exposure.

In this study, findings showed that nearly half of the cases (44/7%) of moral distress in the frequency and intensity of exposure to high levels have been reported. In the study of DeKeyser and Berkovitz (2012), the intensity and frequency of moral distress have been reported moderate. In a study of Abbaszadeh *et al.* (2011) and Borhani *et al.* (2015), the average score of frequency and intensity of moral distress was moderate (Abbaszadeh *et al.*, 2012; Borhani *et al.*, 2015). In studies by Elpern *et al.* (2005) and Rice *et al.* (2008) were conducted, Participants also reported a moderate level of moral distress. In another study of Abbaszadeh *et al.* (2012) in the field of moral distress of nurses in health centers in the city of Bam was indicated on the intense

level of moral distress in nurses (Abbaszadeh *et al.*, 2011). In a study of Sannino *et al.* (2014) in the NICU nurses and Sirilla (2014) study in the oncology unit nurses had been reported low to moderate intensity of moral distress of nurses. On the other hand, Janvier (2007) has been reported in his study amount of moral distress of nurses in a high level. These differences may be due to the nature and rules of hospital or the environment under study. Because, the study was conducted only in general surgery ward.

According to the comparison of findings of this study and other research, it can be concluded that the level of nurses of moral distress is moderate to high and the necessity of it is felt.

The findings were also showed that there was a significant correlation between the frequency and intensity of moral distress that is aligned with the results of the study of DeKeyser and Berkovitz (2012), Abbaszadeh and Vaezi (2013) and Hossein (2014). The reason for this correlation is due to the nature of moral distress because repeating encounters with challenging factors over time can be led to intensification of moral distress.

In relation to demographic variables, results of this study showed that there is no relationship among variables like age, sex, educational level, employment status and work experience with moral distress in dimensions of frequency and intensity of exposure that by findings of the study of Lazzarin *et al.* (2012) Beikmoradi *et al.* (2013) that there was not relationship among variables like age, sex, educational level, employment status and work experience and moral distress dimensions and is consistent with the findings of the study Rice *et al.* (2008) in which there were no relationship between age and moral distress and the study of Veer *et al.* (2003) was also relationship among moral distress with age, gender, work experience.

In another study, with increasing age of nurses has been also increased (Elpern *et al.*, 2005). In studies of Abbaszadeh and Vaezi (2013) and Mohammad *et al.* (2015), there is also negative relationship among intensity of moral distress with work experience and age.

## CONCLUSION

This means that with increasing age and years of service, intensity of moral distress of nurses has been decreased (Abbaszadeh *et al.*, 2012; Mohammadi *et al.*, 2014). The results of these studies may be due to differences in the nature of studied sectors since in intensive care units (as opposed to surgery department) nurses with higher work experience with the problems, challenges and acute-care conditions have been more exposure and more moral distress have been experienced. Totally, this finding indicates that moral distress is

occurred for all nurses with work experience, gender and education level. Moral distress is caused that nurses cannot do their own moral decisions, so are experiencing negative and unpleasant emotions that review could provide health care services and quality of care provided to have a negative impact and is led to the neglect of cares and the weakening of quality of nursing care. So, continuing education courses for nurses and familiarize them with the concepts such as ethical decision-making, ethical dilemmas, moral distress and provide solutions to ethical dilemmas in order to strengthen the quality of nursing care seems necessary.

#### ACKNOWLEDGEMENTS

This study is obtained a Master's thesis of Shahid Beheshti University of Medical Sciences, School of Nursing and Midwifery. Researchers need to know to have thanks and appreciation to them of all nurses and people who have been participated and collaborated in this study.

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