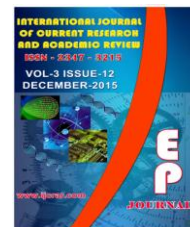




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Investigating Moral Distress in Nurses of Jiroft Imam Khomeini Hospital

Motahare Pilevarzadeh¹, Parviz Sabahi² and Saadat Salsri^{1*}

¹Department of Nursing Education, Lecturer of Nursing Midwifery Faculty, Jiroft University of Medical Sciences, Jiroft, Iran

²Bs, Clinical Psychology, Jiroft University of Medical Sciences, Jiroft, Iran

*Corresponding author

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A B S T R A C T

Nurses usually face performance issues in occupational environment which provide cause for distress in them. Moral distress is known as performance concerns. The current study is performed with the purpose of studying moral distress in nurses of Jiroft Imam Khomeini Hospital. This study is descriptive-sectional. Samples are consisted of 101 nurses working in Jiroft city Imam Khomeini Hospital. Using questionnaires about moral distress, the data was collected, and using descriptive statistics, and one-way ANOVA and SPSS 18, data were analyzed. The intensity value of moral distress in under-study nurses were calculated as 93.6 with standard deviation of 45.71 which indicates that nurses experience a relatively high level of moral stress. Results indicate that there is a significant relation between age and experience, and moral distress. ($p=0.00$) According to these findings, the necessity to provide proper solutions for prognosis and control of moral distress in nurses and their consequences are being intensely felt.

Introduction

Nurses are one the most major service providers in health system in every society and are continuously active in business. They face different increasingly physical and mental challenges every day. For instance, technological advancement in modern life have influenced medical and health environments, and to reduce cost of medical care, additional pressure is burdened upon nurses; this issue has led to numerous problems for nurses, among

which is moral distress. Moral distress is the position where the nurse knows the right actions, but due to various reasons like fear and anxiety, he/she can't perform the right thing which is consistent with his/her belief system, and is obliged to do the wrong thing which creates lack of mental balance.

Moral distress is an issue which causes various reactions in the nurse and other caretakers which may lead to backgrounds for concerns in medical healthcare.

Intense moral distress has made the issue of occupational burnouts and resignations a prominent concern in the system of providing healthcare. On the other hand, every kind of reduction in nurse count or their performance directly influences the care provided for patients as well as other services. Obligation in performing a wrong task due to not bearing required energy is against national laws and organizational charts. In a study to investigate moral distress in Uganda nurses, one of the participants stated that once she was assigned to two critical patients while alone. She had to choose between one of them and was made to see the other one die. Nurses are subject to mental harm in case they can't provide essential needs of patients. She considers herself responsible for the death and feels guilty. Corly stated in his study that more than 80 % of nurses have average to intense moral distress (7). Also Radman et al. (2000) reported the fact that one third of their sample were suffering from moral distress. Wilkinson reported 45-50 percent of nurses have changed their department due to moral distress. Moral distress has been reported to be very high in Bam. In Hamedan, Moral distress is reported to be average (10).

Mostly, nurses and managers don't care about the effect of moral distress on the behavior of nurse and the type of healthcare service, but studies indicate that moral distress is a threat for nurses and undermines their professionalism, which may finally lead to failure to care for patients. Supporting people against moral distress, increasing communication skills and setting realistic goals in therapy can all play important roles in the reduction of moral distress. Intense moral distress has made the issue of occupational burnouts and resignations a prominent concern in the system of providing healthcare. On the other

hand, every kind of reduction in nurse count or their performance directly influences the care provided for patients as well as other services. Therefore, further understanding of causes of moral distress in nurses can help administrators to implement solution for prognosis and reduction of these distresses and their consequences. Hence, investigating moral distress in nurses of Jiroft Imam Khomeini Hospital attains considerable importance.

Methodology

This research is a descriptive study undertaken in 1392. The research population is consisted of nurses of Jiroft city Imam Khomeini hospital working in interim, children department, emergency, dialysis, nerve, CCU, ICU, who had BS or BA with at least 6 month of work experience. For collecting data in this study, the information was obtained from questionnaires with two parts of demographic data and information about moral distress. Moral distress questionnaire was consisted of 36 items, each pertaining to a mental challenge. This questionnaire has six groups of questions. Minimum grade in this questionnaire is 0, and the maximum is 216; zero (0) shows the least level of moral distress, while 216 indicates the highest grade for moral distress. This questionnaire was first introduced by Corley in 1995. He confirmed validity using content validity index 100% percent, and the reliability was confirmed with Cronbach's alpha. To determine the scientific verification of the instrumentation, the researchers of this study used the recommendations from Jiroft nursery department. Also, the validity and reliability of instrumentation were measured by Doctor Vaziri et al. in 2008, which were respectively calculated using test Re-test and Cronbach's alpha as 86%.

The scoring of this tools was sectioned from very low to very high using Likert 7-scale format for moral distress. Each participant chooses the number best matching his/her conditions. In this scale, 6 show the highest level of distress and 0 is the lowest. The highest attainable score was 216. In case the score was ranged at 0-72, low moral distress is identified and reported, in case of 73-144, average moral distress is reported and if the score is in the range of 145-216, intense moral distress has been witnessed.

The data were analyzed using SPSS software 18.

Results and Discussion

In this study, 101 nurses filled the questionnaires, 85 of which were females (84.15%), and 16 were male (15.85%), with average age of 32.8 and standard deviation of 5.8. the average work experience was 8.9 years with standard deviation of 5.2. 68 of them were married and the rest were unmarried.

In respect to literacy, 98.8 percent were B.Sc. and 1.2 percent were M.Sc. 36.2 percent had contracts, 43.4 were officially hired, and the rest were temporary. 7 percent of nurses were the manager of section and 21% percent were responsible for shifts, and the rest didn't have responsibilities. From the people in the study, 24.4 percent worked in Emergency, 28.2 % in ICU and CCU, 18.1 % in operations section, 19.1 % in interim and 10.2 % of them were working in children section. Results showed that there is a significant relation between work experience and moral distress ($p=0.00$). No other significant relation was observed with other demographic variables like gender, income level, and type of recruiting. The highest level of moral distress was witnessed in nurses working in children section, but no

significant relation was witnessed between working section and level moral distress.

The score of moral distress intensity in nurses were evaluated as 93.6 with standard deviation of 45.71 which indicates that nurses are relatively in high level of moral distress.

Table 2 shows the average and standard deviation for items of moral distress, and indicates that nurses are having the highest level of moral distress when working with unqualified medical staff, or during providing non-standard medical procedures. In case that nurses were taking care of patients without the ability to pay for services, or during providing care for powerful people, and also during oral prescription, lowest moral distress were reported.

The main purpose of the current study was to determine moral distress in nurses of Jiroft Imam Khomeini hospital in 1392. The score of moral distress intensity in nurses were evaluated as 93.6 with standard deviation of 45.71 which indicates that nurses are relatively in high level of moral distress. Studies by Farrell showed that at least one third of nurses in his survey had moral distress. Corly stated in his study that most of nurses have average to intense moral distress (7). Also Radman et al. (2000) reported the fact that one third of their sample were suffering from moral distress. All the results from other studies are consistent with findings of this study.

Nurses said that when working with groups of nurses and unqualified and providing substandard care because of a shortage of therapists and attentive enough have the highest moral distress. Corley et al stated that nurses working with non-safety personnel are the ones with most moral

distress and when in cardiopulmonary resuscitation code, massage and medical prescriptions without intubation performed at least have the least moral distress. Lack of professional competence and performance

to the Vaziri and his colleagues as one of the factors in causing moral distress were identified (14). Which is consistent with the results of this study.

Table.1 Type of Moral Distress

Type sector	Average distress	Standard deviation	Significant level.
Surgery	98.45	48.12	0.03
Internal	84.76	44.56	
CCU	99.65	50.5	
Emergency	85.45	43.59	
Children	101.23	46.47	
Internal	91.68	40.26	

Table.2 The Average and Standard Deviation for Items of Moral Distress

Moral distress	The average standard deviation
- Performance Give Experiments And Treatment Other Required To Patients At However, Dying, That By Doctor Order Data From Is	4/02±1/62
Working At Location That To Reason KmbvdnResources Nursing, Care Inadequate To Patient Performance M It is a	5/15 ± 1/64
AjranmvdnA The process And Process Treatment When That Patient At Case It Information Close And Enough No	4/6 8 ± 1/84
Treatment And Care From patients with different sexuality	5/09 ± 2/8
helping doctors after restoration process	4/96 ± 1/50
- Help The To Medical That To View You Treatment And Care Incomplete Provided And The	4/18 ± 1/89
Only ShahdbvdnAnd Lack Intervention At Where That Staff Health Worth And Patient Respect Not Leave	4/91 ± 1/79

Follow The From Application And Demand Family To Continuation Device Restoration	4/78 ± 1/6
Article The Patient Elderly At However, Dying Connected To Device Restoration Breathing To Surgery And Out The A Mass	5/43 ± 1/84
Provided Care Better To The rich patients Ratio To Those That The Ability To Not	4/00 ± 2/23
. Eye Cover And Lack The report, When That Colleague Nurse At Give Medication Guilty Error And To	5/33 ± 1/74
Help The To Medical That Analysis Or Health To Without Satisfaction Patient Performance The	64/1 ± 15/5
- Care And Treatment Other Standard Because Shortage Time	5/10 ± 1/52
. Conversion The Drug Oral To IV To Disease That From Catch Drug Oral Avoidance And The	4/51 ± 1/79
Performance Tests, Treatments And CARE Other Required	4/93 ± 1/43
Follow The From Asked Family Patient To Care, When That With Family demands Compliant I'm not	4/92 ± 1/42
Care And Treatment Other Standard Because Equipment And Equipment With Quality Down	5/46 ± 1/36
Release of Disease That Despite Admission Long Time At Hospital Yet Education Necessary To He Data Yet Is	4/51 ± 1/79
Follow The From Application Doctor At Relation Conversation At Case With Lack	4/51 ± 1/29
- Start The Operations Restoration Time That Thinking I Unsuccessful Been And Only Process Death To Long And The	4/51 ± 1/71
Working And Care From Patient At Condition Other Safe To Reason Resources Low Nursing At Section	4/13 ± 2/23
Follow The From Application Family At Relation With Lack Conversation At Case	4/88 ± 1/61
. Conducted Order Doctor To Experiments And Treatment Unnecessary	4/31 ± 1/71

Several studies have shown that working with a shortage of personnel and human resources would be morally stressful for nurses. Insufficient human resources to respond to the needs of patients and nurses to take proper care of the problems. In this case, the nurses can take care of that belief, the right to offer patients there.

Khader and colleagues at the University of Jordan in 2010, followed by the lack of training in the care of patients and the effects of this deficit had been. Ulrich, regular education and training college as the two major strategies to reduce the moral displeasure counted

According to the subjects in this study, nearly half of nurses had received about professional ethics. This shows that either the nurse or the training in this respect have not been effective enough for people to remain. Due to the fact that nurses often than other health care team members to educate their patients about the need for serious efforts in the field of professional ethics is felt

Hilliard writes that an ethical meeting alone cannot help to deal with moral conflicts and ethical conflicts and dilemmas to benefit morally ethical training sessions are also discussed

The relation between moral distress and the section of employment was significant, and indicated that the highest score for moral distress was attained by nurses in child section; the lowest of which was pertaining to emergency section. Alpern declared in his study that moral distress in special care unit was average (5). Other studies have declared moral distress to be high in sections of Internal, operations and special care (21). It can be noted that the special conditions of children pertaining their age and the special

care they need, put the nurses in higher risk of moral issues, thus leading to higher moral distress. Useless medical procedures are among causes of moral distress, meaning that the tools used in these procedures can be put to better effect for more needing patients. Medical interventions to prolong life is an example of useless medical care that is not benefiting to the patient, and these treatments and intervention cannot put an end to the dependence of patience to care. Utilizing unnecessary laboratorial commands, or widespread use of critical device for patients is usually depressing and distressing. Nurses that tolerate mental pains are under more mental pressure, especially in case knowing that these treatments are useless. They usually face moral doubts when doing their task. The findings of current study indicates that following the doctors' procedures for unnecessary treatment or of dying patients creates a high level of distress for nurses, which is consistent with the results of Coyi. Today, the awareness of nurses about their medical care is increasing, yet they face difficulties in identifying moral issues and proper approaches of dealing them; issues that for many of them, a clear solution is yet to be proposed. This concern makes nurses face physical and mental intensifies all day long. Considering the effects and consequences of moral distress on nurses, managers should focus organizational resources on reducing moral distress.

Conclusion

Deficiency in managerial aspects including pressure for decreased costs can play a vital role in the moral distress of nurses. Also, considering that moral distress is usually coupled with occupational burnout, tiredness and resignation, the participation of nurses in moral committee of the hospital can be an effective solution to study approaches for

the reduction of moral distress. It seems that preparing measures for consultation and expression of moral stressful situations and instructing opposing approaches for moral distress can contribute in this field.

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