



Evaluation of Moral Distress of Nurses Working in the Emergency and Intensive Care Units of Medical Education Centers Affiliated with Zanzan University of Medical Sciences

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Abstract: *Purpose:* Job stress is one of the most important sources of stress for human beings; Nursing profession has gained considerable attention in this regard. One of these stresses is the moral distress. The present study intended to evaluate the moral distress of nurses working in the emergency departments and intensive care units of the medical education centers affiliated with Zanzan University of Medical Sciences.

Materials and Methods: The present research is a descriptive-analytical study on 240 nurses working in the emergency and intensive care units of the medical education centers affiliated with Zanzan University of Medical Sciences in 2016; the nurses were selected based on census method. Data collection tools comprised demographic questionnaire and Corley's Moral Distress Scale. Data were analyzed in SPSS₂₂.

Results: The results of the present study indicated that the frequency and severity of moral distress of nurses working in the emergency departments and intensive care units was moderate. **Conclusion:** With respect to the moderate moral distress of nurses in the present study, it seems necessary to develop supportive strategies and moderate some of factors affecting moral distress of nurses in order to prevent such stresses.

Keywords: Moral Distress; Nurse; Intensive Care Unit; Emergency Department.

INTRODUCTION

The term stress refers to the pressure and tension exerted on a person. According to psychologists, stress is the accumulation of pressures of life events that disrupts one's adaptability to the status quo and leads to one's imbalance [1]. Stress always accompanies human anytime and anywhere. Job stress is one of the sources of stress in all occupations. In fact, job stress can be attributed to the accumulation of job-related stressful factors [2]. Occupational Safety and Health Administration of America defines job stress as any harmful physical and emotional responses as a result of the mismatch between the expectations of organization and one's capabilities, needs and workplace facilities [3]. Job stress is present in all occupations. However, nursing profession is one of the most critical jobs whose job stress is highly regarded. The job stress of nurses not only hurts them but also imposes economic costs, reduces the quality of cares and eventually is detrimental to the entire society [4]. Occupational Safety and Health Administration of America has announced that nursing has acquired the 27th rank amongst all the 130 occupations that have been referred to a doctor for mental health problems [3]. One of these stresses is moral distress that was widely considered in 1980s and was first proposed by Jameton in 1992 [5]. Moral distress refers to the pressure or pain exerted on the body and soul of a committed person

surrounded by situation of a moral problem who has to carry out the ethically inappropriate actions for various reasons despite knowing the correct moral judgement about the situation [6]. Research has shown that most nurses experience a moderate to severe level of moral distress. Overseas studies have indicated that one, out of three nurses, experiences moral distress [7]. The results of studies in Iran have shown that the moral distress of nurses is at a moderate to severe level (Borhani et al., 2013, pp. 155). Moral distress has a great impact on nurses, patient care and workplace environment. Research has shown that moral distress has a negative effect on the personal and professional life of nurses so that it leads to dissatisfaction with workplace, career change, turnover and finally the minimum interaction with the patient and family and ultimately intensifies the shortage of nurses [7]. Although all nurses are subject to stress, the factors leading to moral distress are different depending on the workplace environment and situation. Based on existing studies, the nurses working in intensive care units and emergency departments experience different types of moral distress and higher stresses are imposed on them due to tolerating psychological and physical pressures, having time urgency and dealing with critical patients in comparison to other nurses [8 & 9]. Studies in Iran have shown that the level of moral distress of nurses working in intensive care units and emergency departments is higher than nurses in other units (Borhani et al., 2013, pp. 141; Beikmoradi et al., 2013, pp. 6). Considering the inevitability of stressful factors in nursing profession, esp. in emergency departments and intensive care units, and the necessity of preventing physical and psychological effects of stress on the employees of this profession, the authorities of medical centers and hospitals are responsible for preventing and reducing stress and improving working conditions in this profession. The present study intended to evaluate the moral distress of nurses working in the emergency departments and intensive care units of medical education centers affiliated with Zanjan University of Medical Sciences.

Materials and Methods

The present research is a descriptive-analytical study intended to evaluate the moral distress of nurses working in the emergency departments and intensive care units of medical education centers affiliated with Zanjan University of Medical Sciences in 2016. The statistical population consisted of 240 nurses working in the emergency departments and intensive care units of the medical education centers affiliated with Zanjan University of Medical Sciences, who were selected based on census method. About 219 nurses answered the questionnaires amongst which 19 questionnaires were excluded from the study due to their incompliance with entry requirements of nurses and 200 questionnaires remained for further evaluation. The inclusion criteria comprised a nursing associate's degree or higher, at least one year of work experience in emergency and intensive care units and project nurses with 18 months of work experience. Data collection tools included demographic questionnaire and Corley's Moral Distress Scale. The demographic questionnaire assessed the demographic features of age, sex, etc., educational level and academic degree, work experience in nursing profession and professional position in emergency and intensive care units. Corley's Moral Distress Scale contains 24 items that measure moral distress of nurses in terms of two aspects of severity of moral distress and frequency of moral distress. The scoring was based a 5-point Likert's scale from "Causing No Stress = 0" to "Causing Severe Stress = 4" in terms of severity of moral distress and from "Never Distressed = 0" to "Frequently Distressed = 4" in terms of the frequency of moral distress with the overall score range of both aspects from 0 to 96 indicating that the higher the score, the higher the severity and frequency of moral distress in nurses. Based on this scale, the severity and frequency of moral distress was ranked into three groups: the scores of 0-31 showed low moral distress, 32-64 represented moderate moral distress and 65-96 indicated high moral distress [10]. The validity and reliability of the Corley's scale was respectively assessed based on content validity and internal consistency was found 0.86 using Cronbach's Alpha Coefficient [11]. After obtaining necessary permissions from the medical education centers affiliated with Zanjan University of Medical Sciences and making coordination with the authorities, the researchers visited the centers and distributed the questionnaires to the nurses of emergency and intensive care units. The sampling lasted for one month. Once the questionnaires were completed by the intended participants, data were analyzed in SPSS₂₀ based on

descriptive statistics (frequency percentage, mean, standard deviation). Kolmogorov-Smirnov (K-S) test was used to evaluate the normal distribution of data.

Results

About 240 nurses working in the emergency departments and intensive care units participated in this study, 219 of which answered the questionnaires while 19 questionnaires were excluded from the study due to their incompliance with entry requirements of nurses and 200 questionnaires remained for further evaluation. The results showed that a majority of the participants were female (%79), married (%72), with a nursing bachelor’s degree (%87) and aged 23 to 50 years. Since the study was performed on the nurses of emergency and intensive care units, the distribution of the intended subjects (participants) was %46 in emergency department, %25 in ICU, %18 in CCU and %11 in NICU. The maximum and minimum work experience in these units was 20 years and 1 year respectively, a majority of which held the professional position of nurse (%83) [Table 1].

The results indicated that the mean frequency and severity of moral distress of the intended subjects were respectively equal to 50.14±9.5 and 48.61±9.1 in emergency departments, 46.01±8.7 and 46.05±9.3 in care units out of the overall score of 96. In other words, the frequency and severity of moral distress of the nurses in emergency and care units was at a moderate level in the present study [Table 2].

Table 1: Demographic information of the participants

Personal and Professional Info		Frequency	Percentage
Age	Max.	50	
	Min	23	
Sex	Female	158	79
	Male	42	21
Marital Status	Single	56	28
	Married	441	72
Place of Work	Emergency	92	46
	ICU	50	25
	CCU	36	18
	NICU	22	11
Educational Level	Associate’s Degree	8	4
	Bachelor’s Degree	174	8
	Master’s Degree	16	8
	PhD and Higher	2	1
Professional Position	Head Nurse	14	7
	Shift Supervisor	20	10
	Nurse	166	83
Work Experience	Emergency	Max.	20
		Min.	1
	Care Units	Max.	18
		Min.	1

Table 2: Frequency and Severity of Moral Distress of Nurses in Emergency and Intensive Care Units

Variable	Unit	Mean ± SD	Frequency (%)		
			High (65-96)	Moderate (32-64)	Low (0-31)
	Emergency	50.14±9.5	11 (11.96)	63 (68.48)	18 (19.57)

Frequency of Moral Distress	Care Units	46.01±8.7	13 (12.04)	87 (80.56)	8 (7.41)
Severity of Moral Distress	Emergency	48.61±9.1	16 (17.39)	65 (70.65)	11 (70.65)
	Care Units	46.05±9.3	21 (19.44)	80 (74.07)	7 (6.46)

Discussion

The present study intended to evaluate the moral distress of nurses working in the emergency departments and intensive care units of medical education centers affiliated with Zanjan University of Medical Sciences. The results indicated that the moral distress of the nurses in emergency and intensive care units was at a moderate level. The results of the present study were in line with the findings of other similar studies. Toghraei et al. (2012) reported that the moral distress of nurses in the intensive care units of hospitals affiliated with Shiraz University of Medical Sciences was a bit higher than the moderate level. In their study entitled "the severity of frequency of moral distress and its associated factors in the clinical nurses of the city", [15] showed that the severity and frequency of the moral distress of nurses in the hospitals of Shahroud City, Iran was at a moderate level. Joulaei et al. reported that the nurses of medical education centers affiliated with Tehran university of medical sciences had a moderate level of moral distress [11]. Janvier et al. showed that the moral distress of nurses in intensive care units was at a moderate to high level due to the intrinsic characteristics of these units [12]. Corley et al. found that the moral distress of nurses in emergency and intensive care units was higher than the nurses of other units due to the critical care conditions in these units [13]. Some other studied have reported a high level of moral distress; This difference may contribute to the different environments or research tools used in different studies. For instance, Atashzadeh et al. (2014) studied 159 nurses in the intensive care units of the universities of medical sciences over the country; they found that the moral distress of nurses in these units was at a high level [14]. Atashzadeh et al. used ICU Nurses Moral Distress Scale in their study while the present study used Corley's Moral Distress Scale. Azarm et al. reported that the nurses of the North West cities of country had a high level of moral distress [15]. Therefore, the authorities are recommended to identify the work problems of this group of nurses so that they can implement practical programs for evaluating the stressful factors and dissatisfaction with workplace, improving the facilities in order to enhance work quality. Furthermore, the necessity of practical trainings for nurses on how to deal with moral distresses in clinical settings should be considered in their agenda.

Conclusion

With respect to the moderate moral distress of nurses in the present study which can, in turn, reduce their work quality, it seems necessary to develop supportive strategies and moderate some of factors affecting moral distress of nurses in order to prevent such stresses. Therefore, establishing a peaceful psychological atmosphere as well as holding training courses on coping strategies to adapt to moral distress and make ethical decisions in the face of stress is felt essential in order to be able to control the consequences of frequent exposure to moral distress in the nurses of emergency and intensive care units.

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