Original Article

Moral Distress among Critical Care Units' Nurses in Al-Hilla City

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Abstract

Background: Critical care nurses face several moral challenges due to frequent involvement in palliative and end-of-life care, heavy workloads, close patient contact, uncertainty in clinical decision-making, and conflicts with other healthcare professionals. Unresolved ethical disputes may result in moral distress. **Objective:** The main aim of this study to determine the level of moral distress among nurses in critical care units. **Materials and Methods:** Quantitative descriptive study—cross-sectional design is selected to carry out this study to determine the level of moral distress among critical care units' nurses. Non-probability—convenience sample was selected to carry out the study, which consisted of (250) nurses who work in the critical care units. In order to collect data, a specific tool was prepared, which was divided into three parts. **Results:** The findings indicated that the majority of the study sample consisted of 129 (51.6%) male staff, 225 (90%) were between the ages of 20–30, and most of the study sample had 126 (50.4%) bachelor degree holders, in that 131 (52%) were married. The finding recorded moderate moral distress level among critical care unit nurses. **Conclusions:** Most nurses who are the participants in the study recorded moderate moral distress.

Keywords: Conflict, critical care nurses, moral distress

Introduction

Moral distress is a significant and pervasive issue in the nursing field. In reality, moral distress is defined as a bad feeling and psychological unease experienced by nurses when they cannot uphold their ethical principles. In other words, someone with moral distress knows what is morally correct but cannot put that knowledge into practice due to organizational constraints.[1]

Nurses are more likely than other healthcare workers to encounter ethical dilemmas because of their continual activity, heavy workloads, and difficulty in providing patient care. This is so because nurses must decide what is moral in various situations. Organizational barriers, including a lack of support from the authorities, a shortage of time, administrative laws and practices, and medical authority have been laid in place because it is impossible to do the right thing, which would create moral distress among nurses.[2]

Distressing condition can significantly impact nurses psychologically and physically. Some psychological symptoms that nurses may suffer include reduced self-respect, loss of integrity, and feelings such as fury, worry, apprehension, grief, numbness, frustration, despair, discontent, and guilt. Among the physical symptoms are anorexia, nausea, diarrhea, inattention, fatigue, tiredness, pain in the stomach, tense muscles, headaches, and heart palpitations.[3] These occurrences can result in nurses' disillusionment with other people, dissatisfaction with work, decreased moral sensitivity, and ultimately low-quality nursing care delivery, which can eventually cause nurses to leave their job. This can also negatively impact nursing practice, patient treatment success, and nurses' performance and well-being, affecting the quality and quantity of nursing care.[4]

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The main aim of this study is to determine the level of moral distress among nurses in critical care units by using Corley moral distress scale.

Materials and Methods

Study design

Quantitative descriptive study—cross-sectional design is selected to carried out this study to achieve the objectives from the period between November 9, 2022 and June 1, 2023.

Study setting

This study was conducted in the critical care units at Al-Hillah Hospitals, which includes: Marjan teaching hospital, Imam Al Sadiq hospital, and Al-Hillah surgical teaching hospital.

Study sampling

Non-probability—convenience sample, the study target population comprised 588 nurses who work in the critical care units. The sample size has been determined using Richard Geiger's equation,[5] bringing the total number of nurses (250) sample divided into three teaching hospitals in the Al-Hilla city, and the number of participating nurses was as follows: Imam Al Sadiq teaching hospital 108 (43.20%), Al-Hillah surgical teaching hospital 118 (47.20%), Marjan teaching hospital 24 (9.60%).

Questionnaire of study

To achieve the study's objective, a specific questionnaire was created after an extensive evaluation of related literature in the topic of interest phenomena. The questionnaire was divided into three parts: part one (demographical characteristics) consists of five items, part two (employment characteristics) this part consists of four items, and part three (moral distress scale). This third part includes the moral distress scale. This scale was originally developed by Mary Corley in 2001 to measure the moral distress.[6] The permission was obtained to use the scale from the author (Corley) by Email and then translated into Arabic. It contains 30 items that divided into three domains: health care team conflict 12 items, caring conflict 6 items, and organizational conflict (12) items.

Rating and scoring

The items were appraised and scored using the following patterns: five points Likert scales were utilized to rate and measure moral distress domain components that scored as (never = 1), (rarely = 2), (sometimes = 3), (often = 4), (always = 5).

Validity

Content validity of the instrument is obtained by panel of 11 experts from multidisciplinary field, who have not less than 10 years of experience in their specialty. Changes and modification were performed according to the advises and opinion of the expert in order to reach the proper degree of understanding.

Pilot study

The pilot study was conducted during the period from February 20–22, 2023, and it included 25 nurses who work in the critical care unit; nurses who participated in the pilot study were excluded from the study sample. Alpha correlation coefficient (*r*) was used to measure the internal consistency of the study instrument which recorded (*r*: 80).

Data collection

Using a questionnaire (Arabic version) and self-report procedures with nurses, data were gathered with the cooperation and approval of hospitals administration. The researcher visited the nurses in different shifts (morning and evening). The researcher introduced herself to the participants, explained the purpose of the study in order to get their verbal consent, and distributed the questionnaire to them. The participants filled out the form and offered an answer (nurses). The participants' answered a questionnaire independently. Each self-report takes nearly 10–15 min. Data gathering took place throughout the span of about 21 days; it started from February 23, 2023 to March 15, 2023.

Ethical approval

Before starting the data collection process, the necessary approvals were obtained from the Babylon Health Department, Training and Development Center, No (34) on date March 15, 2023. In order to retain the ethical consideration to complete the study, the researcher made sure to introduced himself to the respondents. The participants' verbal consent was obtained by the researcher after she made it clear that their participation was voluntary and assured them that all information would be kept private.

Results

Discussion

The results shown in Table 1 show that 51.6% of the study sample were male staff. This finding is similar to a study carried out in Iran related to Relationship between autonomy and moral distress in emergency nurses their finding recorded that most of the sample (52.6%) comprised male staff.[7] The majority of the study sample (90%) are in the age group 20–30 years old, and these findings are supported by study conducted by,[8] who found in his study that the most of nurses working in the critical care units (48.9%) were in the age group 20–30 years old. Also, this finding agreed with the result of,[9] who stated

Table 1: Distribution of the study sample related to their demographical characteristics

Variables	Categories	Frequency	Percent
Gender	Male	129	51.6
	Female	121	48.4
	Total	250	100.0
Age	20–30 years	225	90.0
	31–40 years	16	6.4
	41–50 years	9	3.6
	Total	250	100.0
Education Qualification	Secondary school nursing	28	11.2
	Diploma	95	38.0
	Bachelor	126	50.4
	Post graduate	1	.4
	Total	250	100.0
Marital status	Married	131	52.4
	Single	116	46.4
	Divorced	2	.8
	Separated	1	.4
	Total	250	100.0
Residency	Urban area	173	69.2
	Rural area	77	30.8
	Total	250	100.0

Table 2: Distribution of the study sample related to their employment characteristics

Variables		Frequency	Percent
Years of experience	1–10 years	232	92.8
	11–20 years	13	5.2
	21–30 years	5	2.0
	Total	250	100.0
Working place	Emergency unit	129	51.6
	Intensive care unit	88	35.2
	Coronary care unit	33	13.2
	Total	250	100.0
Years of experience in the working place	5 years or less	231	92.4
	6–10 years	11	4.4
	11–15 years	4	1.6
	16–20 years	4	1.6
Working shift	Morning	72	28.8
	Evening	178	71.2
	Total	250	100.0

that the age of the critical care nurses within the age group of 20–29 years.

Regarding the educational qualification most of the sample (50.4%) had bachelor degree, and this result is similar with the findings of[10] who found that 82.9% of nurses working in the critical care units were bachelor degree holders.

Critical care unit receives complicated conditions, the internal environment of such units is commonly stressful related to fast turnover of patient, critical intervention, and immediate decisions which get effected by changing patients' condition. For this reason, they should have many competences such as assess, treat and monitor any changes while providing their basic care. Male nurses can tolerate the overload and working under pressure which sometimes need physical strength. The results show that most of the participants (52.4%) were married, this finding of the current study is agreed with,[11] who found that 85.2% of nurses were married. According to the residency, most of the sample 69.2% were from urban area.

Relative to the years of experience the majority of the sample have 1–10 years of employment in nursing [Table 2]. This finding agreed with a study accomplished by,[12] who found that the majority of intensive care unit

Table 3: Moral distress level of the critical care nurses related to health care team conflict domain

Items		Frequency	Percent	Mean	Score	Level
Assist the physician who in your opinion is providing incompetent care.	Never	117	46.8	1.95	58	Low
	Rarely	45	18.0			
	sometimes	73	29.2			
	often	13	5.2			
	Always	2	.8			
	Total	250	100.0			
Work with `unsafe' levels of nurse staffing	Never	140	56.0	1.67	50	Low
	Rarely	62	24.8			
	sometimes	41	16.4			
	often	4	1.6			
	Always	3	1.2			
	Total	250	100.0			
Follow the family's request not to discuss death with a dying patient who asks about dying	Never	61	24.4	2.81	86	Moderate
	Rarely	52	20.8			
	sometimes	56	22.4			
	often	36	14.4			
	Always	45	18.0			
	Total	250	100.0			
Follow the physician's request not to discuss death with a dying patient who asks about dying.	Never	74	29.6	2.82	85	Moderate
	Rarely	46	18.4			
	sometimes	40	16.0			
	often	30	12.0			
	Always	60	24.0			
	Total	250	100.0			
Follow the physician's order not to tell the patient the truth when he/she asks for it.	Never	38	15.2	3.14	94	Moderate
	Rarely	42	16.8			
	sometimes	69	27.6			
	often	49	19.6			
	Always	52	20.8			
	Total	250	100.0			
Follow the physician's instructions to avoid discussing Code status to patient with the family once they become incompetent.	Never	42	16.8	3.28	98	Moderate
	Rarely	34	13.6			
	sometimes	54	21.6			
	often	52	20.8			
	Always	68	27.2			
	Total	250	100.0			
Observe without intervening when health care personnel do not respect the patient's dignity	Never	189	75.6	1.44	43	Low
	Rarely	25	10.0			
	sometimes	25	10.0			
	often	8	3.2			
	Always	3	1.2			
	Total	250	100.0			
Continue to participate in care for a hopelessly injured person who is being sustained on a respirator, when no one will make a decision, to `pull the plug'	Never	39	15.6	3.78	113	High
	Rarely	21	8.4			
	sometimes	30	12.0			
	often	26	10.4			
	Always	134	53.6			
	Total	250	100.0			
Follow with family desires to maintain life, even if it is not in the patients' best interests.	Never	37	14.8	3.71	111	High
	Rarely	22	8.8			
	sometimes	36	14.4			
	often	36	14.4			
	Always	119	47.6			
	Total	250	100.0			

Table 3: Continued

Items		Frequency	Percent	Mean	Score	Level
Carry out a work assignment in which I do not feel professionally competent.	Never	193	77.2	1.36	41	Low
	Rarely	32	12.8			
	sometimes	19	7.6			
	often	5	2.0			
	Always	1	.4			
	Total	250	100.0			
Perform a procedure when the patient is not adequately informed about procedures which he/she is about to undergo.	Never	30	12.0	3.02	90	Moderate
	Rarely	44	17.6			
	sometimes	92	36.8			
	often	60	24.0			
	Always	24	9.6			
	Total	250	100.0			
Follow the family's wishes for the patient care when I do not agree with them.	Never	74	29.6	2.54	76	Low
	Rarely	56	22.4			
	sometimes	62	24.8			
	often	26	10.4			
	Always	32	12.8			
	Total	250	100.0			
General mean and sum score				2.626	78	Moderate

Score, low level = 30–70, moderate level = 71–110, high level = 111–150

nurses (79%) were with experience between 1 and 5 years, respectively. The results revealed that the majority of nurses who were participants in the study have ≥5 years of experience in critical care units. This finding agreed to a study established by,[13] who stated that 70% of nurses had less than 5 years of experiences in critical care units, but according to Benner, the 2–5 years working can give a nurse the ability to solve problems, judgment and decision making which make him/her to extended to provide comprehensive care to complex cases.

The result shows that the higher percentage of the study sample (51.6%) were working at emergency unit; this result disagreed with study by,[14] who found that most of the sample (30.1%) were working in intensive care unit, and difference in the results may be related to the hospital policy, as the number of nurses in the emergency unit was more than that in other departments. The capacity and turn off in the emergency department are major factors which determine the number of the personnel's (team member) who receive patient and provide care. The capacity of the emergency department which used a setting to collect the data were Al-Hilla teaching hospital 27 beds, Imam Al Sadiq teaching hospital 38 beds, and Marjan teaching hospital 34 beds, whereas for this reason, the nurses who work in this area are more in number than the other departments.

Regarding working shift of nurses, the results shows the highest percentage (71%) were working evening shift, because nurses who had experience for one year or more were majority in the evening shift. Locally policy which followed at hospitals in Al-Hilla city were planned to divide the day work (24 h) to two shifts (morning 8 h and evening-night shift 16 h) for this reason the number of nurses on duty in the evening shift were more than the morning one.

Table 3 regarding moral distress grading records a moderate level related to team conflict; this result agrees with the results of a study carried out by,[15] who find that ethical disputes frequently arise in healthcare settings, particularly in intensive care units. The challenges that face health professionals include a lack of resources, poor staff-to-family communication, and poor decision-making in low resource environments that lead to moral distress and depersonalization. For example, nurses on duty have many responsibilities related to patient care, comfortability, and doing their best to meet his or her needs. They also have to deal with a variety of cases involving different age groups and educational levels, which requires time, effort, and many other resources. All these situations produce stressful environment for health team members and the nurses specially.

Table 4 shows that the most items related to caring conflict were represented high level regarding moral distress. This finding are similar to study carried out by[16] who found the high level of moral distress among critical care nurses, and this may be explained by the fact that these nurses have ethical conflicts when giving patients with unusually aggressive patient care, when patients are treated like objects to fulfil institutional requirements, or when

Table 4: Moral distress level of critical care unit nurses related to caring conflict

Items		Frequency	Percent	Mean	Score	Level
Carry out the physician's orders for unnecessary tests and treatments for terminally ill patients.	Never	37	14.8	2.93	88	Moderate
	Rarely	52	20.8			
	Sometimes	84	33.6			
	Often	45	18.0			
	Always	32	12.8			
	Total	250	100.0			
Initiate extensive life-saving actions when I think it only prolongs death.	Never	8	3.2	4.39	131	High
	Rarely	8	3.2			
	Sometimes	27	10.8			
	Often	42	16.8			
	Always	165	66.0			
	Total	250	100.0			
Follow the physician's instructions regarding unnecessary exams and treatment.	Never	28	11.2	3.38	101	Moderate
	Rarely	35	14.0			
	Sometimes	67	26.8			
	Often	53	21.2			
	Always	67	26.8			
	Total	250	100.0			
Prepare a terminally ill elderly patient on a respirator for surgery to have a mass removed if needed.	Never	21	8.4	3.84	115	High
	Rarely	21	8.4			
	Sometimes	50	20.0			
	Often	44	17.6			
	Always	114	45.6			
	Total	250	100.0			
Prepare an elderly man who is severely demented and a `No Code' for surgery to have a gastrostomy tube put in if needed.	Never	37	14.8	3.33	100	Moderate
	Rarely	31	12.4			
	Sometimes	59	23.6			
	Often	58	23.2			
	Always	65	26.0			
	Total	250	100.0			
Give medication intravenously to a patient who has refused to take the medication orally.	Never	39	15.6	3.35	100	Moderate
	Rarely	23	9.2			
	Sometimes	60	24.0			
	Often	68	27.2			
	Always	60	24.0			
	Total	250	100.0			
General mean and sum				3.536	106	High

Score, low level = 30–70, moderate level = 71–110, high level = 111–150

patients or their families receive incorrect or inadequate information about the course of treatment, outcomes, and prognosis.

The researcher believes that nurses who are required to deliver futile care faced with dilemma they are aware that the care is ineffective but they are forced to do so by agency policies.

Table 5 shows that the nurses recorded moderate level related to organization conflict. This result agrees with the result of the study applied by[17] who shows that the moral anguish results from challenges within organizations (such as poor teamwork, inadequately guiding policies or procedures, and unaddressed staff members shortages).

Table 6 shows that the critical care unit nurses who participated in the study recorded moral distress due to caring conflict which presented with health care team and patients caring domain. Moral distress perceived by these nurses are related to complex cases or issues relating to terminal illness, patient communication, patient pain, and the appropriateness of the medical care,[18] this feeling of powerlessness, due to negative outcomes of life prolonging treatment. Lack of autonomy and authority, influencing their moral experience, feeling of insecurity, and helplessness have a significant impact on nurses' perceptions and attitudes when faced with moral distress, which effect their physical and psychological status and effecting working outcome. Furthermore, nurses who work

Table 5: Moral distress level of critical care nurses related to organizational conflict domain

Items		Frequency	Percent	Mean	Score	Level
Work in a situation where the number of staff is so low that care is inadequate.	Never	75	30.0	2.54	76	Moderate
	Rarely	50	20.0			
	Sometimes	64	25.6			
	Often	37	14.8			
	Always	24	9.6			
	Total	250	100.0			
Let medical students perform painful procedures on patients solely to increase their skill.	Never	112	44.8	2.18	65	Low
	Rarely	47	18.8			
	Sometimes	49	19.6			
	Often	18	7.2			
	Always	24	9.6			
	Total	250	100.0			
Assist physicians who are practicing procedures on a patient after CPR has been unsuccessful.	Never	19	7.6	3.86	116	High
	Rarely	20	8.0			
	Sometimes	46	18.4			
	Often	56	22.4			
	Always	109	43.6			
	Total	250	100.0			
Provide better care for those who can afford to pay than those who cannot	Never	131	52.4	2.22	67	Low
	Rarely	18	7.2			
	Sometimes	45	18.0			
	Often	26	10.4			
	Always	30	12.0			
	Total	250	100.0			
Ignore situations of suspected patient abuse by care givers.	Never	84	33.6	2.50	75	Moderate
	Rarely	42	16.8			
	Sometimes	69	27.6			
	Often	26	10.4			
	Always	29	11.6			
	Total	250	100.0			
Ignore situations in which I suspect that patients have not been given adequate information to insure informed consent.	Never	72	28.8	2.48	74	Moderate
	Rarely	46	18.4			
	Sometimes	87	34.8			
	Often	29	11.6			
	Always	16	6.4			
	Total	250	100.0			
Discharge a patient when he has reached the maximum length of stay based on diagnostic related grouping (DRG) although he has many teaching needs.	Never	120	48.0	1.91	57	Low
	Rarely	61	24.4			
	Sometimes	49	19.6			
	Often	11	4.4			
	Always	9	3.6			
	Total	250	100.0			
Carry out orders or institutional policies to discontinue treatment because the patient can no longer pay.	Never	76	30.4	2.62	79	Moderate
	Rarely	44	17.6			
	Sometimes	58	23.2			
	Often	43	17.2			
	Always	29	11.6			
	Total	250	100.0			
Avoid taking any action when I learn that a nurse colleague has made a medication error and does not report it.	Never	102	40.8	2.33	70	Low
	Rarely	46	18.4			
	Sometimes	48	19.2			
	Often	25	10.0			
	Always	29	11.6			
	Total	250	100.0			

Table 5: Continued

Items		Frequency	Percent	Mean	Score	Level
Assist the physician who performs a test or treatment without informed consent	Never	58	23.2	2.74	82	Moderate
	Rarely	50	20.0			
	Sometimes	77	30.8			
	Often	30	12.0			
	Always	35	14.0			
	Total	250	100.0			
Give only hemodynamic stabilizing medication intravenously during a Code with no compression or intubation.	Never	126	50.4	1.96	58	Low
	Rarely	51	20.4			
	Sometimes	47	18.8			
	Often	10	4.0			
	Always	16	6.4			
	Total	250	100.0			
Follow the physician's request not to discuss Code status with patient	Never	64	25.6	2.88	86	Moderate
	Rarely	38	15.2			
	Sometimes	61	24.4			
	Often	37	14.8			
	Always	50	20.0			
	Total	250	100.0			
General mean and sum				2.518	75	Moderate

Score, low level = 30–70, moderate level = 71–110, high level = 111–150

Table 6: Overall critical care unit nurses level related to moral distress domain

Levels	Mean	Level
Moral distress level related to health care team conflict	2.626	Moderate
Moral distress level related to caring conflict	3.536	High
Moral distress level related to organizational conflict	2.518	Low
General mean	2.893	Moderate

Low level = 1–2, 60, moderate level = 2, 61–3, 40, high level = 3, 41–5

in intensive care units may experience higher levels of moral distress due to situations such as those related to extending life, incompetent or inadequate treatment by a physician, working with coworkers and other healthcare professionals who lack the necessary skills, inadequate staffing and resources, exposure to the dying and death of the critically ill, lack of competency of nursing, lack of information regarding treatment alternatives and quality of life.[19]

Conclusion

The most of the critical care nurses were found to be suffering from moderate moral distress level.

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Conflicts of interest

There are no conflicts of interest.

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