Nurses' Moral Distress in the Emergency Department

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Abstract

The failure of nurses in taking action related to their moral beliefs makes nurses' moral comfort not achieved and affects their dissatisfaction in their work, perhaps it also can result in nurses' distress. The purpose of this study was to identify moral distress in the Emergency Department (ED) nurses. The study design used quantitative descriptive with a cross-sectional approach. the instrument used was the moral distress scale-revised (MDS-R) which measures the frequency and intensity of moral distress. The sampling technique used is total sampling. the sample population in this study was ED nurses in one type a hospital in Bandung, with a sample of 51 people. The results showed that the average of the total moral distress in emergency nurses was 50.72 (sd 43.846) and showed that moral distress in ed nurses tended to be low. the duration of nurse work experience is an individual factor that significantly influences moral distress in ed nurses. There is no significant difference in the mean moral distress score with the nurse's intention to quit his job. Qualitative research is needed to determine the causes of other moral distress and moral distress explanations can be given to nurses and students to increase the sensitivity and moral competence of Indonesian nurses.

Keywords: Emergency department, moral distress, nursing.

Introduction

The role of ED nurses as advocates for patients and representing patients to make decisions related to their care is a challenge for ED nurses. The aim of nurses is to advocate on behalf of patients, such as getting patients to receive the best health services in the hospital (White, 2016). In addition, nurses also have moral integrity which is the basis for nurses to act according to their professional roles. However, when ED nurses experience difficulties in determining actions according to their moral integrity because there are various obstacles, it will make ED nurses experience moral dilemmas related to their actions (White, 2016)

The moral dilemma experienced will be a moral conflict when there is a difference between the nurse's decision and actions, so the condition will create moral distress for the nurse (White, 2016; Zavotsky & Chan, 2016). According to Corley (2002), moral distress occurs when the professional goals of a nurse are hindered. The professional role of nurses is hindered because of internal, external, and clinical situations so that nurses fail to take actions, nurses are morally uncomfortable, and have a moral distress effect.

The emergency department is an area that provides health care services with an ever-changing number of patients, and critical conditions cannot be predicted (Robinson & Stinson, 2016). Other challenges that cannot be anticipated are patients are not in emergency conditions, overcrowding, short staffing, violence, nurses should have high analytical skills, and respond quickly to changing situations (Zavotsky & Chan, 2016; White, 201). RI Ministry of Health no. 856 / Menkes / SK / IX / 2009 established service standards in ED, including treating quickly and precisely, no more than 5 minutes after the patient arrived ED, and prioritizing patients' conditions. In fact, many patients have not bedded and have a long are waiting for services, it was a dilemma for nurses.

Literature review shows that ED nurses experience moral distress higher than other nurses (McAndrew et al., 2016). ED nurses are often asked to help families in making decisions related to end of life patients with little information, they have difficulty determining actions according to their moral integrity, and make ED nurses experience a moral dilemma. (McAndrew, Leske, & Schroeter, 2016; White, 2016; Zavotsky & Chan, 2016). The causes of moral distress in nurses are grouped into three, including 1) clinical situations, 2) nurse internal constraints, and 3) external constraints such as institutional policies (Hamric, Borchers, & Epstein, 2012). Previous studies have revealed that nurses experience moral distress because they do not provide health services as they want, and impact on their moral emotional distress (Hamric, Borchers, & Epstein, 2012; Emaliyawati, E., & Mirwanti, R, 2019; Wolf et al. , 2016). Nurses overcoming moral distress by rejecting responsibilities that impact moral distress situations and frequent problems occur making nurses limited to handling (Wolf et al., 2016.

The long-term impact of moral distress makes health care providers experience burnout and eventually quit their jobs (Kilcoyne & Dowling, 2007; Fernandez-Parsons et al., 2013b). Basically, all vulnerable patients need skilled and appropriate care, but nurses cannot always provide all service needs for a number of reasons and have an impact on nurses and institutional moral distress. The purpose of this study was to identify moral distress in Emergency Department nurses.

Research Method

The study was a quantitative descriptive study with a cross-sectional approach. Samples are selected by the total sampling method. The population was ED nurses in a Type A Hospital in Bandung City with 51 respondents. Data collection in this study used questionnaire sheets. The questionnaire consisted of respondents' characteristics (age, sex, duration of work experience, ED, education level, a special certificate, and religion) and statement items to measure moral distress. The Moral Distress Scale-Revised consisted of 21 items which aimed to determine the causes of moral distress, expanding use in non-ICU settings, and to be suitable for use by other health care workers (Hamric, Borchers, & Epstein, 2012). The

Moral Distress Scale-Revised was measured using a Likert scale on a 0-4 scale. Because this instrument has never been used in Indonesia, back-translate methods, validity content, and face validity have been applied. Data were analyzed using univariate and bivariate statistical tests.

Research Results

Characteristics of respondents are explained in table 1, which is the most respondents were women (72.1%) and the highest age (33.3%) in the range of 35–39 years. The number of respondents with Diploma III and Bachelor level of education was almost the same, and 13.9% had special certificates such as PPGD, ATLS, and ACLS. Work experience, more nurses with a range of work experience> 10 years as nurses (66.7%) and

Tabel 1 Nurses's characteristics (n=43)

Characteristics	f	%
Age		
25–29 years	4	8.9
30–34 years	13	28.9
35–39 years	15	33.3
40–44 years	12	26.7
Gender		
Male	12	27.9
Female	32	72.1
Education		
DIII	22	51.2
Bachelor	21	48.8
Certificate of Expertise		
No	37	86
Yes	6	13.9
Length of Work		
1–5 years	3	7.1
6–10 years	11	26.2
>10 years	28	66.7
Work Experiences		
1–5 years	4	9.5
6–10 years	12	28.6
>10 years	28	61.9
Religion Activities		
No	9	21.4
Yes	33	78.6

Table 2 Moral Distress of ED nurses (n= 43)

Score	Rates	SD	Min	Max
Moral Distress Scale-Revised (MDS-R)	50.72	43.846	3	189
Frequency from MDS-R	24.65	13.445	6	63

Intensity from MDS-R		33.72	17.671	1	66

Table 3 Frequency on MDS-R items

Items	Rates	SD
Viewing medical students doing painful procedures for patients who only aim to improve their skills.	2.21	1.206
Implementing a comprehensive life-saving action when I think it only prolongs death.	2.14	1.146
Following the wishes of the patient's family to continue life support even though I believe it is not the best for the benefit of the patient...	2.05	1.068
Implementing a doctor's order to do what I consider to be unnecessary tests and/or treatments.	1.79	1.206
Helping doctors for incompetent care.	1.44	1.221

Table 4 The intensity on MDS-R items

Item	Mean	SD
Viewing medical students doing painful procedures for patients who only aim to improve their skills.	2.23	1.342
Item	**Mean**	**SD**
Doing a doctor's order to do what I consider to be unnecessary tests and/or treatments.	2.12	1.238
Avoiding taking action when I find out that a doctor or fellow nurse has made a medical mistake and does not report it	2.05	1.112
Viewing the lack of quality of patient care because of poor team communication	1.95	1.327

Table 5 Frequency Distribution Based on the Nurse's reasons for quitting work because of moral distress (n = 43)

Questions	Distribution	
	f	%
"Have you considered in quitting a clinical position because of moral distress related to how patients are treated at your institution?"		
No	18	41.9
Yes, but can't stop working	12	27.9
Yes, I have stopped working	0	0

"Are you considering leaving your position now?"		
No	26	60.5
Yes	3	7

ED nurses (61.9%). Most of the respondents were active in participating in religious activities (77.85%). Below this is the result of tabulating the frequency distribution for the characteristics of the respondents (Table 1).

The results of data analysis (table 2) showed that moral distress experienced by ED nurses was low with a score of 50.72, ± 43.846 (vulnerable score 3-189). The frequency of nurses experiencing moral distress (depicted on MDS-R items) was rarely with an average score of 24.65, ± 13.445 (susceptible score 6-63), and the intensity of disturbing nurses was sufficient with an average score of 37.72, ± 17,671 (vulnerable scores 1–66).

Items on MDS-R are sorted from the highest to lowest frequencies explained in table 3

Items on MDS-R are sorted from the highest to lowest intensity explained in table 4.

There are additional items from a respondent with who have frequent experience (score 4) and are disturbing (score 4) MDS-R items, including:

1. "Patients are motivated to go home by medical personnel."
2. "Critical patients are handled by residents who are not yet competent."

The final part of the MDS-R instrument includes two open questions with the option "Yes / No" answer which aims to determine the impact of moral distress, including the intention of nurses to quit their jobs because of moral distress.

Table 5 shows that as many as 27% of respondents answered "Yes", indicating that 12 respondents considered quitting their jobs due to moral distress but could not do so, and currently there were 7.0% (3) respondents who were considering quitting their jobs.

Discussion

Moral distress in ED nurses showed low results (50.72; ± 43.846; susceptible scores 3-189). This is because nurses rarely experience situations that can cause moral distress and are at a level quite disturbing to situations that can cause moral distress. ED environmental conditions have been described as environments that have the potential to make ED nurses experience moral distress. However, moral distress arises because of institutional, external, and internal constraints when nurses will act according to their moral integrity (Hamric, Borchers, & Epstein, 2012). The results showed that the average moral distress score is low, it illustrates that the obstacles make they have to compromise with their morals.

Nurses' moral distress conditions are influenced by moral concepts that nurses have. The model theory according to Corley (2002), explains that good moral concepts on nurses will make moral distress in nurses low. A good moral concept is obtained when nurses have a moral commitment to patients, can be an advocate for patients, have moral sensitivity, are able to understand complex moral situations, so nurses tend to experience moral certainty in using their moral autonomy, and make nurses intend to do right action. Nurses who can show their moral competency and make appropriate moral judgment will direct nurses to moral comfort. However, if nurses cannot take action according to their morals, nurses will experience moral distress and have an impact on themselves, patients, and agencies.

Age aspects and work experience on ED nurses became one of the influences on moral distress in this study. The results of the age range analysis after being classified based on the Indonesian Ministry of Health's Data and Information Center (2015) regarding occupational health, illustrate that there are distress moral differences in terms of age. In the age range of 25-29 years, the average score of moral distress has a higher yield of 81.75 (susceptible score of 34–189) compared to other age ranges. The number of respondents with a younger age range is the

least group with 9.5%. Therefore, the majority of respondents 90.5% (38) are respondents with an older age range of ≥30 years with a lower average moral distress score so that this causes low moral distress in this study. The duration of work experience for ED nurses is an individual factor that influences low moral distress. Based on data analysis shows that the average moral distress score in respondents with a range of work experience in ED for 1–5 years is higher, namely 91.50 (vulnerable score 50–189) compared to the duration of work experience that is more than 5 years. However, respondents with a length of work experience> 5 years of moral distress score tend to be low, more than respondents with <5 years of work experience. The age range and work experience that fewer nurses face is also a little moral conflict. Corley (2002) states that the age range with less experience working as an ED nurse can influence the high moral distress of nurses. Nurses with more experience may have lower moral distress. Increasing the ability of nurses to solve problems faster and can reduce feelings towards difficult moral situations (Burston & Tuckett, 2012; Corley, 2002; Fernandez-Parsons et. Al, 2013)

The results of the study also identified the most frequent and most disturbing causes of moral distress in ED nurses when they had to compromise their moral beliefs. The results showed that the item that had the highest frequency average score was "Witnessing medical students doing painful procedures for patients who only aimed to improve their skills". In contrast to the two previous quantitative studies, the highest frequency mean score was found in Fernandez-Persons et. al (2016) is "Following the family's willingness to continue to use life aids even though it is not the best for patients" and the highest frequency average score in the study of Zavotsky & Chan (2016) is "Carrying out the doctor's request to take care that is unnecessary".

The final part of the MDS-R instrument asks about the respondent's desire to quit his job as an ED nurse because of moral distress. Although the nurse's intention to stop can illustrate one of the effects of moral distress on the nurse, the results of the analysis show that the average score of moral distress does not show a significant difference if it is associated with the intention of the respondent to quit his job. This mismatch may be caused by several things, such as, nurses are less aware of the situation they experience as moral distress, there is a crescendo effect that makes nurses lose their moral integrity and do not feel the moral distress or coping that nurses use when effectively reducing moral distress.

Moral distress does not fully occur automatically because it depends on the ability of nurses to think about what they feel (Wilkinson, 1989). This is related to how nurses assess and think about moral wrong or right (Corley, 2002; Mareš, 2016). Nurses who are psychologically injured and who have lost their care in patients may no longer have moral sensitivity, so they do not experience moral distress. Moral problems with nurses are key moments that lead to moral stress (Mareš, 2016). Nurses who have a high level of sensitivity may make nurses commit to patients and develop moral competency so that moral distress will rarely occur. Another condition, namely when nurses feel they have strong moral integrity but do not have moral competence, this will make nurses experience moral distress (Corley, 2002). Therefore, it is expected that qualitative research will identify other situations that make ED nurses compromise their moral beliefs.

Another thing that caused low moral distress in ED nurses was the consistency of contact with the situation. Moral distress that occurs repeatedly in health professions results in the reaction of reactive distress accumulated, this is in accordance with the moral distress classification from Jameton (1993) which states that there is initial distress and reactive distress. Moral distress, a person cannot overcome a difficult situation completely. In these conditions usually leave negative things from malpractice, failure is called moral residue. Moral residues occur when nurses continue to compromise their morals that make nurses lose their moral beliefs. Then if the situation continues to occur, it will result in moral residues that continue to accumulate and eventually will show a crescendo effect where moral residues will eliminate one's moral beliefs (Epstein & Hamric, 2013; Mareš, 2016).

Zavotsky & Chan (2017) study that

correlates moral distress and coping nurses, proves that coping has a significant influence on moral distress. Moral distress begins with nurses when experiencing difficult moral situations. Then the nurse can determine the decision to take action according to the moral but it turns out that the action cannot be carried out according to the perception. The inability of nurses to act causes psychological imbalances and painful feelings. The effect of these conditions raises coping behaviors that arise in nurses (Mareš, 2016; Wilkinson, 1989). However, this study did not find out how coping was used by ED nurses. Therefore, it is hoped that the study will be carried out by finding out the coping-related nurses used so that moral distress in ED nurses is low.

Conclusion

The results show that moral distress in ED nurses tended to be low. The causes of moral distress have a difference compared to previous quantitative research. It may be because of the research is located at a teaching hospital, this might affect the moral distress results of ED nurses so that it can be an evaluation for hospitals regarding the current system to make all parties feel comfortable in providing health services to be important. Moral distress may not be eliminated, but anticipation can be made so that the comfort of nurses in work can continue to be improved and can minimize the intention of nurses to quit their jobs. Nurses have their own coping when experiencing moral distress, but based on the results of the study not known nurses' coping of ED nurses. The future study would be carried out by finding out nurses' coping in dealing with moral distress.

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