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Moral distress, a challenge to job satisfaction and quality nursing care among nurses in a tertiary institution in northern Nigeria

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Abstract
Moral distress is a challenge to job satisfaction and quality nursing care among nurses in the nursing services. The main objective of this study was to identify if moral distress was prevalent among the nurses, assess the understanding of moral distress, identify the causes and preventive measures to moral distress among nurses in Ahmadu Bello University Teaching Hospital, Zaria, Nigeria. A cross sectional descriptive survey design was used, the wards clustered and simple random sampling technique used to select 234 respondents from the seventeen wards in the hospital. A structured questionnaire was used to elicit responses from the nurses. The Statistical Package for Social Sciences version 22 was used for analysis of the data. Descriptive statistical technique used to compute the results. The result showed that all the nurses experienced moral distress but differ in their intensity as (40.8%) of the respondents frequently experienced moral distress, (33.7%) did not experience moral distress frequently while (25.5%) experienced moral distress once in a while. More than half (53.6%) of the nurses were aware of moral distress. Several factors were identified to be the cause among which few nurses to many patients during the shift (17.85%) was the major cause to moral distress. Effects of moral distress on nursing profession were, job dissatisfaction (5.2%) burnout (5.7%), anger (5.7%), headache (5.2%) and fatigue (4.9%). Some preventive measures identified are employment of more staff (20.1%) and improvement of salary scale (15.4%). It was therefore recommended that Ahmadu Bello University, Teaching Hospital Shika should provide measures to prevent factors that cause moral distresses among nurses in the hospital.

Keywords: moral distress, challenge, job satisfaction, quality nursing care

1. Introduction

Nursing is primarily concerned with human life, the quality of the health of individuals, family, group or community. Nursing is directed towards the achievement of better health and consequently as a practice profession, must be firmly based on knowledge derived from biological, physical and behavioural sciences relevant to the understanding of human nature [1]. A nurse as a human being exist and share the same nature, humaneous and basic need as the client/patient. The nurse practitioner has acquired nursing knowledge, skills, attributes and ethics to provide safe and effective healthcare. The client is capable of reasoning and posses basic ideas, beliefs and values which guide his actions. He is an active partner in the nursing care process and participate in crucial decision-making regarding his care and environment [2]. According to Keri [3] in a New York Time article which explores the issue of moral distress in nurses and physicians, defines moral distress as knowing what is ethically appropriate but being unable to act on it due to obstacles inherent in a situation. The article discusses an increasing amount of nurses and physicians feeling the "competing demands of administrators, insurance companies, lawyers, patient's families and even one another" who then must act in manner opposing their personal and professional values.

Being a nurse can be empowering. A nurse has the knowledge to ease pain, heal injury, fight disease and save lives. At times, people feel that nurses more than anyone else know what is best for patients. There are times when one feels powerless because, what one feels is best isn't carried out. According to Hamric [4], the nurse is the liaison between the physician, the social workers, the family and the patient. None is more intimately involved in patient's care than the nurse. In practical terms, there are ideals that a nurse will want to carry out in her profession for her client/patient. They include, utilization of nursing process in the care of the individual, family and community; assess client/patient through history taking; physical assessment; review of relevant records and listing of appropriate actual and potential nursing diagnosis, plan for individual nursing diagnosis/problem and family health needs for the attainment and maintenance of health states; implementation of necessary nursing action to minimize individual problems through holistic and client/family centered approach in homes, community and healthcare institutions; evaluate care through stated objectives to ascertain effectiveness of nursing action and health activities rendered; assist the client to achieve optimum functioning; diagnose and treat simple medical and surgical conditions; utilize available resources within the home, community and hospital setting to achieve maximum provision of healthcare, and lastly initiate and carryout research to improve practice. The care giving role distinguishes nursing from medicine and gives nurses a unique and valuable perspective. Patient hospital ratings are often directly proportionate to the quality of nursing care received. Yet nursing professional's continued to feel undervalued and disrespected.

"Moral distress is characterized by situations where you can't do what you believe you should morally do" [4]. Moral distress jumped into public view when the New York Times published "when doctors and nurses can't do the right thing"

on February 5th 2009. First described in 1984, moral distress is now recognized as a serious work force issue. A study by Raines [5] at the University of Pennsylvania School of Nursing found that 25% of 1,215 nurses surveyed said moral distress made them leave their positions. Another study by Mbusa and Haggstrom [6] in the Journal of Advanced Nursing reported that 15% of nurses left their jobs due to moral distress.

The American Association of Critical-care Nurses [1], outlined sources of moral distress as personal, interpersonal and or environment, end of life challenges, nurses-physicians' conflict, disrespectful interactions, working violence and ethical dilemma. Life-prolonging technology and health care financial constraints conspire to increase nurses' moral distress and lead to physical and emotional difficulties [7]. "Moral distress is something that directly impact what is happening to the nurse". "It occurs when a nurse believes that she is neither acting nor able to act in a moral, professional manner, Not being able to perform one's duties in the manner the nurse perceives as ethically correct contribute to feeling of loss of integrity and dissatisfaction with work environment [1].

Nearly all nurses experience moral distress at some point in their career, but according to ANA's Senior Policy Advisor Liz [8], many nurses don't actually know what moral distress is. Not all nurses experience moral distress when placed in the same situation, because people's value differs. A nurse who believe in a woman's choice to end pregnancy will not likely experience moral difficulty if asked to assist during labour. Whereas this situation can create great distress for some one who believes life begin at conception. According to McClendon and Buckner [9], the most frequently encountered moral distress situation involve critically ill patients whose family wish to continue aggressive treatment when it probably would not benefit the patient in the end. On daily basis, nurses find themselves working on the edge of life and death, while they have few opportunities for doing anything about the situation[6]. Working with some level of staff the nurses considered "unsafe" was the source of highest level of moral distress. The source of the second highest level was "carryout orders for unnecessary test and treatment for terminally illed patients. Nurses are also dissatisfied and distressed in providing end of life care[10]. Recurring themes reported by nurses include concern about overuse of life sustaining technologies, a profound sense of responsibility for patient's welfare, a desire to relieve suffering and perceived unresponsiveness of physicians towards suffering [11]. Reports on the number of nurses who experience moral distress vary. Though moral distress affects emotions and can cause anxiety, some physical symptoms experienced include; gastrointestinal issues, insomnia, headaches and nightmares [12]. Studies employed various measurement instruments and population. The first effort to measure moral distress used a one-item visual analogue scale. Over 80% of nurses reported medium to high level of moral distress [13]. At least one third of nurses experience moral distress [14]. Nearly fifty percent of nurses in another study report that they had acted against their consciences in providing care to the terminally illed [15]. Qualitative studies indicate 45 percent to 50 percent of nurses in their respective samples left their unit or nursing altogether because of moral distress [16].

Corley developed the Moral Distress Scale (MDS) and administered it to Intensive Care Unit (ICU) nurses. Not only did the (ICU) nurses involved experience moderately high level of moral distress, but 15% said they had left a position in the past because of it. In a 1999 sample, 26% of the nurses had left positions in the past because of moral distress. Using an instrument that she had developed with a sample of critical care nurses, Corley found levels of moral distress of moderate intensity. A subsequent study of 214 nurses revealed moderate to moderately high level of moral distress [10]. In a group of 106 nurses from two large medical centres in US, mean moral distress score of 3.64 out of a possible 6 reflected a moderate amount of moral distress.

Factor affecting moral distress falls into three (3) categories; clinical situation, factors internal to the caregiver, and factors external to the caregiver but inherent in the environment in which moral distress occurs [4]. Consequences of moral distress include; stress, burnout, job dissatisfaction and departure from the work environment and/or nursing [10]. In 2004, the American Association of Critical-care Nurses (AACN) issued a position statement on moral distress [1]. The association charged every nurse and very employer with responsibility for implementing programs to address and mitigate harmful effects of moral distress.

Moral distress plays a large role among nurses these days. There are ideal activities that a nurse will want to carry out, but there are obstacles that prevent her. Some of those obstacles are; end of life challenges, nurse physician conflict, disrespectful interactions, work place violence, unfair distribution of resources and protecting patient's right. Nurses are sometime demanded to work longer shift, instead of 8 hours, nurses are tired and more mistakes are being made. Nurses have to make decisions all the time and situations arise where decisions on what to do can feel daunting, especially when they feel unethical [17].

There are three levels of intervention needed in cases of moral distress: a patient-level intervention to bring team members together for frank discussion; a unit-level intervention to identify changes needed to prevent or minimize such situations in the future; and an organization-level intervention to examine policies or modes of operation that compromise health care professionals` moral integrity. Addressing organizational systems that give rise to repeated instances of moral distress with specific attention to inter professional collaboration will be necessary to create a climate where professional nurses can ful fill their obligations without compromising their integrity [18].

This piece of work therefore intends to evaluate moral distress as a challenge to job satisfaction and quality nursing care among nurses in ABUTH Shika. The shortage of nurses and flaws within the structure of the current health care system are compromising the nurses' ability to provide competent, compassionate care. Based on the researchers observation in the wards it was seen that a number of nurses during the shifts to number of patients was not proportionate, nurses do things that are ethically uncalled for leading to inability of the nurses to provide quality nursing care required for the patients. Nurses are increasingly disturbed because they see themselves ineffective advocates for their clients. Moral distress causes suffering, may lead to exhaustion and result to resignation if left unresolved. Based on this, this research is carried out to evaluate moral distress among nurses in Ahmadu Bello University Teaching Hospital.

2. Materials and Method

2.1 Location of the study

The study was carried out in Ahmadu Bello University

Teaching Hospital (ABUTH) Shika, Zaria. Zaria is an ancient city in Kaduna state. It lies between latitude 11.07 and 12.00 degrees north and longitude of 0.744 and 08.00 east, 22.00 feet above sea level. It is located at a distance of about 962km from the Atlantic Ocean and about 30km north of Kaduna. Ahmadu Bello University Teaching Hospital (ABUTH) Shika, Zaria is one of the five-star hospitals in the Northern part of the country. It is a referral centre for other health facilities. The hospital is made up of various departments with various specialists in various fields. The services rendered are health, research and training. There are five hundred and eighty five (585) nurses working in this institution of study.

2.2 Scope of the study
This comprised of nurses drawned from the different wards/units/clinics of the hospital. These include; female medical ward, female surgical ward, male surgical ward, male medical ward, oncology unit, dialysis unit, intensive care unit, labour ward, pediatric ward, male orthopedic ward, female orthopedic ward, theatre, accident and emergency, obstetric ward, gynecology ward, transit surgical ward, and maxillofacial unit/oncology/psychiatry, clinical nurses, administrative staffs.

2.3 Sample size and sampling technique
A total of 220 nurses were used. This was obtained by using 40% as stated by Unwana [19] that for a population of a few hundred, 40% is adequate for representation of the population. A probability sampling technique was adopted in which the quota sampling and availability method was used to obtain the 234 nurses from all the shifts of the 19 nursing units/wards/clinics in the hospital based on the proportion of nurses in the wards.

2.4 Method of data collection
Data was collected by the use of structured self administered questionnaire. A pilot study of the questionnaire was done to ascertain the validity and reliability of the instrument. The instrument was then distributed to the respondents with the help of research assistants. Out of the 234 questionnaires distributed, 220 were adequately filled and returned which were used for the study.

2.5 Data analysis
The data collected were coded and processed through the computer- based Special Packaged for Social Sciences (SPSS) to avoid errors of manual manipulation. The result was analyzed using descriptive statistical measures and presented in simple tables and percentages.

3. Results
Table 1 presents the socio-demographic characteristics of the respondents. The result shows that, majority (30.9%) of the respondents are within the age range of 20 – 27 years while the least (2.3%) respondents are within the age of 50 – 59 years. The mean age is 33.3 years. Most (74.5%) of the respondents are females while (25.5%) are males

The result showed that all the nurses experienced moral distress but differ in their intensity as (40.8%) of the respondents frequently experience moral distress, (33.7%) did not experience moral distress frequently while (25.5%) experienced moral distress once in a while. The study demonstrated that, (53.6%) of the nurses had good knowledge on moral distress and several factors were identified to be the cause. Few nurses to many patients during the shift (17.85%) was the major cause to moral distress followed by nurse-physician conflict (13.9%) then low salary scale (12.3%). Effects of moral distress on nursing profession were, job dissatisfaction (5.2%) burnout (5.7%), anger (5.7%), headache (5.2%) and fatigue (4.9%). Preventive and control measures identified are employment of more staff (20.1%), improvement of salary scale (15.4%).

4. Discussion
The result shows that, majority (30.9%) of the respondents are within the age range of 20 – 27 years while the least (2.3%) respondents are within the age of 50 – 59 years. The mean age is 33.3 years. Most (74.5%) of the respondents are females while (25.5%) are males. The reason is that most members of the nursing profession are females. The findings also revealed that moral distress is prevalent within the study population as all the respondents had experienced moral distress but for the frequencies that differ. This finding is consistent with those from previous studies which clearly suggest that moral distress is prevalent and poses serious problem in nursing. According to Keri [2], a study conducted among 1,200 nurses, twenty five percent of the nurses were found to experience moral distress causing them to leave their positions in nursing profession while another 41% who were morally distressed failed to say they would choose nursing as a profession again. The result in Table 1 further indicates that, majority of the respondents (57.7%) are Christians while (42.3%) are Islam. (70%) of the respondents are married while (30%) are single. Majority of the respondents (30.9%) had practiced for 1 – 7 years while the least (1.4%) had practiced for 28 – 35 years and most of them are Nursing Officers (28.6%). Table 2 shows that, (76.8%) of the respondents are aware of the ethically appropriate action to take but unable to act on it while (23.2%) are not aware of the ethically appropriate action to take. Table 3 shows that, (40.8%) of respondents frequently experience moral distress, (33.7%) of the respondents did not experience moral distress frequently while (25.5%) experienced moral distress once in a while. In a study by Ellen [20], nurses reported a moderate level of moral distress. Highest levels of distress were associated with the provision of aggressive care to patients not expected to benefit from that care. Moral distress was significantly correlated with years of nursing experience. Nurses reported that moral distress adversely affected job satisfaction, retention, psychological and physical well-being, self image and spirituality. Experience of moral distress also influenced attitudes toward advance directives and participation in blood donation and organ donation. In determining the understanding of nurses on moral distress in this study, result shows that (53.6%) of respondents have knowledge on moral distress. Prominent among the factors causing moral distress are Nurse-physician conflict (13.9%), few nurses to many patients during the shift (17.8%), low salary scale (12.3%), delay in payment of salary (11.5%) and disrespectful interaction from other members of the healthcare team (11.4%). This is similar to the findings by the American Association of Critical-care Nurses[1], that moral distress can result due to personal, interpersonal and/or environmental factors, end of life challenges, nurse physician-conflict, disrespectful interactions and work place violence. Corley [9] further stated that the highest level of moral distress was due to inadequate staffing. Table 4 shows

that, (53.6%) of the respondents have knowledge on moral distress while (46.4%) do not. Table 5 presents the causes of moral distress among respondents. The findings revealed that, majority of the respondents indicated few nurses to many patients during the shift as the major factor that causes moral distress, nurse physician conflict, low salary scale among others as the major causes of moral distress among nurses. Table 6 shows that majority of respondents indicated burnout, anger (5.7%) as the major effects of moral distress in nursing professional, while (5.2%) of respondents indicated headache and job dissatisfaction as effects of moral distress. Table 7 shows that, majority of the respondents indicated employment of new staff (20.1%) and improves salary scale (15.4%) as the preventive/control measures to moral distress. All these affect the quality of nursing care within the area of study.

Table 1: Socio-demographic characteristics of the respondents

Age (years)		20 – 29 years	68	30.9
		30 – 39years	62	28.2
		40 – 49 years	53	24.5
		50 – 59years	32	14.5
		60 years and above	5	2.3
		Total	220	100
Sex	Variable (Sex)	Male	56	25.5
		Female	164	74.5
		Total	220	100
Religion	Variable (Religion)	Christian	127	57.7
		Islam	93	42.3
		Others	-	-
		Total	220	100
Marital Status		Married	154	70
		Single	66	30
		Divorced	-	-
		Total	220	100
Year of practice		Less than a year	44	20.0
		1 – 7 years	68	30.9
		7 – 14 years	41	18.6
		14 – 21 years	46	20.9
		21 – 28 years	18	8.2
		28 – 35 years	3	1.4
		Total	220	100
Present Rank	Rank	Staff nurse (SN)	57	25.9
		Staff nurse midwife (SNM)	31	14.0
		Nursing officer (NO)	63	28.6
		Senior nursing officer (SNO)	8	3.6
		Principal/nursing officer (PNO)	39	17.7
		Assistant chief nursing officer (ACNO)	18	8.2
		Chief nursing officer (CNO)	4	1.8
		Total	220	100

The mean age of respondents is 33.3 years

Table 2: Respondents knowing ethically appropriate action to be taken

Ethically appropriate action	Frequency	%
Yes	169	76.8
No	51	23.2
Total	220	100

Table 3: Respondents frequency of occurrence of distress

Occurrence	Frequency	%
Frequently	69	40.8
Not frequently	57	33.7
Once in a while	43	25.5
Total	220	100

Table 4: Respondents awareness on moral distress

Knowledge	Frequency	%
Yes	118	53.6
No	102	46.4
Total	220	100

Table 5: Factors causing moral distress

Factors	Frequency	%
Nurse-physicians conflict	88	13.9
Low salary scale	78	12.3
Delay in payment of salary	73	11.5
Too much of pressure from management	51	8.0
Treatment of critically ill patients	56	8.8
Personal i.e family	53	8.4
Disrespectful interaction with other members of health team	72	11.4
Not acting in a moral professional manner	35	5.5
Few nurse to many patients during the shift	113	17.8
Carrying out unnecessary test for terminally ill patients	11	1.8
Others	4	0.6
Total	634	100

Table 6: Effect of moral distress on nursing profession

Effect of moral distress	Frequency	%
Avoid patient contact	23	1.5
Failure to give good physical care	42	2.8
Job dissatisfaction	79	5.2
Leave a particular unit for another	22	1.4
Burnout (exhausted)	87	5.7
Become depressed	46	3.0
Physical effects:		
Fatigue	75	4.9
Exhaustion	66	4.3
Headache	79	5.2
Weight gain	7	0.5
Constipation	18	1.2
Weight loss	31	2.0
Forgetfulness	46	3.0
Hyperactivity	19	1.3
Emotional effects:		
Anger	36	5.7
Fear	54	3.6
Anxiety	52	3.4
Emotional outburst	35	2.3
Depressed	48	3.2
Frustrated	50	3.3
Confused	52	3.4
Emotional outbreak	18	1.2
Others	2	0.1
Behavioural effect:		
Crying	11	0.7
Shaking	44	2.9
Agitation	64	4.2
Addictive behaviour	16	1.1
Aggression	65	4.3
Sweating	55	3.6
Feeling powerless to change a situation	64	4.2
Avoidance	40	2.6
Spiritual effects	31	2.0
Loss of control	23	1.5
Loss of self worth	19	1.3
Dissention of religious practices	20	1.3
Total	1520	100

Table 7: Prevention of moral distress

Prevention/Control	Frequency	%
Payment of salary at the right time	16	9.5
Giving of allowances	2	1.2
Incentives	11	6.5
Provision of adequate equipment and infrastructures	13	7.7
Establishing good interpersonal relationship between other health care term members.	16	9.5
Employment of more staffs	34	20.1
Improve salary scale	26	15.4
Seminars on moral distress	6	3.6
Proper communication among professionals	8	4.7
Respect should be given to nurses	5	3.0
Avoidance of role conflict	2	1.2
Nurses should be educated more, about the nursing ethics	2	1.2
Allowing professional nurses to show their know-how especially in delivery of health care	1	0.6
Appeal to the authority to change the situation	1	0.6
Training nurses to act maturely and cope with stress of all kind	2	1.2
Reduce number of working hours	2	1.2
Allow enough time for rest	3	1.8
Nurses should learn to respect their colleagues	2	1.2
Few numbers of patients to one nurse.	6	3.6
Nurse should work hard in hand attain the goal of the profession	3	1.8
Allow nurses to further their education	2	1.2
Job satisfaction	3	1.8
Division of labour in the ward.	2	1.2
Develop coping medicines	1	0.6
Total	169	100

5. Conclusion

From the findings of the study, it can be concluded that the nurses are aware about moral distress but is still prevalent and a serious problem in the area of study. Some of the causes include; few nurses to many patients in the ward, nurse physician conflict and low salary pay for the nurses. Moral distress is a critical frequently ignored problem in healthcare work environments. It restricts nurses' ability to provide optimal patient care and to obtain job satisfaction.

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