

# Moral distress in nursing: A concept analysis

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## ABSTRACT

Although moral distress have been studied in different fields of nursing, because the ambiguity of this concept, sometimes it has been replaced with other similar concepts. Hence, considering the context-related nature of this concept, the aim of the study was to conceptualize moral distress with a focus on its distinguishing features from other similar concepts. To analyze this concept, all of the published articles in Iranian databases and Google Scholar, CINAHL, ProQuest, Scopus, Ovid, and PubMed databases were searched. In this study, Wilson’s approach was used. It was determined that moral judgment and moral competence are two important features of moral distress which have an important role in distinguishing this concept from other similar concepts such as moral conflict and moral dilemma. By clarifying the concept of moral distress, nursing authorities could lay better plans for decreasing the negative effects of moral distress on nurses and patients increase the quality of care for patients and also increase job satisfaction among nurses.

**KEY WORDS:** Moral distress, Nursing, Concept analysis

## INTRODUCTION

Developments in the current world, including the use of advanced technology, disease pattern change, an increase in life expectancy, an increase in public information and the differences in the type and volume of health service related to requests and demands, the creation of new areas such as organ transplants, new methods of fertility that require the ethical approach to medical professions, including nursing, as an irrevocable necessity.<sup>[1]</sup> Nurses’ continuous activity, high workload, and complexity in providing care for patients are some of the factors that would cause more exposure to ethical dilemmas at workplace among nurses more than other health-care providers; it requires moral decision-making by nurses regarding specific topics. Organizational barriers such as lack of support from the authorities, lack of sufficient time, organizational policies and rules, and medical authority have made it impossible to do the right thing which would lead to moral distress among nurses.<sup>[2]</sup>

Various definitions have been proposed for moral distress; the term “moral distress” was first introduced by Jameton, a nursing philosopher, (1984) and then, in 1987, Wilson explained and expanded it;<sup>[3-6]</sup> his study was the basis for further studies in the field of moral distress.<sup>[7]</sup>

According to Jameton (1984), moral distress is caused when the individual is aware of the right thing to do but considers its execution impossible due to the existing organizational barriers. Wilson (1987) has defined moral distress as the mental imbalance and experienced negative emotions when the individual makes an ethical decision but is not able to act in regard to their own decision.<sup>[4-9]</sup>

Atashzadeh *et al.* have expressed moral distress the same as moral stress and have defined as a series of the needs of the patients and their families and also organizational limitations which would lead to moral conflicts and eventually moral distress among nurses.<sup>[10]</sup> Although in everyday conversation, moral distress is sometimes mixed up with moral tension, but some believe that these two terms are different and could not replace each other. However, nurses experience tension everyday, but moral distress is a concept which is mostly caused by

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the ethics-related aspects of tension.<sup>[11,12]</sup> Moral distress occurs when the nurse is aware of the right ethical action but is not capable of executing it due to organizational barriers, while tension is the non-specific response of the body against any request and its purpose is to create physiologic balance and compatibility.<sup>[13]</sup>

Different definitions exist for the concept of moral distress which are mostly derived from the main definition by Jameton and mostly include common terms of mental, emotional, and physical; despite numerous common terms in the definition of moral distress, there are still different viewpoints and also ambiguities exist about this concept and many researchers disagree about the methods of conceptualization of moral distress. The researchers believe that, considering the ambiguities and confusions in understanding this concept, further studies for clarification and conceptualization of moral distress seem important and necessary.<sup>[14]</sup> The importance of cultural context in the formation of moral distress has been emphasized, and determining moral distress requires clarification of the concept and its causing factors in different cultural backgrounds.<sup>[15]</sup>

Although moral distress has been evaluated in different fields of nursing, due to its ambiguity, it has sometimes mixed up with other concepts such as moral conflicts and moral tension. On the other hand, different reasons such as relative instability and dependence of the concept of moral distress on the field of study have made this concept ambiguous.<sup>[16]</sup> Therefore, considering the cultural context of Iran and the fact that no studies were found in Iran about conceptualization of moral distress among nurses and also no similar studies have been conducted to distinguish between this concept and other similar concepts, the present study was conducted to conceptualize moral distress with the focus on its distinguishing features from other similar concepts and reviewing the conducted studies in Iran.

## METHODS

In the present study, considering the importance of cultural context of the moral distress, Wilson's approach was used for the development of the concept of moral distress. It explains an 11-stage process which is as follows: (1) Separating questions about the concept, (2) finding correct answers, (3) cases and examples of the model, (4) opposing cases, (5) related cases, (6) marginal cases, (7) invented cases, (8) social context, (9) concept-associated emotions, (10) functional results, and (11) results in language.

## RESULTS

### Separating Questions about the Concept

After reviewing related literature to the concept of moral distress and considering the opinions of articles

and experts about points that would need further clarification and explanation, some questions were extracted: (1) How has the concept of moral distress been defined? (2) what are the related words for describing moral distress? (3) what is the common description of moral distress? (4) what are the sources of moral distress? and (5) what are the effects of moral distress in nurses?

Questions related to the concept are about the description and completely depend on the researcher's point of view. Hence, in the present study, the first three questions are about the meaning and the latter two are fact questions because they could be answered using the available knowledge.<sup>[17]</sup>

### Finding Correct Answers

To evaluate all of the published Iranian articles, Medlib, IranMedex, MagIran, and State Inpatient databases were searched using Farsi equivalence of distress, tension, and moral confusion keywords from 2001 to 2016. To evaluate international published articles, Medline, Google Scholar, CINAHL, ProQuest, Scopus, Ovid and Pubmed databases were searched from 1984 to 2016 using MeSh keywords such as moral distress, moral residue, conscience, stress of, stress, moral stress and ethical distress. One of the inclusion criteria for the articles was being published in Farsi or English; editorials, letters to editor, and case reports were excluded from the study.

### Answer to the First Questions: How Has the Concept of Moral Distress Been Defined?

The concept of moral distress was first introduced by Jameton, a nursing philosopher in 1984.<sup>[5]</sup> He mentioned in his book in 1984, that what is known as moral dilemma, it means related to Ethical distress. The definition by Jameton was the basis for moral distress studies for almost two decades. He believed that moral distress is a negative term in which the individual would encounter when they know the right way for performing something, but, due to a series of organizational limits, its execution would become impossible for them.<sup>[4-9]</sup>

To achieve a better understanding of moral distress, some researchers have described and explained this concept using different models and measuring tools.<sup>[18]</sup> Wilkinson represented the first model for moral distress after performing 24 interviews with nurses. He defined moral distress as the experienced mental imbalance and negative emotion when the individual makes an ethical decision but is not able to act in line with their decision.<sup>[11]</sup>

In an effort for improving the understanding of the concept of moral distress, Corley designed the first measurement tool for this concept using the results

from studies about nurses' ethical problems and also the content analysis of interviews with nurses from three hospitals.<sup>[19]</sup>

Furthermore, literature review showed that most of the conducted studies have defined moral distress as an experiment or a series of experiments which would be determined using mental, emotional, and physical terms and have rarely described its ethical part.<sup>[20,21]</sup> However, some other studies, by stating mental, emotional, and physical symptoms, have paid more attention to its ethical part.<sup>[14,22-26]</sup>

#### **Answer to the Second Question: What are the Related Words for Describing Moral Distress?**

A number of related terms to the concept of moral distress were found during literature review: Primary distress and reflexive distress: Jameton has distinguished between primary distress and reflexive distress and considered them related to moral distress. He stated that primary distress is the feeling of frustration, fury, and anxiety in individuals who have encountered organizational barriers and value conflicts with others while reflexive distress is the state that would occur if primary distress would not be responded and is associated with reactions such as crying, depression, nightmares, heart palpitation, diarrhea, and headaches.<sup>[20]</sup>

#### **Moral residual**

This model has emphasized on the relationship between moral distress and moral residual and mentioned that higher levels of moral residual would cause a more severe reaction which is a residual and persistent feeling from oral discomfort after resolution of moral distress.<sup>[27]</sup>

#### **Moral stress and conscience**

During literature review, five studies were found which have used "moral stress" and "conscience" for expressing the experienced level of anxiety and concern in nurses at ethical challenging situations. The studies are as follows:

"Crib" has replaced moral distress with moral stress for two reasons: First for expressing the pressure that nurses would tolerate everyday due to ethical challenges while performing their professional roles and second to distinguish between daily routine tensions and more critical moral crisis caused by ethical issues.<sup>[12]</sup>

In another study, moral distress has been replaced with moral stress because the researchers believed that the term "stress" was more related to the physiological symptoms that nurses would experience while being at ethically challenging situations.<sup>[25,26]</sup> Furthermore, conscience has been defined as a method for knowing

that would help nurses distinguishing good from bad and right from wrong.<sup>[22]</sup> Conscience is considered as individuals' inner sense in the face of ethical conflicts.<sup>[28]</sup>

Due to the similarities between moral distress and some other terms, some researchers have replaced moral distress with these terms which do not seem rational and it is necessary to distinguish moral distress from these terms in the conceptualization of moral distress.

#### **Answer to the Third Question: What is the Common Description of Moral Distress?**

One of the common characteristics that have been mentioned by many researchers in their studies is moral judgment;<sup>[5]</sup> for example, Jameton has used this term to distinguish between the meaning of moral conflicts and moral distress.<sup>[2]</sup> Another characteristic is moral competency which contains different aspects such as moral sensitivity, moral responsibility, moral virtues, and moral courage. Many researchers in their definitions have considered a wide range of moral competency as the basis for experiencing moral distress.<sup>[14,21,25,28,29]</sup>

#### **Answer to the Fourth Questions: What are the Sources of Moral Distress?**

As it was revealed in literature review, some of the factors that would lead to experiencing moral distress in nurses are as follows: Clinical situations that might lead to patient's injury such as aggressive treatments, performing unnecessary tests, insufficient control of patient's pain, difficult conditions and places with resource constraints such as increased number of teams or health-care groups, organizational policies, lack of instructions, increased workload, and also moral distress caused by organizational conditions which are related to imbalance between power and independence such as lack of professional independence in nursing, power imbalance, poor teamwork, lack of official recognition of nursing profession, and professional and interprofessional conflicts.<sup>[14,20,30-32]</sup>

#### **Answer to the Fifth Question: What are the Effects of Moral Distress in Nurses?**

During literature review, it was revealed that some researchers have mentioned its positive effects while others have mentioned its negative effects. Some of the negative effects of moral distress are insufficient care, ignoring the patient, hurting the desires of the patients and their families, and increased duration of hospitalization.<sup>[11,14,21,23,27,29,31]</sup> The positive effect of this concept is personal and professional growth of the nurses that would occur following increased self-awareness, better adjustment, stronger moral determination, and increased moral commitments.<sup>[14,21,22,24]</sup>

Furthermore, some researchers have mentioned compassionate care and nurses' empowerment as the positive effects of moral distress.<sup>[22,33]</sup> Hanna has stated that experiencing moral distress would lead to sensitivity toward moral error which is the necessary condition for doing the right thing.<sup>[22]</sup>

Literature review showed that moral distress has positive and negative outcomes and its negative effects have more been discussed. Poor quality and insecure care are one of the negative effects of moral distress for patients, and for nurses, burnout and occupational dissatisfaction are mentioned as its negative effects.<sup>[33]</sup>

### **Defining the Concept of Moral Distress**

Moral distress has two conceptual aspects of distress and ethics that would occur following negative emotions such as a feeling of frustration and guilt, anger, shame, decreased self-esteem, burnout, and insecurity and fear. It occurs when a nurse has moral competency and is able to have correct appropriate moral judgment when encountering an ethically challenging situation but is not able to perform an appropriate action in line with the ethical judgment due to different factors such as clinical situations, organizational conditions, difficult working conditions, and resource constraints; this would cause undesirable outcomes for the nurse and the patient. Some of the undesirable outcomes for the patients are insufficient care, not receiving attention, damaging the needs of the patients and their families, and lingered hospitalization duration; for nurses, the negative outcomes include burnout and occupational dissatisfaction.

### **Sample cases**

In Wilson's concept analysis method, sample studies would be used to determine the essential and necessary characteristics of the concept.<sup>[34]</sup>

### **Model case**

Model case is a pure example of the studied concept and should have all of its specific characteristics.<sup>[35]</sup>

Ms. X is an experienced nurse of CCU. During one working shift, she is taking care of the patients along with one of her new colleagues who lack the necessary scientific and practical competency; the new nurse makes a mistake. Ms. X does not want her new colleague to be in trouble, so she would overlook her mistake, but she would feel guilty inside.

### **Opposing case**

It does not contain any of the concept's main characteristics, and its definition would reveal the things that the analyzed concept is not. This difference is so obvious that most of the people would certainly agree that this is a case which is not the intended concept.<sup>[36]</sup>

### **Moral comfort**

It means not having a guilty conscience; reaching inner peace occurs after correct ethical decision-making and acting on it.<sup>[21]</sup> Moral comfort is the opposite of moral distress.<sup>[37]</sup>

Mr. M, a 40-year old patient with GCS:3, has been hospitalized at the ICU. The physician has given on him and his blood pressure has been maintained high using Dopamine drip. Patient's companion asks the nurse about the patient's condition. The nurse tells the truth and reaches inner peace and satisfaction.

### **Marginal case**

Marginal cases contain some of the concept's characteristics and not all of them. Determining marginal cases would help to clarify characteristics which are essential prerequisites for model cases and would decrease the ambiguities between the cases' boundaries.<sup>[36]</sup>

### **Ethical dilemmas**

Ms. A is a nurse working at the surgical department. A patient has been hospitalized at the surgical department 10 days ago for taking a biopsy from a breast mass and undergone surgery. Biopsy's results would be ready. After seeing the results, the physician would diagnose breast cancer for the patient. At this time, the patient refers to Ms. A and asks about the results of her biopsy. At this situation, the nurse does not know what the right thing to do is and whether she should discuss the diagnosis with the patient or not; she is not capable of making a moral judgment.

### **Related case**

It lacks the defined characteristics of the concept but is similar to the analyzed concept in meanings, and this similarity would cause confusion and mistake in the definition of the concept.<sup>[38]</sup>

### **Moral stress**

Patient's companion asks the nurse desperately with crying to be along with the patient in the ICU and that he/she could not leave the patient alone. The nurse explains that it is not possible, but he/she would not accept and eventually insult the nurse which causes stress for the nurse.

### **Social context**

Moral distress would occur among nurses, patients, health systems,<sup>[21]</sup> and also other health staff including physicians,<sup>[39]</sup> pharmacists,<sup>[40]</sup> and psychologists.<sup>[18]</sup>

In an effort to perform their professional commitments, both for the society and patients, while struggling to attend the needs and requests of these two groups, might confront moral distress situation.<sup>[18]</sup> One of the reasons for moral distress among physicians is

the conflict between their professional commitment as a physician to patients and their professional commitment to the society.<sup>[39]</sup> One of the reasons for the occurrence of moral distress among pharmacists is the advancement of technology in the pharmaceutical industry and their adjustment with this technology for responding to the requests of the customers.<sup>[40]</sup> Therefore, there are differences in the reasons for occurrence and expression of moral distress between different professions.<sup>[39,40]</sup> It seems that the reason for moral distress in nursing is different because nurses would encounter moral distress when they would not be able to have appropriate performance based on their moral judgment, due to the mentioned reasons, and moral judgment is an important factor that, after literature review, has only been found in nursing studies; however, in physicians and psychologists, they usually encounter a dilemma between their professional commitments to patients and society and they have a problem at the decision-making and moral judgment stage. However, as it was mentioned earlier, nurses are capable of making the moral judgment, but a series of constraints would prohibit them from acting on it. For pharmacists, the reason is responding customers' needs based on the advanced technologies, which requires more investigation.<sup>[40]</sup>

#### **Concept-associated emotions**

Moral distress would lead to emotions such as frustration and guilt,<sup>[41]</sup> anger,<sup>[21]</sup> shame, decreased self-esteem, burnout, insecurity, fear, disappointment, and depression in nurses.<sup>[42]</sup> Hence, it seems that this concept would cause a negative feeling in nurses.

#### **Functional results**

The first tool for measuring moral distress is MDS that was first designed by Corley in 2001 for the nurses working at ICUs, and its reliability and validity have been approved in various studies from different countries.<sup>[19]</sup> Hanna has designed a tool for measurement of the level, severity, type, and duration of the experiment of moral distress.<sup>[22]</sup> Sporrang *et al.* designed another tool for the measurement of daily moral distress at different health environments which contained two factors of the level of moral distress and tolerance or acceptance of moral dilemmas; it was used for evaluating the relationship between moral distress, moral competency, and stress-tolerating ability among health specialists. This tool was completed by 259 staff working at clinical departments and three pharmacies, and its validity and reliability were approved. One of its strengths is its focus on daily moral dilemmas and also its usability at other clinical environments, but it requires more retest.<sup>[2]</sup> In 2012, Hamric designed a revised moral distress measurement tool for nurses working at non-specialized departments and also other health

professions.<sup>[30]</sup> Another tool, which was named Moral Distress Thermometer, was designed by Wocial and Weaver (2013) for other clinical environments and its characteristic was being analog and easy and fast in application.<sup>[43]</sup>

#### **Results in language**

The concept of moral distress was first introduced by Jameton, a nursing philosopher, in 1984. He mentioned in his book in 1984, that what is known as moral dilemma, it means related to Ethical distress. He believed that moral distress is a negative term in which the individual would encounter when they know the right way for performing something but, due to a series of organizational limits, its execution would become impossible for them.<sup>[19]</sup>

Moral distress consisted of two terms of ethics and distress; Webster dictionary has defined ethics as the basis for correct actions or distinguishing right from wrong and defined distress as the cause of suffering, pain and anxiety, sorrow, mental damage, or concern. Distress is the stress with negative effects that would put physical, mental, and emotional pressure on the individual.<sup>[33]</sup>

Some of the terms that might be used in place of moral distress are moral stress, moral conflicts, and moral dilemmas. One of the terms that might be used instead of moral distress is moral stress which seems different from moral distress because stress is a general concept which could be experienced in two forms of positive (Eustress) and negative (Distress) while distress only has negative effects.<sup>[44]</sup> Nursing is a job with a wide range of responsibilities and the interdisciplinary nature of this job create numerous difficulties for the professionals.

Moral conflict would be used for situations where a series of principles such as moral principles, values, or even ethical duties would be in conflict with each other and would cause the individual to encounter conflict for making decisions and moral judgment.<sup>[45]</sup> This is different from moral distress because in distress values and ethical principles would not be challenged and the only problem is challenged ethical behaviors meaning that the nurses knows what the ethical behavior is but they are not able to perform it.

## **DISCUSSION**

Considering the results of conceptualization in defining moral distress, it was revealed that its moral aspect requires more attention rather than its distress aspect because the reason for the occurrence of moral distress is individual's inability to perform the appropriate behavior based on their moral judgment at a morally challenging situation and eventually the mentioned

factors might lead to physical, mental, and emotional symptoms. However, most of the researchers have described and explained the distress aspect and its physical, mental, and emotional symptoms and the ethical aspect has less been attended. For example, Jameton and Corley have described moral distress with anger, frustration, fury, and even a feeling of anxiety and discomfort such as embarrassment, shame, guilt, fear and anxiety, sorrow, and depression. They have also mentioned that this concept is associated with emotional symptoms such as disappointment and worthlessness and physical symptoms such as heart palpitation, diarrhea, headache, and insomnia.<sup>[19,20]</sup> Some other researchers have described the ethical aspect of moral distress more than its distress aspect, which is in line with the results of the present study. These researchers have stated that this concept is a range of experiences in nurses that would make moral judgment in a morally challenging situation but would not be able to perform the appropriate ethical behavior on their judgment. They have mostly used terms such as moral judgment, moral reasoning, moral competency, moral values, and moral sensitivity in their definitions of moral distress.<sup>[14,22-26]</sup>

Some researchers have not distinguished moral distress from moral stress in their definitions and have even used moral stress instead of moral distress.<sup>[8,9,12]</sup> While replacing moral distress with moral stress, according to the mentioned differences, is in contrast with the results of the present study and using the term distress for the outcomes of ethical challenges seems more rational because stress is a general term that might be experienced in two forms of positive and negative. When it has positive effects, it is called eustress; at this situation, the individual is under pressure, but the pressure would give them energy and motivation for achieving their goals. However, distress is a stress with negative effects and would put physical, mental, and emotional pressure on the individual. Considering that in the concept of moral distress, the nurse is under the impact of negative effects of stress, which is distress; therefore, using the term moral stress instead of moral distress does not seem right. The fair and positive ethical climate can improve organizational commitment and job satisfaction in staff.<sup>[46]</sup>

In the results of the present study, two important characteristics, which are the prerequisites and basic conditions for experiencing moral distress by the nurses, were achieved. One of these characteristics is moral competency and only nurses with moral competency would experience moral distress; this result is in line with some studies that have considered moral competency as the basis for experiencing moral distress. These researchers, in their definitions of moral distress, believed that nurses' awareness of the principles and ethical issues and knowledge about

ethics are the prerequisites for experiencing moral distress.<sup>[21,23,25,28,29]</sup> A factor may affect the moral distress is hospital's ethical climate which is defined as mental structure which is understood by common, fixed, and significant understandings.<sup>[47]</sup>

Moral judgment is another important characteristic of this concept which has been attended in the present study. This characteristic has distinguished moral distress from other concepts such as moral conflicts and moral dilemma and has an important role in clarifying and explaining this concept because, in the concept of moral distress, the individual has the competency for moral judgment, but some constraints would prohibit them from acting in accordance with their judgment. In this regard, Rushton *et al.* mentioned that moral distress is the respond to a situation in which nurses would make a moral judgment with awareness of moral issues and responsibilities, but limitations would hinder its implementation.<sup>[28]</sup> However, in moral conflict and moral dilemma, the individual is not capable of making moral judgment; therefore, paying attention to this characteristic in the definition and explanation of moral distress could be helpful in distinguishing this concept from other concepts. Jameton has also mentioned this characteristic in his study for distinguishing between moral distress and moral dilemma.<sup>[20]</sup> Therefore, in the analysis of the present study, by determining two characteristics of moral competency and moral judgment, the concept of moral distress could be distinguished from other similar concepts such as moral conflict and moral dilemma; however, Russell did not achieve a similar result in their study which aimed to analyze moral distress among nurses.<sup>[16]</sup> These difficulties include the conflict between the role and personality, little familiarity with colleagues, weak relations among nurses, various career responsibilities, various attitudes toward salary and benefits,<sup>[48]</sup> may moral distress.<sup>[48]</sup>

The present study has mentioned factors that would hinder the implementation of moral behavior in line with the moral judgment, and determining these factors and limitations would have an important role in the management of nurses' moral distress. Some of these factors are clinical situations, organizational conditions, difficult working conditions, and resource constraints; some studies have evaluated the factors and limitations that would hinder the implementation of moral behaviors in nurses.<sup>[14,20,30,32]</sup>

The mentioned constraints and barriers would lead to negative outcomes for the nurses and patients. Some of the negative outcomes for the patients are poor-quality insecure care and lingered duration of hospitalization while the negative outcomes for nurses are burnout and occupational dissatisfaction. Some

researchers including Jameton, Hamric, and Peter and Liaschenko have also mentioned these outcomes.<sup>[29,31,33]</sup> Furthermore, some researchers have stated that moral distress has some positive effects too and might lead to personal and professional development of nurses.<sup>[14,22,24]</sup> However, the negative effects of moral distress would overcome its positive effects and would lead to occupational burnout and leave their job. Hence, to improve the quality of provided care for the patients, we should find strategies for decreasing moral distress.

## CONCLUSIONS

While each researcher has paid more attention to one aspect of moral distress, it was revealed in the present study that, for defining moral distress, its moral aspect as the underlying factor for the occurrence of moral distress among nurses should be more considered. Furthermore, due to the ambiguity of the aspects of moral distress, in some cases, this concept has been replaced by other concepts; after clarifying the definition of different aspects of this concept in the present study, by expressing special characteristics of the moral distress definition, it was revealed that replacing moral distress with other concepts is not right. According to the definition by the present study, moral distress has two main characteristics of moral competency and moral judgment in nurses that would clarify and explain this concept so that this concept would be easily distinguished from other concepts. Furthermore, by clarifying the definition of moral distress in the present study and determining the limitations that would cause negative outcomes for the nurses and patients, nursing authorities could make better plans for decreasing the negative effects of moral distress on nurses and patients and would increase the quality of provided care for the patients and occupational satisfaction for the nurses.

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