

Moral Problems Experienced by Nurses

Hemşirelerin Deneyimledikleri Ahlaki Sorunlar

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Abstract

Objectives: To identify the moral problems experienced by nurses.

Materials and Methods: A descriptive, cross-sectional study was conducted. Present study was conducted at a private Turkish hospital between February 1 and May 31, 2012. All 256 nurses employed by the hospital were asked to participate in the study. A total of 166 nurses agreed to participate (response rate=64.80%). Data was collected through a questionnaire that consisted of two sections: socio-demographic characteristics and the most frequently experienced moral problems. The data was analyzed both descriptively and quantitatively. The nurses' responses were thoroughly assessed via an interpretative analysis. The contents of these responses were stratified to define specific ethical principle violations.

Results: Nurses' mean age was 29 ± 4.50 years old; all were female, 53.61% were married, and 72.89% had a Bachelor's degree in nursing. Approximately 87.00% of the nurses had experienced a moral problem at the hospital. The most commonly identified moral problems were violations of ethical principles (violations of non-maleficence 32.64%), "mobbing" from patients, their relatives, or doctors (32.64%); and problems related to inappropriate communications between healthcare professionals and patients (9.72%). Approximately 39.10% of the moral problems were resolved, and 50.00% of the nurses were involved in the resolution process.

Conclusion: The most common moral problems identified by the nurses were violations of ethical principles, "mobbing" from patients, their relatives, and doctors; and inappropriate communication between healthcare professionals (doctors, nurses etc) and their patients.

Key words: Ethics, nursing ethics, morality

Öz

Giriş: Bu çalışmada amacımız hemşirelerin deneyimledikleri ahlaki sorunları belirlemektir.

Materyal ve Metot: Tanımlayıcı ve kesitsel tipteki bu çalışma, 1 Şubat-31 Mayıs 2012 tarihleri arasında Ankara/Türkiye'de özel bir hastanede gerçekleştirilmiştir. Hastanede çalışan 256 hemşire araştırmaya katılmaya davet edilmiştir. 166 hemşire çalışmaya katılmayı kabul etmiştir (Yanıtlanma oranı %64,80). Veriler sosyo-demografik özellikler ve hemşirelerin sıklıkla karşılaştıkları ahlaki sorunları belirlemeye yönelik açık uçlu soruları içeren iki bölümden oluşan soru formu ile toplanmıştır. Veriler, niceliksel ve niteliksel olarak analiz edilmiştir. Hemşirelerin deneyimledikleri ahlaki sorunlara yönelik cevapları yorumlayıcı analiz ile değerlendirilmiştir. Gelen cevap içerikleri etik ilke ihlallerini tanımlamak üzere tabakalandırılarak sunulmuştur.

Bulgular: Hemşirelerin yaş ortalaması $29 \pm 4,50$ olup, hepsi kadın, %53,61'i evli ve %72,89'u lisans düzeyinde hemşirelik eğitimi almıştır. Hemşirelerin yaklaşık olarak %86,75'i çalıştıkları kurumda kendilerini ahlaki olarak rahatsız eden bir sorun yaşadığını belirtmiştir. En sıklıkla deneyimlenen sorunlar; etik ilkelerin ihlali (zarar vermeme ilkesi ihlali %32,64); hasta, hasta yakını ve doktorlar (%32,64) tarafından uygulanan "yıldıрма" ve hasta ile sağlık personeli arasındaki uygun olmayan iletişim (%9,72) olarak sıralanmıştır. Deneyimlenen ahlaki sorunların %39,10'unun çözümlenmiş olduğu ve hemşirelerin %50,00'sinin çözüm süreci içinde yer aldığı bulunmuştur.

Sonuç: En sık deneyimlenen ahlaki sorunlar; etik ilkelerin ihlali, hastalar/ akrabaları ve doktorlardan kaynaklanan "yıldıрма" ve sağlık profesyonelleri (doktor, hemşire ve diğerleri) ile hastaları arasındaki uygun olmayan iletişimdir.

Anahtar kelimeler: Etik, hemşirelik etiği, ahlak

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Introduction

Moral problems are issues that occur when individuals are unable to make a morally correct choice, even when they know what the appropriate decision should be or when a situation forces them to make an immoral choice. Healthcare services require that healthcare personnel choose between right and wrong for their patients. Compared with other healthcare personnel, nurses encounter moral problems most frequently, because they have the closest, longest, and most continuous interactions with patients and because they are partially involved in the decision-making process due to their dependent and semi-dependent functions. Field studies have shown that the likelihood of nurses encountering moral problems rarely or often is independent of their unit, the extent of their professional experience, their education level or other relevant factors.¹⁻⁶

Nurses should be aware of the effects of these problems which are likely to cause fatigue, exhaustion, disgust, hopelessness and burnout. As a result of these problems, many nurses consider quitting their jobs. Many studies have examined the relationship between moral problems and emotional health and concluded that nurses consider changing their workplaces and even quitting their jobs as one way to address moral issues.^{3,6-10} In addition, moral problems can negatively affect nurses' personal and professional qualities of life as well as their job satisfaction.^{4, 11}

Many of the factors that exacerbate these problems have been identified, such as; a lack of team communication, an inadequate number of healthcare personnel, insufficient materials, disrespectful and distrustful communication with patients, their relatives and other healthcare personnel, insufficient organization of the physical environment, and the qualifications of the healthcare personnel.^{3-5,12,13}

Those factors more likely occur in many hospital settings. Among hospitals, private institutions may differ, because the above factors can be statistically controlled; especially number and qualifications of healthcare professionals, number of materials and organization of the physical environment. But still, the following question needs to be answered: "Does the frequency or content of the problems encountered by the healthcare personnel, particularly nurses, differ in a private healthcare institution?" Another question emerges: "What are the moral problems encountered by nurses at private healthcare institutions?" With the changes in healthcare policies that have been implemented since 2003, the Ministry of Health has focused on the coordination and shared responsibility of healthcare services with many private sector operators.¹⁴ Private hospitals are preferred because of their advanced health technologies, quality physical conditions (single or double rooms with a television, refrigerator, and toilet), and a sufficient number of qualified healthcare personnel (salary policies apply, especially for the personnel who are successful in their fields).

It is important to identify the problems frequently encountered by nurses (especially the moral issues) in private institutions where some factors can be controlled to justify teaching ethics and planning effective educational strategies that address these issues within the scope of nursing education to enable nurses to efficiently fulfill their patient-defender roles in the workplace. The current study aimed to identify the moral problems frequently encountered and to increase the awareness among nurses. This study will contribute to identify the most common moral problems, which also help setting realistic examples for in-service training and also developing ethics courses in nursing schools.

This descriptive, cross-sectional study sought answers to identify the moral problems experienced by nurses at a Turkish private hospital.

Materials and Methods

Setting

This study was conducted in a private hospital in Ankara, Turkey between February 1 and May 31, 2012.

Sample

The population was consisted of the nurses working in the hospital's inpatient and outpatient wards. Purposive sampling was used to determine the participants. All 256 nurses were asked to participate in the study. Of the 256 nurses, 166 agreed to participate (response rate = 64.80%).

Data Collection and Instruments The nurses were informed about the study and asked if they would participate. Upon agreeing to participate, they completed the questionnaire form and returned the questionnaire by a certain date. The nurses were asked to describe an event that they had encountered or experienced that had morally disturbed them.

The data were collected through a questionnaire developed by the researchers. The questionnaire consisted of a sociodemographic section with five items regarding age, marital status, education, work experience, and position and an open-ended section of four questions regarding moral problems. The questions for defining/identifying moral problems were:

- Have you ever encountered any case that disturbed you morally? (Please specify one)
- Which professionals or groups were involved in this case?
- Was the problem resolved? (Please explain)
- Were clinical nurses involved in the resolution process?

Data Analyses

The data were described and quantitatively analyzed. The descriptive analysis was performed using the Statistical Package for Social Sciences (SPSS) for Windows version 11.5 (Illinois, Chicago) and summarized with means, standard deviations, frequencies, and percentages. The responses to the open-ended questions were read and assessed using an interpretative analysis. The contents of these responses were stratified; the

stratified contents were grouped to define a violation of specific ethical principles. Two independent experts reviewed the themes and violations to provide their opinions on the content analysis and grouping.

Ethical considerations

Written approval was obtained from the hospital administration, and written consent was obtained from the nurses before the study. The study was conducted according to the Declaration of Helsinki.

Limitations

This study involved nurses from one institution. Therefore, the results cannot be generalized to other institutions and settings. The results might not be representative of all Turkish hospitals or the general nursing population. This study included both personal expressions and interpretations. The events described by the nurses were examined as general and descriptive; they were not analyzed individually, and for a specific time occasion as well as setting.

Results

The sociodemographic characteristics of the nurses are presented below. The nurses had a mean age of 29 ± 4.50 years (min = 21, max = 45), and all were female. They worked as nurses for an average of 7.20 ± 5.10 years, and their current position was predominately as staff nurse (Table 1). The clinical ward distribution of all nurses including the intensive care unit were ICU: 25.30% (42), surgical wards: 18.67% (n:31), medical wards: 16.27% (27), pediatric wards: 11.45% (19), oncology wards: 10.84% (18), the emergency room (ER): 6.03% (10), nursing administration: 6.03% (10), outpatient clinics: 3.61% (6) and the operation room (OR): 1.80% (3).

Table 1. Sociodemographic Characteristics of Nurses (n = 166)

Sociodemographic characteristics	n	%
Marital status		
Married	89	53.61
Single	77	46.39
Education		
Vocational health school	24	14.46
Associate degree	10	6.02
Bachelor's degree	121	72.89
Graduate degree (Master's of science)	11	6.63
Position		
Staff nurse	151	90.96
Nurse manager	15	9.04

Approximately 86.75% of the nurses stated that they had experienced a moral problem at the hospital (Table 2). The most common moral problems identified by the nurses were violations of ethical principles, including "mobbing" from patients, their relatives,

and doctors (32.64%); and inappropriate communication between healthcare professionals and their patients (9.72%) (Table 2).

Table 2. Moral Problems Experienced by Nurses

	n	%
Nurses experiencing moral problems		
Yes	144	86.75
No	22	13.25
Violation of ethical principles		
Violation of non-maleficence	47	32.64
Violation of faithfulness	10	6.94
Violation of justice	9	6.25
Violation of privacy/reliability	6	4.17
Violation of autonomy	6	4.17
Violation of the law	5	3.47
Additional problems		
Mobbing from patients, their relatives, or physician	47	32.64
Problems caused by inappropriate communications between healthcare professionals and patients	14	9.72

Mobbing behaviors included “verbal abuse by physician”, “disrespectful behavior, insult or humiliation by the physician or patient”, “physical abuse from the physician, patient or their relatives” and “sharing responsibilities with unqualified nurses.”

Problems defined as inappropriate communication between healthcare professionals and their patients included “inappropriate communication between the physician and nurse”, “physicians’ inappropriate body language toward their patients”, “yelling at patients” and “inappropriate or rude behaviors from patients or their relatives directed at the nurse.”

One-third of the experiences were related to violations of non-maleficence (32.64%, n =47). The most frequently identified ethical principal violations related to healthcare professionals were; “disregarding nurses’ warnings about a patient’s status”, “intentionally not answering calls from nurses about a terminally ill patient’s status”, “not providing the necessary care to a distressed patient”, “inaccurate medication administration records regarding pediatric patients”, “selecting a treatment procedure based on a patient’s economic status”, “inaccurate medication dose administration”, “discharging patients without necessary treatment” and “unnecessary procedure provided to patients to increase the cost of hospitalization”.

Ten (6.94%) nurses described their experiences as violations of faith such as “misinforming nurses about a patient’s status”. Nine (6.25%) nurses cited violations of justice such as “treating a patient based on his/her socio-economic status” and “treating patients whose health expenditures were covered by the government as different from patients without governmental protections and self-payment”.

The other common ethical principle violation was privacy/reliability (4.17%, n=6), which was expressed by nurses as the “improper communication among interpreters of non-Turkish speakers” and “sharing of patients’ information with healthcare members who were not present”. Violations of autonomy (4.17%, n=6) were defined as “making decisions for terminally ill patients” and “not informing patients and relatives about the prognosis or treatment plan”.

Violations of the law (3.47%, n=5) included such experiences as “inaccurate administrative recording of medications, especially regarding end-stage oncology patients”. Furthermore, experiences about management included experiences such as; “did not intervene in an emergency but completed all medical documents and informed the patient’s relatives accordingly”, “used the same disposable materials more than once, but recorded the use of multiple disposable materials to increase the cost of hospitalization”, and “recorded unapplied medical interventions to make the hospital’s profit higher”.

The nurses reported that; doctors and nurses together 52.10% (76), nurses alone 21.90% (32), and doctors alone 11.60% (17) were most frequently involved in the moral problems, followed by midwives, anesthesia technicians, and caregivers 14.40% (21). Approximately 39.10% (57) of these moral problems were resolved, and 50.00% (83) of the nurses were involved in the solution process.

Discussion

This study examined the moral problems encountered by nurses at the workplace, and the results are discussed below.

Of the nurses who participated in this study, nearly all of them stated that they had encountered a problem that morally disturbed them at the hospital where they worked (Table 2). This finding is similar to the results of the previous studies conducted in Turkey and those conducted in other countries.^{1,2,4,6,12,15-17} The asymmetrical relationship that exists between those who provide healthcare services and those who receive them likely facilitates moral problems. These findings are noticeable given that many of the factors related to moral problems can be controlled in private healthcare institutions.

It is important to identify the moral problems experienced by healthcare personnel, because these problems affect their satisfaction and qualifications, their decisions regarding staying employed, and the quality of the healthcare service provided.¹⁸ The most common moral problems identified by the nurses in our study included violations of ethical principles, mobbing from patients, their relatives, and doctors, and problems related to inappropriate communication between the healthcare professionals and the patients. The literature contains similar findings in terms of the moral problems encountered. Previous work has also shown that the following aspects are considered as moral problems: insufficient resources (e.g., the quantities of

materials and personnel) and the organization's prioritization of these resources; communication problems among the healthcare personnel or among the healthcare personnel and their patients/the patients' relatives; the professional efficiency of the healthcare personnel; disregarded patient autonomy and safety and not providing appropriate or safe care.^{2-6,10,12,15,16,19,20} The problems categorized in the literature as stemming from insufficient resources were replaced with the inappropriate use of resources in the present study. The nurses in the current study expressed that they had problems related to reporting the resources as used (even when they were not) because material use increases the cost of treatment at private hospitals. Private institutions typically attempt to maintain a patient/healthcare personnel ratio in line with professional standards and the institution's philosophy. However, traditional communication must be preserved between doctors and nurses as well as among healthcare personnel, the patients and their relatives. For this reason, the problems expressed in this study likely stem from the conflict between the paternalistic approaches of doctors and the patient-defender approaches of nurses.

The current study showed that doctors and nurses were involved in most of the moral problems encountered by nurses, most of these problems could not be solved, and approximately half of the nurses were not involved in the resolution process. Başak, Uzun and Arslan also indicated that 35.70% of the nurses in their study stated that they were unable to resolve the moral problems that they had encountered.¹ In addition, Erdil and Korkmaz found that student nurses expressed that they were not involved in the resolution process.¹⁶ İyigün et al found that the nurses in their study received help from their top managers (75.30%) and colleagues (65.20%).² Goethals et al reported that the nurses in their study had difficulties resolving their moral problems because the problems were caused by their workplace conditions, and therefore they complied with the decisions of other team members instead of making their own decisions to resolve these problems.²¹ The findings in the present study are similar to those of other studies in the literature. Past studies have demonstrated that nurses do not focus on resolving these problems; however, they do not experience the effects of these problems. Nursing educators attempt to raise professional awareness regarding moral issues by focusing on theoretical subjects such as ethics, ethical principles, and the moral problems encountered in healthcare services. In this study, we observed that nurses do not gain sufficient strength about how to resolve these problems and, therefore, they prefer to remain silent. Radzvin found that 30.00% of the nurses reported in her study were anxious about losing their jobs because of decisions they had made or because of the decisions they intended make to resolve their problems.²²

While working in private hospitals, where some factors can be controlled, nurses still face problems that morally disturb them. The most common moral problems identified by the nurses were violations of ethical principles, "mobbing" from patients, their relatives, and doctors and inappropriate communication between healthcare professionals and the patients. In order to manage problems related with communication that raise between patients and healthcare professionals, all unit and hospital managers should plan to have monitoring systems which help them to identify common risk factors leading to this problem and should plan in-service

education about ethical principles to strengthen the moral perspective of the health care staff.

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