Moral Tension among Nurses

Khalili Arash[1], Karami Fatemeh[2], Sharifian Pegah[3]*

[1]Department of pediatric nursing, Mother and Child Care Research Center, Hamadan University of Medical Sciences, Hamadan, Iran
[2]Master of Psychiatric Nursing, Social Determinants of Health Research Center, Yasuj University of Medical Sciences, Yasuj, Iran
[3]Pediatric Nursing Student, Hamadan University of Medical Sciences, Hamadan, Iran

ABSTRACT

When nurses and nursing students are dealing with the moral constraint or making decision in the clinical procedures, they face with moral tension. The purpose of this article is to elaborate this matter that how the constraint and environmental, communication and organizational factors lead to moral tension among undergraduate nursing students during clinical experience and professional training. The research design was a systematic review on the literature of conducted studies in this field. 83 published articles were reviewed during the years since 2006 to 2016. These articles were screened through an assessment sheet designed by Hawker et al. Four articles were in accordance with search criteria (a quantitative study and three qualitative studies) and the researchers studied and analyzed these articles separately. Data analysis showed that the inequalities and inconsistencies affecting health care, having relationship with the counselor, the individual characteristics of nurses might have negative effects on decision making and nursing care; and as a result lead to moral tension. All of these factors affect the clinical experience and the learning process as well as the professional development and possible care options for future nurses. There is a marked lack of information regarding the study on moral tension in the nursing education environment; and only a few limited studies on this important issue have been conducted. There is a need for conducting further research on interventions minimizing moral tension among nurses.

Corresponding author: Sharifian Pegah
e-mail✉ rsharifian7@gmail.com

INTRODUCTION

According to increasing number of published studies, it has suggested that moral tension is as a common problem among health care professionals.

Moral tension means "psychological, emotional and physiological suffering arising during work under conditions in conflict with deep moral values or principles. Andrew and Jimton in 1984 for first time suggested "Moral tension", when he discovered this phenomenon among his nursing students.

In 1993, Jimton began to define "moral tension" and said that this phenomenon consists of two parts: initial tension and reactive tension. The initial tension occurs when its conditions are provided, and the reaction tension occurs when the state of moral tension ends. Thus, Jimton introduced initial tension as the moral tension and the reactive tension as moral residue. Webster and Babylon defined moral residue in a best way: "Moral residue" is what we carry with ourselves and is a periodic product of our life in which we have severely hit ourselves or have allowed others to hit us in facing with moral tension.

"Moral tension" differs from the "moral constraint". In a moral constraint, the person faces a problem that can be resolved with two or more

justified mutual actions, but conflicting. There are often obvious weaknesses in every potential solution. However, many believe that a moral issue occurs when a person faces with a problem that there is a general agreement on its solution based on the following three principles: justice, benevolence and non-commitment. Therefore, ethical issues can be considered as an essential part of the nursing profession. In this study, we focused on moral tension, especially among undergraduate nursing students. Moral tension that is seen most often among nurses is related with care issues and includes moral constraints that can confuse professionals and cause discomfort.

When nurses encounter organizational constraints or they feel that their professional values or health care standards have been impaired, they will experience a moral tension. In the present study it is suggested that the reality of clinical procedure (its significant feature is complex demands of patients and health cares) is a challenging reality for registered nurses.

Despite the importance and consequences of moral tension on the quality of health care, and as well as the problems confirmed by nurses and students in dealing with ethical issues and problems, this phenomenon has not been evaluated still; because few studies have been conducted on the moral tension among nursing undergraduate students. In addition, at a typical and theoretical level, there is an information gap that leads no action to be taken regarding this problem at the educational, political, organizational or practical levels. According to Garriti, the reasons for this phenomenon are rooted in the type of nursing education received about how to analyze and solve the ethical restricts in the workplace. Therefore, another population that is in dealing with ethical constraints and conditions of moral tension is undergraduate nursing students. Based on Cantor et al, these types of restricts are likely to be occurred when the educator is aware of the differences between the learned principles during his/her academic education and his/her observations and experiences during clinical education. This situation has more impact on newly graduated nurses who several reports regarding insecurity in their health care activities as well as their decision-making process have been seen; or have problems with their colleagues and instructors, or are in conflict between

dependence and independence and have no experience of making communicating with the health care team.

This article provides a literature review aimed at discovering and examining the exposure of undergraduate nurses to ethical issues, moral problem, and moral tension. Limited studies have been conducted in this area indicating there is a research gap in this field. In addition to recommending for doing further research, it is better that a professional education to examine this phenomenon for encouraging future professionals and experts to explore widespread ethical issues; and to take effective action for them even in the face with organizational constraints. In this regard in both terms of professional and ethical three factors play important role: nursing educators, practical environment, and the quality of the relationship between instructors and nurses.

It should be noted that moral tension is a subject that has been challenged and investigated by various scholars. Azarm *et al*., 2013, for example, argue that, given the high moral tension in nursing profession, coping with moral tension requires a lot of attention.

It is necessary to carry out studies on effective and predictive factors of moral tension in different sectors and it is necessary to educate about the strategies for dealing with it. In addition, high levels of moral tension have been reported in a variety of situations, such as: heavy workloads and labor shortages, situations in which they are more afraid of committing mistakes; in environments where workspace due to conflict, competition, poor communication among professionals has got a problem. Other dimensions that can lead to moral tension in nurses, have relation with the ethical atmosphere and organizational cultures, suffering experienced by patients due to infertile treatments and weakening their self-centered in decision making. Under these circumstances, the nurse's skills lose its worth in the face with a confused medical rule.

MATERIALS AND METHODS

Few studies have attempted to link nursing moral tensions to experiencing ethical issues and moral tensions. The purpose of this review is to identify articles and publications regarding the issue of moral tension among nurses. These articles and publications are then compared with each other,

analyzed and their results are presented briefly. The questions governing this review article are as follows:

1) What restrict and ethical issues can cause moral tension in nurses during their clinical experience and vocational training?
2) What are the environmental, communicational, and organizational factors causing unrest or restricts and moral issues, that finally causes the moral tensions among the nurses?
3) What can be done during nursing education so that nurses with a low level of experience to minimize moral stress?

The systematic search of MEDLINE, CINAHL, Psyc INFO, ERIC, and EBSCO databases was done using a combination of the following keywords: moral tension, nurse, nursing students, nursing education, low-experienced nurses and ethical problems.

These articles were considered for investigation if they met any of the following criteria: (1) studies with a quantitative or qualitative method; (2) conceptual analysis; (3) articles focusing primarily on understanding students' moral tension; (4) articles focused on understanding ethical issues of students that lead to moral tension 5) Published articles since 2006 to May 2016, in which clinical environments were similar to those of today's world. 6) Reviewed literature by colleagues and having abstracts in nursing, social sciences and health sciences areas 7) Articles and reports in English or Italian.

Table 1: Inductive thematic analysis for improving descriptive issues of participants' experiences

	Gathering data	Sample	Design	The goal of study	Country	Author
Inductive thematic analysis for improving descriptive issues of participants' experiences	Semi-structured interviews with end-to-end questions to explore the experience of moral tension Students during clinical education on ethical health	7 nurses	Naturalistic, qualitative questionnaire research project	Exploring the moral tension in nursing students during the clinical cycle in outpatient psychology units	Canada	Wojtowicz et. al
T test and Pearson correlation	The author designed two questionnaire:" moral tension scale" and" designing views regarding the optional death"	66 intern nurses	Uncertain quantitative study, possibly observational	Finding out if people who are prepared for nursing practice have less moral tensions and more satisfactory attitudes toward optional death than other professionals. Note: Optional death or hastened death is a death that, because of the progression of the disease, the patient himself is satisfied with the end of his life	U.S.A	Rinch and Rotherham
The students by using a mode have analyzed important presented clinical journals. The model assessed the deep of thinking of students. The analysis was done as a proper method for descriptive qualitative seeking.	In the Journal Entry the students can explain about the moral issues in the area of health care; and critically analyze the meaning of their experience or learned lessons and its consequences on the nursing procedures in the future.	70 students	The qualitative described study by using Grounded Theory	A description of moral reasoning in undergraduate nursing students enrolled in the ethical course as well as clinical education courses for mothers and children	U.S.A	Calister et al.
Recording the notes immediately after interview, during writing and continuous comparisons between the participants	The individual deep interviews with standard scale moral tension with high validity	418 nurses	Quantitative uncertain study, possibly observational	The moral tension in employed nurses in educational-medical centers in medical sciences universities in north west of country	Iran	Azarm

_____

Search method

In order to search for databases and optimize the search strategy, a clinical question was raised according to the "Population system and its problems, contact, consequences" (POE). The population included nursing students and their problem was moral distress. This presentation included ethical problems and environmental, communication, and organizational factors leading to moral distress in the students. The consequences included the effects of moral distress on nurses.

The articles related with the topic of research were studied and separately analyzed by researchers so that their features to be identified and subsequently their results to be compared with each other. The preliminary assessment of the selected papers included considering the titles or abstracts and comparing these two with the input criteria. After removing irrelevant articles, researchers started to review the full text of articles that were consistent with the input criteria. The content of each article is presented in Table 1. Co-authors of this article monitored the process of reviewing and analyzing data. In addition, an expert in moral distress collected independent data and checked the quality of data analysis so that researchers confirm the selection of papers and conclusions.

Research result

A total of 83 articles were originally analyzed by researchers, and these researchers eliminated all the transcribed papers and inconsistent with the input criteria. At the end of this selection process, 79 articles were deleted and 4 papers entered the process. All details of identifying the process and selecting articles are shown in the flowchart (Fig. 1).

Since the entered articles had followed various methods (three qualities and one quantitative), it was investigated through systematic reviews, so that we could evaluate the methodology of non-conformal studies by analyzing the title, abstract and structure of them.

Extract and combination of data

Data extracted and combined by selecting, comparing, and subsequently classifying the existing data in the selected content. Approved papers were studied several times to gain a complete understanding of them. The publications, review of resources, conceptual

analysis, and published reviews on moral tension among nurses were used for better understanding of the content and making final discussion.

The data of three groups were gathered and classified: "moral problems causing nurses' ethical distress", "Environmental, communicational and organizational factors causing moral distress, and related symptoms in nurses" and "educational strategies".
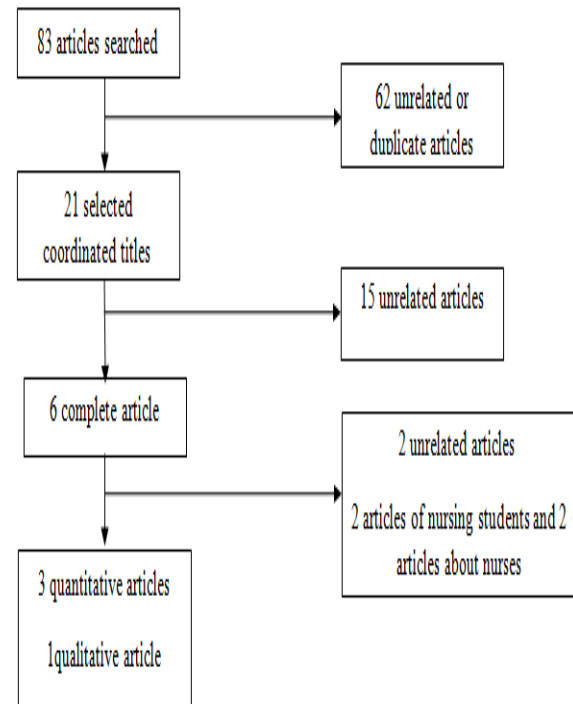

Figure 1: the flowchart of entry of studies into final analysis

RESULTS

The review included four papers (Table 1): two papers were published in the United States, one article in Canada, and one article in Iran.

Only a quantitative study and two research tools were used: a moral distress scale (in which the authors removed an item without specifying it) and the design of views on optional death (accelerated death) (consistent with case study).
Three other studies used qualitative methods: two studies used the Grounded Theo and a study of semi-structured interviews.

Three studies directly conducted on moral distress in nurses, while the fourth study

examined the issue indirectly and linked it to the ability and critical thinking of nurses. This article was also included in the analysis as well because its subjects could provide significant intellectual outcomes for moral distress among nurses.

Ethical problems that can cause moral distress in nurses

Nurses often encounter ethical challenges in their job, for example regarding end-of-life treatments, abortion, and physical and medicinal restrictions. These challenges can also be a pain for nurses. Inequalities in health care, ethical roots, religious beliefs, individual characteristics of nurses, their values, lack of awareness and sensitivity to rights and ethical dimensions of patients, all have negative effects on the made decisions and presented nursing care and finally cause moral distress. All of these factors can affect both the experience and the clinical education as well as the professional development and future decisions of the nurses.

An example of this flow is presented in a study conducted by Wojtowicz *et al*., In this study, some nurses have been disappointed regarding their clinical education that they were no longer interested in working in the mental health area. Azram said that nurses with low experience often worry that they may not have a compassionate perspective when turn into professional nurses. In fact, they usually face with ethical challenges at least in terms of their professional expectations. Therefore, they see themselves in the position of various problems and vulnerabilities, which, if not to be sufficiently managed, causes moral distress.

Environmental, communicational and organizational factors causing moral distress and related symptoms in nurses

In addition to the examined ethical distress in the four analyzed study, in this paper, numerous references have been identified regarding understandable elements through reviewing the literature .The presence of these symptoms was confirmed by the students. In this regard, Ganske refers to a series of reports describing the relationship: a) moral distress in nursing education environment; b) phenomena such as students' collective attitudes, cheating and transcripts, bullying to peers and classmates, regulations and procedures for professional training, professional standards and cultural concerns.

Wojtowicz *et al*., suggested that moral distress in nurses has relation with their communication problems with the patient, the sense of disability in the presence of physicians, and the false information provided to patients about treatments. Other dimensions are related to the lack of resources and their inadequate allocation, the hierarchical relationship between doctors and nurses, the severity of loneliness sense by trainees and the inability to perform activities in the clinical education environment.

This situation is associated with factors such as the type of environment and nursing care including intensive care, oncology, vital care and intensive care of children, communications among the members of the multidisciplinary team, and the viewpoint of supervising nurses on students exposed to moral distress.

Azram noted that, given the effect of consequences of moral tension on nurses, nursing managers should focus on strategies to deal with moral tension and its decreasing factors. Due to the fact that the moral tension is associated with burnout and resignation, the membership of the nurses in the hospital ethics committee can be one of the effective ways of examining and formulating strategies for reducing tension. Although nowadays nurses' awareness of their moral responsibilities in providing care is increasing, the determination of the appropriate method for solving the moral problem has difficult and problems and in most of cases there is no solution for them in the special conditions. In addition, nurses face tension more than other members of the health team; therefore, increasing the knowledge of nurses and empowering them is very important in this regard.

The physical effects of moral tension

Finally, this review article showed that moral tension can also be seen as physical symptoms such as sleep disorders, headaches, anger, and intestinal-stomach problems as well as physiological symptoms such as feeling sad, hopeless, anxious, or guilty. These factors cause excessive fatigue and emotional frustration. Not only nurses suffer from these symptoms, nurses and clinical educators may be affected as well; even if these complications not to show themselves in the form of moral grief, and therefore, they not to be considered as moral tension.

_____

Educational Strategies

Although only four studies were included in this systematic review, they have provided useful educational strategies. Wojtowicz *et al.*, and his team suggest that the nurses who supervising during clinical education play an important role in helping nurses for gaining skills. These skills help them to cope with issues that may cause moral problems.

According to Ringe and Rutherham, a useful strategy that can be implemented in an academic environment is engaging nurses in discussion and presenting group reports focused on learning values and experiences to enhance individual thinking power.

Azarm suggested another strategy that is working with real cases and patients' records. The purpose of these educational approaches is to help nurses for understand through experiences and avoid selfishness and feeling guilty in situations of inability to achieve their ideals.

In this study, the level of experience of moral tension from the people's point of view was investigated. Therefore, the working and individual conditions of individuals may affect the response to research questions and it is necessary that by the other methods such as observation and qualitative methods, nurses' living experience regarding moral tension to be investigated more. Considering the high level of moral tension in nursing profession, it is suggested that more studied to be done regarding the effective factors and its predictive factors in different sectors as well as the strategies for coping with it.

DISCUSSION

A review on current literature showed that only four studies have conducted on the moral tension in nurses. As a result, there is a little data to do a deep analysis for this issue. Moreover, these data are mainly the result of qualitative studies, that is, they cannot simply be generalized. The only qualitative study we derived from current literature has had the limitations that made the results not to be generalizable. As the authors themselves stated, the limitations of this study were the sample size of limited sample and did not have a coincidental nature.

The questionnaires were originally designed for conditions related to unwell patients who are usually cared by quality nurses and not undergraduate nursing students. Another limitation was due to the tissues in which these studies were carried out Canada and the United States. Since this discovery has cultural, vocational and educational features, it is difficult to compare it with the cultural, professional and educational features of other countries.

As limited studies have investigated the moral tension in the nursing environment, is suggests that more research has to be done to improve our understanding of the phenomenon and how to prevent it.

In spite of used methodological approach (quantitative and qualitative), we must pay attention to the important impact of educational programs, clinical education and academic organization on the development of certain skills, which enable nurses to be equipped with knowledge and adequate awareness in dealing with ethical issues and problems. In fact, it needs to theoretical knowledge in the training of professional nurses, so that clinical evidence-based activities to be supported. Ethical awareness and development of critical thinking are both important if nurses can effectively manage probable ethical issues. An important aspect of our review was to show that the important task of professional training in the field of nursing is to create tools and systems supporting the nurses to deal with moral tension conditions especially in specific clinical tissues such as intensive care, care for older people, oncology and psychotherapy.

The identified vulnerabilities during Azram's interviews highlighted the need for more support from nurses in developing communication and coping skills and helping them to identify and manage moral tension as well as the complexities and challenges of day-to-day nursing practices (not just through holding the organized meetings).

As the moral tension is associated with burnout and resignation, the membership of the nurses in the hospital ethnical committee can be one of the effective ways of examining and formulating strategies for reducing stress.

The role and effects of reviewed literature

Accurate and continuous training of professional ethics can reduce moral tension. The result is a reduction in the probable incidence of inappropriate behaviors by students and thus the ineffectiveness of punitive measures. An

_____

integrated culture that supports trust, collaboration and maintaining the highest ethical standards must maximize the quality of health care and reduce moral problem both in nursing profession and in the educational environment.

According to Banner, ethical behavior, is "skillful and tangible expertise" of making communication with the individual, respecting and support him/her. Banner notes that while nurses can develop the needed skills to perform ethical action, academic education should focus on aspects such as doing the right thing, avoiding harm, creating justice and equity, and self-centeredness and patient autonomy. However, the problem occurs when the student face with predicted conditions and contrary to what has learned in the classroom.

This situation is often reported in existing literature, especially in terms of inconsistencies and value differences and conflicts factors related to the nursing profession.

The consequences of education and research in the field of nursing

In this review article, there are few studies on the issue of moral tension in the current academic field. However, the phenomenon of moral tension continues to be exist in the context of nursing education.

The identified information gap shows that more research is needed to improve our understanding of this phenomenon both among nurses and in the professional education environment in order to identify the factors that preventative intervention can be implemented basis on them. Indeed, one of the goals of research should be to achieve a deeper understanding of the ways in which moral tensions emerge. The signs and symptoms of this tension must be identified, and the factors and educational experiences that have the greatest impact on the students are also discovered. The development of relevant moral research is also important. Future research on ethical compliance can play an important role in this field and lead to development of strategies for students that help them during their practical training to deal with ethical and spiritual issues accurately.

An innovative proceeding is to present a preventive strategy that can enable future nurses to manage their problems and ethical issues without endangering moral tension during their education and professional process life.

Dishonest education system, bullying, plagiarism, and aversion among nurses are related with their immoral behaviors and moral tension, which could be a danger for honest nurses and undermining the nursing profession. Studying and monitoring these ethical behaviors is important in shaping a healthy, ethically sound academic environment based on good deed. In fact, nurses who can manage their ethical tension have personally learned how to manage this. However, the current article indicates the lack of tools that can identify moral tensions in nurses. Another suggestion is to test nursing student who have the tools to assess the ethical tension among professional nurses. In this way, they can further expand their access to information in the learning environment.

The results of these studies will help nursing educators better to understand their students and to identify effectively nurses who are not able to properly manage complex situations related to the professional practices or moral issues, ethical issues, ethical decisions, and ethical tensions.

Conflicts and disputes over interests

The authors say there is no such conflict.

REFERENCES

1. Abbaszadeh A, Borhani F, Motamedjahromi M, Zaher H. Nursing advocacy in teaching hospitals of Kerman University of Medical Sciences: nurses' attitude. Iranian Journal of Medical Ethics and History of Medicine. 2013; 5(7):55-65.

2. Afshari A, Khalili A, Dehghani M, Beiramijam M, Lotf MD, Noodeh FA, Oshvandi K. Comparing the frequency of occupational injuries among medical emergency staff and nurses of Intensive Care Units in Hamadan. Annals of Tropical Medicine and Public Health. 2017; 10(3):646-50.

3. Rabiee S, Khatiban M, Cheraghi MA. Nurses distress in intensive care unit: a survey in teaching hospitals. Iranian Journal of Medical Ethics and History of Medicine. 2012; 5(2):58-69.

4. Monteverde S. Undergraduate healthcare ethics education, moral resilience, and the role of ethical theories. Nursing Ethics. 2014; 21(4):385-401.

5. Joolaee S, Jalili HR, Rafii F, Hajibabaee F, Haghani H. Relationship between moral distress and job satisfaction among nurses of Tehran University of Medical

_____

Sciences Hospitals. Hayat 2012; 18(1): 42-51.

6. Gheraghi M, Rabiei S. Moral distress effective factors in nurses and phycisian in particular sections health centers in Hamadan University of Medical Sciences [dissertation]. Hamadan University of Medical Sciences, 2010.

7. Lane Kahl Aft S. Moral distress in medical surgical nurses [dissertation]. North Carolina (USA). Western Carolina University, 2011.

8. Ohnishi K, Ohgushi Y, Nakano M, Fujii H, Tanaka H, Kitaoka K, Nakahara J, Narita Y. Moral distress experienced by psychiatric nurses in Japan. Nursing Ethics. 2010; 17(6):726-40.

9. Norouzinia R, Ramezani Z, Khalili A, Dehghani M, Sharifis A. The effect of mindfulness-based stress reduction training on stress and burnout of nurses. Indo American Journal of Pharmaceutical Sciences.2017: 4(5): 1296-1302.

10. Epstein I, Carlin K. Ethical concerns in the student/preceptor relationship: A need for change. Nurse Education Today. 2012; 32(8):897-902.

11. Gray MA, Smith LN. The qualities of an effective mentor from the student nurse's perspective: findings from a longitudinal qualitative study. Journal of Advanced Nursing. 2000; 32(6):1542-49.

12. Johnstone MJ, Hutchinson A. 'Moral distress'–time to abandon a flawed nursing construct?. Nursing Ethics. 2015; 22(1):5-14.

13. Gow D. Duty of candour: supporting nursing students in practice. A support service at the University of Southampton has found students have an important role in improving the quality of care. Guardian Professional, 25 June 2013, http://www.theguardian.com/healthcare-network/2013/jun/25/duty-of-candour-supporting-students

14. Steven A, Magnusson C, Smith P, Pearson PH. Patient safety in nursing education: contexts, tensions and feeling safe to learn. Nurse Education Today. 2014; 34(2):277-84.

15. Pauly BM, Varcoe C and Storch J. Framing the issues: moral distress in health care. HEC Forum 2012; 24: 1–11.

16. Motevallian SA, Alizadegan S, hossein Vaziri M, Khoiee EM, Goushegir SA, Ghoroubi J. Developing the moral distress scale in the population of Iranian nurses. Iranian Journal of Psychiatry. 2008; 3(2):55-8.

17. Hart T J. Moral distress in a non-acute continuing care setting: the experience of registered nursing [dissertation]. Ontario (Canada). Queen's University, 2009.

18. Joolaee S, Jalili H, Rafiee F, Haggani H. The relationship between nurses' perception of moral distress and ethical environment in Tehran University of Medical Sciences. Iranian Journal of Medical Ethics and History of Medicine. 2011; 4(4):56-66.

19. Wojtowicz B, Hagen B, Daalen-Smith V. No place to turn: nursing students' experiences of moral distress in mental health settings. International Journal of Mental Health Nursing. 2014; 23(3):257-64.