REVIEW ARTICLE

Moral distress among nurses in developing countries of Asia: A Systematic review

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ABSTRACT

Compromising moral values and professional reliability can cause moral distress among nurses. Nurses have to play a significant role in the profession of care providers. They have to use their moral beliefs to make important decisions when providing care to patients. Nurses' struggle for professional compatibility and success has been seen for many years. They have an inner strive to be recognized for the hard work in their profession. This systematic review aims to examine existing literature on moral distress among nursing working in developing countries of Asia from September 2010 to September 2021. The total number of articles meeting the critical appraisal criteria was 19. The articles selected were quantitative (n=12), Qualitative (n= 4), Mixed-method (n=2) and literature review (n=1). Several studies were conducted to measure the frequency and intensity of moral distress and its related factors among nurses. Most scientific studies have shown consistency in measurements of moral distress. Studies have shown that nurses facing moral distress express their distress through various physical and psychological responses.

Further several studies have shown moral distress is more related to workload and work-related stress among nurses. Ethical values are the segment of organizational culture, and space for ethical values, if not provided to the nurses, may lead to moral distress among nurses. Workload and unnecessary orders from supervisors and physicians further increase nurses' moral distress. Institutes need to understand their responsibility in producing an ethical distress environment.

KEYWORDS: Moral distress, Ethical values, Nurses, Workload, Professional environment
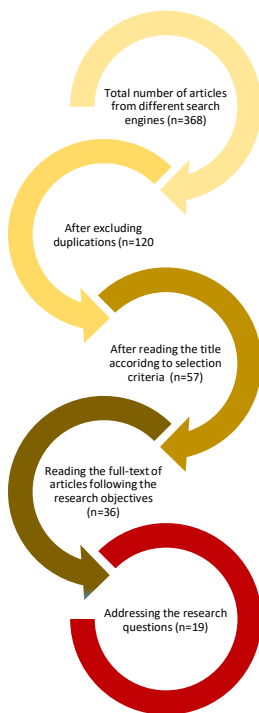
INTRODUCTION

The relationship between nurse and patient is vital to decision-making based on ethical and moral values[1]. Nurses have to play a significant role in the profession. They must use their moral beliefs to make crucial decisions when caring for the patients[2]. The term nurse in the current era is defined as "an individual, more frequently a female, who has got training to support to care patients, assist medical practitioners[3] and sometimes assist patients under the guidance of health care practitioners" [4]. Nurses' struggle for professional compatibility and success has been seen for many years. They have an inner strive to be recognized for the hard work in their profession[5]. The prime reason for moral distress is the ethical problem. Ethical Conflict is more common in nursing and their practices[6-10]. Nurses explain their professional experience as the most challenging profession regarding emotional distress, burnout, pain and exasperation[11-13]. The occurrence of such events during the practice of a nurse complicates their work and adversely influences the nursing profession emotionally, psychologically and physically[12-16]. Further long duty hours and continuous work lead to physical fatigue[17].

The concept of moral distress was identified in nurses for the first time when the nurse knowingly did unethical acts due to pressure from the workplace environment[18]. Moral distress mainly affects real honour, and people feel less compassionate about work and career[19]. Moral distress is primarily described in nursing working in critical care wards[9,10,20]. But recently, studies have been conducted on nurses working in other departments like oncology[21,22], mental health wards[23-25] and surgical units[26].

METHODOLOGY

A systematic search was applied to explore articles on moral distress. Search Strategy using critical terms such as "moral distress", "ethical values", "nurses", "distress", and "developing countries of Asia" were included to identify existing literature. Databases used in the review were Pubmed/Medline, google scholar, spring link and CINAHL. Eligibility criteria were limited to the specific search more relevant to the research objectives. Inclusion criteria were articles describing moral distress in nurses in developing countries of Asia, articles published in English language only, articles published from September 2010- September 2021 and all quantitative, qualitative and mixed method studies published for the exclusion criteria, authors' names and abstracts not available, articles covering moral distress in other healthcare providers, not in nurse, the article that is not freely accessible online, and studies conducted developing countries other than Asia. Based on inclusion-exclusion criteria, a total of 368 articles were extracted. There were duplications within the different search engines, and all duplicating articles were removed with 120 remaining. After reading titles, 57 were found relevant to research objectives.

Further abstracts were read to see the eligibility of articles. A total of 36 articles met the criteria. Reading the full-text of 36 articles, 19 addressed the research questions as shown in **Figure I**. Excluded 17 articles were not appropriately addressing moral distress among nurses.

FIGURE I: FLOW CHART DESCRIBING THE SELECTION PROCEDURE FOR SYSTEMATIC REVIEW

Total number of articles from different search engines (n=368)

After excluding duplications (n=120

After reading the title accoridng to selection criteria (n=57)

Reading the full-text of articles following the research objectives (n=36)

Addressing the research questions (n=19)

Quality of review:
The quality of the review article was ensured by checking the methods used to assess moral distress among nurses. There were methodological issues, with 17 articles excluded. In some studies, moral distress covered multiple disciplines, and some studies were excluded whose context was out of the review scope.

RESULTS

Characteristics of Selected Studies:
The total number of articles meeting the critical appraisal criteria was 19. All these studies met the inclusion criteria. The tool to appraise the article was based on The Joanna Briggs Institute Critical Appraisal. The overall quality of research articles was satisfactory[27,28]. The studies were conducted in Asian countries. Iran did the majority of the work on nurses' moral distress. Other countries like Pakistan (n=2), India (n=1), Bangladesh (n=1), Saudi Arabia (n=2) were included in review. The articles were quantitative (n=12), Qualitative (n= 4), Mixed-method (n=2) and literature review (n=1) as shown in **Table I**. The quantitative studies mostly assess the scale for measuring moral distress among nurses and its associated factors[17,23,29-37]. The qualitative studies have explored nurses' perceptions about their work environment, reasons for job satisfaction, their ethical values and their experiences of moral distress[17,24,38,39].

TABLE I: REVIEW ARTICLES LIST OF FINDINGS

Sr. #	Authors and Journal	Focus of Research	Study Design	Findings
1	Razaee N et al.[17] Journal of medical ethics literature	Ethical Challenges	Qualitative study	Threats to professional values Stigmatized public image
2	Shorideh FA et al.[38] Iran Journal critical care nursing	Phenomena of moral distress	Exploratory study	Communication problem, Inappropriate distribution of resources and responsibilities
3	Rezaei Fard et al.[43] Journal of Education and Health Promotion	Association between moral distress and sleep quality	Descriptive analytical study	Sleep quality is negatively influenced by moral distress
4	Ghiyasvandian et al.[44] Journal of Education and Health Promotion	Development of tool for assessing emotional and work-related factors	Mix-method study	Emotional fatigue in older nurses, Forced labor in the department
5	SR Chowdhury et al.[29] Middle East Current Psychiatry	Occupational factors associated with mental health outcomes	Cross-sectional survey	The workload is positively associated with distress. The provision of appropriate resources reduces distress among nurses
6	Alreshidi & Alsharari[30] Nursing Open	Nurses work-life quality	Cross-sectional survey	The inability to balance work and family
7	Al- Maskari[31] BMC Medical Ethics	Quality of work life and job satisfaction among nurses	Cross-Sectional study	Work fatigue causes low scores on Nursing Work Life.
8	Lebaron et al.[39] Indian Journal of palliative care	Challenges encountered by nurses	Ethnographic study	Work-related stress, heavy shifts, and shortage of nurses lead to the stressful work

				environment
9	Borhani et al.[32] Journal of Medical Ethics and History of Medicine	Moral self-concept in nurses	Cross-sectional study	Morally responsible behaviours among nurses
10	Abumayyaleh[33] International Journal Nurse Health Science	Moral distress and turnover retention	Correlational cross-sectional study	Provision of aggressive care as a source of moral distress
11	Okuhara et al.[48] Nursing Open	Occupational stress components and outcomes	Review literature	Personal attributes causing physical and psychological distress
12	Hamaideh[23] International Journal Of Mental Health Nursing	Intensity level of of moral distress and predictors of moral distress	Correlational cross-section design	Moral distress is more related to unethical conduct by caregivers, income levels and the age of the nurse
13	Babamohamadi et al.[49] International Emergency Nursing	Frequency and severity of moral distress	Cross-Sectional study	Work experience, gender, and educations inverse relation to moral distress
14	Prompahakul et al.[40] Nursing Ethics	Experience of moral distress and related factors	Mixed method study	Powerlessness and incompetent healthcare providers cause distress among nurses
15	Musto et al.[24] Nursing Ethics	To improve experience of moral distress	Exploratory study	Experience of moral pain is related to safety
16	Marturano et al.[34] Clinical Journal of Oncology Nursing	Frequency and level of moral distress	Cross-sectional study	Change in care provision and changing patient assignment is related to moral distress
17	Ajoudani et al.[35] Nursing Ethics	Moral distress and workplace bullying	Cross-sectional design	Moral distress and bullying at work lead to burnout
18	Asgari et al.[36] Nursing Ethics	Moral distress and ethical climate at workplace	Descriptive-Correlation study	Moral distress, ethical climate and job satisfaction
19	Borhani et al.[37] Journal Of Medical Ethics and History Of Medicine	Relationship between moral distress and intent to stay in nursing profession	Cross-Sectional Study	Correlation between moral distress, professional stress and age of a nurse

Measures of Moral Distress:
Several studies were conducted to measure the frequency and intensity of moral distress and its related factors among nurses. Prompakakul and others used the MMD scale (Measure of Moral Distress) to measure moral distress among nurses[40]. Epstein EG and others developed the MMD tool, which has 27 items on a scale[41]. The tool measures the healthcare professional's moral distress within the medical environment. The high score indicates higher levels of moral distress among health care professionals[40]. Coarley's Moral Distress Scale (MDS)[42] measures moral distress and quality of sleep among nurses by Rezaei Fard and

others[43]. There are 21 questions on this scale, and each item measures the frequency of moral distress among nurses working in private and public hospitals. The MDS tool was validated before its application on nurses[44]. Other tools to measure moral distress are the Moral Self-Concept Questionnaire developed by Chang45 and Moral Sensitivity Questionnaire proposed by Lutzen et al.[46]. Moral Self-Concept is a person's feelings or concerns towards moral issues. The Questionnaire is based on five sub-divisions, and 18 questions are used to measure nurses' Moral Self-Concept. The measure can change behaviour, a sense of responsibility, and moral values[32]. Hemric and others developed a tool for measuring moral distress. MDS tool is created by 21 situation-based questionnaire[47]. The scale helps measure moral distress among nurses. The findings suggest nurses more commonly face a moderate level of moral distress generally[33].

Nurses' Physical and Psychological Responses To Moral Distress:

Studies have shown that nurses facing moral distress express their distress through various physical and psychological responses[40,48]. These Responses include emotional fatigue43, inability to balance work and family life30, powerlessness among nurses, and withdrawal thoughts[40]. The physical response of nurses towards emotional fatigue and moral distress increases with age. Young nurses feel less emotionally exhausted in their jobs and have inverse job satisfaction[43]. Nurses' moral distress leads to sleep disorders and dysfunction in the daytime. The study finding suggested that moral distress has an adverse effect on nurses' sleep quality. The evidence shows that increased moral distress will increase the sleep disorder and decrease sleep quality and functioning during the day duty hours[44]. Mihoka Okuhara and others reviewed articles from 2009 to 2019 on workplace stress and factors like personal resources, the overall work environment and sociodemographic characteristics of nurses to affect the health status, their ability to respond and their work capabilities. The studies showed stress at the workplace may lead to interactive changes and low workplace performance[48].

Workload and Work-Stress Causing Moral Distress:

Several studies have shown moral distress is more related to workload and work-related stress among nurses[29,31,35-38,43]; when nurses are given additional work and unnecessary tasks to complete, their level of moral distress increases[35,36]. Moral distress is relevantly high in nurses working in public hospitals where there is a shortage of staff and nurses have no role in the decision-making process. The Ilam nurses were found to have moral distress when insufficient staffing and inadequate resources within the organizational settings[17,38]. The increased responsibilities may decrease quality of work and life, leading to moral distress. The lesser the duties, the higher the quality of work and life. Omanian study conducted by Al-Maskari and others has shown a significant result on nurses working with fewer responsibilities have high quality of work and personal life. At the same time, those working with more obligations, especially inpatient care, have a low rate of work and personal life[31].

Ethical and Professional Values Addressing Moral Distress:

Reviewing quantitative and qualitative studies explore ethical and professional values to address moral distress among nurses[17,33,35,36,38,39]. Ethical values are the segment of organizational culture. If not provided to the nurses, the space for ethical values may lead to moral distress among nurses. The moral distress can be reduced if the ethical issues are addressed within the organization and can improve the health care delivery system[36]. A study conducted on Iranian nurses in 2018 showed a high level of moral distress among nurses. The attributes of moral distress are the ethical values and organizational environment of nurses[35,36,39]. The work environment may lead to moral distress among nurses. Unethical conduct is highly prevalent in Iranian studies and has shown an adverse effect on moral distress among nurses[35].

DISCUSSION

Recently, there has been growing attention to distress among healthcare professionals. Modern literature shows the increased importance of moral distress among nurses in Asia. In this review, we have attempted to construct a thought on the factors of moral distress in the nursing profession and how nurses cope with the such distressful situation at their workplaces[40,43,48]. Nurses perceive that they are not using their skills within their disciplines or organizational environment, which increases stress, and they find themselves in moral distress in such situations. Nurses feel they are not free to make any decisions on the patient's treatment course, which they believe can take independent decisions in workplaces. Studies have shown that nurses were working in hospitals with a high workload and, more importantly, the staff storage increased the work pressures on the nurses. This high work pressure leads to stress which, if not addressed timely, may ultimately cause a nurse to feel morally distress[44,48,49].

Moral distress is challenging due to excessive workload and lack of autonomy to make decisions independently[39]. Working under stress may cause a mental disturbance. Studies suggest moral distress is correlated with a penurious ethical climate and a low level of cooperation and teamwork from colleagues, which may cause a severe impact on professional life as well as poor satisfaction of job[35,39]; this might harm both an individual and the organization to get the desirable satisfaction[33].

There are significant administrative and patient care gaps when nurses feel morally distressed. Nurses are sometimes not allowed to admit patients without getting permission from higher authorities[36]. The nurses perceive Doctors to be less responsive, especially during night shifts, which might make them less interested in patients' health; this leads to severe consequences as patients get critical and nurses cannot manage patients independently. Nurses find it challenging to follow instructions which are not part of written policies and procedures[17]. Nurses primarily work on verbal instructions, which cause them moral distress because they do not feel free to work without Conflict. Moral distress among nurses leads to compromised quality of care and services[36,37]. To avoid the repercussion of moral distress, it is essential to train the nurses and health professionals to cope with stressful situations. They should be provided with such an environment to work autonomously[48]. It is vital to pay attention to programs that may provide opportunities to minimize the risks of moral distress and improve nurses' work environment and potential negative ramifications. Training promotes high standards of quality in service and care. They must well know of handling the patients and their family members[38].

CONCLUSION

Nurses commonly experience moral distress in different departments in the health system. Many related factors are associated with moral distress among nurses, adversely affecting their physiological, psychological and professional capabilities. Workload and unnecessary orders from supervisors and physicians further increase nurses' moral distress. Institutes need to understand their responsibility in producing an ethical distress environment for nurses. It is crucial when nurses try to advocate for their patients in maintaining their well-being and cannot encourage them because there are many restrictions on their job-related tasks within an organization. Developing a work environment that enhances nurses' work abilities and cares quality within an institute is essential.
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AUTHOR CONTRIBUTIONS
Joseph S: Conceptualization, writing original draft
Tunio HK: Conceptualization, writing original draft
Shahzad S: Revising articles & manuscript, developing methodology
Abbass E: Reviewing articles & manuscript
Nangrejo R: Reviewing articles & manuscript

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