Impact of Moral Distress on Nurse's Performance

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Abstract: Nurses are facing practice problems that causes disturbing and stressful situation. The most common and prevalent issue is moral distress. Moral distress is affecting performance of professional nurses at health care setting. Cross-sectional study design was used. Questionnaire consisted on 5 point Likert scale adopted was used to know the impact of moral distress on nurse's performance with sample size 187 Nurses from Public Hospital Lahore. Finding of the study shows that there is a significant negative (reciprocal) impact of moral distress on performance of nurses The current study concludes that moral distress decrease the job performance of the nurser's at hospital settng. This study revealed the negative relationship between moral distress and nurses' performance. The study findings will enable the health care organizations to enhance the performance of staff nurses by minimizing the factors that are causing moral distress among nurses. Hospital can arrange workshops and education sessions to give awareness to deal moral distress situations.
Keywords: Moral distress, Nurses Performance, Nurse, Organizational Factors, Health care sector

INTRODUCTION

A nurse is responsible to provide care to everyone, whether a person is sick or healthy. For this purpose of providing care nurses works with physicians and other paramedical staff to make patients well and to keep them adequate and well [1]. Moreover, American nursing association also confirmed that nursing is an basic part of the hospital care setting and the main function of nursing is to promote health, prevent from illness, care of physically and mentally ill clients in hospital care setting and other community settings [2]. Therefore nurse's performance directly related with quality of care provided in health care setting along productivity.

In today world, nurses are facing practice problems that causes disturbing and stressful situation. The most common and prevalent issue is moral distress. Many literatures have given the definition of moral distress. According to Dickerson [3]. Moral distress can caused by several reasons which creates an emotional imbalance that occurs, when the nurse is unable to give the appropriate care to patients [3].

Moreover, Bezuidenhout *et al*. [4] described that there are so many factors which contributes to moral distress in nursing. Moral distress situation occur when nurse feels restrictive to the policies and procedures of hospital and health care organization, shortage of time to provide proper care, lack of human or material resources due to which care of patient become compromised [5]. Hence, it is approved by several researches that moral issues usually occurs among nurses when one same situation is observed by different ways, which are not adequately understood or resolved, thus leading to moral problems and moral distress [6].

According to Kalantari *et al*. [7] describe performance is the achievement or practice of performing any function or job. Job performance deals with whether an individual or employee performing job in a right or a wrong way. According to Awases *et al*. [1] there are some factors that effects the performance of nurses. These factors include poor human resource management, poor working conditions, unclear and unset organizational goals and objectives, and absence of performance appraisal system. These factors highly affects the performance of nurses working in health care setting [9].

McIntosh *et al*. [8] Stated performance of health care providers especially nurses be contingent to the body of knowledge and expertise regarding clinical

practice. Moreover health care organizations should provide their employees with suitable working environment so that, the desired goals and objective can be meet. Nurses thought to be backbone of a health care system, but in past few years' nurses are overburdened and demoralized leading to burnout and disappointment. These types of issues are also leading to poor performance among nurses [10].

The drive of present study is to know impact of moral distress on performance of nurses in health care organizations. Therefore it's necessary to enhance the performance by minimizing the situations leading to moral distress among nurses who have direct contact with patients.

The findings of this study will help the health care organizations to enhance the performance of staff nurses by minimizing the factors that are causing moral distress among nurses. Health care organizations can arrange workshops and education sessions to give awareness to deal moral distress .In future, this study will help newcomers in clinical practice to cope with the moral distress and enhance the performance under moral distress situations.
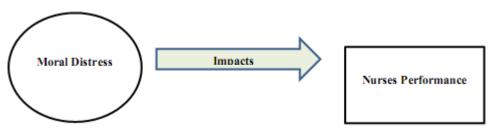

Fig-1: Research framework

Significance of the study

The study findings will enable the health care organizations to enhance the performance of staff nurses by minimizing the factors that are causing moral distress among nurses of Punjab institute of cardiology. Hospital can arrange workshops and education sessions to give awareness to deal moral distress situations. In future, it will also help me in clinical practice to cope with the moral distress and enhance the performance under moral distress situations.

OBJECTIVES

Objective of the study is to assess the impact of moral distress on nurse's performance. The specific objective is:
- Does moral distress impacting the nursing performance?

Hypothesis
- **H1:** There is an absence of significance positive impact of moral distress on performance of nurses.
- **H2:** There is an absence of significant negative impact of moral distress on performance of nurses.
- **H3:** There is significant positive impact of moral distress on performance of nurses.
- **H4:** There is significant negative impact of moral distress on performance of nurses.

LITRATURE REVIEW

Moral distress is a serious problem among nurses and it has negative effect of nursing performance. It can be associated with poor job satisfaction and poor performance [11].

In Iran, [12] conducted a research which results shows that moral distress was noticeably present among nurses working in health care setting in shahrekord, and the performance of nurses is affected by moral distress. Another study conducted by Cummings [13] and according to this study nurses have stress at the clinical setting. Moreover, this stress caused by poor working conditions and continuous stressful situations enhances moral distress in the workplace which affects nurse's performance.

According to Hamric [14] describe the main issues that are typically present in situations involving moral distress is poor work competency of other nurses and physicians. It means nurses can face moral distress when the co-workers do not have capabilities to do work.

On the other hand nurses also feel restrictive to the policies, rules and regulations of health care organization. For example physicians are always supposed to be those who give the orders to nurses and nurses are supposed to be those who follows the orders of Physicians. Finally nurse feels loss of power and poor control over the decisions. These type of situations causes moral distress and poor working performance among nurses [12].

Ajani & Moez elaborate the theory of moral distress, presented forward by Jameton. Nursing is a moral profession but moral distress is a major nursing problem. Furthermore, the goals and objective of a nurse is to improve the health of client, protecting patients from illness and provide care. When due to any

reason nurses don't achieve these goals and objectives then, nurses suffers moral problems which directly influences on the performance of nurse at clinical care setting. Furthermore, Nurses experience moral distress when dissatisfied or having conflict in deciding which care should be provide and which care is best one for patient. These type of moral issues are leading to moral distress and ultimately poor performance of nurses at hospital care settings [15].

Alspach, [16] Hamric, [14] said that the nurses are responsible to provide appropriate medication to patients, administration of therapies and other intervention. If due to some reasons nurse fails to provide three needs of client then it may cause moral distress among nurses and burnout related to poor performance.

METHODOLOGY

Cross-sectional study design was used to know the impact of moral distress on nurse's performance of Punjab Institute of cardiology Lahore. Target population is 350 staff nurses of hospital. Data was collected through simple random sampling. Sample size was 187 calculated by Sloven's formula. The inclusion criteria was only staff nurses who have minimum 6 months of working experience. Student nurses, head nurses and other para-medical staff of Punjab Institute of cardiology Lahore was not the part of this study. 5 point Likert scale Questionnaire consisting of 15 items of both moral distress and nurse's performance was used as research tool. Questionnaire was adopted from prior studies. Validity and reliability was checked by the creators. Moral distress scale of Corey, 2002 was used to measure moral distress and performance Questionnaire was used of Awases *et al.,* [1]. Questionnaire was used to collect data from staff nurses afterward receiving approval from Medical Superintendent of Punjab Institute of Cardiology Lahore and signed consent from participants.

Ethical considerations were followed. The questionnaire was floated after getting permission from Chief Nursing Superintendent. Data collected from this study only used for research purposes and will be collect and kept in full confidentiality. Informed consent was used to have the agreement of be a part of research. Data was analyzed by SPSS version 21 and Microsoft Excel 2010.

RESULTS

Data analysis is consisted of 3 portions. Firstly, Demographic analysis is used to analyze the demographics of participants. It includes age, gender, marital status, qualification and years of experience. Secondly, correlation analysis is used to check the relationship between Moral distress and performance of nursing staff. Thirdly Regression analysis used for checking the impact of moral distress on nurses' performance.

Demographic Characteristics of Respondents
Gender

Data was collected from female staff nurses because all of the nurses are female in PIC. Data in tables and figures a showed 100% answers were taken from the female Nurses.

Table 1: Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	female	187	100.0	100.0	100.0

Age

39.6% of respondents belong to 18-25 age groups. 48.1% of respondents belong to 26-35 age groups. 11.2% of respondents belong to 36-50 age group.1.1% of respondents belongs to 50-above age group.

Table 2: Age

		Frequency	Percent	Valid Percent	Cumulative Percent
	18-25 Years	74	39.6	39.6	39.6
	26-35 Years	90	48.1	48.1	87.7
Valid	36-50 Years	21	11.2	11.2	98.9
	Above 50 Years	2	1.1	1.1	100.0
	Total	187	100.0	100.0	

Qualification

The qualification of the respondents was recorded as; 14.9% respondents are under-graduate, 73.3 % respondents are graduates and 11.9% respondents are post graduate. More details are given in table.

Table 3: Qualification

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	General Nursing Diploma	183	97.9	97.9	97.9
	Others	4	2.1	2.1	100.0
	Total	187	100.0	100.0	

Marital Status

The 55.1% participants were single and 44.9% of participants were married. It means most of the participants were single. More elaborations are given in below given table.

Table 4: Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	single	103	55.1	55.1	55.1
	married	84	44.9	44.9	100.0
	Total	187	100.0	100.0	

Working experience

There were 8.6% participants having experience of less than one year. 59.4% of participants were having experience of 1-5 year and 24.1% of participants were having experience of 6-10 years. Moreover, 8% of participants were having experience of above 10 year. The following table is describing the work experience.

Table 5: Working Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	> 1 Year	16	8.6	8.6	8.6
	1-5 Year	111	59.4	59.4	67.9
	6-10 Year	45	24.1	24.1	92.0
	< 10 Years	15	8.0	8.0	100.0
	Total	187	100.0	100.0	

Reliability and Validity Analysis

Reliability of moral distress 9 items was 0.842 Cronbach's Alpha. Reliability of the 6 items of performance was 0.863. Validity of instrument was checked by KMO (Kaiser-meyer-Olkin) test. The value of KMO is .848 Following tables shows the reliability and validity of instrument.

Table 6: Reliability Statistics of moral distress items

Cronbach's Alpha	N of Items
.842	9

Table 7: Nurses Performance questions

Cronbach's Alpha	N of Items
.863	6

Validity

Table 8: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.848
Bartlett's Test of Sphericity	Approx. Chi-Square	1538.072
	df	105
	Sig.	.000

Correlation Analysis

Correlation analysis was used to know the degree of relationship between variables. The values of (r) coefficient of correlation and significance (p) were used to show the result.

Table 9: Correlations

		MORAL_DISTRESS	Performance
MORAL_DISTRESS	Pearson Correlation	1	-.727**
	Sig. (2-tailed)		.000
	N	187	187
Performance	Pearson Correlation	-.727**	1
	Sig. (2-tailed)	.000	
	N	187	187
**. Correlation is significant at the 0.01 level (2-tailed).			

As depicted in above table the moral distress with value of r= -.727 shows that it is negatively correlated with performance. The relation between independent and dependent variables is significant. This shows that moral distress negatively affects the performance of nurses working in Public hospital Lahore Pakistan.

Table 10: Model Summary of Regression analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.727a	.528	.526	.529	.528	207.327	1	185	.000
a. Predictors: (Constant), MORAL_DISTRESS									

Table 11: ANOVAª

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	58.046	1	58.046	207.327	.000b
	Residual	51.795	185	.280		
	Total	109.841	186			
a. Dependent Variable: Performance						
b. Predictors: (Constant), MORAL_DISTRESS						

Table 12: Coefficientsª

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.145	.301		20.427	.000
	MORAL_DISTRESS	-1.004	.070	-.727	-14.399	.000
a. Dependent Variable: Performance						

The Regression analysis of performance as dependent variable specifies that moral distress significantly contributes in negative or poor performance with -.727 of beta, R^2 = .528, and P (sign.) = 0.00.

F-statistic shows the value of 207.32 with significance level of 0.00, supporting the alternate hypotheses H_4 that moral distress has significant negative impact on nurses' performance. Thus, it is concluded that moral distress imposes great effect on performance of nurses, working in Punjab Institute of Cardiology.

DISCUSSION
The finding of this study shows significant negative association among moral distress and nurse's performance. It means when there is moral distress among nurses; there will be decrease in performance of staff nurses.

Dalmolin *et al.,* [17] Conducted a study among nurses of Namibia city of South Africa. This study investigated weak correlation between moral distress and nurse's performance. But significant and negative relationship was observed in this study. The result of present study also reveals the same results of both variables.

The dearth of competency among working teams is one of main construct among others that caused moral distress among nurse. This lack of competency was explained by different questions like physician, nursing assistants and non-licensed employees are

incompetent in the provision of care to the patients at clinical setting.

The second sub variable is the organizational factors causing moral distress among nurses. It included 3 question statements in the form of narrative questions such as strict hospital policies regarding cost of care and its reimbursement from patient. The frequencies of questions clearly show that there is high occurrence of moral distress due to organizational factors.

CONCLUSION

According to this study finding, moral distress has negative significant relationship with nurse's performance. Purpose of this study is to know the impact of moral distress on nurse's performance. The finding of study showed significant negative relationship between moral distress and nurse's performance. Therefore there is a reciprocal relationship between moral distress situation and performance of nurses. If there is moral distress in healthcare setting performance of nurses will be compromised..

RECOMMENDATIONS

As it is proved that moral distress negatively impacts the performance of nurses in Public hospital Lahore Pakistan. Health care organizations should reduce or minimize the factors that are causing moral distress among nurses so that nurses can perform well. Moreover, nurses can cope with the moral distress situations with the help of the findings of this study. After analysis it is concluded that 58% of nurses' performance is affected due to moral distress. So, it is necessary to exclude the moral distress from workplace environment to enhance the performance of nurses.

LIMITATIONS OF RESEARCH

This study used a self-administered questionnaire to examine nurses' practice regarding the effects of moral distress on nursing performance. Therefore, the implications of the findings may be used with caution. Since this study conscripted only staff nurses working government hospitals and the generalizability of the findings may be limited.

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