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Demographic Factors Of Moral Distress: A Correlational Study On Indian Nurses

Rimi Chakraborty, Dr. Asha Sreenivasan

Nursing Consultant, Professor

Sebannesi, Kolkata, India

ABSTRACT

This study aims to explore the demographic correlates of moral distress among nurses, focusing on two major domains: Frequency and Distribution of moral distress levels. The levels of moral distress (Frequency and Distribution) were assessed in relation to these demographic variables. A descriptive design and Purposive sampling technique was used in this study. Descriptive statistics were used to analyze the data. Also, point biserial correlation was employed to examine the relationships between moral distress and demographic factors. The point biserial correlation revealed that Frequency and Distribution of moral distress levels among nurses were significantly and positively correlated ($r = .282$, $p<0.01$). The findings of the research could elucidate the importance of the unit of work in influencing the levels of moral distress among nurses, suggesting that the nature of work plays a critical role in the experience of moral distress among the nurses

Introduction: Moral distress in the healthcare sector significantly impacts the well-being and performance of healthcare professionals, particularly nurses. This study aims to explore the demographic correlates of moral distress among nurses, focusing on two major domains: Frequency and Distribution of moral distress levels.

Objective: The current study attempts to determine the demographic factors associated with moral distress among the nurses.

Review of literature

Rose et al. (2013) conducted a study on Moral Distress among Healthcare Professionals at a Health System and found that the different healthcare disciplines experienced moderate to high actual moral distress, related to similar and/or different patient care situations

A study in Iran conducted on 322 nurses concluded that age was a significant demographic factor linked with their moral distress (Ameri et al., 2015).

Dodek et al. (2016) on their study on 428 nurses concluded that tendency to leave ICU as a workplace and their age is related to their moral distress.

Hiler et al. (2018) conducted a study on 328 critical care nurses and conclude that their perception of the work environment and age is associated with moral distress.

Moral distress is found to be negatively correlated to work experience and age. And it had positive correlation with higher education (Babamohamadi, 2021).

Hypotheses

H1: Moral Distress Frequency is significantly correlated to the different demographic variables associated with the nurses.

H2: Moral Distress Distribution is significantly correlated to the different demographic variables associated with the nurses.

Theoretical framework:

Corley's Theory of moral distress is used as a a theoretical framework because it Defines moral distress as the psychological distress resulting from situations where nurses feel constrained from acting on their moral values.

Methodology

Variables

1)Moral Distress Frequency

2)Moral Distress Distribution

Sample

The study was conducted with 50 nurses working in Kolkata, a metropolitan city in the state of West Bengal, India. Participants were selected from diverse demographic backgrounds, including variations in Gender, Educational Qualification, Work Experience, and Unit of Work.

Sampling technique: A Purposive Sampling technique was used.

Tool Used

1) A Structured Interview Schedule on the socio-Demographic Variables were used to assess the basic demographic variables of the nurses
2) The Modified Level of Moral Distress Tool was used to assess the i) Frequency and ii) Distribution of moral distress among the nurses. The scale had 18 items and could be scored on a 5-point Likert scale (ranging between 0 to 5).

Procedure

The nurses were approached and as per appointments taken, they were met for the data collection on their convenient time after taking Consent from them. Rapport was established and the instructions were properly given. All ethical standards of research were maintained.

Statistical Analyses

The data collected were then properly tabulated in statistical software.

The Descriptive Statistics and Point Biserial Correlation was conducted for fulfillment of the objectives of the research. All analyses were done using SPSS v26.

RESULTS

Table 1: descriptive statistics for the demographic variables (Gender) across the average moral distress levels.

Variables	Gender	N	M	SD
Frequency	Male	13	21.962	3.777
	Female	37	22.486	3.635
Distribution	Male	13	26.038	3.637
	Female	37	25.500	4.135

Regarding gender, both male (N = 13) and female (N = 37) participants show similar means for frequency of moral distress, with males at 21.962 (SD = 3.777) and females slightly higher at 22.486 (SD = 3.635). For distribution of moral distress, males (N = 13) have a higher mean of 26.038 (SD = 3.637) compared to females who have a mean of 25.500 (SD = 4.135).

Table 2: descriptive statistics for the demographic variables (educational qualification) across the average moral distress levels.

Variables	Qualification	N	M	SD
Frequency	GNM	35	22.6	3.43
	B.Sc.	15	21.767	4.157
Distribution	GNM	35	25.957	4.068
	B.Sc.	15	24.9	3.804

Educational qualification, split between GNM (N = 35) and B.Sc. (N = 15), shows comparable means for both frequency (GNM: 22.6, B.Sc.: 25.96) and distribution (GNM: 21.77, B.Sc.: 24.9) of moral distress.

Table 3: descriptive statistics for the demographic variables (work experience) across the average moral distress levels.

Variables	Experience	N	M	SD
Frequency	<1 year	26	22.673	3.490
	1-2 years	24	22.000	3.842
Distribution	<1 year	26	25.865	4.120
	1-2 years	24	25.396	3.901

In terms of work experience, participants with less than 1 year (N = 26) have a slightly higher mean for frequency (22.673, SD = 3.490) compared to those with 1-2 years (N = 24) who have a mean of 22.000 (SD = 3.842). However, distribution of moral distress is similar between these groups (less than 1 year: 25.865, 1-2 years: 25.396).

Table 4: descriptive statistics for the demographic variables (unit of work) across the average moral distress levels.

Variables	Unit of Work	N	M	SD
Frequency	General Ward	12	20.542	4.789
	Critical Care	38	22.921	3.057
Distribution	General Ward	12	21.542	3.201
	Critical Care	38	26.934	3.284

Lastly, participants working in critical care units (N = 38) have higher means for both frequency (22.921, SD = 3.057) and distribution (26.934, SD = 3.284) of moral distress compared to those in general wards (N = 12) who have lower means for frequency (20.542, SD = 4.789) and distribution (21.542, SD = 3.201).

Table 5: correlation between the moral distress levels and the demographic variables

Variables		Frequency	Distribution	Gender	Qualification	Experience	Unit of working
Frequency	*r*	1	.652**	0.064	-0.106	-0.093	.282*
	p		0.000	0.659	0.464	0.519	0.047
Distribution	*r*		1	-0.060	-0.123	-0.060	.584**
	p			0.679	0.395	0.681	0.000
Gender	*r*			1	-0.209	-0.161	-0.120
	p				0.145	0.265	0.408
Qualification	*r*				1	0.245	-0.041
	p					0.087	0.778
Experience	*r*					1	-0.022
	p						0.877
Unit of working	*r*						1
	p						

The above table shows that both the moral distress levels are significantly correlated to the unit of working (r= .282, $p<0.01$). Other than unit of working, no other demographic variables were found to be significantly associated with the moral distress levels (p=n.s.).

Hence, H1 and H2 has been accepted.

Discussion: The findings of the research could elucidate the importance of the unit of work in influencing the levels of moral distress among nurses, suggesting that the nature of work plays a critical role in the experience of moral distress among the nurses. The need to identify and improve factors associated with moral distress among nurses to enhance their well-being and performance has been established.

CONCLUSION:

The study could conclude that the unit of work is significantly correlated to moral distress. While working in general ward shows low distress, measures should be taken to combat the stressors in the critical care ward to reduce the moral distress sourcing from there.

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