

Moral Distress in Nurses Providing Direct Care on Inpatient Oncology Units

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Moral distress is defined as knowing the right thing to do when policy constraints do not allow for appropriate choices. The purpose of the current study was to explore the existence of moral distress in oncology nurses with a cross-sectional survey completed by nurses working on inpatient units at a midwestern cancer hospital. Investigators distributed the Moral Distress Scale–Revised to all direct care staff nurses. The main research variables were moral distress, level of education, age, and type of unit. Most of the 73 nurses had low to moderate scores, and two had high scores. No significant correlations were observed among age or years of experience. Type of unit and level of moral distress were correlated, and an inverse relationship between level of education and moral distress was found. Moral distress exists in nurses who work on oncology units irrespective of experience in oncology or the specific unit. Nurses must be aware of the existence of moral distress and find ways to reduce potential emotional problems.

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Moral distress was first defined as knowing the right thing to do in the face of policy constraints that do not allow for appropriate choices (Jameton, 1984). A more recent definition of moral distress implies that healthcare workers make an active choice not to follow their conscience (Kälvemark, Hoglund, Hansson, Westerholm, & Arnetz, 2004). Moral distress is the psychological response to knowing the appropriate action but being unable to act (Schluter, Winch, Holzhauser, & Henderson, 2008). The constraints that may lead to moral distress can be grouped into three categories: clinical situations (e.g., providing futile care), internal constraints (e.g., feelings of powerlessness, lack of knowledge), and external constraints (e.g., lack of communication, inadequate staffing, staff competency) (Hamric, Borchers, & Epstein, 2012). Research in this area is important because many nurses leave their place of employment or the profession itself as a result of moral distress (Davis, Schrader, & Belcheir, 2012; Elpern, Covert, & Kleinpell, 2005; Ferrell, 2006; Huffman & Rittenmeyer, 2012; Schluter et al., 2008; Varcoe, Pauly, Storch, Newton, & Makaroff, 2012). Helping nurses recognize moral distress and identify strategies

for its management are important to the nurse, patient, and healthcare facility. Unrecognized and untreated moral distress can lead to lower quality of care and decreased patient satisfaction (De Villers & DeVon, 2013; Gutierrez, 2005; Huffman & Rittenmeyer, 2012; Schluter et al., 2008; Varcoe et al., 2012). The purpose of the current study was to examine the level of moral distress in nurses who work on inpatient oncology units. Specifically, this study sought to do the following.

- Examine the level of moral distress in nurses who work on inpatient oncology units at the Ohio State University Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (The James), as measured by the Moral Distress Scale–Revised (MDS-R).
- Examine the relationships between moral distress scores and demographic characteristics of nurses (e.g., age, level of education) and work experience variables (e.g., years of experience as a nurse, years of oncology experience, years of experience in current organization, type of unit where they work).
- Identify demographic characteristics and the type of clinical setting that may predict which nurses are at high risk for moral distress.