Review Article

Moral Distress and Psychosomatic Problems in Nurses: A Review Article

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Abstract

Background: Moral distress in nursing refers to engagement in actions contrary to nurses' moral beliefs. This issue has recently turned into a daunting challenge contributing to the occurrence of psychosomatic problems.

Objectives: The present research aimed to review the studies performed in this field.

Methods: For this purpose, PubMed, Scopus, Google Scholar, and national databases, such as SID, IranDoc, and MagIran, were examined to find relevant articles using the following keywords: moral distress of nurses and psychosomatic problems, separately and in combination, in English and Persian. Finally, after removing duplicate articles, 25 articles were examined.

Results: Based on the results, in most articles, there was a direct relationship between moral distress and psychosomatic disorders among nurses, and their simultaneous presence exerts a strengthening effect on both.

Conclusion: The conditions that cause moral distress and psychophysical problems play a key role in the quality of care, and while exerting a negative effect on the treatment process and nurses, lead to job burnout and, ultimately, an inefficient healthcare system. Therefore, it is of paramount importance to raise nurses' awareness of moral distress and subsequent psychophysical problems.

Keywords: Moral distress of nurses, Psychosomatic issues, Review article

1. Background

Human health is always affected by two factors: body and mind. In the last few decades, new types of diseases have emerged known as psychosomatic disorders, which are caused by emotional and psychological factors. Psychosomatic disorders refer to mental disorders that bring about physical symptoms and manifestations that cannot be explained by physical diseases. People with this disorder may feel too worried or overthink about their symptoms, eventually affecting their normal functioning (1). Psychosomatic disorder refers to a physical disorder that is impacted by the mind or, in the most severe case, is caused by the mind. The diagnosis of psychosomatic disorders is made when there is a known physical injury; moreover, psychologically significant events precede the disorder and contribute to its onset or worsening (2).

When psychological factors affect a physical illness, people usually deny that they are ill, refuse to take medication, and may ignore the presence of risk factors that are likely to worsen their physical condition. The first criterion distinguishes psychosomatic disorders from physical disorders. Somatic disorders do not have a known physical basis; nonetheless, psychosomatic disorders have a physical basis. Psychological factors can affect many physical conditions in numerous organ systems, such as the respiratory system, cardiovascular system, skin, and gastrointestinal system, as well as sensory organs. In each person, only one organ may be vulnerable to psychological effects (3).

Patient care has always faced ethical and moral considerations regarding the psychosomatic and spiritual aspects of human beings. Historically, the nursing profession is considered an ethical profession due to the principle of the need to care for others. Nevertheless, increasing advancements in technology, medical equipment, and pharmaceuticals, as well as problems in allocating resources, increasing costs, and a rapidly aging population in different societies, have highlighted the critical importance of observing ethical and legal issues in nursing (4). The constant presence of nurses at the bedside of patients and their close contact with sick people in all stages of treatment necessitates the need to make decisions and ethical comments. Accordingly, nurses have a more remarkable ability to deal with psychosomatic issues in their daily treatment practices (5). Nursing is a profession that has constantly faced common ethical issues due to its nature. One of these moral issues is moral distress, which has recently received assiduous attention from researchers. Studies have identified moral distress and the resulting psychosomatic consequences as a major problem in the nursing profession (6).

Definition of moral distress: Regarding the concept of moral distress, nurses make moral decisions in the face of four principles: 1. competence is a fundamental factor for nurses; 2. nurses should not use their position to exploit patients; 3. The physical and mental recovery of the patient is the primary concern of nurses; 4. nurses must be loyal to each other. Karakachian (2019) states that nurses experience moral distress when faced with situations

in which they are aware of the correct action but cannot do it. The significant point in the stated definition is that a person has the necessary ability and knowledge; however, due to mental limitations, they are not able to do it. When one cannot implement their moral decision, they experience a negative feeling and psychosomatic imbalance called moral distress (7).

Moral distress is caused by organizational limitations that prevent the implementation of the correct action. In this context, we can refer to three limitations: mandatory documentation of care, lack of caregivers, and hospital policies. Moral distress can be assigned to three categories: 1. ethical issues of institutions and therapeutic environments, 2. professional performance and issues, such as ethical codes and ethical concepts in the profession in question, and Ethical decision making in clinical settings by managers (8). Moral distress is described as a feeling of discomfort or a state of psychosomatic imbalance, which results in failure to perform an appropriate moral action despite being diagnosed due to obstacles, such as lack of sufficient time, opposition from superiors, medical limitations, institutional policies, and personal ethical considerations. In addition, the professional goals of nursing are based on ethical principles; therefore, when it is not feasible to achieve some of these goals, such as protecting patients from harm, providing care in an appropriate and timely manner, and maintaining a healthy environment for patients, nurses will inevitably experience moral distress and mental problems as a result (9).

Apart from its causes, this situation confronts nurses with a contradiction that, on the one hand, they believe in performing the correct function, and on the other, they cannot achieve the effective desired results. These conditions varied according to the severity of the challenge and the personality characteristics of people (10). The results of the studies demonstrated that one out of three nurses experiences moral distress. In the intensive care unit (CU), moral distress is increasing due to the widespread need for ethical decisions in the care and treatment of patients in critical situations. The results of other studies also indicated that 67% of nurses in ICU experience moral distress and psychosomatic imbalance (9).

Studies have stated that due to moral distress, 81% of nurses in special surgery departments have described themselves as powerless and ineffective. In a similar vein, special care nurses felt powerless in making decisions for their patients due to differences in moral conflicts, and palliative care nurses felt unable to act as patient advocates due to their position at the bottom of the hierarchy and felt anger, frustration, and fatigue (8). Ethical distress is recognized as a functional concern in health professions that are involved in clinical decision-making and conflicts of ethical principles. For example, when a nurse tries to make sure the doctor makes good decisions and respects patients' rights without hurting them.

2. Objectives

Among the notable goals of the nursing profession are improving the level of health, preventing diseases, respecting human rights, such as the right to life, and preserving the dignity of individuals. If accomplishing these objectives is not conceivable, the possibility of moral distress increases. The studies conducted on moral distress demonstrated that nurses frequently experience and report moral distress when they are unable to do the right thing and advocate for their patients (6).

3. Methods

In this study, the systematic review of the research community included articles on moral distress in nurses. For this purpose, a query was conducted on international databases, Scopus, Web of Science, PubMed, and Google Scholar, as well as national databases, such as the MagIran publications database, SID University Jihad Scientific Database, IranDoc Information Science, and Technology Research Institute and Persian and English. Articles related to the occurrence factors, problems, and prevention strategies of moral distress in nurses were reviewed. The keywords included nurses' moral distress and psychosomatic problems, separately and in combination, in English and Persian. We did not have a time limitation for the search, and every article that met the inclusion criteria was included in the study until June 2022. Finally, after removing duplicate articles, a total of 25 articles were examined.

4. Results

Factors affecting moral distress: Different issues can play a role in the occurrence of moral distress and subsequent psychosomatic problems. Among them, we can mention the lack of human resources in clinical environments, the inappropriate quality of care provided by doctors and nurses, negligence and medical errors, and incompetent colleagues. The conditions of patients and their families are also effective in this regard. Insult and lack of trust of patients and their families in the treatment team, as well as their conflicting demands from their treatment team, can be the cause of this psychosomatic imbalance (10).

The causes of moral distress are different and can be classified as organizational causes, inter-team relations, as well as causes related to patients and treatment processes. Among the organizational

causes, we can refer to the specialization of the nursing profession, lack of resources, equipment, technological progress, as well as financial, organizational, and psychological support. Unfair distribution of power among colleagues, unquestioning obedience to doctors, inability to reform care methods, and lack of professional independence can be considered among the causes of inter-team relations. Among the causes related to patients and treatment processes are invasive therapies, patients on the verge of death, unnecessary tests, and insufficient treatments (7).

In cases where nurses are aware of the correct ethical response, but due to organizational and organizational obstacles, such as the lack of support from superiors, lack of time, legal considerations, and the power structure of the doctor, they cannot give the correct response, moral distress is experienced, and the nurse is under mental pressure. A study that was conducted to determine the relationship between the ethical aspects of nursing and the quality of patient care revealed that prolonging life and unnecessary treatments cause moral distress for nurses. Evidence suggests that various factors, such as race, nationality, as well as social and cultural issues, can exert a marked effect on the severity of moral distress. Moreover, race and nationality cause differences in moral distress (8). Pressures imposed on employees by the organization, lack of facilities and human resources, inability to make decisions, having to follow orders, useless and unnecessary actions of health team members, and end-of-life care can be effective in the occurrence of distress (11).

Consequences of moral distress: Moral distress can have different consequences for nurses, patients, and health organizations. It exerts adverse effects on the psychosomatic health of nurses, resulting in disorders in the general health of nurses, anxiety, depression, withdrawal from patients, transfer in departments, leaving jobs, lack of nursing human resources, and reduction in the quality of patient care. Other studies have highlighted the adverse effects of moral distress on nurses' physical health, manifested by such symptoms as nightmares, insomnia, heart palpitations, and neck pain (9).

The negative consequences of moral distress include behavioral and psychological effects, such as anxiety, stress, depression, lack of self-control, lack of emotional control in nurses, long-term job dissatisfaction, and job abandonment (11). Facing stressful conditions makes nurses feel deprived, sad, and conflicted, leading to depression, anxiety, and neurosis. Nurses who continue to work despite unfavorable conditions and without support experience severe stress, burnout, and dissatisfaction. Due to the current situation, they will exhibit a marked increase in absenteeism and the desire to leave the job. Moreover, if these conditions persist, the person will soon quit the job (6). Physical

disorders, such as headaches and insomnia, as well as anger, despair, guilt, and helplessness, are among the notable consequences of moral distress. Studies have demonstrated that moral distress is linked to a decline in the quality of care, defects in the recovery process, increased length of hospitalization, dissatisfaction, disruption in achieving treatment goals, and creating an unsafe care environment (12).

In addition to the adverse consequences for nurses, moral distress can affect patients, resulting in reduced quality of care and numerous problems, such as increasing the length of hospital stay and providing inappropriate care (13). The logic of unquestioning obedience to the doctor's orders and the obligation of the person to maintain the stability of the work environment causes the person to find themselves in a challenge between the work conscience resulting from being committed to the patient and the execution of orders as a member of the relevant organization, leading to mental problems. In such a situation, if a person does not have enough courage to take the right moral action, they are forced to submit to the imposed conditions, which bring negative consequences for patients and make the treatment environment unsafe. Nurses may provide low-quality care or, in severe cases, avoid approaching the patient and providing care (8).

Nurses respond to the current situation in different ways. Some oppose the state of affairs and do not follow them, while others are dissatisfied and leave their profession. Meanwhile, several nurses who, despite their desire, are forced to endure the current situation gradually refuse to be at the bedside of patients and provide care to them, and in fact, have a kind of frustration and fatigue in providing care to them. Although they are aware of patients' needs, they cannot fulfill them (10). Moral distress leads to job stress, anxiety, and job quitting, which impose high costs due to the loss of staff, dissatisfaction of patients, and a marked increase in legal complaints from medical institutions. Some nurses feel guilty and fill out error reports; some confront other treatment team members and refuse treatment; and others remain silent. The persistence of moral confusion and the failure of adaptive mechanisms in nurses bring about negative complications (13).

The consequences of moral distress and subsequent psychosomatic issues affect organizations as well. The low quality of care increases the length of time patients stay in medical facilities and causes organizations to face increased complaints from service recipients. This can even confront organizations with several financial problems and shake their image. On the other hand, the continuous spectrum of personnel dissatisfaction, stress, and burnout caused by these conditions strengthens their desire to leave the profession (5).

In addition to negative effects, moral distress also has positive effects. Expressing the topics related to

distress can promote valuable ideas in patient care. Past failures can also be considered the basis for future positive experiences. In addition, moral distress can indicate nurses' compassionate attention in caring for patients. One of the important consequences of moral distress is professional stress. Factors, such as high work pressure, low support from managers, lack of control over the work environment, ambiguity in job descriptions, low team cooperation, conflicts in nurses' roles, and rotating work shifts can be regarded as stress factors in the nursing profession. Furthermore, violence and aggressive behaviors of patients and their families, facing sick patients and their deaths, as well as conflicts with doctors, are also among the stress factors (7).

Corly et al. considered moral distress to be different according to the type of service department and reported its level to be moderate to high. They also reported the repetition rate of moral distress as higher and stated that before a phenomenon becomes important in terms of intensity, it must be repeated enough to create conditions for nurses to feel moral distress (14). In a study, Janvier et al. found moral distress and psychosomatic stressors to be higher in the special care department and introduced the frequent contact of nurses in these departments with distressing conditions as an influential factor in the severity of moral distress in nurses (15).

In the studies conducted in Iran, moral distress has been reported in a range from medium to high. In the same context, Abasi et al. found the level of moral distress in nurses to be high and stated that the working conditions and moral atmosphere of medical environments can be effective in the occurrence of moral distress in nurses (9). Epstein also pointed out that one of the factors that causes moral distress is the emotional issues of patients and their families, as well as conflict with the supervisors and managers of the organization. They introduced moral and psychosomatic distress in nurses. The impact of these factors on creating distress depends on the type of work environment and the characteristics of people themselves. Several causes are effective in the occurrence of moral distress in nurses. Nonetheless, the work culture and the characteristics of health structures highlight the importance of patients' feelings and cases of violations and associate them with higher intensity and repetition of moral distress in the nurses under study. Perhaps the environments associated with management challenges create an unfavorable atmosphere for nurses and lead to their moral distress (16).

The results of a study by Naboura et al. demonstrated a significant negative relationship between moral stress and nurses' perceived self-efficacy in such a way that perceived self-efficacy decreases with an increase in moral stress. Moral stress can affect nurses' feelings about their ability to perform tasks and deal effectively with different situations (17). In their study, Vocial et al. found that nurses experience a moderate intensity of confusion and moral distress. According to them, nurses who have a higher work affiliation tend to perform better and more thoroughly than patients and colleagues due to a higher sense of responsibility in performing their duties. However, since organizational rules apply restrictions in this field, the level of confusion in these people is higher (6).

One of the factors that can play a central role in maintaining moral values and preventing psychosomatic problems in nurses is ethical sensitivity. Ethical sensitivity is an individual characteristic that makes it possible for a person to recognize the right moral action and achieve the right moral results in decision-making. Ethical sensitivity enables nurses to interpret the needs of clients and respond to them according to ethical principles (18). Considering the level of moral distress in nurses and the prevention of its possible consequences, strategies and solutions should be taken into account to familiarize nurses with moral distress and its underlying factors in the hope that they can act more effectively in order to reduce this moral phenomenon as much as possible.

5. Discussion

Solutions to reduce moral distress: In a study, it was illustrated that the teaching of ethical principles reduces confusion in nurses. The working environment of nurses and their daily encounter with death and decision-making causes tension and moral confusion in them. In fact, moral confusion occurs when a person knows what is the right thing to do, but work restrictions prevent him/her from doing the right thing (confusion). According to the results of a research, people who do not have proper moral performance, suffer from moral distress more than other people. It is necessary for the hospital managers to adopt strategies such as periodic review of this phenomenon and also formal training in this field. It is necessary for the hospital managers to adopt strategies, such as periodic review of this phenomenon and formal training in this field (8).

Along the same lines, Noh et al. considered creating a positive moral atmosphere and sensitivity effective in preventing the consequences of moral distress in therapeutic environments. They believe that when psychosomatic sensitivity increases in people, the repetition of moral errors that are the basis of moral distress will decrease. The findings indicate that people without enough executive power for moral performance suffer moral distress, apart from their high or low level of moral sensitivity. It is necessary for hospital managers to adopt strategies, such as periodic reviews of this phenomenon and formal training in this field (19). A thorough

understanding of the factors contributing to moral distress in nurses will help nursing managers find solutions to prevent and reduce this distress and its negative effects. Making nurses aware of the phenomenon of moral distress and its consequences, as well as periodic counseling, play a major role in identifying and controlling moral distress and its consequences (18).

To reduce job burnout, we should consider effective ways, such as recruiting more efficient workers to reduce work pressure and reduce their working hours, training at the beginning of employment, and in-service training. Paying attention to the well-being of employees, providing acceptable welfare services for the dignity of employees, training on how to deal with and control stress, reducing their duties and responsibilities, as well as giving them more power and authority, are suggested to increase satisfaction and the sense of individual success in nursing staff (11).

In a study conducted by Karakachian et al., moral distress and professional stress in nurses were at an average level; moreover, a significant positive relationship was observed between moral distress and psychosomatic problems. This association draws attention to the fact that moral distress and professional stress trigger each other, and their simultaneous presence have a strengthening effect on both. The level of moral distress and professional stress, as well as the relationship between these variables, require the attention of planners and managers in this field. In this context, efforts should be made to increase nurses' awareness of moral distress and professional stress, as well as its causes and conditions, by using such solutions as educational workshops, the establishment of ethical committees in clinical settings, and making them familiar with the use of solutions and positive adaptation mechanisms in the face of these conditions (7).

In another study, it was illustrated that the level of moral distress and burnout in nurses is moderate, and there is a significant relationship between moral distress and burnout, suggesting that as the level of moral distress increases, job burnout increases in nurses. It is essential to pay attention to the fact that moral distress and job burnout are different according to the type of clinical environment, and the levels of moral distress and job burnout are higher in environments that face more critical care. Moreover, moral distress and job burnout mainly result from the nature of the nursing profession, and the underlying conditions of these phenomena must be managed by providing solutions in an attempt to effectively prevent the occurrence of these phenomena or their spread (4). In their study, Lin et al. stated that people with the ability (control) and positive acceptance of change and higher secure relationships experience less moral distress; therefore, it is possible to reduce moral

distress using an educational strategy that promotes these dimensions and the support of nursing managers. It brings consequences, such as maintaining the workforce and improving the quality of patient care (12).

The findings of a study by Mohammadi et al. showed that moral distress had a significant relationship with the type of department, age, and years of service in the prevalence of psychosomatic problems. Therefore, since the average of this phenomenon in departments, such as ICU, was much higher than in other departments under investigation, to control and reduce this phenomenon, the managers should monitor nurses working in these departments and rotate them to other departments (10). In challenging situations, the presence of experienced people in groups of nurses can be a controlling factor, especially for less experienced nurses. In addition, it is worth noting that this phenomenon should be monitored in all hospital departments, and its consequences should be prevented by such measures as counseling and examining its leading causes from nurses' perspective (18).

6. Conclusion

The results of this study pointed to a direct relationship between nurses' moral distress and subsequent psychosomatic problems. The existing relationship between these phenomena draws attention to the fact that moral distress and resulting psychosomatic problems can have a strengthening effect on each other. The conditions that cause moral distress and psychophysical problems play a major role in the quality of care, and while exerting a negative impact on the treatment process and nurses, lead to job burnout and, ultimately, an inefficient healthcare system. The level of moral distress and psychosomatic problems require the attention of managers and clinical consultants in this field. Therefore, raising nurses' awareness of moral distress and the subsequent psychophysical problems can be helpful in their prevention by providing appropriate solutions, such as holding training workshops and periodic consultations.

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Conflicts of interest

In this study, no conflicts of interest were reported by the authors.

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