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Empowerment Program for Moral Distress in the Nursing Profession: A Qualitative Study

¹ Villaroman John Jason M, ² Balaria Jan Rainier C, ³ Ilano Efreim Louie S, ⁴ Dela Cruz Jackielyn L, ⁵ Del Rosario Eric T, ⁶ Gabayan Jannie R, ⁷ Lagasca Mellany A, ⁸ Domingo Mark Jason S, ⁹ Villaroman Maria Imelda M

^{1, 2, 3, 4, 5, 6, 7, 8, 9} Wesleyan University Philippines, Cabanatuan City, Nueva Ecija, 3100, Philippines

Corresponding Author: Villaroman John Jason M

Abstract

The study explored moral distress among nurses as a basis for the creation of empowerment program. Since moral distress is a wide-ranged phenomenon, its magnitude has affected health providers specially nurses' who are working in a diverse and complex clinical environment. A qualitative descriptive phenomenology was used in this study. Further, 30 nurses from different clinical areas of selected hospitals in Cabanatuan City, Nueva Ecija, Philippines were interviewed using a semi-structured interview guide questions. These participants were also purposively selected. The rigor of this study focus on the researchers' meticulous data gathering and data analysis using Colaizzi's method that represents moral distress as a serious phenomenon that affect nurses and the delivery of health care.

Based from the shared experiences of the nurse-participants, several themes emerged. *Alighting*, *accounting* and

aftermath represents antecedents of moral distress, *Physiologic*, *psychological* and *perpetual manifestations* accounts to consequences of moral distress and *conveying*, *confronting*, *communicating*, *consulting* and *culminating* signifies their moral decisions. These significant themes where the basis for the conceptualization and formulation of the APC's of moral distress wherein an empowerment and debriefing program was formulated that will address the negative impact of moral distress to nursing.

Recommendations focus on the regular implementation of empowerment and debriefing program, revisiting hospital policies that will both benefit patients and health providers, integrating moral distress to nursing curriculum and strategies that will strengthen nurses' value integrity and morale.

Keywords: Antecedents, Debriefing, Empowerment Program, Moral Decisions & Moral Distress

1. Introduction

The antecedents of moral distress in nursing are prevalently high because of its continuing growth worldwide. As a result of this dynamic process, evidences have found that the diversity and complexity of health care delivery system specifically in the clinical and organizational setting contributed to the challenges faced by nurses that may result to the occurrence of morally distressing conditions. According to Elpern *et al.* (2005) ^[30], moral distress has been found to contribute to nurses' unhappiness, physical related symptoms such as headaches, insomnia, hypertension, and gastrointestinal upset. Both mental and physical manifestations of stress can impact job performance leading to errors in patient care. For the students, they may experience ambiguity of what is being taught in the academe and being practice in the clinical setting that in the long run will result to moral distress. These are the challenges that nurses and students are facing in the health care system.

However, based on several articles about moral distress in the organizational and clinical context, there are several strategies that will decrease this incidence and these are recognizing signs of moral distress and intervene, create healthy work environment and providing a self-care program for nurses to reduce moral distress (Baldwin 2010) ^[5]. Kulmala's literature review (2016) ^[60] in decision-making and moral distress recommends open discussion about ethical decision-making by enhanced multi-professional collaboration between health care providers and involving all team members in terms of decision making process and felt more valued by each other. From these key components, there are still high antecedents of moral distress affecting nurses worldwide. Hence, this study explored antecedents and consequences of moral distress among nurses and their moral decisions so that a better understanding of the nature and prevalence of this phenomenon can be learned and be

able to come up with empowerment and debriefing program that can be used to address its negative effects leading to nurses' empowerment that result in providing better nursing care.

2. Methodology

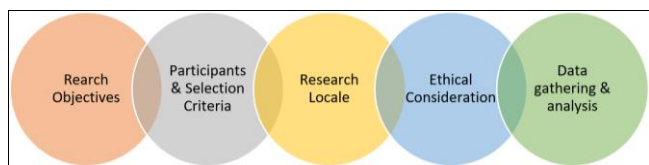


Fig 1

In this study, a qualitative descriptive phenomenology was used. 30 nurses from different selected hospitals in Cabanatuan City, Nueva Ecija, Philippines were purposively selected. During the conduct of interview with the participants, the researchers ensure that thickness of narratives from the participants experiences will be obtained by reaching the level of saturation point in the data collection process.

A one on one interview with each participant were conducted in the hospital after their work by the researcher using an audio and video recording to make sure that all the narratives will be collected properly. This was done after the approval of the Ethics Review Committee. The researcher obtained their written consent beforehand. Furthermore, in order to achieve a sound analysis and management of data collected, the 7 steps of Colaizzi's (1978) method of

qualitative analysis was used validating explored experiences of the nurse participants' antecedents, consequences of moral distress and their moral decisions. This process was manually done by the researchers.

3. Limitations of the Study

This study is limited in understanding antecedents, consequences of moral distress and the participants' moral decisions. The researchers purposively selected the participants following several criteria: registered nurse and willing to participate, working in the hospital and who experienced morally distressing situation. Moreover, in order to achieve trustworthiness of data, participants working in different clinical areas of selected hospitals in Cabanatuan City were included so that data from their experiences will be broad and could achieve credibility and transferability of findings.

4. Results, Anaysis and Discussions

Eleven major themes: *Alighting upon moral distress, accounting for moral distress, aftermath of moral distress, physiologic manifestations, psychological manifestations, perpetual manifestations, conveying, confronting, communicating, consulting and culminating.*

Alighting upon moral distress

The first emergent theme is "*alighting for moral distress*" which represents the incidence that these were being experienced by the nurse participants.

Table 1: Final thematic map for antecedents of moral distress

Emergent Themes	Subthemes	Significant Statements
Alighting upon moral distress	<i>Infrequently</i>	<i>"There are incidences of moral distressing situations but not all the time, one every so often but there are cases"</i>
	<i>On occasion</i>	<i>"I also experience negligence and malpractice but very seldom"</i>
	<i>Day to day</i>	<i>"Almost every day I am experiencing moral distress always in my decisions"</i>
Accounting upon moral distress	Moral distress is caused by lack of human resources that leads to needing to prioritize patients to be cared for	<i>"Most of the time, two nurses per ward and without nursing attendant. Just imagine you have to do several tasks like take your patient in diagnostic area and take important documents to other office, you consume more of your time doing things that is not your job description as a nurse."</i>
	<i>Moral distress is caused by not having the necessary equipment to meet the urgent needs of the patients</i>	<i>"I will never forget that incident. The relatives of their patient were shouting while crying because their patient lost consciousness. Sadly, there were no available equipment to revive their patient and the sad part is that he was still fighting for his life"</i>
Aftermath of moral distress	Ineffective nursing health care	<i>"We are obliged to do multi-tasking which believe can alter the efficiency of us nurses delivering quality care to our patients"</i>
	Medication errors	<i>"But there was one case that I can never forget, wrong infusion of blood involving doctor and medical technologist during my shift"</i>
	Documentation errors	<i>"Simple cases of morally distressing situation like error in documentation done by my co-nurse and medication administration which I believe is wrong and up to now is not addressed properly"</i>

This section accounts to the discussions on alighting, accounting and aftermath of moral distress as major themes formulated during the analysis on the study.

Alighting upon Moral Distress

The infrequent experiences to moral distress among nurses supported by Schaefer *et al.* (2018) [96] in their study "Moral distress in nurses: A description of the risks for professionals". Based from the findings, 189 (59.6%) professional nurses out of 268 were experiencing moral distress rarely. However, most of the participants were reported to experienced moral distress in some point of their

professional lives. According to Karakachian & Colbert (2017) [56], occasional encounter of nurses dealing with their personal values, beliefs and professional knowledge and these situations that they have encountered makes them feel constrained and unable to do what they consider to be the "right thing" because of family preferences, workplace culture, lack of resources, institutional policies, and/or directives from supervisors. Moreover, though these experiences are felt on occasion, it is important to understand its negative impact on patient care and the nursing profession. This experience is also believed to be part of daily professional life for some health care providers.

Moral distress as a wide-ranging phenomenon is also experienced repeatedly. Surprisingly, Schaefer *et al.* (2017) found that out of the 268 nurses who participated in their research, 83(31.1%) of them have experienced moral distress frequently. This implies that the level of moral distress may be different from one nurse to another.

Accounting upon moral distress

The theme "Accounting for moral distress" represents the factors why moral distress occurs. It is known as antecedents.

Several participants in this study shared that they experienced moral distress because of incidences done by their colleagues. These incidences happened because of lack of human resources and they need to prioritize their patients that led to clinical errors and poor nursing care.

The Philippine Health Care Delivery System (2018) explained the merit of providing the proper manpower for hospitals in order to meet quality health care. Moreover, the diversity and complexity of health environment should be considered as a basis for providing ideal work force. Even though most of the top hospitals in the Philippines have better and advanced facilities that can cater patients' needs, it is vital to consider quantity of these health providers specifically nurses who are the frontlines of delivering quality health service.

Moreover, poor nurse-patient ratio distribution has a tremendous effect in nursing. Mata (2017)^[82] explained that because of the quick turnover of nurses who work abroad, the Philippines' nursing is in crisis. This is validated from the data of the Philippine Overseas Employment Agency (POEA) that 92,277 nurses have left the country work abroad since 2012 and that almost 19,000 nurses leaving every year. In account to poor nurse-patient ratio distribution, Bacasmas (2019)^[4], stressed that the current nurse-patient ratio can reach up to 1:40 in some hospitals, these may be the culprit of needing to prioritize patients to be cared for due to lack of human resources.

Moral distress is caused by not having the necessary equipment to meet the urgent needs of the patients. In account to this theme, several experiences of the nurse participants were explored during interview. Statements were identified as one of the roots for moral distress that led to negative impact on nurses. Some of them shared their sentiments. The unavailability of hospital equipment due to due to shortage is a known barrier to the ability of the health provider to deliver quality and efficient health care. Moyimane *et al.* (2017) emphasized the importance of having enough medical equipment as it is an essential tool used by nurses for prevention, diagnosis and treatment disease and for rehabilitation of patients. Moreover, there study have revealed that the unavailability of these equipment have a negative impact on nursing care, nursing profession and the hospital. Nurses should be provided by enough medical equipment in order to provide quality nursing care. Leadership and management and organizational structures should be supported to ensure that procurement for medical equipment is properly implemented. However, because of the situation of most of the hospitals both private and public in the research locale in terms of logistics and structures, this condition remains to be the cause of clinical errors that leads to a morally distressing condition.

Relating the lack of resources to moral distress such as

unavailability of hospital equipment, Abassi *et al.* (2014) explained that health providers may encounter moral distress during their practice because of incidences that violates their moral and ethical principles and due to shortage of medical equipment resulting to poor health care. Several statements during the qualitative data gathering of this study have proved that antecedents to moral distress leading to errors such as clinical malpractice were because of lack of medical equipment such as resuscitation devices, incubators and even the unavailability of critical area that is vital in providing critical care.

On the other hand, most of the antecedents to moral distress were due to incorrect nurse-patient ratio distribution that represents insufficient human resources. The insufficiency of manpower in the research locale led nurses to delegate some of their responsibilities to patient's family members in which several clinical errors happened. Delegating nursing responsibilities should follow principles of leadership and management. These core responsibilities are identifying tasks for delegation based from the client needs, ensuring appropriate education in terms of skills, channeling of communication, assessment and evaluation. Delegation should also be with correct personnel. However, delegating one's nursing roles and responsibilities to patient's family members is not correct because it may jeopardize the patient's wellbeing. According to Wojciechowski (2019), inappropriate delegation of one's responsibility to non-nursing personnel can negatively impact patient care while also potentially exposing the nurse liability to lawsuits and other clinical complaints. On the other hand, effective delegation allows the nurse to do, that is making effective judgments about their patients and coordinates care. However, the nurse should maintain accountability and full responsibility of any circumstances that can happen to his patient.

Driscoll *et al.* (2017) meta-analysis on the effect of nurse to patient ratios on nurse-sensitive patient outcomes revealed that the higher the nurse staffing, the lower the rate of hospital mortality. However, they suggests that further studies need to be conducted on the association of nurse patient outcomes to offset the paucity and weakness of research in this area and that to be able to provide further evidences that will recommend the importance of optimal nurse-patient staffing specially in specialized units.

Aftermath of moral distress

The Aftermath of moral distress represents the after effect of experiencing a morally distressing event. Nurses shared experiences about ineffective and poor nursing and health care affects their own principles and values and these led to experience moral distress. According to Ramos *et al.* (2016)^[89], ineffective and poor nursing care causes moral distress. This condition where also explained by Jameton (2010) in his concept of moral distress among nurses, the phenomenon happens because of poor clinical situations.

Moral distress results in medication errors that eventually leave the patient receiving the effect of inefficient health care. An article from the Medcom Trainex (2015)^[71] explained that healthcare workers today are facing challenges and that they must adapt to the demands of new technology in healthcare system. Statistics have shown that 70 percent of individuals in the United States take at least 1 medication per day, and more than half of all Americans take 2. Every day at least 1 death in the United States

happens as a result of medication errors. This situation is quite alarming because of its negative effects. Relating this to the current situation of medication errors led by nurses in the Philippines, Dumo (2012) in his study “Factors affecting medication errors among staff nurses: Basis in the formulation of medication information guide” showed that medication errors have seriously affected patient safety and integrity of the nursing profession. Competency level of nurses and their hospital experience affects their skill in preparing and administering medications to their patients. It is also evident that incorrect nurse-patient ratio distribution can affect the competence of nurses who are administering medications to their patients.

Further, moral distress results in documentation errors that eventually leave the patient receiving the effect of inefficient health care. Krishna & Khyati (2010) [59] explained the importance of effective documentation helps

in achieving patient care, outcomes of the treatment and helps to plan for future intervention. The importance of time management is indicated in their article from giving medication and doing clinical interventions to documentation. It will lessen errors if proper facilitation is done. However, they also pointed out that incorrect attitude of nurses due to lack of motivation, awareness, ineffective documentation framework and inadequate process of auditing leads to errors. In this study, participants shared experiences on documentation errors were due to lack of training and incorrect nurse-patient ratio distribution. Several studies concluded that these causes hinder quality nursing care. Therefore, it is important to motivate nurses to document accurately, increase awareness and knowledge of nurses in documentation by providing adequate training programs.

Table 2: Final thematic map for consequences of moral distress

Emergent Themes	Subthemes	Significant Statements
Physiologic manifestations	Insomnia	“I always think of these situations even during my sleep. All the things that I think are wrong with the hospital”
	Loss of desire for food	“You lose your appetite because you are preoccupied with those stressful situations.”
	Losing weight	“I also experienced upset stomach, feeling of stomach pain, vomiting and sometimes diarrhea”
	Skin complaints	“Pimples, I noticed that my face had so many pimples after several days of morally distressing event”
	Negativity effect	“It is like a domino effect. In the physical, you can see or feel it right away. The aura is very negative”
Psychological manifestations	Compromised nursing care	“Because when they commit mistake there is a delay in workflow of intervention and because of that, quality nursing care is affected”
	Questioning oneself	“I am thinking am I the cause of my patient’s death? Am I doing or providing quality nursing care?”
	Feeling stressed out	“I experience burnout!”
	A desire to give up	“You also tend to be lazy to work because your enthusiasm is low and you become lazy because your focus is to contemplate or think of the incidences that happened”
	The after effect	“You also tend to be lazy to work because your enthusiasm is low and you become lazy because your focus is to contemplate or think of the incidences that happened”
	Unable to focus	“It is difficult for me, I become pre occupied”
	Following own principles against hospital policies	“Sometimes, there are institutional policies that you believe may not be right. You violate these according to your principles and values as a nurse”
	Motivating oneself to become better	“The more I experience these situations; it made me stronger since I have a lot of experiences”
Perpetual manifestations	The feeling of guilt and sadness	“It was very sad. Up to now I pray for his soul and his family, up to now I still feel the pain and the guilt and I hope and wish that there will be forgiveness for everyone, move on and that the relatives, specially his mother will have peace in her heart and acceptance”
	The feeling of devastation	“I was devastated. What is sad is that he is the only child, if I can just turn back time, how I wish that I was not involved in that situation”
	The feeling of being lost	“Sometimes you wish that your profession is different but at the end of the day you just move on”
	The feeling of frustration	“For the demands of the patients which may be inconsiderate, I feel repulsive sometimes”
	The feeling of being afraid	“Feeling of unease until the time that you do not see the effect of that condition in your patient”

Physiologic manifestations

The emergent theme *physiologic manifestations* represent the physical effects of moral distress among nurse participants.

The nurse participants revealed that having moral distress results to sleeplessness. The participant who had a morally distressing event experienced insomnia primarily because of feelings of guilt and sadness. Supporting the statements of the participants that they experienced sleeplessness because of moral distress, Ramos *et al.* (2016) explained that physical sickening was widely reported by several authors as an effect of moral distress. It is manifested by symptoms

such as fatigue, insomnia, muscle pains and headaches. It is known that nursing involves a certain level of physical demands. Nurses’ feelings should be respected because they directly interfere with the care delivered. Strategies should be created to help these professionals cope with distressing situations and be prepared to deal with conflicting experiences of their daily clinical routines brought by a diverse work environment.

Also, the loss of desire for food accounts that having moral distress makes the participant lose her appetite. The integrative review of Dalmolin *et al.*, (2012) [25] focusing on implications of moral distress on nurses and its similarities

with burnout explained that moral distress in nursing has physical manifestations. The continuous morally distressing conditions experienced by nurses will result to physical symptoms such as crying spells, loss of sleep, loss of appetite, nightmares, feelings of uselessness, tachycardia, headache, muscle pain, sweating, shivering, gastrointestinal disorders, and stress. It is important to address these manifestations, develop preventive and coping mechanisms and formulate interdisciplinary education about moral distress and its effects to help strengthen the health care force especially nursing. Moreover, group discussion forums and simulation of conflicting situations are important in order to discuss issues related to ethical and moral concerns. Having moral distress makes the participant lose weight. Losing weight is also a manifestation of moral distress because of several physical symptoms experienced after encountering several distressing incidences. Since nursing demands physical activities in the clinical setting, it is important to address known physical manifestations of moral distress because these can alter effective nursing care. Moreover, Phiri *et al.* (2014) [84] emphasized the need of supporting nurses' management on stress and transforming the work environment to facilitate healthy lifestyles.

The link between acne and stress is evident. For several years, experts have suspected that stress worsens acne, but evidence was mostly anecdotal. However, in 2003, a Stanford University study published in the Archives of Dermatology found that college students had acne flare-ups during exams, a period in which they reported more stress. Other factors identified are correlated with age and hormonal imbalances (Kam, 2011). Further, since moral distress is a stressful condition, we can correlate acne to this phenomenon.

The negativity effect experienced by the participant accounted that having moral distress makes him hard to smile and feeling negative throughout the day. This effect of moral distress is associated by its emotional manifestations. Dalmolin *et al.* (2012) [25] explained on their study "Implications of moral distress on nurses and its similarities with burnout" the connection between negativity and emotional manifestations. Emotional manifestations have 3 dimensions which are emotional exhaustion, reduced personal fulfillment and depersonalization. Other emotional manifestations of moral distress are identified such as: feeling of guilt, resentment, anger, humiliations, embarrassment, sadness, misery, anxiety, fear, insecurities, depression, and job dissatisfaction. These manifestations can have a negative impact on one's life.

Psychological manifestations

Aside from the physical manifestations of moral distress that came from the nurse participants during one on one interview, there were also psychological effects because of experiencing a morally distressing event.

Ragavadu (2016) discussed the impact of moral distress on the provision of nursing care specifically among critical care nurses as serious that needs prompt management. His study revealed that there is a significant negative effect of moral distress in providing nursing care. The failure to address this phenomenon affects nurses. They lose their capacity for caring, avoid patient contact, and fail to give quality nursing care. According to Rushton (2006), Nurses in moral distress experience physical and psychological problems and physical withdraw from the bedside, barely meeting their

patients physical needs. Further, moral distress negative effects do not only affect patients and their families but the whole health care delivery system.

The participants shared that having moral distress makes them question their selves. These statements accounts to questioning oneself in the aspect of providing quality nursing care. Epstein and Delgado (2010) [32] explained the importance of recognizing moral distress once experienced. From various clinical errors to hospital/institutional policies that distresses nurses, it is important to identify these concerns, accept and manage to lessen feelings of frustration and anger that leads to question self-integrity and self-respect. Unfortunately, these feelings are often neglected because nurses and other health providers are often hesitant to speak openly. As a result, morally distressing individual may feel isolated and devastate his moral integrity. Moreover, Several authors cited in this study have mentioned the negative effects of moral distress. Ramos *et al.* (2012) cited several physical manifestations when nurses encounter a distressing situation such as fatigue, insomnia, muscle pains and headaches. On the other hand, Dalmolin *et al.* (2012) [25] tackled emotional dimensions of moral distress which are identified as emotional exhaustion, reduced personal fulfillment and depersonalization. Other emotional manifestations of moral distress are identified such as: feeling of guilt, resentment, anger, humiliations, embarrassment, sadness, misery, anxiety, fear, insecurities, depression, and job dissatisfaction. Moreover, Cavanagh *et al.* (2015) [18] described how moral distress affects the workplace environment. Nurses may experience poor communication, lack of trust, defensiveness, lack of collaboration and high turnover rates. These manifestations are evidently contributing factors to stress felt by nurses. To further support this discussion, Borhani *et al.* (2014) [12] explained that stress is a common phenomenon in the nursing profession and that stress as a result of burnout; job dissatisfaction and professional pressure are also the consequences of moral distress.

Another factor under psychological manifestations is that having moral distress makes the participants want to quit their job (A desire to give up). Nurses face challenges in today's acute care environment. Because of the diversity and complex work responsibilities, emotional and physical stress, they themselves experience burnout. Pendry (2007) [83] in his article "Moral distress: recognizing it to retain nurses" explained that the evidence of moral distress among nurses causes fast turnover in their jobs. 15 percent of the nurses in one study reported resigning to a position due to moral distress. Even though this phenomenon is highly evident in their clinical workplace, it is believed that nurses often seem to be unaware of experiencing moral distress. Moreover, an organizational commitment to addressing the issue of moral distress could reap benefits with greater job satisfaction, decrease turnover, and ultimately improved patient care.

The after effect pertains to haunting the participant when experiencing moral distress. Henric *et al.* (2017) [42] did a qualitative study about the consequences of moral distress in the intensive care unit. They interviewed 19 staff nurses, 4 clinical nurses, 13 physicians, and 20 other health professionals. Using focus group discussions, they found out that nurses and other health care providers' response to moral distress have negative impact because of the negative emotional consequences. Further, nurses and other

healthcare providers are prone to quitting their work in the clinical setting. This concludes that the long term effect of experiencing moral distress is quick turnover in the nursing and other health care profession.

On the other hand, there were participants who are motivated after experiencing moral distress. Rushton (2016)^[112] explained the importance of recognizing one's moral responsibility in providing quality and holistic care. Rushton's emphasis is building moral resilience to neutralize moral distress. Similar to use moral distress as motivation, moral resilience is a conscientiously examining one's views. It arises from a self-regulated, balanced mind and heart, an open and curious non corrective mindset, clear values, and principled mindset. If we are morally resilient, we are definite in our moral action despite fear in our own limitations. This is important in achieving positive results from the ambiguous, complex and conflict-laden situations. There are strategies to cultivate moral resiliency among health care providers and these are fostering self-awareness, develop self-regulation capacities, develop ethical competence, speaking up with clarity and confidence, finding meaning in the midst of despair, engaging with others, participate in transformational learning and contribute to a culture of ethical practice. Creating a regular time and commitment to cultivate the elements of moral resilience and engaging its resources are essential for one to become better in the midst of morally distressing conditions. Moreover, Borhani *et al.* (2014)^[12] study suggests the relationship between moral distress and the nurses' intent to stay in their profession. The study revealed the higher they experience a morally distressing event the more these nurses want to leave their profession. On the other hand, majority of them who experienced medium level of moral distress did not intend to quit their job as nurses.

Perpetual manifestations

The emergent theme perpetual manifestations accounts to the emotional effects of moral distress.

As for the feeling of guilt, sadness and feeling of devastation, one of the participants shared his experience several years ago. It was an incident of medical malpractice resulting to patient's loss. The researcher felt the sincerity and truthfulness and that these unsung stories depict the magnitude of moral distress among nurses.

The effect of moral distress on nurses varies. Depending on the incidence and how they accept it. This is based from the thick description of narratives that the participants have shared. However, it is important to provide coping strategies that will recognize moral distress and its impact to health care providers. According to Wurzbach (2015)^[111], moral distress is an existing phenomenon that affects health care providers especially nurses. When someone did something

that is against one's principles and values, there will be guilt or feeling that somehow one did something wrong. This supports the statement that came during the interview with participants in this study. Moreover, Sasso *et al.* (2016)^[93] in their study "Moral distress in undergraduate students: A systematic review" concluded that the impact of morally distressing situation may manifest as anger, feelings of guilt and frustration, anxiety, depression, loss of self-esteem and a desire to give up the profession.

Further, having experienced moral distress makes the participant lost. This is the description for the theme feeling of lost. There are situations or conditions that they cannot control and what they do is accept it. These conditions can be clinical practices and institutional policies that Jameton (2013) conceptualize as the contributing factors for moral distress. The description of the theme feeling of being lost that was shared by one of the participants during interview is linked to the feelings of guilt, sadness and not able to focus after witnessing antecedences of moral distress. Karachachian & Colbert (2017)^[56] explained that moral distress may lead nurses to feel helpless and hopeless which in turn contributes to depression. Feeling of lost and depression coincides with one another. According to Ferreira (2018), feeling lost feels like depression. You might feel unmotivated and interested. You may feel that life is meaningless. Found on the same article, Tartakovsky (2018)^[105] emphasized the importance of acknowledging and accepting these feelings for awareness and management. "When the person acknowledges their feeling of being lost emotionally, they can attend to it" Mullen (2018). This implies the importance of acknowledging and accepting consequences of morally distressing conditions to be able to manage these correctly.

Furthermore, some of the participants in the interview mentioned that they were frustrated because the quality care that the patients need were not given and that the demands of their work environment is high. This condition is related by several factors like clinical errors, poor hospital protocols and incorrect nurse- patient ratio distribution. The feeling of frustration is one of the emotional manifestations of moral distress if the nurse feels that there is compromised patient care (Dalmolin *et al.*). Moreover, the focus is to be able to create and discuss coping strategies for moral distress and preventive measures of its impact. Further, the prevention and coping strategies for moral distress deserves special attention to avoid the naturalization of this phenomenon to nursing. Scholars suggest boosting educational awareness of the phenomenon, establishing good communication between health care providers and administrative people and engaging into a regular debriefing method that will strengthen support.

Table 3: Final thematic map for moral decisions

Emergent Themes	Subthemes	Significant Statements
Conveying	<i>A sense of accountability</i>	<i>"Being an operating room nurse and head at the same time, I always remind my co-nurses the importance of accountability"</i>
	Sticking with own principles	<i>"I establish my own identity as a nurse and my principles in relation to the code of ethics"</i>
	An act of courage	<i>"For me sir, when I know it is not correct and not according to my beliefs and principles, I will not do it"</i>
	A patient advocate	<i>"I am bargaining with the decision of relatives"</i>
Confronting	Clarifying to someone's mistake	<i>"Whenever i experience a morally distressing situation, I guide my co-nurse who made mistake"</i>
	Clarifying patient's care	In the side of clarifying patient's care, the participants shared the following; <i>"for doctors, I will tell them that it should be like this or it shouldn't be like this because we are dealing with patients' lives"</i>
	<i>Verifying patient's medical management</i>	<i>"I also ask questions or clarifications or some things which I know is not correct or will potentially harm my patient"</i>
Communicating	Asking opinions of everyone in decision making	<i>"We meet halfway"</i>
	Applying correct channel of communication	<i>"We decide based from the stressful situations that we handle these situations as one in our unit and we see to it that it does not reach our supervisors"</i>
Consulting	Consulting with supervisors	<i>"I report these incidences to our head nurse for proper documentation"</i>
	Reporting to the ethics committee	<i>"In my previous hospital, we have an ethics committee that assists in certain kinds of issues that we know can be morally distressful for us nurses and other health care providers. Certain decisions are discussed in the committee right after every session. It alleviates situations when you know that certain things or certain situations are being addressed properly by the hospital"</i>
	Asking opinions of the management regarding problems encountered	<i>"Good thing, we have a toxicologist that we call to observe patients in cases of medication errors and luckily there are no incidents of death"</i>
	Weighing institutional policies	<i>"For me sir, hospital policies and nurses values and principles goes hand in hand. That should always go hand in hand especially in facing moral distress situations"</i>
	Obeying protocols and policies	<i>"I contemplate, weigh things, the pros and cons and eventually I have a decision"</i>
	Conducting check and balance	<i>"We double or triple check doctors' orders and even call the doctor who ordered"</i>
Culminating	Undergoing stress management	<i>"Stress management is important for us nurses to ensure that we will be emotionally and physically well for us to be able to perform better"</i>
	Management intervention	<i>"Our hospital is now ISO certified and with that we are exposed to seminars regarding how to handle this process or handling situations like that. In cases of morally distressing situation, what the hospital does is to call for a meeting to discuss issues and concern but not in a deeper sense"</i>

Conveying

The emergent theme conveying accounts expressing oneself in terms of beliefs, values and principles.

A sense of accountability explains that nurse participants are accountable to everything that is within their responsibility. This is the guiding principle used in their decision-making whenever they encounter a morally distressing event. The global health defined accountability as an important legal, ethical and moral term that reflects to the attitude of one person to others in the aspect of responsibilities and obligations to groups, community and society (Milton, 2015) [72]. Moreover, found on the Nurses (ICN) 2006 code of ethics, "the nurses carry a responsibility and accountability to nursing practice". The importance of having a sense of accountability among patients will promote high standards of nursing care. Some of the participants when interviewed answered their moral decisions are based from their perspective of being accountable to everyone. However, experiencing morally distressing situations affect the health care because of its wide manifestations or negative effect. The importance of providing a comprehensive moral distress management is evidently seen in several research studies. Nevertheless, nurses and other health care providers being front liners of delivering quality health care have a responsibility to address these concerns and their decisions should be bounded by the nursing ethical and moral principles that

they learned.

During interview, some of the participants also mentioned the importance of sticking with the principles and values that they have learned in nursing and that these principles they used in decision-making guides them to deliver quality health care despite of shortcomings and challenges brought by a complex and diverse clinical environment.

The act of courage represents nurse participants fighting for what they believe is right for their patients. This is an important characteristic that must be developed to build confidence and sustain nurses' empowerment. Also, an act of courage represents how the participant clarify, question and assert with others in their actions when it is perceived to be ethically and morally incorrect. From several antecedences of moral distress that was explored by the researcher during the course of interview, miscommunication between the participants and colleagues, clinical errors and vague physicians' orders were bravely clarified. On the other hand, there were circumstances that good working environment was promoted because of good communication and rapport. Several authors suggested that the use of stress management program is vital not only in resolving the phenomenon's manifestation but also to reduce its occurrences. Abbasi *et al.* (2019) in their study "Effect of moral empowerment program on moral distress in intensive care unit nurses" found that the moral empowerment program has been effective in reducing moral distress and is

recommended that this frame be implemented in order to reduce moral distress and empower nurses.

Advocacy in nursing is essential. To be able to provide health care according to the standards brought by dynamic change of environment, a nurse should not only have competence and compassion but also a patient's advocate. According to Gerber (2018), patient's advocacy is an essential nursing responsibility. Nurses should be able to speak in behalf of their clients to be a catalyst of communicating, understanding and decision-making in a diverse and complex environment. It is vital. Moreover, nurses should promote, advocates for and protects the rights, health, and safe of the patient. These should be evidently seen in nursing practice. (American Nurses Association's Code of Ethics, 2016)

Confronting

The emergent theme confronting for moral distress explains how the nurse participants assert their selves in situations that what they believe is ethically correct and that is according to their principles and values. *Clarifying to someone's mistake, clarifying patient's care and verifying patient's management care* composed this theme.

One of the positive actions of the participants is that clarifying statements were used whenever someone commit mistake in the clinical setting. Coming from the participant, it is one way of helping other that lacks clinical orientation and clinical skills. It is also used for training and mentoring. This is a helpful way to decrease incidences of errors committed and ensure that quality care is rendered effectively. Davis (2017) ^[26] emphasized the importance of professional accountability in nursing to ensure that professional standard through competence will be met. A continuous implementation of the gold standards and principles anchored with evidenced based practice will maintain the skills of nurses in rendering quality care. Moreover, professional accountability with enable active participation, open communication and establish good relations among health care providers.

According to Lyndon, Zlantik & Watchter (2011) ^[66], the hallmark of safe patient care is effective communication. Effective communication in the health care delivery system requires excellent communication skills, excellent listening skills, superb support from the administration and collective commitment to move past traditional hierarchy and professional stereo typing. Clarifying statements were used by the participants to the physicians who are in command in providing health management and care. It is also used as a strategy to lessen incidences of clinical errors and stress. However, there were reported cases of power abuse that resulted to conflict between nurses and physicians that concludes the historical definition of "physicians being the captain of the ship and nurses are the one who follows". Further, interpersonal relationships and collaboration among nurses and other health care providers are necessary for improvement of patient outcomes, prevent clinical errors and improved relationship with other disciplines. (Jakubowski & Tracy, 2018) ^[49].

Aside from talking to the doctor when participant believe that the management is incorrect or not best for the patient, verifying patient's medical management was also mentioned in their decision making. The following statements accounts to verifying patient's medical management.

Communicating

The emergent theme communicating has 2 descriptions, *asking opinion of everyone in decision-making and applying correct channel of communication*. Good decision making and critical thinking skills are important qualities to be effective health care provider. Nurses should possess these traits. In decision making, Nibbelink & Brewer (2018) ^[76] emphasized the importance of incorporating vital evidences into nursing care practice to meet standards. It should also be evidence-based. Moreover, there is a strong connection between getting opinions from others in the decision making process and communication. Xaxx (2000) described the importance of acceptance in decision making and communication is improved when everyone in the process feels that their opinion is taken seriously and respected. However, there are instances that some people will not communicate their thoughts and feelings because they fear negative reactions and repercussions. It is important to provide a welcoming atmosphere and build relationship.

Based from the article Importance of communication in nursing (2014) ^[48], outstanding communication skills are special attributes in nursing. Nurses who are exposed to different work environment and being with other health care providers should master good communication skills because they communicate with patients, dealing with stressful incidences, communicate with patients' families and with other health providers. Good channeling of communication facilitates messages across clearly and can save a lot of time. Channeling of communication also avoids role confusion and role complexity. In the aspect of moral distress, Scarlet & Miller (2018) ^[95] suggest that good communication and proficiency skills can help reduce incidences of moral distress. Moreover, mentorship and discussions regarding one's experiences are powerful solution to moral distress during training and beyond.

Consulting

The emergent theme consulting was formulated because some of the nurse participants consults with their nurse managers/supervisors, reports to their ethics committee about pertinent issues such as clinical errors and conflicts and asks opinions of the management regarding problems that they encountered. These actions are positive in way that they know how to resolve the aftermath of moral distress and its negative consequences. There were participants who consult with their superiors because they are attuned with management process in their organization.

The importance of consulting with your supervisors provides accountability and transparency to everyone. This represents empowerment. Good communication and consultation are vital in management process. Moreover, all managers need to communicate and consult with employees so as employees should also communicate and consult with their managers to be effective. However, it is important to implement correct channeling of communication and inter-departmental referral system (Acas, 2016). Further, Hamric (2017) ^[40] articulated that consultation activities are effective in dealing with moral distress. It involves how the organization/institution provides effort in addressing the phenomenon and its providers.

For reporting to the ethics committee, the researcher found that out of the 9 hospitals in Nueva Ecija, only 1 hospital has ethics committee. This concludes that there is a need to form

a group that will oversee compliance with the rules of conduct, standards and policies. The ethical principles in nursing should be evidently seen in all aspects of providing holistic care. These principles are the guiding philosophy of a nurse in his professional journey. There is also a strong relationship between moral distress and ethical decision making as seen in several literature. Jasmin (2016) suggests that in order to reduce moral distress, open discussion about ethical decision making is recommended. It is important to understand what is ethically correct in deciding what is best for the patient.

Since experiencing moral distress creates a negative impact on physical and emotional aspect, it is essential to create an ethics committee that will tackle ethical issues such as ethical dilemma & decision-making. Moreover, Green (2011) explained that the role of this multi-disciplinary committee can provide consultations about patient care dilemmas, give debriefing after a trying case, improve communication processes and offer open discussions about various experiences of nurses that result to a morally distressing condition. However, based from the statements of the participants, most of their hospitals do not have an ethics committee and stress management program.

The last component of the emergent theme consulting is asking opinions of the management regarding problems encountered. To be effective health provider, one must know the scope of his practice and be able to ask opinions of others who are experts in their field. According to Carlson (2016) [16], the liability that nurses care in the scope of their practice is high and it is important to know it. Be aware and vigilant and understand changes to this scope as they occur because every case is different and healthcare system is dynamically changing. However, nurses should be able to know their limitations though resiliency and adaptability can be an advantage in nursing practice. Further, the importance of getting the view point of the administration is that suggestions and feedbacks from the policy makers will be considered. Based from the article "The importance of feedback" (2018) [106], constructive feedback may be used as a robust tool for creating healthy environment, foster unity and accountability, boosting productivity and engagement leading to better outcomes. Moreover, feedback affects communication, team member's interaction and teamwork. From the participants' statements, they shared that one of their strategies in addressing issues pertaining to clinical errors and challenges is that they communicate with the management on how to help them address ethical dilemmas encountered.

Culminating

The emergent theme culminating represents *obeying protocols and policies, weighing institutional policies, conducting check and balance, undergoing stress management and management intervention*. Culminating in this study is the process when the nurse participants face moral distress.

The importance of obeying institutional protocols and policies were tackled in this study and since moral distress is also rooted from this aspect and evident in some of the participants' statements, it is important to present the advantages and consequences of adhering to this policies and protocols. Leonard (2018) [62] explained the benefits of obeying the protocols and policies of the organization are that it will protect the employees in lawsuits and other

problems. However, there are some cases that these policies may be against the employees' principles and their clients and these cases may lead to morally distressing events.

Asking others' opinion, communication and consultation were evidently seen during the interview sessions with the participants. However, others shared that they stick on obeying protocols and policies even it is against in their principles. They described that obeying the hospital's policies is necessary to ensure smooth facilitation of roles among health care providers. According to Leonard (2018) [62], the benefits of obeying the protocols and policies of the organization are that it will protect the employees in lawsuits and other problems. However, there are some cases that these policies may be against the employees' principles and their clients.

Aside from obeying, some of the participants weight these policies before following it. This also accounts to integrating one's values and principles for the sake of delivering quality care. Since nurses represent the largest health force, they are considered the check and balance of the health care delivery system (Bird, 2016) [9]. During interview with the nurse participants, the researcher found that there are hospital policies and protocols that trigger a morally distressing event to nurses. There is a need to reevaluate and realign these policies to promote health and provide quality service according to standards. Several statements coming from these participants accounted to the use of check and balances as their basis for decision making.

Since this study explored antecedences, consequences and moral decisions among nurses who encountered moral distress, stress management was mentioned during the interview. According to Roberts & Grubb (2015) [91], person focused and organization focused interventions approaches to reducing stress is the most promising. These are integrated approaches which are advocated by scholars to prevent and reduce job related stress. Further, stress management program which has been one of the most widely applied job stress theories had produced positive results in several health organizations. Further. There were participants who mentioned that there were conducted activities that pertain to stress management. However, they confessed that the activity did not meet their expectations and did not provide positive effect because of the way how it was conducted. They also mentioned that stress management can aid to solving the negative impact of distress in their work environment.

According to the nurse participants, though there were conflicts between the hospital policies like incorrect nurse-patient ratio distribution, poor scheduling of nurses' duties and errors in clinical practice that resulted to morally distressing situations, the management addresses these concerns promptly. This only implies that stress related issues can be addressed properly with the support coming from the administrative personnel. The management intervention revealed by the nurse participants' addressed violence against policies. The importance of good management is that it helps achieving group goals. Orchestrating resources and integrating them ineffective manner to achieve goals. It also establishes a sound organization by effective authority, responsibility and relationship. The nurse participants shared that their hospital's management addresses violence against policies. The researcher concludes that support from the management is seen thru activities, seminars and other strategies to

empower their organization.

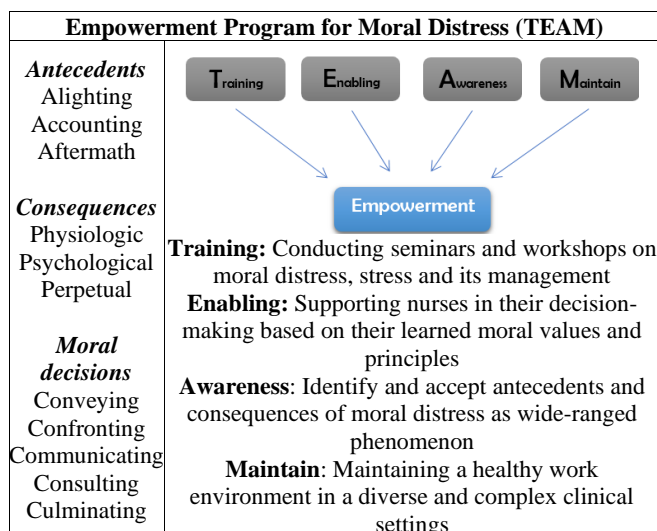


Fig 2

This figure is the proposed empowerment program for moral distress among nurses in selected hospitals in Nueva Ecija. TEAM which means *training, enabling, awareness* and *maintain* represents the core domains that will be used as guiding strategies to address moral distress antecedents, consequences and nurses’ moral decisions. Further, the objective is for empowerment that will not only maintain the standards of health care but also uplift the morale and integrity of the nursing profession recognizing nursing as the primary builders of health care delivery system. In a more detailed description, because of the negative impact of moral distress on nurses’ professional and personal lives, debriefing activities will make them more resilient in dealing with this phenomenon and that their institution will have awareness and support with them. The uniqueness of this empowerment program is that activities were based from the results of this research study. The guiding domains for collating activities and programs of TEAM are based from the moral distress level of the nurses, description of socio-demographic profile, its relationship and emergent themes from the thick narratives. These were formulated from the quantitative and qualitative data gathering and data analysis of this research.

In account, the APC of moral distress were formulated. APC represents antecedents, consequences and moral decisions of nurses. *Alighting, accounting* and *aftermath* represent antecedents. For consequences of moral distress, *physiologic, psychological* and *perpetual* were formulated. Their moral decisions illustrate five vital components; these are *conveying, confronting, communicating, consulting* and *culminating*. Though the result from the quantitative phase of this study indicates low moral distress level, it is important to provide a regular activity that will facilitate verbalization of moral distress experiences, reflection and management.

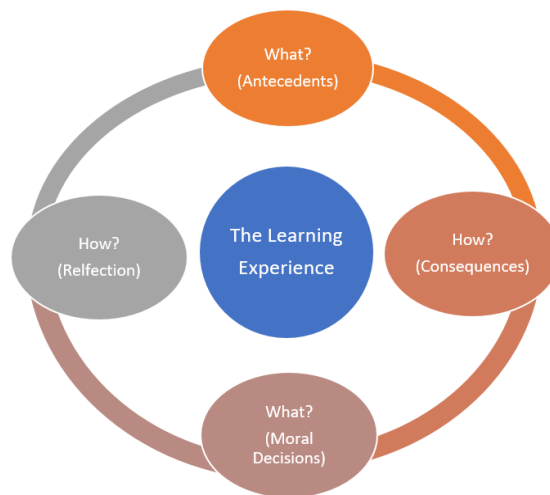


Fig 3: Debriefing Cycle for Moral Distress

This figure illustrates the debriefing cycle for moral distress where the objective is to facilitate openness by encouraging nurses who experience the phenomenon to verbalize their feelings, discuss and reflect to achieve learning based from what they have encountered. Browning (2018)^[14] explained that debriefing is a powerful tool to successfully address moral distress among health care-workers and may protect them from experiencing burnout, detachment and quitting from their profession. Along with empowerment program, these activities aims to strengthen the nursing workforce specifically addressing antecedents and consequences of moral distress and use their moral decisions as their advantage to improve their personal and professional beings. The debriefing cycle has five phases. There will be a one on one, round table discussion and a facilitator who is an expert in the field of moral distress and counseling. The first phase is exploring antecedents of moral distress. It answers the “*what happened?*” followed by “*how do you feel?*” that describes moral distress consequences of manifestations. Their moral decisions will be explored from “*how does these experiences relate with one’s principles and values?*” and the final phase is culmination where in the facilitator together with the participants will integrate all shared experiences and learning. This phase will be achieved from the rapport, openness and meticulous discussion and reflection of the group. Moreover, the debriefing activity can be done regularly until positive results have been achieved.

5. Concusions

This research study was undertaken to understand moral distress and its magnitude among nurses. By exploring this phenomenon, the researchers have concluded that antecedents and consequences of moral distress experience by nurses vary and that most of them have experienced moral distress though there were not aware. Further, recognizing moral distress is important to help them cope with its negative effects. In the aspect of their moral

decisions, it has been found that there is a strong connection between what is practiced and their principles and values as nurses; meaning, their decisions are influenced with hospital policies, clinical practices and their philosophy. Health leaders and managers should be open to change and align their policies and protocols according to standards. A culture of respect and autonomy should also be observed. Nurses' opinions and voices should be recognized for empowerment. The researchers also concluded that though moral distress impact has negative effects, it can also be used as coping mechanism for self and professional development. Lastly, moral distress is a wide ranged phenomenon that is inevitably happening and affecting nurses and as a result, it may alter them to provide quality care. With regards to this, a management program is important that will deal with this phenomenon in the account of recognition, acceptance and dealing with its negative manifestations. A debriefing method is vital that will help nurses to reflect and deliberate moral distress as part of their professional journey.

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