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Abstract

Nurses in resource poor countries in Africa struggle daily with inadequate supplies of drugs, safe water, medical equipment and essential supplies. Shortages of these resources means that nurses are unable to provide quality care thereby leading to frustration and demoralization directly from the lack of resources and indirectly from the nurses' unhappiness. The aim of this study was to describe factors of Ethical distress as experienced by nurses in Kenya. A qualitative phenomenological design was used. The informants identified the factors they believed had contributed to their ethical distress experiences as being lack of resources, patients' poverty, cultural beliefs and absenteeism among nurses. Based on the results of the study, it is concluded that the institutions' lack of resources and their patients' poverty greatly affect nurses' clinical performance that compounds their struggles with their patients' conflicting cultural beliefs. It appeared that the common factors causing ethical distress included: cultural beliefs, lack of resources, staff shortage and poverty among patients, hence to reduce these common contributory factors of ethical distress such as cultural beliefs and lack of resources, nurses can join programs that will train them to offer cultural competent care to their clients and from these programs they can learn to appreciate different cultures and approaches to patient care. To curb the problem of poverty among the patients', hospital administration personnel can check with patients and create awareness about registration of health insurance, in order to reduce the problems of patients not being able to pay bills.

Key words: *Ethical distress, Nurses, demands, supply, resources, culture, Absenteesim*

1.1 Introduction

Workplace distress is the physical and emotional outcomes that usually result when there is disparity between the demands of the job and the amount of control the individual has in meeting those demands.Nurses as professionals are trained to work efficiently although factors like conflict at work, lack of resources, burnout, and poor supervision lead to ethical distress which affects the work performance and most especially patient care (Hamilton, 2012).Anderson and Schrimshow (2003) explains that, culture and ethnicity create a unique pattern of beliefs and perceptions as to what "health" or "illness" actually mean. This pattern of beliefs in turn influences how symptoms and procedures are recognized, to what they are attributed, and how they are interpreted and affects how and when health services are sought.In an African country such as Kenya, it is expected that many ethnic groups have different beliefs and customs although these sometimes do not go along with health care and a nurse's own knowledge and belief.

Maluwa et al.'s (2012) study done in Malawi found that nurses in resource poor countries, struggle daily with inadequate supplies of drugs, safe water, medical equipment and essential supplies. Shortages of these resources mean that nurses cannot provide quality care thereby leading to frustration and demoralization.The greatest losers are patients, both directly from the lack of resources and indirectly from the nurses' unhappiness.In Kenya, nurses provide the bulk of direct patient care but maldistribution of nurses has caused understaffing which eventually leads to overworking of nurses (Kenya Nurse Workforce Report, 2012).Moreover, working conditions worsen for nurses working in Kenyan hospitals where there is understaffing as a result of work challenges which leads to distress (Kafulafula, 2006). This study aimed at describing the factors contributory to Ethical distress as experienced by nurses in Kenya.

2.1 Research Methodology

The study adopted a qualitative phenomenological design. The study was done at Kenyatta National Hospital, Machakos and Kisii County Referral Hospitals.Convenience sampling was used to select the hospitals and informants from a population of registered nurses. Nurses shared the factors that were contributing to Ethical distress willingly, 14 registered nurses from different departments and hospitals were selected. At Machakos County referral hospital the researcher

recruited three nurses from different departments. At Kenyatta National Hospital, the researcher recruited four nurses. At the Kisii County Referral Hospital, the researcher recruited seven nurses. The interviews were audio recorded for higher fidelity, i.e. increase the trustworthiness of the study. The focus group interviews consisted of two to four participants. The Interview process for the groups lasted 30 minutes as each of the participants shared their experiences according to the interview protocol. The participants seemed to remember and shared more factors in groups.Data was analyzed from direct fieldwork observations, in-depth, open-ended interviews, and written documents through thematic content analysis

3.1 Research findings and Discussion

The results were presented per the objective. The study notably sought to answer the research question, "What are the factors of ethical distress as experienced by nurses in Kenya?", themes were formulated from the participants' responses and descriptions. These themes include: *Cultural beliefs, lack of resources, shortage of nurses, patients' poverty and absenteeism"* as presented below

3.2 Lack of Resources

This theme emerged the most common factor that contributed to ethical distress. The Kenyan nurses used terms such as "not enough", "We don't have adequate supplies," to describe how these factors affect the quality of nursing they give to patients. For example, participant A expressed:

> 'In this hospital, the issue of infrastructure is something that is there, so if patients are full, definitely that day you will have stress. Because sometimes, patients come in to deliver, we admit all and yet the six beds we have are not enough so they end up sharing.' (P_A)

Participant F, a nurse administrator from a small hospital in the interior areas of Kisii with a bed capacity of 100, explained:

> 'At times you want to attend to a patient and really you don't have the supplies especially the gloves. You miss other things like cotton wool, even if you want to transfuse a patient you end up to send a patient's caretaker to buy supplies so you can assist them.' (P_F)

Participant F has worked as a nurse for 16years and explains how hard it becomes to offer patient care but basic supplies are insufficient. She also gives an example of bloodtransfusion which clearly shows the importance of having enough supplies to assist patients in the clinical area.

Participant M, a nurse in charge at the eye clinic, stated: "There are times we don't get enough supplies like masks and gloves and you see we have to protect ourselves from infectious diseases." In relation to this, Participant J also expressed how shortage of basic supplies like gloves can cause frustration:

> 'As a nurse in charge, I am responsible for many things. For example, I have few nurses and others are not coming to work and I end up doing my work as well as that of a staff nurse. It becomes very hectic for me. Supplies are not enough sometimes and it causes delay and frustration when we work.'

Participant B, a nurse in charge, alsoexplained how rooms and lack of equipment is another factor: "I can relate to participant A that sometimes you have mothers who deliver but things like delivery courts are not enough."(P_B)

Participants A, B, E, and J from different settings in hospitals in Nairobi, Machakos and Kisii identified lack of equipment as a major factor which contributes to ethical distress. Shortage of supplies is a common stressor to nurses. Similarly, a study done in Malawi by Andre (2012) found out that working with inadequate resources in terms of drugs, time, staff and equipment was the major problem with regard to patient care and it caused more distress among health care professionals. Nurses in resource poor countries in Africa struggle dailywith inadequate supplies of drugs, safe water, medical equipment and essential supplies. Shortages of these resources means that nurses are unable to provide quality care thereby leading to frustration and demoralization directly from the lack of resources and indirectly from the nurses' unhappiness.

3.3 Staff Shortage

The theme, staff shortage, emerged as another common factor contributing to ethical distress among the Kenyan nurses. Most of these nurses found it difficult and ended up overworking as there were not enough nurses in the facilities.

Participant A, a nurse manager from Nairobi stated: "You can even experience that a lab technician needs a nurse to assist him in some procedures but because nurses are few, such help is not guaranteed." Participant A gives an account of how other health professionals such as the lab technicians need nurses to assist in some procedures, but because of staff shortage such help is hard to give. This situation causes ethical distress to both the lab technician who was not able to get help and the nurse who could not extend help.

> Participant J, a nursein the Ear Nose and Throat departmentstated: "As a nurse in charge, I am responsible for many things. For example, I have few nurses and you get others not coming to work and I end up doing my work as well as that of a staff nurse."

Both participants A and J explain how staff shortage affects the daily work of nurses and other health professionals. When few nurses are present in the clinical area, there becomes more workload for the present nurses causing burnout and stress.In relation to this, Falk and Chong (2008) state that nurses have been most actively involved in micro- allocation decisions that directly affect patients. Nursing education, nurse socialization, and the tasks of the typical nurse's workday, for the largest percentage of nurses, provide ongoing exposure to critical issues affecting direct patient care. Moreover, CAN (2000) suggests that when resources are limited, the dilemma for nurses is how to fulfil their ethical duty to assist clients achieve quality level of health care.

In line with previous studies, the main causes of workplace distress were the demanding working situation and workload and a lack of influence. Distress caused by a heavy workload due to staff shortage in relation to the number of patients.This has consequences for the quality of nursing care, which was thought to be unsatisfactory when nurses did not have time to meet patients' needs (Hertting, 2004; Olofsson,Bengtsson, &Brink,2003).

3.4 Patients' Poverty

Poverty among patients emerged as another factor that contributed to ethical distress among the nurses in Kenya. Most of the nurses stated that most of the patients they cared for were not insured and did not afford medical procedures that they were required to do as they were costly for them. The Kenyan nurses explained that this factor contributes to

ethical distress as sometimes a patient would die as he or she couldn't afford a certain procedure.

Participant D, a nursing officer from a big public hospital with a capacity of 500 beds, stated:

> 'Poverty is among the distresses we face in ethics. You find patients abandoned by their caretakers because they can't clear their bills. If you check the poverty level, it is absolute.'

Participant D explains how some of their patients are unable to pay bills and their care takers abandon them in the hospital which clearly shows distress to the nurses. On the same idea participant C, a nurse working in the wards,added: "Other patients request us to pay for them but you know it's not allowed here and also we cannot pay for all of them."

Participant C, a nurse who has worked for 20 years explains how some of the patients request for the nurses' assistance although the nurses are not allowed to offer financial aid in their hospital since all the poor patients may ask for the same assistance every day. This could be distressful for the nurses. On the same issue, participant A, a nurse manager from Nairobi,explained:"I do try to explain the importance of availing for insurance but sometimes the patients are ignorant and don't register for insurance."Hospital insurance creates an affordable arrangement for poor patients in Kenya although as participant A mentioned, he tries to explain to concerned patients the importance of registering for insurance but due to ignorance of some of the poor patients, poverty still becomes a problem which these nurses have to handle. Participants A, B, C, and D all speak of the same factor which is clearly a factor that contributes to ethical distress according to their statements.

When patients lack sufficient money or health care insurance, financial matters usually become integrally intertwined with biomedical considerations in the process of clinical decision making. Clinicians may be compelled to bend billing or reimbursement rules, lower standards, or turn patients away when they cannot afford the costs of care.

3.5 Cultural Beliefs

Cultural beliefs emerged as another common theme among the factors mentioned by the participants as they described their experiences. Kenya is a country with many different ethnic groups and cultures and this has a great effect on nursing care according to the Kenyan nurses. There are 42 Kenya tribes, each contributing to the country's diverse and rich culture and heritage. Additionally, the tribes of Kenya are known for their unique history, culture, values, lifestyle, language, religion, food and more. In this case, a patient who has just delivered a baby requests to be discharged immediately after giving birth as it is in her culture that she heals in her house with the care of her mother.

Participant D, a nurse officer from Nairobi who has worked for 12 years, found it difficult to convince this kind of patient on the importance of observation and continuity of treatment after delivery.

> 'Our facility is quite small in terms of infrastructure and if you see our delivery room, the space is limited so you find a whole family of a mother to deliver wants to be inside the delivery room during delivery as it is their custom although the hospital's policy forbids it. It's very stressing and challenging although at the end of the day you just have to respect different cultures.'(P_D)

Participant D's encounter with an extended family who all want to be present in the small delivery room while their relative is delivering a baby. This situation could be challenging as there is a clash between imposing hospital rules and respecting patients' cultural beliefs. Aside from the small space, hospitals usually consider the possibility of infection if there are too many people in a small space. In relation to this, Lebron (2003) explains that culture is always a factor in conflict, whether it plays a major role or influences it subtly.Ironically, conflict can provide nurses with an excellent opportunity for developing compassion, the emotional task of sharing in one's suffering and at the same time the conflict created makes it hard to offer health care as the nurse is left in dilemma of respecting culture and offering quality care and appropriate treatment.

Participant B also described how beliefs of different ethnic groups compromise with the accepted and required treatment and nursing care. She voiced:

> 'Once after a delivery, a woman refused to shower as it was her custom not to touch water until the infant is 2 days old because they believed the gods cleanse the infant before it is exposed to worldly things like water.'(P_B)

The same participant stated:

> 'When our mothers have delivered, we are actually supposed to observe them for some time until they are stable, but they insist on being discharged as soon as they are delivered because they believe healing should happen only at home. So as a nurse, I take time and explain the importance of observation and they still insist that according to their custom, they should recover at home. You just respect their wishes even if it's contrary to ethics and health care.'(P_B)

The same participant recalled an incident while she was stationed at a different region in Kenya.

> 'I have worked in many different regions and I remember once a mother who had just delivered, insisted that we wrap a specific black ribbon around her newborn's cord as a sign of protection. We tried to explain infection control but in vain.'(P_B)

Participant B, a nurse who has worked for 34 years in different areas in Kenya, currently works in Nairobi where almost all cultures in Kenya are represented. She gives different examples of her encounters which clearly show how culture affects the healthcare system and sometimes nurses have to respect both the patient's culture and the accepted treatment hence it becomes difficult for the nurse in such a position.

Culture in terms of health behavior has been defined as the unique shared values, beliefs, and practices that are associated directly with a health-related behavior, indirectly associated with a behavior, or influence acceptance and adoption of the health education message. Although culture is a valid explanatory variable for racial and ethnic differences in health outcomes, researchers need to recognize that knowing someone's ethnic identity or national origin does not reliably predict beliefs and attitudes (Egede, 2006).

Anderson and Schrimshow (2003) explain that, culture and ethnicity create a unique pattern of beliefs and perceptions as to what "health" or "illness" actually mean. This pattern of beliefs in turn influences how symptoms and procedures are recognized, to what

they are attributed, and how they are interpreted and affects how and when health services are sought.

In an African country such as Kenya, it is expected that many ethnic groups have different beliefs and customs although these sometimes do not go along with health care and a nurse's own knowledge and belief. Culture and religious beliefs often contrast with the research based knowledge in nursing. Nurses' main focus is the client's well-being although this can be challenging as they are expected to provide care and respect to the patients' beliefs. In this study, cultural beliefs emerged as a common theme as the nurses in Kenya described their lived experiences of ethical distress. It was also mentioned as a common factor that contributes to ethical distress among the nurses in Kenya.

Culture is elastic hence knowing the cultural norm of a given group does not predict the behavior of a member of that group, who may not conform to norms for individual or contextual reasons. Moreover, the author has noted that culture is always a factor in conflict, whether it plays a major role or influences it subtly.Ironically, conflict can provide nurses with an excellent opportunity for developing compassion, the emotional task of sharing in one's suffering and at the same time the conflict created makes it hard to offer health care as the nurse is left in dilemma of respecting culture and offering quality care and appropriate treatment (Lebron, 2003).

3.6 Absenteeism among Nurses

Absenteeism was also a common factor contributing to ethical distress according to the participants.

> 'Participant D, a nurse officer in the patient support department stated:
>
> Absenteeism has become a common problem, you see to begin with, we have few nurses and when others are absent which alerts the authorities, it is unfair and the other nurses suffer the workload' (P_D)

The same participant explained:

> 'You find a nurse is trained all the time on things like punctuality but still you will find a nurse not on duty, not punctual or a patient has been verbally abused by this nurse. Such things bring about ethical distress' (P_D).

Participant D explaind how absenteeism contributes to ethical distress. He gives examples of nurses coming in late and others absent without alerting the nurse managers hence it becomes a burden to those who have to perform duties of those who are absent. As one of the factors of ethical distress given by the participants is staff shortage, absenteeism adds to the distress.

Today's healthcare environment has become demanding for nurses at a time when there is a significant shortage of staff to meet the multiple needs of patients. An ethical issue can occur in any healthcare situation where profound moral questions of "rightness" or "wrongness" underlie professional decision-making and the beneficent care of patients. For example, critical care nurses often face suffering head-on, and might question the balance between the value of attempts to preserve a patient's life and aggressive physiological measures that appear to prolong anguish and yield no fruitful outcome. Understandably, all members of the healthcare team, including nurses, can be affected by ethical decisions as they address the stressful and sometimes exhausting nature of working through ethical problems and in this case, shortage of staff (Ulrich et al.,2010).

Similar to the statements of the participants of this study on absenteeism, Erlen (2004) also states that nursing shortage has become persistent and is challenging the values and beliefs of the nursing profession and causing nurses to ask how they can fulfil their ethical responsibilities to patients when there are an insufficient number and a maldistribution of nurses. Job dissatisfaction, experiencing ethical distress, and wondering about their inability to provide quality patient care are some of the challenges expressed by nurses. The author addresses the commitment to care for patients and the ethical dilemma with which nurses are grappling i.e., caring for self-versus caring for others.

A study by Maluwa (2012)in Malawi found that understaffing forces nurses to abandon opportunities to sit with patients listen to their fears and provide all required nursing care. Furthermore, inadequate staffing leads to work stress burnout, job dissatisfaction, decreased morale and staff sickness, which lead to increased absenteeism, turnover, and poor patient care. In addition, heavy workload often robbed nurses of time to reflect on their own distress. Nurses continue to care for too many patients and stifle their own negative feelings. The greatest losers are patients, both directly from the lack of resources and indirectly from the nurses' unhappiness.Maluwa et al.'s (2012) study done in

Malawifound that nurses in resource poor countries, struggle daily with inadequate supplies of drugs, safe water, medical equipment and essential supplies. Shortages of these resources mean that nurses cannot provide quality care thereby leading to frustration and demoralization.

Participants expressed that the stressors of working with few staff available was apparent in their setting. Few nurses meant enormous workload to most of the participants and this led to burnout and feelings of distress at the end of the day. Handling more patients than anticipated in a day was among the experiences of these participants some of whom were handling over 100 patients in a day. Nurses in Kenya consider the quality of nursing care to be dependent on the number of staff working and the workload. Sometimes, these nurses felt they did not have enough time to talk properly to the patients and could not always give them basic care. The shortage of nurses diminished the quality of care provided.

Table 1 presents the summary of the factors that contribute to ethical distress according to the participants of this study.

Table 1: Factors Contributory to the Ethical Distress Experienced by Nurses

Theme	Participants' Statements
Lack of Resources • Equipment • Staff Shortage	• Often as a nurse manager I get frustrated when the supply section sends message that they are short of basic things like gloves ,cotton wool and even thermometers.(P_A) • Delivery beds not enough. (P_B) • Patients share beds. ($P_{B)}$ • As an administrator I have few nurses and they tend to overwork. (P_A) • I am the only nurse in this clinic; it has taken a long time for my request of another nurse to go through. (P_J)
Patients' Poverty	• Poverty is absolute in this area. (P_D) • Most of my patients cannot get cleared to go home as they can't pay bills so they end up staying here and getting sick again. (P_A) • We have had cases of babies delivered here and mothers running away reason being they can't take care of the children so they grow up here. It's tough to find homes for these children.(P_B,) • Some patients cannot afford procedures that require lots of money and it's sad when they die and as a nurse you know it's because of poverty.(P_A)
Cultural Beliefs	• Kenya is a country with many different cultures. I respect that but it's also hard to offer nursing care to a patient who believes otherwise. (P_D) • A family once came to a member's delivery and insisted on being in the delivery room as it was their custom to be present.(P_B) • Once after a delivery, a woman refused to shower as it was her custom not to touch water until infant is 2 days old.(P_B) • The mother insisted that we wrap a specific black ribbon around her new-born as a sign of protection. we tried to explain infection control but it was in vain.(P_B)
Absenteeism Among Nurses	• When a nurse is absent and we are few, it becomes hectic for other colleagues. (P_A) • Some hospital workers such as the lab technicians are absent or arrive late and the patients need results. At the end of the day it becomes the nurse's fault. (P_L)

* P_{letter} represents the participant

4.1 Conclusion and Recommendations

Based on the results of the study, it is concluded thatthe institutions' lack of resources and their patients' poverty greatly affect nurses' clinical performance that compounds their struggles with their patients' conflicting cultural beliefs.The nurses identified and described different factors that contributed to ethical distress experiences. From the results, it appeared that the common factors causing ethical distress included: cultural beliefs, lack of resources, staff shortage and

poverty among patients, hence to reduce these common contributory factors of ethical distress such as cultural beliefs and lack of resources, nurses can join programs that will train them to offer cultural competent care to their clients and from these programs they can learn to appreciate different cultures and approaches to patient care. To curb the problem of poverty among the patients', hospital administration personnel can check with patients and create awareness about registration of health insurance, in order to reduce the problems of patients not being able to pay bills.

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