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Nurses' Description of their Lived Experiences on Ethical Distress

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Abstract

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. Stress occurs anytime and it indicates that the demands placed upon the person have exceeded the person's personal resources, whether these resources are physical, emotional, economic, social or spiritual. Thus, workplace stress occurs when the challenges and demands of work become excessive, the pressures of the workplace exceed the worker's ability to handle them and job satisfaction turns to frustration and exhaustion. Thus, the aim of the study was to describe nurses' lived experiences on ethical distress. A qualitative phenomenological design was used. The findings showed that the key informants described their lived experiences on ethical distress as frustrations, stressors, hardships and challenges resulting from lack of resources and overwhelming responsibilities of nurses. It was found that the nurses in Kenya have similar lived experiences on ethical distress and this lived experiences are described as scarcity of resources and overwhelming responsibilities. The study concluded that nurses experience the same situations despite being located in different areas which include Nairobi and Kisii. The study also concluded that nurses are entitled to numerous responsibilities although it is more than they can handle and these responsibilities become overwhelming and cause distress. The study recommended that the county governments should strive to provide adequate human, material resources and improve on infrastructure. The study also recommended that proper measures should be put in place to curb absenteeism and punctuality.

Keywords: *Lived experiences, Ethical distress, Nurses, Kenya*

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1.1 Introduction

Ethical distress arises when conflicts occur between an institution's business ethics and the nurse's professional ethics, West (2007), it comes in when ethical problems arise among nurses in different situations hence experiencing ethical distress may be an expression of how a nurse is sensitive to the moral aspects of the nursing practice and this includes the appreciation of the patients and the values that are embraced within the hospital(Anderson, Cronqvist, Lutzen, & Magnusson, 2003; Silen, 2011).Ethical distress experiences call for the awakening of the nurses and administrations with the focus of improving patient care and nursing practice. 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 affect the work performance and most especially patients' care (Hamilton, 2012).Usually, ethical distress is described in high-income countries and settings such as in Europe and the USA but it has not been described in third world countries. Little has been reported to address ethical distress in detail in resource challenged regions such as sub-Sahara among other parts of Africa. A study conducted among Ugandan nurses found out that most of these nurses undergo ethical distress (Harrowing, 2010).

Tanzanian nurses, who worked in several different departments, seemed to experience their work as mostly filled with difficulties; they felt like they had too many duties; the lack of equipment or defective equipment; and not having enough training or knowledge. Other difficulties included lack of acknowledgement and understanding from their supervisors and feelings of not being valued by their supervisors and doctors. This pressures arising from their work situation can negatively affect nurses' self-confidence and self-reliance, and sometimes these difficulties even seemed to affect the nurses' thoughts about themselves and their patients (Harggstrom, Mbusa, & Wadensten, 2008); The nurses had also experienced working with infectious patients without access to adequate safety equipment hence the nurses felt threatened by the possibility of becoming infected with a serious disease (Haggstorm, et al., 2008).

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).There is a dearth of information regarding the ethically distressing experiences of nurses especially in the African countries. Most of the studies have dealt with statistics but have not really explored the ethical distress experiences of these nurses. This study provided a qualitative insight on the ethical distress experiences of the nurses in Kenya and also provided a deeper understanding as it focused on the daily ethical situations that these Kenyan nurses handle.

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 who

had lived experiences on ethical distress. Nurses who had lived experiences on ethical distress were able to share their experiences 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 Refferal 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 experiences 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 Discussions

This section presents the themes extracted from the lived experiences of nurses on ethical distress. Nurses described their lived experiences on ethical distress as frustrations, stressors, hardships and challenges resulting from lack of resources and overwhelming responsibilities. Two major themes emerged from their lived experiences of ethical distress. These themes include resources and overwhelming responsibilities.

i) Scarcity of resources

Many of the situations involving lived experiences on ethical distress that were reported by participants seem to occur due to inadequate and lack of resources. Resources, in this case, are based on equipment and the number of staff working in various departments of the different hospitals.

Participant A, a nurse manager working in a hospital in Nairobi, mentioned: "*Ethical distress is when you know the right thing to do but there are no resources hence you cannot provide good care*." He feels that when a nurse knows the right action to take but cannot go through with the action, then it becomes ethical distress. On the same idea, **participant E**, a nurse manager who has worked for 33 years felt that lack of equipment leads to ethical distress as the nurse could not give the required holistic care to the patients. Participant E stated: "*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."*

Participant E states how basic things such as gloves and cotton wool are not available and yet a nurse still has to give patient care. Similarly, **Participant I,** a nurse in the emergency room in an average sized hospital with 200 beds, had the following to say:

'*I understand ethical distress as the challenges a nurse experiences and the feeling you get when you cannot assist a patient because you are stopped by things like not having equipment or resources'*. (P_I)

Participant I also explained how lack of essential equipment stops a nurse from giving care to a patient in need and this brings about ethical distress to a nurse who wants to help a patient but cannot. Participant I's statement is similar to that of participants E, A, and J in

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that they all mention how not having basic things such as not having the needed equipment hinders them from providing nursing care to their patients.

Participant B, a nurse in charge in the administration of a big public hospital in Nairobi, 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 you get others 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.'(P_J)

Participant J explains how she has various responsibilities to handle and sometimes when a colleague is missing, she has to perform her duties as well as that of an absent nurse hence it becomes too much work and at the end of the day causes frustrations. On the same idea, participant M, a nurse working in an eye clinic of another average size hospital in Kisii with 300, beds 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."* Participant M speaks on how they do not get enough basic supplies such as the masks and gloves and she fears that they may contract infectious diseases without the use of these basic essentials.

Poor infrastructure was mentioned by participant B a nurse working in Nairobi as she described their ethical distress experiences. She explained how the spacing in their department was not enough for quality care by saying:

'*Experiences in the wards like now, in our set up here, infrastructure is a stressor, like our delivery room is a small room whereby it happens that there are two mothers who are ready to give birth and the delivery court is only one'*. (P_B)

Participant B gives an account of spacing where their delivery room is quite small and she further gives an example of two patients who need to deliver at the same time but the delivery court is only one hence they end up using the normal beds to perform some of the deliveries.

Participant A, a nurse manager from a hospital in Nairobi said:

'In this hospital, the issue of infrastructure is something that is there, so if it happens that patients are full, definitely that day you will have stress.' (P_A)

Having worked for 11 years, participant A who is a nurse manager in the administration, explains how stressful it becomes when they encounter numerous patients in their hospital.

ii) Overwhelming responsibility.

This is the second theme that emerged as the nurses described their lived experiences of ethical distress.

Participant N, a nurse in charge of the special clinic within the hospital, stated: "The casuals who are supposed to clean this place do not clean well or they disarrange stuff and we end up doing their work for them." This statement shows how distressed nurses are in

terms of work because of their co-workers' irresponsible behavior. Participant N also states:

'I work in this emergency area and also at the maternity ward. And often I encounter young patients who want to be counselled because they want to perform abortion. They insist on the opposite of what I try to explain in terms of ethics and still they will undergo abortion in other places and later I receive the same patient being brought in because of maybe blood loss. It is not easy handling these cases at all but we try.' (P_N)

Participant N feels that all workers should be responsible for their duties. She further explains how sometimes they end up doing duties of others together with theirs hence causing too much work. She also speaks of how she works in two different departments at times and she has to handle a patient who refuses to listen to specified instructions.

Participant E, a nurse manager in the administration in a small hospital in Kisii with an average of 200 beds in Kisii, described how too much work causes stress. She voiced:

'*Usually I overwork and get burned out because the number of patients I attend to per day is more than the ones I am required to see according to the nursing law. Then at the end of the day you get distressed and at times when you talk to patients, some of them are abusive, could be physical and hurt you and by the end of the day you get a lot of burnout'.* (P_E)

On the same issue, **Participant F**, a nurse manager working together with participant E, described how busy her schedule was until sometimes she would not get breaks. She stated:

'*Sometimes at our level(nurse manager), you find that you come on duty very early in the morning, no break, no lunch and you leave late because you are handling very many cases and issues. As much as we are handling patients, there are issues we also face as managers and they end up distressing us*. (P_F)

Participant E, a trained nurse administrator who has worked for 33 years as a nurse, explains how she has to attend to a huge number of patients per day and at the same time deals with disrespectful patients who are abusive. All her encounters create burnout at the end of the day. Similarly, **participant F** mentions how she handles many duties and sometimes does not get breaks to rest hence it becomes overwhelming and distressing. Participants found it overwhelming when their colleagues missed work or arrived late.

Participant D, a nursing officer stationed in the Patient Support center voiced:

'You find a nurse 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).

The same participant further explained: "*Absenteeism is common among our nurses. Actually I could say absenteeism without proper authorization. Such things are common here."*

Participant D, a nurse who has worked for 12 years finds it overwhelming to deal with colleagues who are absent on duty or are not punctual. He further explains how distressing it becomes when he has to deal with disciplinary cases which involve the nurse and the patient. On the same issue of lateness and absenteeism, participant A, a nurse administrator working in a big hospital in

Nairobi with a capacity of 500 beds found it distressing when most of her nurses did not show up on duty or arrived late:

'As an administrator, you find that you are on duty and the others come in late or leave early then you find that you are a nurse and a patient needs to be attended to at the laboratory and the person has left or the clinical officer who was supposed to be there has left too and no one is there to handle the patients.' (P_A)

Participant A finds it difficult to deal with uncooperative nurses who arrive late to work and also she explains how some other health professionals also contribute to distress by being absent so there is no one to attend to patients.

Participant L, a nurse in the maternal health department in a small hospital in Kisii with 200 bed capacity located in the interior areas of Kisii, explained how other health professionals contribute to ethical distress and make situations hard for nurses who are blamed by patients: "*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)

Discussion of the Findings and Conclusion

It was noted that shortage of supplies is a common stressor to nurses. Similarly, a study done in Malawi 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 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 (Andre, 2012).

According to Sessom (2014), attendance as a work ethic includes sticking to work schedules, being ready to start work on time, remaining on the job during the workday to complete duties and limited use of leave. Attendance can be quantified and verified, and employers keep employee attendance and leave records. Employees who show up for work on time more often than not and give proper notice of absences or tardiness are practicing good attendance. When employers check references, they may ask about attendance. Poor attendance usually says a candidate is insensitive to co-workers, unaccountable for his responsibilities and uninterested in company success.

Deussom (2010) explains that absenteeism affects not only the individual but also the organization and economic sector as well. Similar to this study, the participants were clearly affected when their colleagues were absent or arrived late making the ones present doing their responsibilities as well as the responsibilities of those who were absent. The author further explains that, health workers are burdened with additional work and sometimes forced to perform tasks for which they are unqualified so as to compensate for absent colleagues. When more workers are absent without consequences, there is demotivation on those who tended to respect their work hours hence in terms of financial costs, reduced productivity due to absenteeism can be high. A study in Machakos

District, Kenya estimated that the absenteeism rate, averaging 25%, cost each health facility $51,000 per month (Deussom, 2010).

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).

According to the American Nurses Association (2001), all nurses owe duties to the patients they serve. A nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. A nurse is also responsible and accountable for either his or her individual nursing practice and will determine the appropriate delegation of tasks consistent with the nurse's obligation to provide holistic care to all patients. It emerges from the responses that some of the nurses understand ethical distress as being associated with feelings of burnout and overwhelming situations. An interpretive interactionism study on ethical distress, advocacy, and burnout was done in Australia and the results indicated that when nurses repeatedly fail in their attempts to achieve what they consider to be ethically desirable outcomes, they experience frustration, anger and moral outrage. In some cases, the distress that nurses feel, and the recurrence of ethical dilemmas, leads them to burnout (Huard & Fahy, 1999).

The study concluded that Participants D, A, E, and F all experience the same situations despite being located in different areas which include Nairobi and Kisii. Nurses are entitled to numerous responsibilities although it is more than they can handle, then these responsibilities become overwhelming and cause distress.

Recommendations

On scarcity of resources; the county governments should strive to provide adequate human, material resources and improve on infrastructure. On overwhelming responsibilities; proper measures should be put in place to curb absenteeism and punctuality issues; the scope of nursing practice should also be adhered to ensure nurses stick to it to avoid burnout as a result of performing duties out of their scope.

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Declaration of Conflict Of Interest

The researchers wish to declare no conflict of interest. The study was funded and facilitated by the researchers and the results presented as so at that point in time.

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