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ORIGINAL ARTICLE

MORAL SUFFERING EXPERIENCES IN NURSING STAFF

VIVÊNCIAS DO SOFRIMENTO MORAL NA EQUIPE DE ENFERMAGEM

EXPERIENCIA DE ANGUSTIA MORAL EN UN EQUIPO DE ENFERMARIA

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ABSTRACT

Objective*:** to analyze the moral suffering frequency and intensity experienced by nursing staff. ***Methodology*:** a survey study with 95 professionals working in the inpatient and attendance sector in a teaching hospital in Paraná/PR. A form with socio demographic and labor questions, and a rating scale of frequency and intensity of moral suffering was applied. ***Results*:** the situations that cause higher MS frequency are due to inadequate working conditions of professionals in the institution (1,5 points), while the highest intensity construct was related to the staff lack of competence to work (2,15 points). ***Conclusion*:** the hospital nursing technicians coexist in a pleasant way to the situations causing moral suffering in their daily lives, and recognize the factors causing them greater MS during their operations. ***Descriptors: Nursing Ethics; Psychological Stress; Professional Exhaustion; Nursing.

RESUMO

Objetivo*:** analisar a frequência e intensidade do sofrimento moral vivenciados pelos técnicos de enfermagem. ***Método*:** estudo do tipo *survey* com 95 profissionais atuantes nos setores de internação e atendimento de um hospital de ensino no Paraná/PR. Foi aplicado um formulário com questões sociodemográficas e laborais e uma escala de avaliação da frequência e intensidade do sofrimento moral. ***Resultados*:** as situações que provocam maior frequência de SM se devem às condições de trabalho insuficientes dos profissionais na instituição (1,5 pontos), enquanto o constructo de maior intensidade foi relacionado à falta de competência da equipe para o trabalho com 2,15 pontos. ***Conclusão*:** os técnicos de enfermagem do hospital convivem de maneira amena com as situações causadoras de sofrimento moral em seu cotidiano, e reconhecem os fatores que lhes causam maior SM no decorrer de sua atuação. ***Descritores: Ética em Enfermagem; Estresse Psicológico; Esgotamento Profissional; Enfermagem.

RESUMEN

Objetivo*:** analizar la frecuencia y la intensidad de la angustia moral vivida por los técnicos de enfermería. ***Metodología*:** estudio de tipo survey con 95 profesionales que trabajan en el sector de ingreso y servicio de un hospital escuela en Paraná/PR. Se aplicó un formulario con cuestiones socio demográficas y laborales y una escala de evaluación de frecuencia y intensidad de la angustia moral. ***Resultados*:** Situaciones que provocan una mayor frecuencia de AM es debido a las condiciones de trabajo inadecuadas de los profesionales de la institución (1,5 puntos), mientras que la más alta intensidad de construcción se relaciona con la falta de competencia del equipo para el trabajo (2,15 puntos).Conclusión*:** Los técnicos de enfermería del hospital coexisten en una manera agradable con las situaciones que causan angustia moral en su vida diaria, y reconocer los factores que los causan mayor AM durante sus operaciones. ***Descriptores***: Ética en Enfermería; Estrés Psicológico; Agotamiento Profesional; Enfermería.

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INTRODUCTION

The work in health area is surrounded by situations that cause stress and emotional conflicts which may reach all individuals inserted in the care process.[1] Hospital area suffers the tensions accumulation and difficulties in everyday care, since that the high labor demand puts professionals in intense contact with their patients.[2] the nursing staff when caring approaches in a single way to their patients, and is faced to a variety of feelings that permeate from the patients' vicissitudes to their difficulties at the care process.

For professionals in nursing, care is a complex and iterative process that involves learning, autonomy, humility and continuous reflections, with a view to a better life quality.[3] The nursing care realization, however, can lead the staff to face poor working conditions, biological risks, difficulty relationship with their peers and even asymmetrical relationships with other health professionals.[2]

The work accumulation, with everyday stresses can lead the health staff to their professional exhaustion, and consequently reflect in their performance.[4] These situations substantially affect some of the workers who come to experience the moral distress in their area, recognized as moral suffering (MS).[5]

MS in health care services takes place in situations where the individual has an ethical and convinced position on their daily actions, but because of the strength of their co-workers or their own institution, feels unable to act as they want, recognizing his moral participation in patients assistance as improper.[6-7] The MS occurrence compromise the human being values, with bio psychosocial, cognitive and behavioral consequences expressed by their atitudes.[8]

Nationally, MS in nursing has been researched in the country south, with important results with regard to the little preparation for the work staff performance, the low workers number in hospitals and the lack of time to carry out the activities.[6-9] in other countries, although the moral suffering scores are low.[10] The occurrence circumstances are similar, referring to the low availability of professional at services, [11] the lack of material resources to support the patients safety[8] and lack of satisfaction with the work.[12]

It is noteworthy that the nursing professionals working conditions reflect in the care quality,[13] and this is therefore an important factor to be considered in health services. Living with the comfort needs in weakness times and interact during the disease acceptance process; becomes a constant challenge for the nursing staff, who finds it difficult to work closely with patients and familiars.[6-14]

Given these conditions, this study raises the following question: how can the nursing technicians live with MS in their daily work? What is this suffering strength? Considering that in Brazil, the researches about MS are recent and limited to a few regions of the country; it becomes relevant to research it to check the main occurrence causes and to interrupt its continuity. In addition, this study may raise a new look for hospital nursing staff, since it covers not only the physical damage caused by the work, but also the emotional and moral experiences of the nursing technicians, who spend their craft in favor of caution.

The objective is to analyze the moral suffering frequency and intensity experienced by nursing technician.

METHOD

Survey study, suitable for the investigation of real situations that involve feelings, beliefs or plans of a group, through forms that describe a problem without determining the variables that affect its occurrence.[15] The steps are: (1) to set the research objective, (2) to define the population and the sample, (3) to conduct the questionnaire, (4) to collect data, (5) to process and analyze the data and (6) spread the results.[16]

The study was conducted in a teaching hospital located in the northwest Paraná/PR. This institution conducts average and high attendances complexity, for various medical and surgical specialties, targeted to patients of the host city and neighboring municipalities. Currently it has 94 beds.

The studied population was the nursing technicians working in the hospital inpatient units, with employment relationships in the statutory, CLT and accredited categories. The hospital has a total of 171 nursing technicians on staff, and of these, 152 are crowded in the research interest areas. It was included the constantly servers in work scale during the current period of data collection; were excluded 22 professionals who were on vacation, maternity leave, clearance for studies and medical certificate prolonged, characterized as justified loss. Among the remaining 130, 35 professionals refused to

participate in the research, which culminated the participation of 95 respondents.

The used data collection instruments were two forms, containing questions related to professional graphic participants characterization (institution, operating time, year of academic education, undergraduate level, age and other), and the suffering Moral scale.[6]

The MS scale used comes from the Moral Distress Scale (MDS),[17] originally drafted in English. It is a Likert scale with seven points ranging from 0 - never or no frequency, to 6 - to very intense or too frequent suffering. Their results can be expressed by calculating the average score for each item answered by the studied individuals. It was translated and validated containing 39 items by Barlem and colleagues [9] that applied it in nursing professionals. Its psychometric evaluation and suitability for the Brazilian reality was conducted by the same researchers that kept only 23 items before the factorial analysis process and the scale reliability.[18] During this process, the remaining 23 items were divided into five constructs, so that items for each variable causing MS could be grouped.[18]

Thus, the scale was divided into the constructs: "Work staff lack of competence " (six items); "Denial of the nursing role as patient advocate" (four items); "Denial of the nursing role as a patient in terminal illness advocate" (five items); " Insufficient working conditions " (four items); "Respect for patient autonomy" (four items). All items are related to possible situations faced in the job routine which may cause ethical dilemmas, and that must be answered according to the frequency and intensity of moral suffering.

Data collection occurred from August 2014 to February 2015, being made weekly visits to the institution hospitalization sectors, pre-test was not conducted, because the instrument use validity is already known. The professionals were approached at different periods by four researchers in the attempt to reach the largest participants number possible. To the participants was given, the options to return the completed form, at a time that if it were possible, or keep it in place previously stipulated by the researchers (identification folder located in the sector), and 95 were returned duly completed, which represents 62,5% of all nursing staff.

Data were tabulated in Microsoft Excel 2010 software and submitted to descriptive statistic, using frequency and percentages for the analysis of workers demographic and labor data. The scale data analysis was also descriptive, and the averages of each item answered in Likert scale were calculated, with no statistical inference on the data. This choice is guided due to the small number of participants, which does not allow correlation analysis for the items and socio demographic and labor variables.

This research project was approved by the Ethics Permanently Committee in Human Research from the Maringá State University, in the opinion nº. 784 176 (CAAE: 30763714.9.0000.0104). All participants read and signed the Term of Consent.

RESULTS

95 nursing technicians participated in this study and from these, 88,4% were female, 35,8% were older than 41 years, approaching maturity. As for education, it is noteworthy that most participants had higher education and graduate despite being crowded in the institution as technical level professionals. Thus, 74,7% had higher education, these 46,3% had graduate, which demonstrates the employees' concern to present a good professional qualification.

The item work time, indicated that 25,3% were already more than 21 years in the same institution. As for the work unit the majority of participants (27,3%) worked in Intensive Care Units (ICU), Adult, Pediatric and Neonatal or related, 20% remained in these units from 16 to 20 years. The sample's socio demographic and labor data are shown in Table 1.

Table 1. Active nursing technicians in a hospital in Paraná Socio demographic and occupational characterization. 2015.

Variables (n=95)	n	%
Gender		
Male	11	11,6%
Female	84	88,4%
Age group		
21 to 30 years old	7	7,4%
31 to 40 years old	18	18,9%
41 to 50 years old	34	35,8%
50 or more	32	33,7%
Did not answer	4	4,2%
Training time		
1 to 5 years	9	9,5%
6 to 10 years	20	21,0%
11 to 15 years	25	26,3%
16 to 20 years	12	12,6%
21 or more	12	12,6%
Did not answer	17	17,9%
Schooling		
Technician	19	20,0%
Undergraduate	27	28,4%
Graduate	44	46,3%
Did not answer	5	5,3%
Work Unity		
ICU (NEO/PED/ADULT)	26	27,3%
Medical Center	13	13,7%
Emergency	13	13,7%
Medical chirurgic	11	11,6%
Pediatric chirurgic	11	11,6%
Human Milk Bank	8	8,4%
Ambulatory	7	7,4%
Gynecology and obstetrics	6	6,3%
Work time at the unity		
> 1 year	15	15,8%
1 to 5 years	16	16,8%
6 to 10 years	21	22,1%
11 to 15 years	11	11,6%
16 to 20 years	19	20,0%
21 or more	7	7,4%
Did not answer	6	6,3%
Work time at the institution		
> 1 years	16	16,8%
1 to 5 years	8	8,4%
6 to 10 years	19	20,0%
11 to 15 years	3	3,2%
16 to 20 years	22	23,2%
21 or more	24	25,3%
Did not answer	3	3,2%

Questions and constructors	F*	I**
Work Staff lack of competency		
Assisting a doctor Who, in your opinion, is acting with no competency with the patient	3,26	1,58
Working with nursing technicians/helpers Who has not the required competency by the patient's condition	2,98	1,97
Working with doctors who have no competency to act.	3,30	2,15
Working with nurses who have no competency to act.	3,28	2,2
Working with medicine or nursing students who have no competency to act.	3,03	2,12
Working with care services that have no competency to act.	2,55	1,63
Denying the nursing role as the patients' advocate		
Allowing the medicine students to carry out painful procedures in patients Just to improve their abilities.	3,28	2,11
Obeying the medical order to not tell the truth to the patient, even when the patient ask you the truth.	2,65	1,33
Observing, without doing anything, when the nursing staff does not respect the patient's privacy	2,90	1,73
Assisting doctors who are not performing procedures on patients after a not satisfactory cardiac recovery.	2,59	1,44
Denying the nursing role as the advocate of patients who are in a terminal state		
Avoid taking providence when realize the terminal patient's abandonment by the health staff	2,82	1,36
Avoid taking providence in patient's death situations related to the Professional negligence	2,57	1,17
Avoid taking providence when realize the terminal patient's abandonment by the family.	3,32	1,93
Begin intensive procedures to save the life when the terminal patient had already shown his desire to die	2,61	1,42
Acting with professionals Who do not explain the patient his health and disease status.	3,21	2,00
Poor working conditions		
Do not have the equipment needed for urgent or emergency care in a patient	3,76	1,5
Need to prioritize the patients to being care because of the lack of human resources.	3,11	2,14
The lack of necessary resources to provide care to the patients.	2,51	1,48
Need to delegate nursing care for the patient's familiars by insufficient human resources.	2,27	2,00
Disrespect the patient autonomy		
Obeying doctor request to not discuss with the patient about cardiac arrest in case of resuscitation.	1,97	0,78
Obeying doctor request to not talk about death when a dying patient asking about it.	2	0,95
Obeying doctor request to not discuss with the family about cardiac arrest in case of resuscitation, when the patient has no discernment.	1,97	0,91
Assisting a doctor Who is performing a procedure in the patient without his or his familiar agreement.	2,13	1,15
Generally, the experienced situations at work cause to me a moral suffering?	2,91	2,39

Figure 1. Moral Suffering Scores per questions and constructors. Maringá - PR, 2015.
*F=frequency/ **I=intensity

Regarding the MS, it was showed that the nursing technicians working in the hospital in question often experience the impact of this charge, but do not report a high intensity of its happening in their daily lives. Intensity averages range between 1,97 and 3,76 and the frequency of its occurrence remained between 0,78 and 2,39. In Table 1, it is possible to observe and analyze the MS intensity and frequency experienced by the studied nursing technicians.

Among the most frequent items listed by the studied nursing technicians, we highlight the item: "Do not have the equipment needed for urgent or emergency care in a patient," with the frequency of 3,76 points. This item allocated to the construct "Poor Working conditions ", although showing a great frequency, revealed an intensity of only 1.5 points.

Another question that deserves attention concerns to the item " Avoid taking providence when realize the terminal patient's abandonment by the family." with frequency of 3,32 points. This item allocated to the item "Denying the nursing role as the patients' advocate," showed significant intensity, with 1,93 points.

The MS biggest intensities were found in the construct "Lack of competence in the work Staff", which presented two items with high level of intensity. The item "Working with nurses who have no competence to act" had 2,2 points, followed by the item "Working with doctors who have no competence to act" with 2,15 points. Both proved to be frequent, averaging 3,28 and 3,3 points, respectively.

The last constructor's question, referring to MS experienced in situations of work generally, averaged 2,91 for frequency and 2,39 for intensity.

DISCUSSION

The results show that most of the teaching hospital respondents are female; this contingent has already been observed in other studies, showing the predominance of women among nursing professionals across the country, [19] representing more than 70% of the health professionals' working force currently.[20]

The female profile often makes the nursing staff likely to suffer violence situations with the authoritarianism and domination on part of the medical team that sometimes is shown in male figure. Even though our society has evolved to achieve the equality, there is still vulnerability in a woman, thus causing a greater violence risk at work and consequently more objectified moral suffering risk.[21]

Relating the group age of this studied participants to a study conducted with nurses in Recife, it was found that older professionals could handle better with stressful situations, possibly because they have more experience in their profession.[22]

Furthermore, it is noted in this study that most professionals crowded in the institution as nursing technicians presented a high level of education, characterized by the completion of undergraduate and graduate. This shows their intention to achieve possible career advancement, as a result of the search for qualification, opportunities and better wages. This result corroborates to studies that analyze the nursing degree choice given the possibility of personal, professional growth, acquisition of knowledge and perspectives of improvement jobs plan and staff career.[23-19]

Working time at the same institution can be explained by the statutory relationship of most participants. The presence of professionals with other forms of statutory relationships confers a poor job of character by not ensuring their labor and social security rights enshrined in law. However, this stability and security framework is accompanied by repeated convivial with other professional categories, the patients' companions constant charging, which added to the lack of infrastructure services, aggravate the stressful situations of the everyday profession. [24]

The not anticipated clearances in scale, physical and mental exhaustion and feelings of helplessness before the demands of assistance have been demonstrated in other realities that highlight the staff who works with an insufficient number of professionals dissatisfaction, causing consequently the exhaustion and mental suffering.[25] Moreover, the professional undergoes to time pressure during his work in different ways: the action time required by themselves; time as social determination and the time required by the constant search to supply health needs to the patient, determined by following the medical prescription in assistance routine.[21]

Factors related to the time and pace of work are very important in determining the MS, since it is known that long working hours with few breaks to rest and/or short meals, night work shifts, alternated or starting too early in the morning, subject the employee to machines rhythm and cause often anxiety states, fatigue and sleepiness disorders.[26]

It is noteworthy that the majority of participants who worked in ICU (27,3%), where hospitalized patients require continuous and complex care, with extremely vulnerable clinical pictures. However, contact with professionals from other sectors is significantly reduced, as well as the relationship with patients, who in large part, are sedated. Accordingly, in a sector with so many peculiarities, the anguish and constant suffering can lead to the physical and emotional exhaustion for these profissionals.[24]

The acting in ICU can bring to employees a high MS rage, affecting the physical and psychological health of workers and interfering in the assistance quality. They remain the suffering and end up adopting defense mechanisms as a disincentive and escape from caring practices. [27]

As for the MS, was observed a lower intensity and frequency comparing it to a Brazilian study in hospital reality, because while research in Rio Grande do Sul found an average of 3,77 to 4,37 for intensity and between 1,98 to 2,57 points [6] for frequency this study showed intensity from 1,97 to 3,76 and frequency between 0,78 and 2,39 points.

Regarding an international level, a conducted study in Belgium found lower MS levels, averaging 1,1 points for frequency and 2,3 points for intensity.[7] Greater levels of MS are related to lower job satisfaction when nursing staff does not have enough time to provide an excellent assistance for their patients.[28]

The above-mentioned statements are confirmed by the average of 3,76 points showed by the item "not have the equipment needed for urgent care or emergency in a patient," responsible for the higher MS frequency in this study. This item refers to working conditions and its information can result MS to the staff.[8] And for being responsible for their patients care and health, they live with the daily anguish for not having support in the care of their own.

Another fairly frequent question was related to the nurses role as patient advocate role, highlighting the item "Avoid taking providence when realize the terminal patient abandonment by the family." On this question, a case study conducted with nurses who assist patients in the end of their life revealed that patient care in imminent death situation is distressing for insufficient patients

experienced by nursing staff, which, although showing frequent in their routine, they are not important for this suffering intensity and averaged 1,5 points. It is noteworthy that the lack of therapeutic resources and the inability to implement, the health care team and family. The repercussions of those cares becomes even more disturbing when ethical conflicts arise while assistance is being provided.[28]

On the other hand, items that caused greater MS intensity were related to lack of competence in the work team, represented by item "Working with nurses who do not have competence to act" with intensity of 2,2 points and frequency of 3,28, and the item "Working with doctors who have no competence to act", with mean scores of 2,15 points for intensity 3,3 for frequency. Professional competence should be the health Staff's focus of attention, because it interferes directly in the care quality and affects the results obtained in hospital institutions.[29]

It was also presented in the study, the high frequency in "Allowing medical students to perform painful procedures on patients just to improve their abilities", dating back to the denial of the nurses role as patient advocate. It is noteworthy that the study was conducted in a teaching hospital, which receives daily students in direct contact with patients and are under the professor's supervision during their assistance. In these cases, not always the nursing staff can opine about the provided care to patients, keeping to themselves their anxieties and concerns.

As regards to the MS frequency and intensity generally, the average scores suggest resilience mechanisms adopted by these professionals to handle with ethical and moral questions that occur in their routine.

CONCLUSION

This research results let us identify that the teaching hospital nursing technicians coexist in a pleasant way with the MS trigger situations, in their daily routine. The existence of SM in the daily routine of these professionals was highlighted, and we can even realize that they understand the situations that trigger high levels of SM and their relation to these factors, either facing the patient or human and physical resources. However, these issues did not interfere in their caring operations.

Despite being held in a hospital related to education, one can relate the present results with other institutions that also have this relationship mode between health professionals and students during the care of diseased patients.

This study may contribute to the nursing staff management, being is important conducted research for investigation and reflection about the worker's health, so that the teams can discuss and fight those issues and minimize the stress levels, anxiety and suffering.

These results are limited due to the low number interviewed individuals, what did not allow inferences and correlations with other variables that could be associated with the MS experience in setting research. Further studies are needed so that the facets that allow the occurrence of suffering in nursing staff can be identified.

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