
ETHICAL DISTRESS AS PERCEIVED BY NURSES IN KENYA

Alice. K. Maranga^{1*}, Sylvia K. Abunga², Catherine S. Mutunga-Mwenda³
and Vincent K. Mukthar¹

1. Department of Nursing, Egerton University, Kenya
2. Seventy Day Adventist Health Services, Nairobi
3. School of Nursing, Mount Kenya University, Kenya

*Corresponding Author: alice.ondieki@gmail.com

Abstract:

Introduction: Ethics have been regarded as a vital part of nursing as a profession since the beginning of modern nursing, starting with the era of Florence Nightingale. Ethical distress occurs when ethical problems arise among nurses in different situations such as when they have to make decisions on life-sustaining treatment. Different factors such as hospital policies can give rise to ethical problems. These problems clearly lead to ethical distress among nurses who have to make different decisions with regard to patients' care; ethical action can be described as listening to patients, putting their needs first and upholding confidentiality. The aim of this study was to describe ethical distress as perceived by nurses in Kenya.

Methods: The study was done at Kenyatta National Hospital, Machakos and Kisii County Referral Hospitals A qualitative phenomenological design was used. Convenience sampling was used to select the hospitals and informants from a population of registered nurses who had experienced situations in the clinical area believed to be causing ethical distress. Data was collected using in-depth interviews and Focus Group Discussions. Data was then subjected to thematic content analysis.

Results: The informants perceived ethical distress as moral uncertainty, ethical dilemmas and moral distress all of which explained their understanding of ethical distress.

Conclusion: Nurses in Kenya have experienced ethical distress regardless of their age, position, number of trainings attended or years of work experience. The two overarching causes of ethical distress among Kenyan nurses are the scarcity of resources and overwhelming workload.

Keywords: Ethical, Distress, Nurses, Kenya.

Introduction

Ethical distress is an expression of how a nurse is sensitive to the moral aspects of nursing practice, and includes appreciation of the patients and the values that are embraced within the health facilities (Anderson, Cronqvist, Lutzen, & Magnusson, 2003; Silen, 2011). Ethical distress can also arise from conflicts between institution's business ethics and the nurse's professional ethics. Barriers for caring for patients are encountered by new nurses as they move from familiar educational milieu into work situations (West, 2007). The frequency of ethical distress has been shown to be negatively correlated to perceptions of ethical climate (Corley, Minick, Elswick, & Jacobs, 2005). Inadequate staffing and administrative policies and practices are usually issues that can cause ethical distress and conflict for nurses (Corley et al, 2005).

Nurses face ethical dilemmas regularly regardless of where they practice, the importance of ethical decision-making lays in the fact that contrasting ethical choices regarding the same ethical dilemma can be made resulting in neither choice being a "right or wrong" decision (Fant, 2013).

A study done in Sweden and China by Wadernstern (2008) discovered that neuroscience nurses have demanding jobs, the nurses in both countries struggle largely with similar ethical dilemmas, even though the causes of the dilemmas could differ. The study further indicated that the ethical

conflicts described by nurses in various countries are global in nature.

In Kenya, nurses provide the bulk of direct patient care but misdistribution 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).

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-Saharan Africa Countries. A study conducted among Ugandan nurses found out that most of these nurses undergo ethical distress (Harrowing, 2010).

This study provided a qualitative insight on the ethical distress experiences of the nurses in Kenya as it focused on the daily ethical situations that the nurses handle.

Methods

This 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 experienced situations in the clinical area believed to be causing ethical distress. Nurses who had experienced 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 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 experiences in groups. Data was analyzed from direct fieldwork observations, in-depth, open-ended interviews, and written documents through thematic content analysis.

Results

Perceived Ethical Distress

To answer the research question, “What ethical distress is as perceived by the participants?” six cluster themes were formulated from the situations that Kenyan nurses perceive as ethical distress. These clusters were further merged into three emergent themes based on Jameton’s definition of ethical distress. According to Jameton (as cited in Silen 2011), ethical distress is divided into three categories: moral uncertainty, ethical dilemma and moral distress, each emergent theme will be

discussed with exact statements from the participants to support every theme.

Moral uncertainty emerged as the first theme extracted from the statements of the participant from their perceptions of ethical distress. Jameton (1984) states that moral uncertainty arises when one is unsure whether or not there is an ethical dilemma, or, if one assumes that there is an ethical dilemma, one is unsure what principles or values apply in the ethical conflict. From this cluster, two emergent themes were formulated and these include: failure to perform professional responsibilities and ethical responsibilities in nursing profession.

Failure to perform professional responsibilities was the first emergent theme. Some of the participants seemed to encounter situations that restricted them from performing their duties according to the nursing ethics.

Participant J, working in the E.N.T clinic explained:

As nurses we are bound by the nursing law and we have moral obligations to consider as we provide nursing care although sometimes we cannot perform the two simultaneously. It is distressing when you are caught up between ethics and dilemma and you got to focus on patients’ well-being (P_J).

Participant K, a nurse in charge of the out-patient department, has worked for 8 years and she stated her understanding of ethical distress as follows: “*I understand ethical distress as the stress feeling a nurse gets*

when nursing ethics and her duties don't go along"

Participant D, a nurse administrator at the patient support center department, had this to say:-

'For me, I can say ethical distress is the challenging situation or circumstances that put a nurse in an awkward position which he or she cannot perform his/her duties as a professional' (P_D).

Participant D, a nurse in one of the hospitals in Nairobi has worked for 12 years, mentions that ethical distress is brought about when a nurse is in an awkward position and either cannot perform expected duties or does not know which action to take. He gave an example of challenging situations such as the problems with defective equipment are likely to predispose nurses to feelings of ethical distress.

Ethical responsibilities in the nursing profession

Participants felt that nurses needed to observe their ethical responsibilities as they provided nursing care. Participant D, working at the patient support center had the following to say:

"I know in the nursing profession that there is ethics, for example if a nurse was to be in uniform... its part of ethics or its ethics, so why is she not in uniform? That is ethics for me. If I was to walk like a soldier, why am I not walking like a soldier? That's what I thought of when I read the questions earlier. And that is the way I was thinking of

defining it. Why have we moved from the ethics? I think it's all connected to distress".
(P_D)

Participant C, 46 years working as a nurse in the wards, explained how she understood ethical distress by saying:

"According to what I understand, ethical distress is... as nurses we have so many ethical issues and nursing stands in the center of them all and in most cases I can give my personal experience. As I serve my patients, the work is overwhelming and that compromises with the ethical issues and I get distressed after going through the days' work. (P_C)

Ethical dilemma emerged as the second main theme as the participants described understanding of ethical distress. According to Jameton (1984), ethical dilemma arises when two or more principles or values conflict. More than one principle applies and there are good reasons to support mutually inconsistent courses of action. Although many of the participants' statements could be assigned to more than one main theme, the following situations/themes were resultant in this study: failure to meet daily goals and stressing feeling.

Failure to meet daily goals theme emerged as some of the participants stated their view of ethical distress in terms of daily unmet goals that they had anticipated to meet at the end of their shifts. Participant H, a 24 year old nurse assigned in the emergency room, stated:

“To me, ethical distress is the overwhelming feeling we experience after working hard all day and not achieving your goals. Nurses always have to make goals before they begin their shift, for example, ensuring that patients are comfortable but you see at times beds are not enough and they share so you see my goal is not met when a patient complains. (P_H)”

Similarly, participant N, a nurse working in special clinic had the following to say:

“This distress comes in when at the end of the day you haven’t attained your goals and you know you would or should have done better taking care of a patient but something stopped you, for example, if the oxygen concentrate wasn’t working well and the patient dies before they fix it or get another one”. (P_N)

Stressing feeling a feeling of stress is another theme that emerged from the responses of the participants. Participant J, a nurse working at the Ear Nose and Throat (E.N.T) clinic, explains her understanding of ethical distress as outlined below:

“I understand ethical distress as the stressing feeling nurses have when they are faced with ethical dilemmas and tough situations. For example, as the nurse in charge of this ward, I am responsible for many things. For example I have very 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.”(P_J)

Participant J mentions ethical dilemmas and tough situations as causes of ethical distress.

She also recognizes ethical distress as a feeling of stress which is mainly brought about by daily duties of nurses and the tough situations they have to handle on a daily basis. On the same idea, **participant L**, a staff nurse in the maternal child clinic expressed:

“Ethical distress comes in when a nurse is caught up in a dilemma when handling a situation. For me, such situations are when a patient dies under my care. People may think this is usual for us nurses but it is challenging. And sometimes we have lots of patients and we work very first and you may end up pricking yourself and maybe this patient has infectious diseases. It is really distressing on my part”. (P_L)

Participant I, working as a nurse at the emergency room. She voiced:

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

Moral distress: Moral distress emerged as the third main theme, according to the participants’ perception of ethical distress. Jameton (1984) defined moral distress as the “psychological disequilibrium and negative feeling state experienced when a person makes a moral decision but does not follow through by performing the moral behaviour indicated by that decision”(p.6). The failure to follow through the decision is due to institutional constraints. The author further explains that moral distress occurs when one

believes and knows an ethical dilemma is at stake and also the morally right thing to do, but institutional constraints make it impossible to pursue the desired course of action. In this study, constraints included lack of resources which predisposed the Kenyan nurses to frustrations and feelings of stress as they could not perform their duties as required.

Participant J, a nurse in E.N.T clinic found her work mostly filled with frustrations after a hard working day. She stated,

“Work becomes very hectic for me and causes frustrations”.

Participant I, a nurse at the emergency room 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)

On the same idea, **Participant D**, working in a hospital in Nairobi, explained:

“I can say ethical distress is the challenging situation or circumstance that puts a nurse in an awkward position. For instance, our delivery room is a small room whereby it even happens that there are two mothers who are ready to give birth and the delivery court is only one so it forces you to deliver the other mother in the normal bed.”(P_D)

Participant A, a nurse manager working in a hospital with about 800 bed capacities in

Nairobi, voiced: *“Ethical distress is when you know the right thing to do but there are no resources, hence you cannot provide good care”*. Participant I, a nurse in the emergency room, 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 B, 58 years old who works as a nursing officer in Nairobi echoed:

“I can relate to participants who claim that sometimes you have mothers who deliver but things like delivery courts are not enough. Our delivery room is a small room whereby it even happens that there are two mothers who are ready to give birth and the delivery court is one. It forces you to deliver the other mother in the normal bed.” (P_B)

The informants perceived ethical distress as moral uncertainty, ethical dilemmas and moral distress all of which explained their understanding of ethical distress.

Similar to participant J, participant K also understands that ethical distress comes in when ethical obligations and duties clash sometimes. Participant K mentions the feeling of stress when a nurse is uncertain of what to do although she is well aware of her duties and ethics. Participant K mentions that such a situation is ethical distress this finding is in line with Epstein (2010), who stated that when nurses are unable to carry out actions that are considered ethically

appropriate, there is the sense of powerlessness which is the key element in ethical distress

Participants J, K, and D, nurses from different settings all bring out the same idea of ethical distress. Their definitions of ethical distress are not exactly the same as Jameton's, but they all are the idea in his definition of moral uncertainty.

On ethical responsibilities in the nursing profession, **Participant D** bases his understanding of ethical distress to ethics and expectations of a nurse in the clinical area. He believes that when a nurse is uncertain of a moral action or chooses not to follow either of the actions; it leads to frustration on his supervisors, colleagues and himself. He gives an example of a nurse expected to be in uniform but chooses not to this gives an idea on ethics and expectations.

Participant C recognizes ethical distress and relates it to nursing practice and ethical issues. She mentions that nurses have numerous ethical issues and she further gives an example to justify her understanding of ethical distress. She finds her work overwhelming and this compromises her daily duties as a nurse. Both participant D and C have the same idea of ethical distress which is related to ethics but they explain their understanding differently.

Participant H, who has worked as a nurse for 3 years, feels that working hard and not achieving desired goals predisposes a nurses to the overwhelming feeling which is ethical distress

Participant N has worked for 20 years as a nurse. She mentions how distressing it becomes when a nurse has not attained her goals. In light of ethical dilemma, she gives an example where she knows what is expected of her but defective equipment in her case, the oxygen concentrate was not working and the patient died which could be very frustrating or distressing for the nurse. Both participants H and N, from different settings, i.e., explain their understanding of ethical distress in terms of dilemmas which are the main causes of the feeling of distress. Participant H has worked for 3 years as a nurse and participant N has worked for 30years. Despite the years of work experience, the participants view ethical distress in a similar way based on the expressions on ethical dilemma.

Both Participants J and L gave their definitions of ethical distress based on ethical dilemma as a cause of ethical distress.

Participant J, a nurse in charge, found her work mostly filled with frustrations after a hard working day. This is similar to Jameton's (1993) definition of ethical distress whereby he states that initial distress involves feelings of frustration, anger, and anxiety people experience when faced with institutional obstacles.

Participant D felt that ethical distress is brought about by stresses such as challenging situations which put a nurse in an awkward position and he gives an example where they have to deliver babies in normal beds since the delivery bed are not enough. Following Jameton's definition, the

statement of nurse D gave a clear example of ethical distress. Similarly, a study done by Wadensten (2008) among the Swedish nurses found out that all categories of nurses experience moral distress.

Participant A, a nurse manager in the administration understands ethical distress as the feeling that comes about when a nurse knows the right action but is hindered by lack of resources hence quality care is not provided. His definition is similar to that of Jameton's (1984) who stated that moral distress as a negative feeling experienced when a person makes a moral decision but does not follow through due to institutional constraints and in this case the lack of resources.

Participant I's understanding of ethical distress is similar to that of participant A. Both from different settings, seem to link the lack of resources as the cause of the negative feeling of ethical distress as they are not able to carry out their duties efficiently. In relation to this, **Participant B** mentioned that the maternity wing had few delivery courts forcing them to share equipment. The participants from different settings based their understanding of ethical distress on lack of resources in their institutions which made it difficult to provide care to their patients hence leading to distress. In relation to this, Corley (2002) that ethical distress occurs when the nurses' internal environment: their valued and perceived obligations are not compatible with the needs of the external environment.

Conclusions and Recommendations

Based on the results of the study, it is concluded that nurses in Kenya have experienced ethical distress regardless of their age, position, number of trainings attended or years of work experience. The two overarching causes of ethical distress among Kenyan nurses are the scarcity of resources and overwhelming workload.

Based on the results of this study, the researchers recommend that nurses should be able to recognize ethical distress, this increases possibilities of a solution since ethical dilemmas and tough situations are present in nurses' daily duties, they should always refer to the Code of Ethics of registered nurses to assist them clarify the ethical concerns that give rise to ethical distress experiences, nurses can also request support from their colleagues. Discussing their issues among others and appropriate leadership. They can also create a peer support group with regular meeting time and place as they discuss distressing issues and ways to handle them.

Future research should focus on how different professional groups at the same workplace perceive the ethical climate, as well as how perceptions of a given ethical climate at a workplace can be improved.

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