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The relationship between professional autonomy and moral distress among nurses working in children's units and pediatric intensive care wards

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ABSTRACT

Background: Nurses serve as the primary source of care for minor patients in intensive care units. Even though they support both patients and their relatives, these nurses may experience moral distress from their profession. While managing their daily relationships with their patients, nurses must also be able to control their actions to feel that they are from a social unit and feel their competence in association with others.

Objective: This study aimed to investigate the relationship between professional autonomy and moral distress among nurses working in children's units and pediatric intensive care wards.

Methods: This descriptive/comparative cross-sectional study was conducted in 2015 using 120 nurses as subjects. Subjects were selected using the census method. The research tools used to gain measurable data were the Pankratznursing questionnaire(PNQ) and Corley'sMoral distress scale (MDS). In order to analyze the collected data, descriptive statistic tests such as the relative frequency distribution, mean, standard deviation and the Pearson correlation test, T-test, ANOVA, and regression were used. The SPSSv.20 software was also used to analyze the data obtained.

Results: The relationship between professional autonomy and moral distress revealed that there was a significant positive relationship between professional autonomy and moral distress in the intensity ($r = 0.39$; $P < 0.001$) and the iteration ($r = 0.41$; $P < 0.001$). In addition, professional autonomy predicted 18% of changes in intensity of moral distress in total(MR = 0.42, $R^2 = 0.18$) and also professional autonomy predicted 25% of iteration in moral distress in total(MR = 0.507, $R^2 = 0.25$).

Conclusions: The results of this study revealed that there was a direct positive relationship between professional autonomy and moral distress.

1. Introduction

Over the past three decades, moral distress amongst providers in the healthcare system has become both a growing concern and a focus of research [1–3].Jameton(1993) defined the concept of moral distressas: the nurse knows the work they are doing is morally correct, but pressures from corporate leadership and other partners create disincentives to do the job [4]. Hence when a person makes a moral decision, but it is followed by an action contrary to ethical behavior, they experience negative feelings and mental imbalance [1].

Researchers have shown that moral distress creates system-wide problems and negative consequences for health care providers, including nurses [3,5–8], and these negative consequences include physical conflicts and moral disorders. For nurses, moral distress also has negative consequences such as reduced external relations with other members of the health team, decreasing organizational support, fear of subsequent legal action, and adverse effects [9]. Moral distress in addition to having an impact on employees also significantly influences patients because it leads to interference in the safe care of patients [10]. All of these negative consequences ultimately lead to disappointment and job

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dissatisfaction by the nurses [11]. Professional autonomy is an important feature of the nursing profession [12], and it is essential for safe and high-quality care [13]. Independence allows professionals to make their own decisions and judgments about specific services provided with the least pressure from external sources, such as employees, servants, and legislators, and so on [13].One of the most important factors related to nurses' job satisfaction and their ability to work independently is found within the scope of their duties [14]. The nurses who work with low levels of autonomy may have unpleasant feelings of personal and professional experience [15].Lazzarini et al.(2012)believe that moral distress is a common problem in clinical nurses, especially in relation to young patients [16]. Given the close relationship of nurses with parents and children and the family-centered care approach of nurses, nurses play effective roles in reducing stress and unhappiness of patients and families while assuming a caregiver role at admission and during hospitalization of children [17]. Therefore paying attention to professional autonomy and moral distress of nurses working in pediatric units is especially important for children.

Given the importance of moral distress and professional autonomy and its impact on patients, nurses, and health care system and also given the limited number of studies in the field of professional autonomy and moral distress – especially in nurses serving in Iranian hospitals as well as with regard to the personal experiences of the researcher in the care of children – this study was conducted within pediatric wards and pediatric intensive care units.

2. Material and methods

2.1. Research design and setting

This descriptive cross-sectional comparative study was conducted in 2015 on 120 nurses working in the pediatric unit. The study population consisted of all nurses working in pediatric wards of hospitals in Kerman.

2.2. Sampling

The sampling was conducted using the census method to select a sample population from the entire staff of the hospital pediatric wards and pediatric intensive care units ofAfzalipour hospital, Payambar Azam Hospital, the hospital Seyedalshohada(AS), Samen Alhojaj Hospital of Kerman. With a total of 131 nurses among them, ultimately 120 nurses working in pediatric wards were entered. The inclusion criteria of this research include: a willingness to participate in the study, employment in one part of the children or pediatric intensive care, having at least a Bachelor's degree in nursing, and a minimum of 6 months' experience in pediatric wards or intensive care of children.

2.3. Measurement tool

The applied tool was the Pankratz nursing questionnaire (PNQ) and Corley'sMoral distress scale (MDS). Of course, in order to evaluate demographic characteristics, these demographic variables were examined at the beginning of the questionnaire. The Moral distress scale consists of 21 questions. The questionnaire is designed in such a way that each question weighs the severity and frequency of moral distress in nurses. The options were arranged on the severity from no (zero) to very high (five) and in the iteration from the never (zero) to repeatedly (five). The PNQconsisted of 47 items, which were formed from three categories:nursing autonomy and advocacy, patients' rights, and rejection of traditional role limitations. The questionnaire surveys nurses' professional autonomy using a Likert scale of 5 points (from 1 = strongly disagree to 5 = strongly agree). The score range was from 47 to 235. Validity and reliability of Crowley's moral distress scale were confirmed in several studies [18–20]. Validity and reliability ofPNQin Iran was approved by Iranmanesh and colleagues in 2014, Cronbach's alpha 0.70 with Cronbach's alpha as0.70 [21]. The questionnaires were given to 10 members of the Faculty of Nursing and Midwifery, Islamic Azad University, Isfahan to determine the validity, then the reviews and responses of the professors were applied. After that the questionnaires were given to the 20 nurses who already had Inclusion criteria and Cronbach's alpha test was used to determine reliability.Cronbach's alpha of 0.85 was considered for professional autonomy while Cronbach's alpha ofMDS was 0.80.

2.4. Data collection

In order to collect information, the researcher enlisted Kerman hospitals and their pediatric wards and then contacted the pediatric wards of hospitals in Kerman during different shifts and asked the nurses to complete the questionnaires.The completed questionnaires were collected.

2.5. Ethical consideration

In order to comply with ethical principles, Ethics Code was received from Isfahan University of Medical Sciences Ethics Committee withIR.MUI.REC.1394.4.86 Number.From the beginning, nurses were informed about the purpose and importance of the research, how to answer the questionnaire completely, and they were also ensured that their information would remain confidential. Additionally, it was noted that participation in the study was completely optional and their written consent for participating in the study was taken from.

2.6. Statistical analyses

In order to analyze the collected data, descriptive statistics, such as the relative frequency distribution, mean, standard deviation, Pearson correlation test, T-test, ANOVA, and regression were used. The SPSS 20 v.20 software was used.

3. Results

The female subjects had the highest frequency in terms of gender (95.8%). In terms of marital status, the majority of the nurses participating in the study were married (64%). In terms of the service location, the majority of the nurses participating in the study worked at the Afzalipour hospital (67.5%) with the smallest sample percentage coming from Samenolaemeh hospital(3.3%). Based on shifts, this study showed that 104 (86.7%) nurses were working rotational shifts. In terms of their position, most of the subjects (117) were working in nursing positions. Ninety-seven point five percent of the participants had a bachelor's degree in nursing. Sixty subjects (50%) worked in intensive pediatric units, 60 (50%) of them were working in the pediatricward as well as in terms of work experience, and 77 (2.64%) subjects had work experience from 1 to 5 years.

The mean score of professional autonomy for the nurses in pediatric wards (113.57 ± 16.10) was at a low level. This was also seen in the pediatric intensive care units where nurses (113.92 ± 20.54) were at a low level.The mean score of nurses' moral distress in pediatriccareboth in intensity (58.13 ± 12.29) and in iteration (65.04 ± 21.57) were at an average level, and nurses of the pediatric intensive care sectors experience the intensity (56.28 ± 15.89) at a