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Understanding the causes of moral distress experienced by oncology nurses in the context of a pandemic

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Abstract

Providing care to cancer patients is associated with many ethical challenges. Moral distress is an increasingly prominent issue in oncology nursing. The aim of the review is to ascertain the studies on the reasons of moral distress in oncology nursing. The nurses that provide care in oncology are more exposed to the situations such as failure to control the pain of the patient that cause moral distress than those who work with other types of patient care. Studies show that factors that worsened or influenced the experience of moral distress in studies among nurses, including young patient age, a friendly relationship with the patient, a long recovery in the same ward and the worsening clinical condition of a patient. Sharing troublesome experiences with peers helps nurses to endure moral distress and, evidently, communication and collaboration correlate not only with reduced levels of moral distress but also with improved quality of care.

Keywords: Cancer, moral distress, nursing, oncology.

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1. Introduction

Ethics is considered an essential element of all healthcare professions including nursing. Thus, it has a central role in nurses' moral behaviour towards patients, which strongly influences on patients' health improvement [42].

Moral distress has been widely described in nursing literature since the 1980s [26], [34], [41]. Jameton [20] defined moral distress as a challenge that arises when nurses hold an ethical or moral judgement regarding a specific treatment or when the care that they must provide is in opposition to their personal or professional values. When the moral complexity of a situation does not lead to a satisfactory solution, nurses experience 'moral distress', which was defined by Corley et al. [6] as a subconscious emotional state that reflects this situation. Varcoe et al. [49] distinguished the causes of moral distress due to systemic factors from those associated with specific patient circumstances. Systemic factors can include the intensity of care, a hard workload and limited work experience.

The nature of cancer comes with certain sensitivity, and it brings a lot of ethical issues [19]. Nurses who work in oncology clinics with limited work experience may suffer from moral distress more frequently than other healthcare workers [5], [11]. The nurses who provide care in oncology are more exposed to the situations that cause moral distress than those who work with other types of patient care [5]. Some areas, such as oncology, have not been thoroughly explored in studies on ethical issues in nursing.

In the oncology context, nursing professionals maintain a close contact with situations of pain, finitude and death, physical and emotional side effects, among these hopelessness, anguish, fear and loneliness, intense and denouncing feelings of human fragility, at the same time that an expectation of curing the disease may be present [48].

Oncology care providers have been shown to carry the burden of suffering of their patients; when patient outcome is not perceived as ideal, the nurse may carry additional burden, such as a personal sense of futility or failure [35], particularly in high-acuity oncology populations, such as bone marrow transplantation [27]. Moral distress impacts nurses emotionally, physically and professionally and has implications outside the work setting. Oncology is an area of constant ethical problems, experienced from situations already considered part of the professional routine, such as lack of informed consent of patients before diagnostic and therapeutic procedures, the extension of life without concern for its quality, and questionable and heteronomical professional practices [4], [7].

Providing care to cancer patients is associated with many ethical challenges [14]. Due to the physical and psychological stress that cancer patients are faced with, the oncology unit can be considered a challenging and unique setting for nurses [10], [52]. The findings of Rice et al. [38] indicated the level of moral distress in nurses caring for cancer patients is higher than the level of moral distress among other nurses. Maningo-Salinas [24] and LeBaron et al. [22] also reported that failure to control the pain of the patient was among the situations with high moral distress for oncology nurses. Moral distress is an increasingly prominent issue in oncology nursing.

On March 11, 2020, the World Health Organisation declared that the global spread of the novel coronavirus disease, COVID-19, was a pandemic. The COVID-19 pandemic has highlighted many of the difficult ethical issues that healthcare professionals confront in caring for patients and families. During pandemics or disasters, healthcare workers may be particularly exposed to priority setting and other ethical dilemmas caused by scarcity of resources and might experience high levels of moral distress [15], [16]. The realities of the COVID-19 cancer care era resulted in a multifold increase in nurses distress because of numerous practice changes [44], intensified burnout [3], heightened moral distress and personal challenges (e.g., family stressors) produced by the pandemic [2].

1.1. Objective of the study

The purpose of this scoping review is to investigate the studies on the causes of moral distress experienced by oncology nurses while caring for their patients during the COVID-19 pandemic.

2. Methods

This review adopted a scoping review study framework, using electronic databases including MEDLINE, AMED, CINAHL, PubMed and Cochrane Library using the following search keywords: 'moral distress', 'cancer or oncology' , and 'nursing'. Five papers were selected.

A scoping review is an iterative literature review process that allows for synthesis of the evidence with the aim of providing a broad overview of current scholarship on a topic of interest. To shed light on the literature about this field, we undertook a scoping review following the model of Arskey and O'Malley [1].

This scoping review was carried out using the following steps, as outlined by Arksey and O'Malley [1]:

-Stage 1: Identify the research question.

-Stage 2: Identify relevant studies.

-Stage 3: Perform study selection.

-Stage 4: Chart the data.

- Stage 5: Collate, summarise and report the results.

Step 1: Identifying the research question.

In this scoping review, we tried to answer the following question: What are the causes of moral distress of oncology nurses in the context of the pandemic?

Step 2: Identifying relevant studies.

This review adopted a scoping review study framework, using electronic databases including MEDLINE, AMED, CINAHL, PubMed and Cochrane Library.

An information specialist assisted in generating a search strategy based on keywords involving the research question:

1. 'Moral distress', 'cancer or oncology' and 'nursing'.

Stage 3: Study selection.

To answer the research question, we applied the following four inclusion criteria:

- Literature on moral distress experienced by oncology nurses during the COVID-19 pandemic was included.
  The exclusion criteria were:

- Non-peer reviewed journals
  Stage 4: Charting the data.

A data extraction sheet was developed to record information on author's name, years of publication, name of journal, aim of the study and conclusion section. Figure 1 shows the information about articles.

Figure 1. Characteristics of the reviewed studies

Authors/ Year	Journal/ Paper	Aim	Conclusion
Paterson et al. [31]	Seminars in Oncology Nursing	To provide a critical reflection of COVID-19 in the context of oncology nursing and provide recommendations for caring for people affected by cancer during this pandemic.	Nurses are key stakeholders in developing and implementing policies regarding standards of care during the COVID-19 pandemic. This pandemic poses several challenges for oncology services.
Shankar et al. [45]	Asia-Pacific Journal of Oncology Nursing	To provide information about nursing in the COVID-19 era and making some suggestions	Supporting cancer patients during their cancer treatment by monitoring their physical and emotional health is a central role of oncology nurses in cancer care, and their role is becoming more important when managing cases care amid the COVID-19 crisis.
Rosa et al. [39]	Nursing Management	To discuss moral distress among nurses during the COVID-19 pandemic	All healthcare workers especially nurses are at substantial risk for moral distress in the face of difficult clinical and ethical decisions that will have long-term impacts in COVID-19 era.
Smallwood et al. [47]	International Journal of Environmental Research	To investigate the severity, prevalence and predictors of moral distress experienced by Australian and Public Health healthcare workers during the COVID-19 pandemic	Targeted interventions are required to prevent or minimise moral distress and associated mental health concerns in healthcare workers during COVID-19 and other crises.
Dobson et al. [9]	Australasian Psychiatry	To examine moral distress in healthcare workers during the COVID-19 pandemic	Despite low levels of COVID contact, moderate to high levels of moral distress were reported.

Stage 5: Collating, summarising and reporting the results.

An inductive approach was used to thematically organise and summarise the results from the included papers to answer the research question (Arksey et al., 2005).

3. Results

Five articles were finally included in our scoping review, based on our inclusion and exclusion criteria (Figure 1). They were published from 2019 to 2021. In this section, the results obtained for the purposes of the research are presented. Since there has not been sufficient number of studies on this subject yet, the results section has been formed by making use of previous studies on the topic.

When caring for patients with life-altering and life-threatening disease, oncology nurses confront many challenges ranging from complex and fragmented healthcare systems, continuous research

advances, multiple treatment choices and helping patients and families adapt, all while considering the moral dimensions of care and articulating ethical concerns.

Moral problems experienced by nurses when caring for oncology patients are related to: communicating honestly with patients about their situation and death because they are afraid of destroying hope; managing symptoms, such as pain, because of the fear that treatment could hasten death; and having to collaborate in medical treatment that they perceive as inappropriate because the burden and benefit to patients is unbalanced [13]. Raine [36] showed that the most frequent sources of moral distress among oncology nurses are pain management and hospital budget issues. Wilkinson [51] also identified three main ethical fields that generate moral distress among nurses, namely the prolonging of life; the performance of unnecessary tests and procedures; and the desire to tell patients and their families the truth. In qualitative research applying the concept of moral distress, Wilkinson [51] noted that it was associated with nurses' resignation and with them even leaving the profession.

Research on nurses found that moral distress was associated with perceived poor ethical climate, such as lack of support from peers and managers in dealing with difficult patient care, lack of respect for colleagues or patients and lack of involvement in decision making [6], [18], [32], [43], [46]. Research that explored the relationship between moral distress and collaboration found that moral distress was associated with poor nurse–physician collaboration [18], [21], [29] and lack of support from colleagues [25]. Low satisfaction with the possibility to consult with colleagues [8] and poor professional practice environment [25] were found to predict moral distress. Among nurses, moral distress was associated with decreased job satisfaction [8], [21] and decreased satisfaction with the quality of care provided [18].

Experiences and levels of moral distress depend on external constraints, such as inadequate communication among team members, internal constraints, such as a lack of empowerment or self-doubt, and the clinical situations [17], [40]. The direct and indirect effects of the COVID-19 responses may influence these factors in multiple ways [23].

COVID-19 poses many challenges for oncology services and people affected by cancer [31], [47]. Due to the COVID-19 pandemic, many clinicians are struggling to balance their obligations to care for patients with their personal responsibilities to their own health, especially when adequate personnel protective equipment is unavailable. The consequences of these situations, along with emotional and spiritual exhaustion, can cause moral distress [9], [39].

In the current COVID-19 outbreak, not only immunocompromised cancer patients are at a higher risk of exposure to coronavirus infection when visiting cancer centres but also cancer care providers, especially oncology nurses who spend more time with patients, have an increased risk when managing cancer patients, which is a much higher risk if the hospital admits patients testing positive for COVID-19 [45].

4. Conclusion and Recommendations

4.1. Conclusion

Nurses who work in oncology settings frequently experience moral distress. Determining the causes of moral distress at early stages is of paramount importance to solve the issue. The moral sensitivity of healthcare workers could be increased through team discussions. The possibility to re-elaborate the event within a group, with a structured and guided debriefing format, ensures that each nurse will compare their own feelings and coping strategies with others. This experience could be useful when dealing with moral distress.

It is critical for nurses to be able to recognise, define and characterize ethical dilemmas in everyday practice; in an effort to provide holistic care, nurses must be able to address a patient's emotional, moral and ethical needs.

4.2. Recommendations

Engaging nurses in increased awareness of ethical resources and responsibilities, either through individual education and training or through formal or informal institutional approaches, such as participation in an ethics committee, can support holistic oncology nursing practice. Sharing troublesome experiences with peers helps nurses to endure moral distress [30] and, evidently, communication and collaboration correlate not only with reduced levels of moral distress but also with improved quality of care [28]. Developing healthcare systems into moral communities where all members are encouraged to discuss ethical concerns in a manner that promotes trust, shared understandings and mutual respect is necessary in oncology practice.

Moral distress has a negative impact on the working environments in the health sector [37]. Developing a more specific understanding of the moral response to issues that arise in nursing practice could help us identify more efficacious strategies for managing these complex situations [6]. In a study with 305 oncology nurses, Friese [12] found that oncology nurses who reported positive collegial relationships with physicians were twice as likely to report high-quality care. Effective interdisciplinary communication and collaboration are key components of ethical environments. Ongoing programmes are needed to acknowledge and lessen moral distress in oncology nurses. Support groups for nurses may facilitate discussion of difficult cases and provide support from colleagues to help reduce moral distress.

Nursing leaders can assist staff in resolving moral distress by promoting a culture that encourages open communication surrounding plans of care, promotes relationships among team members that are based on trust and mutual respect and uses system-wide ethics resources [33], [50]. Nurses should be empowered to promptly verbalise their concerns and address issues that may lead to moral distress. Doing so helps to ensure that individualised quality patient and family care remains top priority.

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