

## Brazilian Journal of Forensic Sciences, Medical Law and Bioethics

Journal homepage: [www.ipebj.com.br/forensicjournal](http://www.ipebj.com.br/forensicjournal)



### Perceptions of Moral Distress among Nursing Students in Relation to Organ Donation

João Paulo Victorino<sup>1</sup>, Donna M. Wilson<sup>2</sup>

<sup>1</sup> *University of São Paulo, College of Nursing, Ribeirão Preto, Brazil / WHO Collaborating Centre for Nursing Research Development*

<sup>2</sup> *Faculty of Nursing, University of Alberta - Canada*

Received 21 May 2019

**Abstract.** This was a pilot study as it used a newly devised survey tool to determine the views and attitudes of undergraduate nursing students to the shortage of organs for transplantation purposes, with this survey also gaining insight into any possible moral distress. The survey tool was distributed to 134 undergraduate nursing students who attended a mandatory nursing research course, with 104 (77.6%) participating. The data were analyzed through content analysis, with three main themes identified: right to life, impact on others, and emotions. A high level of moral distress among the participants were identified, which confirm the necessity of future studies on this topic.

**Keywords:** Organ transplantation; Transplantation; Moral.

#### 1. Introduction

The concept of moral distress could have important implications for nurses working in organ donation and transplantation settings. Tracing the investigations completed to date on moral distress, we see that most studies on this topic have involved critical care nurses<sup>1-4</sup>, palliative care nurses<sup>5,6</sup> or oncology nurses<sup>7-9</sup>. As such, it is evident that moral distress has been of interest to nurses who work in areas where death or dying is a daily component.

At the beginning of 1980's decade, Andrew Jameton<sup>10</sup> was among the first to define moral distress. According to him, moral distress is a phenomenon where the person knows the right thing to be done, but is constrained from doing it<sup>10</sup>. This situation is different from the classical ethical dilemma, where the person recognizes

that an issue exists with two or more ethically justifiable but opposing actions to be taken.

At this point in time, no studies could be located on moral distress over organ donation and transplantation, although it is known that nurses who work in this area are susceptible to moral distress<sup>11-13</sup>. With respect to the complexity of dimensions of this phenomenon and in order to gain an in-depth understanding of the feelings of moral distress, a pilot study was done involving Canadian undergraduate nursing students.

## **2. Organ donation and transplantation process**

Organ transplantation is often the only treatment for end-stage organ failure, such as liver or heart failure<sup>14</sup>. The transplantation of human organs, which clearly can save lives and restore essential functions for otherwise untreatable patients, has been a topic of ethical scrutiny for more than thirty years<sup>15</sup>.

Currently, patients in Canada and most other countries in need of organ transplant such as liver, kidney, heart, lung, pancreas, and tissues are first placed on a wait list. However, the demand for organs is growing faster than the number of available donated organs and thus organ transplantations. For this reason, 10% to 30% of patients on various wait lists die due to the lack of an organ for transplantation<sup>16-17</sup>.

The attitude of healthcare professionals, as thus also healthcare students, toward organ donation is considered one of the most important factors to influence donation rates<sup>18</sup>. Clearly, donation rates need to be increased and so investigations of healthcare professional attitudes are needed, including nurses – the most common healthcare professional affected by moral distress.

## **3. Materials and methods**

### **3.1. Research design and participants**

This was a pilot study as it used a newly devised survey tool to determine the views and attitudes of undergraduate nursing students to the shortage of organs for transplantation purposes, with this survey also gaining insight into any possible moral distress.

### **3.2. Data collection**

All potential participants were asked to anonymously complete the survey and instead of a signed consent form being obtained from each actual participant, the Research Ethics Committees determined that all those who completed and returned the questionnaires would be providing implied consent.

The tool was composed by four case studies in which the participant should choose one patient out of four - who would receive a heart transplant, considering their clinical status, age, and health conditions as a whole. The participants should also answer about how they felt during this decision-making process, and to attribute a value – ranging from 0 (no moral distress experienced) to 10 (high level of moral distress experienced), as well as to explain why they felt this way (Appendix).

The survey tool was distributed to all undergraduate nursing students attending a mandatory nursing research course at a Canadian University.

### **3.3. Data analyses**

A qualitative descriptive method using a phenomenological approach was used to analyze the data. This qualitative approach is explicative and investigates the meaning of life events of a particular group of people<sup>19</sup>. Most significantly, it seeks an understanding of a specific phenomenon from the perspective of those who experience it or could experience it<sup>20</sup>.

The data were collected over a 6-week period in November and December 2016 and a three step data analysis method was then performed: (a) gaining an initial understanding of the data through multiple readings of it, (b) analyzing the qualitative data, and (c) categorizing the data to find relationships among them through content analysis.

### **3.4. Ethics approval**

Research ethics approval was obtained for this study from the University of Alberta's Health Research Ethics Committee (ID: Pro00068610).

## **4. Findings**

The survey tool was distributed to 134 undergraduate nursing students who attended a mandatory nursing research course, with 104 (77.6%) participating. The mean age was 21.8 (range 18-46), with most female (82.7%, n=86).

The demographic variables analyzed in relation to moral distress feelings were age and gender. Some differences in level of reported moral distress by gender and age were noted, with female more morally distressed in general. Age differences in moral distress scoring were also significant with younger participants indicating higher levels of moral distress as compared to older participants.

Through content analysis, three main themes were identified: (a) Right to life, (b) Impact on others, and (c) Emotions (see Table 1).

**Table 1.** Thematic categories, Edmonton, Canada, 2017.

Categories and Subcategories	Representative Quotes
Right to life	How do you choose who should live or not? No one is worth more than others
Impact on others	
- Consequentialism	Everyone means something to someone I know that the other 2 would most likely die
Emotions	
- Doubt	I am not sure if I made the right decision
- Upset	I feel morally somewhat upset
- Guilt	I don't like of sentencing others to death

#### 4.1 Right to life

For most participants, having to decide about a patient's life in this kind of situation was a complex phenomenon that led them to feel morally distressed. This distress was over the possibility that several people would die. Thus, they attribute their difficulty with being involved in a rationing decision to a notion of the right to life. This valuing of the right to life made their decision-making process much more complicated.

*"Everyone deserves to live [...] it is almost like playing God which is not my right. It is a morally distressed situation".*

*"None of this people's lives are less valuable than others, and all four have the right to live".*

*"You essentially have to say to people: sorry, you don't get to live because I think someone else is a better person than you".*

*"I am not very comfortable judging who is most deserving, as they are all in equal need, regardless of circumstance. I feel morally distressed in this position".*

One student specifically highlighted that the choice of one person for a heart transplant, knowing that the other three will may die, was linked to moral distress.

*"In an ideal world, all of the individuals would receive a heart. However, because I am choosing one person it causes me moral distress".*

#### **4.2 Impact on others**

For the respondents, their decision was based largely in the impact that their choice would have on the family of the organ recipient.

*"I feel like my decision is the best, because the future of the children may be the difference between a dead or alive mother".*

*"I look at it as one person's life being saved and 2 children getting to grow up with their mom".*

They also mentioned the importance of giving the available organ to a person who would live longer with it. The participants argued that helping these patients made them feel less morally distressed, as they made a decision based on the short versus long-term consequences of it.

*"I feel this is the most ethical choice and benefits the most people. I think that Meredith has the healthiest outcome for the transplanted heart for the longest time out of the others".*

*"I do not want the transplant to be wasted on someone who did not have as many natural years left to life or who is not able to access the healthcare required to maintain their health post-transplant".*

Their decision was also based on the value of the person to society as a whole.

*"I made my decision based in the capacity of this person to still able to contribute to society".*

However, in contrast, some participants justified their decision based on personal beliefs and experiences.

*"I am a mother and that is why I chose Meredith. Kids need their mother. I could not make any other decision in this kind of situation. Otherwise, I would feel distressed about doing this with a family".*

### 4.3 Emotions

Most respondents revealed feelings that have been associated with the moral distress' characteristics situations, including doubt over making the right or wrong decision.

*"I picked what I thought was the best one, but I still feel unsure".*

*"I am not 100% happy with this. I am not feeling safe doing this".*

They also expressed been **upset**. One participant stated that it is "impossible to do not feel distressed". Others indicated:

*"It is an upsetting reality that healthcare professionals will work with. I will work with it, but I do not feel prepared for it. It is almost impossible do not feel distressed".*

*"I would feel very upset, because their lives are literally in my hands".*

*"I feel very upset, because it is almost impossible to not let your personal values and biases interfere in a dilemma like this one and results in a distressed situation".*

*"I feel morally somewhat upset".*

Respondents also reported feeling **guilty** and attributed this feeling over the necessity of having to choose over someone's life.

*"I feel guilty doing this decision".*

*"You do not want to be the reason for taking these patients away from that".*

*"I hate to be the person that killed three people".*

*"The fact that three other people may potentially die from this decision leads me to feel burdened".*

*"I would feel partially responsible for the others' deaths and the grief of their loved ones".*

## 5. Discussion

This pilot study was designed to gain insight into undergraduate nursing student potential moral distress in relation to a shortage of organs for transplantation purposes. This study was undertaken because moral distress has not been studied in relation to the shortage of organs for transplantation, and because nursing students have rarely been studied in relation to moral distress<sup>21</sup>.

A high level of moral distress among the participants was identified over this hypothetical situation of being involved in a very common reality – choosing which person among others will receive an organ when it has become available.

The most common causes of moral distress experienced by the participants of this study were in relation to the right to life of each patient, the impact of the decision on others, and their emotions associated with this decision, such as guilt and doubt. The emotions identified as common indicator/characteristic of moral distress have been found in other studies of practicing nurses. An integrative literature review that aimed at identifying the effects of moral distress on nurses identified common emotions due to the experience of moral distress; these being frustration, guilty, incapability, anger, and doubt/uncertainty<sup>22</sup>. As such, it is apparent that nursing students are in need of education about and support over moral distress.

In relation to the study limitations, generalizability may be further limited because the data were entirely collected within only one Canadian University and with only one group of participants (undergraduate nursing students).

## 6. Conclusion

This study, using a simple tool was helpful for learning about moral distress as a high percentage of students chose to complete it and the findings were insightful. Nursing

students experienced moral distress over a hypothetical situation, including high distress among some. Clearly, nursing students can suffer over moral distress.

Future qualitative studies using interviews and focus groups need to explore why moral distress is present, why it varies among students and nurses or other healthcare professionals, and its impact. In addition, research is needed to develop strategies to reduce the intensity and incidence of moral distress to reduce its consequences on care provider health, patients, and the healthcare system.

### Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this paper.

### References

1. Borhani F., Mohammadi S., & Roshanzadeh M. Moral distress and perception of futile care in intensive care nurses. *J Med Ethics Hist Med*. 2015; 8(2): 1–7.
2. Karagozoglu S., Yildirim G., Ozden D., & Cinar Z. Moral distress in Turkish intensive care nurses. *Nursing Ethics*. 2015; 24(2): 209–24. <https://doi.org/10.1177/0969733015593408>
3. Rostami S., Esmaeali R., Jafari H., & Cheraghi, Y. Perception of futile care and caring behaviors of nurses in intensive care units. *Nursing Ethics*. 2017; 1-8. <https://doi.org/10.1177/0969733017703694>
4. Shoorideh F. A., Ashktorab T., Yaghmaei F., & Alavi Majd H. Relationship between ICU nurses' moral distress with burnout and anticipated turnover. *Nursing Ethics*. 2015; 22(1): 64–76. <https://doi.org/10.1177/0969733014534874>
5. Klein S. M. Moral Distress in Pediatric Palliative Care: A Case Study. *Journal of Pain and Symptom Management*. 2009; 38(1): 157–60. <https://doi.org/10.1016/j.jpainsymman.2009.04.014>
6. Rushton C. H., Kaszniak A. W., & Halifax J. S. Addressing Moral Distress: Application of a Framework to Palliative Care Practice. *Journal of Palliative Medicine*. 2013; 16(9): 1080–88. <https://doi.org/10.1089/jpm.2013.0105>
7. Cohen J. S., & Erickson J. M. Ethical dilemmas and moral distress in oncology nursing practice. *Clin J Oncol Nurs*. 2006; 10(6): 775-80. <https://doi.org/10.1188/06.CJON.775-780>
8. Lazzarin M., Biondi A., & Di Mauro S. Moral distress in nurses in oncology and haematology units. *Nursing Ethics*. 2012; 19(2): 183–95. <https://doi.org/10.1177/0969733011416840>



9. Pavlish C., Brown-Saltzman K., Fine A., & Jakel P. A culture of avoidance: voices from inside ethically difficult clinical situations. *Clinical Journal of Oncology Nursing*. 2015; 19(2): 159–65. <https://doi.org/10.1188/15.CJON.19-02AP>
10. Jameton A. *Nursing Practice: The Ethical Issues* 1984. Englewood Cliff, NJ; Prentice-Hall Inc.
11. Austin W. Contemporary healthcare practice and the risk of moral distress. *Healthcare Management Forum*. 2016;29(3):131–3. <https://doi.org/10.1177/0840470416637835>
12. Epstein E. G., & Delgado D. Understanding and addressing moral distress. *The Online Journal of Issues in Nursing*. 2010; 15(3).
13. Wasylenko E. Jugglers, tightrope walkers, and ringmasters: priority setting, allocation, and reducing moral burden. *Health Manage Forum*. 2013; 26(2):7-81. <https://doi.org/10.1016/j.hcmf.2013.04.006>
14. WHO. *Transplantation: Human Organ Transplantation*. 2019. Retrieved from: <http://www.who.int/transplantation/organ/en/>
15. WHO. *Global Health Ethics: Human Organ and Tissue Transplantation*. 2019. Retrieved from: [http://www.who.int/ethics/topics/human\\_transplant/en/](http://www.who.int/ethics/topics/human_transplant/en/)
16. Klein AS, Messersmith EE, Ratner LE, Kochik R, Baliga PK, & Ojo A. O. Organ donation and utilization in the United States, 1999-2008: Special feature. *American Journal of Transplantation*. 2010; 10: 973–86. <https://doi.org/10.1111/j.1600-6143.2009.03008.x>
17. University Renal Research and Education Associates (URREA); united network for organ sharing (UNOS). *Annual Report of the US Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients: Transplant Data 1992- 2001*. URREA publication. Rockville, MD: HHS/HRSA/OSP/DOT, 2002.
18. Tumin M., Tafran K., Tang L. Y., Chong M. C., Mohd Jaafar N. I., Mohd Satar N., & Abdullah N. Factors associated with medical and nursing students' willingness to donate organs. *Medicine*. 2016; 95(12). <https://doi.org/10.1097/MD.00000000000003178>
19. Parse R. *Qualitative inquiry: The path of sciencing*. Boston: Jones and Bartlett, 2001.
20. Vaismoradi M., Turunen H., & Bondas T. Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*. 2013; 15(3): 398–405. <https://doi.org/10.1111/nhs.12048>
21. Victorino J.P & Wilson D.M Moral distress experienced by nurses in relation to organ donation and transplantation. *International Journal of Nursing Student Scholarship*. 2017; 4(21): 1-13.
22. Ramos F. R., Barth P. O., Maria A., Schneider M., Cabral A. S., & Reinaldo, S. Effects of moral distress on nurses: integrative literature review. *Cogitare Enferm*. 2016; 21(2): 1–13. <https://doi.org/10.5380/ce.v21i2.45247>

## Appendix. Moral Distress Related to Organ Donation and Transplantation – Questionnaire

Age: \_\_\_\_\_

Gender: Male ( ) Female ( ) Other ( )

**Imagine you are an RN and sitting on a committee that needs to decide which person gets a heart. There are four people who could get this heart.**

1. Which person would you give the heart to? All are in advanced heart failure.

CHOOSE ONE

a) Meredith – 47 year-old lawyer, widowed, with 2 small children. She has had a liver transplant before as she developed liver failure due to IV drug use in her teen years.

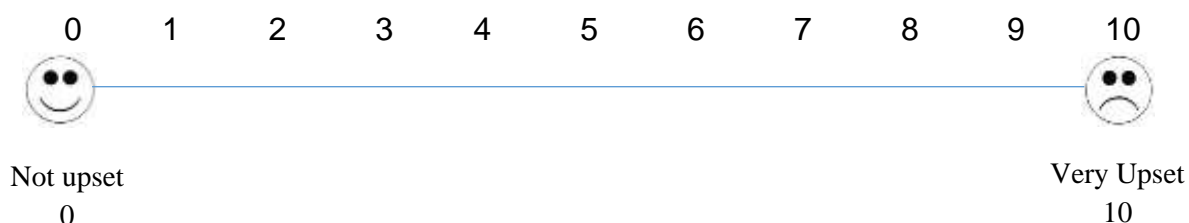
b) Brad – 57 year-old homeless person. He has no next of kin. He has had untreated high blood pressure that had affected his heart.

c) Paul – 67 year-old professor, divorced but 15 year old son lives with him. He developed an infection that has suddenly put him into heart failure.

d) Susan – 77 year-old retired truck driver who lives with her husband and lives near her three small grandchildren. She has had many heart attacks in her life.

2. Why? Please tell us why you chose one over the others. Use the back of the page if needed.

3. How would you feel about this decision? Mark anywhere on the line below.



4. Why would you feel this way? Use the back of the page if needed

---



---



---