

The Relationship Between the Moral Distress Levels and Support Perceptions of Pediatric Nurses

Pediatric Hemşirelerinin Yaşadıkları Ahlaki Sıkıntı ile Algıladıkları Destek Arasındaki İlişki

^{id} Nihal ÜNALDI BAYDIN^a, ^{id} Esra TURAL BÜYÜK^b, ^{id} Hatice UZŞEN^b, ^{id} Emel ODABAŞOĞLU^c

^aOndokuz Mayıs University Faculty of Health Sciences, Department of Nursing Administration, Samsun, Türkiye

^bOndokuz Mayıs University Faculty of Health Sciences, Department of Pediatric Nursing, Samsun, Türkiye

^cIstanbul University-Cerrahpaşa Faculty of Florence Nightingale, Department of Pediatric Nursing, İstanbul, Türkiye

ABSTRACT The development of supporting by organizations and supervisors may enable nurses to cope better with the moral distress they experience. The study aimed to determine the relationship between the moral distress experienced by pediatric nurses and their perceived organizational and supervisor support. A descriptive and correlational study was conducted with 124 pediatric nurses of public and university hospitals in Türkiye between May and June 2022. Personal information form, Perceived Organizational Support Scale, Perceived Supervisor Support Scale and the Moral Distress Scale for Pediatric Nurses-Revised were used to collect data. The data obtained from the study were evaluated in IBM SPSS 23.0 program. Pediatric nurses' mean Perceived Organizational Support Scale and Perceived Supervisor Support Scale scores were 34.93 ± 7.46 and 30.20 ± 11.16 . Pediatric nurses' mean total scores for the frequency, intensity, and level of moral distress were found to be 27.08 ± 13.09 , 41.49 ± 18.43 , and 63.91 ± 37.81 . A weak negative correlation was found between the frequency of moral distress and the level of supervisor support ($r: -0.220, p < 0.05$). In the study, nurses experienced low levels of moral distress. The study found that the organizational and supervisor support offered to the nurses was above average, and the level of organizational support was higher than the level of supervisor support. The support of supervisor and organization is important when pediatric nurses encounter ethical problems. The reduction in the level of moral distress experienced by nurses leads to an increase in the quality of care and patient/relatives and nurse satisfaction, and a decrease in job stress, burnout, and intention to quit the job/profession.

Keywords: Nursing; pediatric; moral distress; organizational support; supervisor support

ÖZET Hemşirelere sağlanan yönetici ve kurum desteği, ahlaki sıkıntı ile baş etmelerinde rol oynar. Bu çalışma, pediatri hemşirelerinin yaşadıkları ahlaki sıkıntı ile algılanan örgütsel/yönetici desteği arasındaki ilişkiyi belirlemek amacıyla gerçekleştirilmiştir. Bu tanımlayıcı ve ilişki arayıcı araştırma 2022 Mayıs-Haziran tarihleri arasında, Türkiye'nin kuzey bölgesinde büyük bir şehirde yer alan bir üniversite ve devlet hastanesinin pediatri kliniklerinde çalışan 124 hemşire ile yürütülmüştür. Verilerin toplanmasında tanıtıcı bilgi formu, Algılanan Örgütsel Destek Ölçeği, Algılanan Yönetici Desteği Ölçeği ve Pediatri Hemşireleri İçin Moral Distress Revize-Ölçeği kullanılmıştır. Veriler SPSS 23.0 paket programında analiz edilmiştir. Pediatri hemşirelerinin Algılanan Örgütsel Destek ve Yönetici Desteği puan ortalaması sırasıyla $34,93 \pm 7,46$ ve $30,20 \pm 11,16$ 'dır. Pediatri hemşirelerinin ahlaki sıkıntı sıklığı, hissedilen rahatsızlık ve ahlaki sıkıntı düzeyi ise sırasıyla $27,08 \pm 13,09$, $41,49 \pm 18,43$ ve $63,91 \pm 37,81$ bulunmuştur. Ahlaki sıkıntı sıklığı ile yönetici desteği düzeyi arasında negatif yönde zayıf bir ilişki bulunmuştur ($r: -0,220, p < 0,05$). Yönetici desteği ile ahlaki sıkıntı arasında negatif yönde, zayıf bir ilişki belirlenmiştir. Çalışmada hemşirelerin düşük düzeyde ahlaki sıkıntı yaşadıkları, hemşirelerin kurum ve yönetici desteğinin orta düzeyin üzerinde olduğu belirlenmiştir. Kurum desteğinin yönetici desteğinden daha fazla olduğu saptanmıştır. Pediatri hemşirelerinin etik sorunlarla karşılaşmalarında yönetici ve organizasyonun desteği önemlidir. Hemşirelerin yaşadığı ahlaki sıkıntı düzeyinin azalması bakım kalitesinin, hasta/yakınlarının ve hemşire memnuniyetinin artmasına, iş stresinin, tükenmişliğin ve işten/meslekten ayrılma niyetinin azalmasına neden olmaktadır.

Anahtar Kelimeler: Hemşirelik; çocuk; ahlaki sıkıntı; örgütsel destek; yönetici desteği

TO CITE THIS ARTICLE:

Ünalı Baydın N, Tural Büyük E, Uzşen H, Odabaşoğlu E. The relationship between the moral distress levels and support perceptions of pediatric nurses. Türkiye Klinikleri J Med Ethics. 2024;32(1):28-36.

Correspondence: Hatice UZŞEN

Ondokuz Mayıs University Faculty of Health Sciences, Department of Pediatric Nursing, Samsun, Türkiye

E-mail: hatice_uzsen35@hotmail.com



Peer review under responsibility of Türkiye Klinikleri Journal of Medical Ethics, Law and History.

Received: 18 Jul 2023

Accepted: 07 Jan 2024

Available online: 16 Feb 2024

2146-8982 / Copyright © 2024 by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Ethics is a concept related to human actions with consequences that affect others and the thinking processes that shape them. Ethics, which includes the evaluation of people's attitudes and behaviors as good or bad and right or wrong, is the set of principles and rules that are valid all over the world. Morality is about evaluating what we do and the consequences of our actions as wrong and right, good and bad, and virtue and fault. In addition, it is emphasized that the concept of ethics is a discrete activity that examines human behavior whereas the concept of morality is a concrete mechanism with a social dimension that determines human behavior.^{1,2} Unwritten moral rules and written ethical issues in health institutions (professional ethics, medical ethics, bioethics, ethics committees, ethical climate, etc.) are the factors that directly affect the ethical decision-making process. In this regard, morality-based ethical problems cause "moral distress".³ Moral distress is expressed as the distress that occurs when individuals know the correct behavior to do but cannot perform the correct behavior due to some obstacles.^{3,4} In addition, moral distress is a negative situation that occurs in order to act morally correct when an ethical dilemma emerges, but occurs due to organizational constraints and the impossibility of implementing the desired behavior.^{3,5,6}

Situations such as invasive procedures performed on patients, requesting unnecessary tests or examinations, lack of balance of power among the healthcare team and lack of organizational support may cause nurses to experience moral distress.⁶ There are studies in the literature that reveal the negative effects of moral distress on nurses such as anxiety, feeling of helplessness, burnout, low performance, job dissatisfaction and intention to quit.^{4,7-11}

Perceived organizational support is a condition based on how much the organization takes into account the values and needs of employees. When employees are exposed to stressful environments and high job demands, they need material and moral support from their organizations.^{6,12} Although organizational support is considered as an effective moral factor in the work environment, it is also important in nurses' care practices in terms of ethical practices.^{6,12} Perceived organizational support contributes

to employees' commitment to their organizations, and employees feel obliged to contribute to the organization's well-being and achievement of its goals.¹³ It is stated that this support perception felt increases employees' commitment to their jobs and their tendency to act in favor of the organization.^{14,15} Burnout, depressive states, health problems, job stress, intention to leave the job, intention to leave the profession, work-family conflict, and recruitment and retraining costs have been reported to be reduced in employees who are supported by their managers.^{13,16}

Studies in the literature examining the relationship between perceived organizational support and negative ethical behaviors have shown that these two concepts affect each other. In the study of Latimer et al., it was emphasized that the organizational support perceived by nurses during coronavirus disease-2019 period was a predictor of moral distress; and accordingly, it is important to develop strategies to increase organizational support and commitment.¹⁷ Moreover, another important factor is the perceived lack of managerial support, which is one of the obstacles in front of ethical decision-making that can cause moral distress. This lack of support is characterized by managers' accusatory behavior, lack of understanding on the ethical problem and silencing behavior.¹⁸ In addition to all these, the lack of institutional policies that will guide ethically appropriate behavior in institutions causes nurses to be unable to respond to ethical dilemmas effectively. In this context, nurses are forced to compromise patient needs in favor of institutional rules (hospital procedures, routines, etc.), causing them to experience moral distress. As a matter of fact, strategies focused on efficiency and economic pressure have been also indicated to cause ethical conflicts in nurses by ignoring patients' needs with the institution's inadequacy of resources such as time, bed, equipment and manpower.¹⁸ Such obstacles in front of institutional support lead to a reduced quality of patient care and a decrease in the job satisfaction among the nurses.²

Pediatric care areas are environments where emotional, psychological and occupational stress is high. The fact that children are biologically, psychologically and socially different from the adults and are more vulnerable causes nurses to experience more ethical

dilemmas in this area.¹⁹ In these cases, deciding on the right action and being able to implement this action can cause difficulties for nurses.²⁰⁻²⁴ However, it is stated that supportive institutional approaches will enable nurses to better cope with the moral distress they experience.⁶ Previous research has shown that managerial and institutional factors such as fair workload management, fair distribution of in-hospital resources, good relations with managers, team members supporting each other, ensuring adequate workforce, respecting different opinions and taking a multidisciplinary approach to problems are effective in reducing moral distress levels of pediatric nurses working in pediatric intensive care and oncology fields.^{10,23,24} No comprehensive study has been found in the literature to determine the relationship between moral distress experienced by nurses working in the field of pediatrics and perceived organizational and managerial support. For this purpose, the study was conducted to determine the relationship between moral distress experienced by the pediatric nurses and perceived organizational and managerial support. Moral distress is a common problem among healthcare professionals, especially nurses. It occurs when individuals know the proper behavior but cannot perform it due to some obstacles.⁴⁻⁶ Situations such as invasive procedures on patients, unnecessary tests or examinations, lack of power balance between the healthcare team, and lack of organizational support can cause nurses to experience moral distress.⁶ Moral distress negatively affects nurses, such as anxiety, helplessness, burnout, low performance, job dissatisfaction, and intention to quit, which also adversely influence patients and institutions.^{4,9,11} Studies in the literature investigated the effects of moral distress on burnout, teamwork, quality of care, and patient safety.⁷⁻⁹ Employees need their organizations' financial and moral support when exposed to stressful environments and high job demands. Perceived organizational support is related to how much the organization considers the values and needs of its employees. Organizational support is accepted as an influential moral factor in the working environment and nurses' care practices in terms of ethical practices.^{6,12} Perceived organizational support contributes to employees' commitment to their organizations, and employees feel obliged to contribute to the organization's welfare and achievement of its goals.¹³ It is

stated that perceived support increases employees' commitment to their jobs and tendency to act for the organization's benefit.^{13,14} It has been reported that burnout, depressive states, health problems, job stress, intention to leave the job, intention to leave the profession, work-family conflict, and recruitment and retraining costs decrease in employees supported by managers.^{9,23}

Pediatric care involves high emotional, psychological, and occupational stress. Children are biologically, psychologically, and socially different from adults and are more vulnerable, which causes nurses to experience more ethical dilemmas.¹⁹ Deciding on the right action and being able to implement this action can cause difficulties for nurses.²⁰⁻²³ It is stated that the development of supporting organizations may enable nurses to cope better with the moral distress they experience.³ Studies have shown that organizational and institutional factors such as proper workload management, fair distribution of in-hospital resources, good relations with managers, support from team members, having a sufficient workforce, respecting different opinions, and adopting a multidisciplinary approach to problems reduce the moral distress levels of pediatric nurses working in the fields of pediatric intensive care and oncology.^{10,23,24} No study in the literature determined the relationship between moral distress and the perceived organizational and supervisor support experienced by nurses working in pediatrics. Therefore, this study aimed to determine the relationship between the moral distress experienced by pediatric nurses and their perceived organizational and supervisor support.

MATERIAL AND METHODS

RESEARCH DESIGN

This research is a descriptive study.

RESEARCH QUESTIONS

What is the level of moral distress in pediatric nurses?

What is the perceived level of organizational and supervisor support according to pediatric nurses?

Is there a relationship between the moral distress levels of pediatric nurses and their perceived organizational and supervisor support?

RESEARCH SETTING AND SAMPLE

The research was carried out in the pediatric clinics of a university hospital and a public hospital located in a big city in the northern part of Türkiye between May and June 2022. The research population consisted of 150 nurses who met the inclusion criteria in the specified hospitals (having worked in pediatric clinics other than pediatric outpatient clinics, operating rooms, and neonatal units for at least one year). The sample of the study consisted of 124 nurses who agreed to participate in the study. No sampling method was used. The rate of participation is 83%.

DATA COLLECTION INSTRUMENTS

Personal information form, Perceived Organizational Support Scale, Perceived Supervisor Support Scale and the Moral Distress Scale for Pediatric Nurses-Revised were used to collect data.

Personal information form: The form consists of 11 questions that aim to collect information about the following characteristics of nurses: age, gender, marital status, education level, the unit where the nurse is working, work shifts, years of experience in the clinic, hospital, and profession, encountering ethical problems at work, and intention to quit the job.^{25,26}

Perceived Organizational Support Scale: The scale is developed by Giray and Şahin.²⁷ The Perceived Organizational Support Scale consists of 12 items. The items are rated on a five-point Likert-type scale. High scores indicate higher levels of perceived support. The Cronbach's alpha of the original versions of the Perceived Organizational Support Scale is 0.93. The Cronbach's alpha of the scales was found 0.97 in this study.

Perceived Supervisor Support Scale: The scale is developed by Giray and Şahin (2012).²⁷ The Perceived Supervisor Support Scale consists of 11 items. The items are rated on a five-point Likert-type scale. High scores indicate higher levels of perceived support. The Cronbach's alpha of the original versions of the Perceived Supervisor Support Scale is 0.94. The Cronbach's alpha of the scale was found 0.79 in this study.

Moral Distress Scale for Pediatric Nurses-

Revised: The scale was developed by Hamric.²⁸ The scale, whose Turkish validity and reliability was determined by Kovancı and Atlı Ozbas, consists of 21 items. The scale is divided into two columns: the frequency and intensity of moral distress experienced.²⁹ The intensity of moral distress is evaluated on a five-point Likert-type scale (0: Never, 1: Low, 2: Moderate, 3: Intense, 4: Very intense). The frequency of moral distress is also evaluated on a five-point Likert-type scale (0: Never, 1: Rarely, 2: Occasionally, 3: Frequently, 4: Very often). A score in the range of 0-84 is obtained from each of the dimensions of frequency and intensity. A total moral distress score in the range of 0-16 is obtained by multiplying the frequency and intensity scores of each item in the scale. In this case, the total score obtained is in the range of 0-336. The scale does not have a cut-off point, and higher scores indicate higher levels of moral distress.²⁹ Kovancı and Atlı Ozbas found Cronbach's alpha of the scale as 0.86 and it was found to be 0.87 in this study.

DATA COLLECTION

Data were collected from those who agreed to participate in the study after being informed about it. The participants were given time to fill out the data collection forms, and the forms were collected on the same day. It took about 10 minutes for the participants to fill out the scales. This study was described in accordance with the STROBE statement. The study was conducted in accordance with the principles of the Declaration of Helsinki.

STATISTICAL ANALYSIS

The data were analyzed using the IBM SPSS 23.0 (ABD) program. The sociodemographic characteristics of the participants were analyzed, making frequency and percentage calculations. Firstly, the Kolmogorov-Smirnov test was used to determine whether the data were distributed normally. The descriptive statistics were used as number, percentage, mean, standard deviation, and median. Pearson's correlation analysis was performed to investigate possible correlations between moral distress scores,

organizational support, and supervisor support. A $p < 0.05$ was considered statistically significant for all the analyses.

ETHICAL CONSIDERATIONS

Prior to the study, ethical approval (date: April 29, 2022; no: 2022-300) was obtained from the ethics committee of the Ondokuz Mayıs University in Türkiye. After obtaining the necessary ethics committee permission and institutional approval, the data collection process was initiated. Permission was obtained from the developers of the scales used in the study. In addition, written and verbal consent was obtained from pediatric nurses before the data collection forms were distributed.

RESULTS

The mean age of the participants was 39.64 ± 8.42 years. In the study, 94.4% of the participants were female; 75.8% had a bachelor’s degree, and 76.6% were married. 48.4% worked in the pediatric clinic and 95.8% worked day and night shifts. 40.3% of the nurses reported that they sometimes encountered ethical situations in the clinic, and 51.6% did not consider leaving the profession. The mean years of experience were 17.87 ± 9.20 . The duration of experience in the institution where they worked at the time of the study was 11.48 ± 8.43 years, and the duration of experience in the pediatric unit where they worked was 8.50 ± 6.50 years (Table 1).

Pediatric nurses’ mean Organizational Support and Supervisor Support Scale scores were 34.93 ± 7.46 and 30.20 ± 11.16 , respectively. Pediatric nurses’ mean total scores for the frequency, intensity, and level of moral distress were 27.08 ± 13.09 , 41.49 ± 18.43 , and 63.91 ± 37.81 , respectively (Table 2).

The mean scores for the top five items on the measure of moral distress are shown in Table 3. Among the clinical situations that were indicated as causing a high frequency of moral distress, the item “Carry out the physician’s orders to perform tests and treatments that I consider unnecessary” received the highest score (2.12 ± 1.23). Among the clinical situations that were indicated as causing a high intensity of moral distress, the item “Work with staffing levels of

TABLE 1: Demographic variables.		
Age	$X \pm SD$ (minimum-maximum) 39.64±8.42 (22-58)	
	n	%
Gender		
Female	117	94.4
Male	7	5.6
Educational level		
College	16	12.9
Bachelor’s degree	94	75.8
Master’s degree	14	11.3
Marital status		
Single	29	23.4
Married	95	76.6
Place of work		
Pediatric clinics	60	48.4
Pediatric emergency unit	45	36.3
Pediatric intensive care unit	10	8.1
Pediatric surgical services	9	7.3
Work shifts		
Day	6	4.8
Day+night	118	95.2
Frequency of encountering an ethical situation		
Rarely	38	30.6
Sometimes	50	40.3
Often	24	19.4
Anytime	12	9.7
Thought of quitting		
No	64	51.6
Uncertainty	47	37.9
Yes	13	10.5
X±SD (minimum-maximum)		
Work experience/year	17.87±9.20 (2-40)	
Work experience in hospital/year	11.48±8.43 (1-37)	
Work experience in clinic/year	8.50±6.50 (1-36)	

SD: Standard deviation.

nurses or other care providers that I consider unsafe” received the highest score (2.47 ± 1.29). Among the clinical situations that were indicated as causing a high level of moral distress, the item “Carry out the physician’s orders to perform tests and treatments that I consider unnecessary” received the highest score (5.59 ± 4.51) (Table 3).

A weak negative correlation was found between the frequency of moral distress and the level of supervisor support ($r: -0.220$ $p < 0.05$) (Table 4).

TABLE 2: The frequency, intensity, and level of moral distress, and organizational support and supervisor support scores.

	X±SD	Minimum-maximum
Level of moral distress	63.91±37.81	0-145
Frequency of moral distress	27.08±13.09	0-68
The intensity of moral distress	41.49±18.43	4-84
Organizational Support Scale	34.93±7.46	16-55
Supervisor Support Scale	30.20±11.16	11-55

SD: Standard deviation.

DISCUSSION

The study revealed that nurses experienced low levels of moral distress. In a study conducted by Ghasemi et al. on a sample of neonatal and pediatric nurses in Iran, nurses were found to have low and moderate moral distress, while Carletto et al. found that nurses working in neonatal intensive care units in Italy experienced low levels of moral distress.^{10,30} In other studies, it was observed that nurses working in

pediatric units experienced moderate and high levels of moral distress.³¹⁻³⁴ The result can be interpreted as pediatrics being a specific field, and those working in this field are ethically sensitive. Therefore, they don't encounter many ethical problems.

The study revealed that the most common moral distress situations that nurses experience and feel uncomfortable about are implementing physician's orders for tests and treatments that they believe are unnecessary, implementing comprehensive life-saving interventions even though they think it will only prolong the death process, and working with staffing levels of nurses or other care providers that they consider unsafe. Studies with nurses working in neonatal and pediatric intensive care units have also found results consistent with the study's findings.^{10,21} Similarly, Sauerland et al. reported that neonatal and pediatric nurses are morally distressed about recruiting incompetent nurses and/or physicians, performing unnecessary tests and treatments, and maintaining life support when it is not in the child's best interest.³⁵ In addition,

TABLE 3: Frequency, intensity, and level of moral distress as reported by nurses.

No		X±SD	Minimum-maximum
Top five items-frequency of moral distress			
4	Initiate extensive life-saving actions when I think they only prolong dying	2.01±1.19	0-4
6	Carry out the physician's orders to perform tests and treatments that I consider unnecessary	2.12±1.23	0-4
7	Continue to provide care for a hopelessly ill child who is being sustained on a ventilator when no one will make the decision to withdraw support	1.75±1.45	0-4
9	Assist a physician who in my opinion is providing incompetent care	1.69±1.11	0-4
21	Work with staffing levels of nurses or other care providers that I consider unsafe	1.50±1.23	0-4
Top five items-the intensity of moral distress			
6	Carry out the physician's orders to perform tests and treatments that I consider unnecessary	2.35±1.16	0-4
17	Work with nurses or other care providers whom I do not consider competent	2.34±1.31	0-4
18	Witness diminished patient care quality due to poor team communication	2.26±1.34	0-4
20	Detecting the suffering of the child due to a lack of continuity of care	2.06±1.45	0-4
21	Work with staffing levels of nurses or other care providers that I consider unsafe	2.47±1.29	0-4
Top five items-level of moral distress			
4	Initiate extensive life-saving actions when I think they only prolong dying	4.20±3.69	0-16
6	Carry out the physician's orders to perform tests and treatments that I consider unnecessary	5.59±4.51	0-16
9	Assist a physician who in my opinion is providing incompetent care	3.89±3.50	0-16
17	Work with nurses or other care providers whom I do not consider competent	3.92±3.85	0-16
21	Work with staffing levels of nurses or other care providers that I consider unsafe	4.29±4.44	0-16

SD: Standard deviation.

TABLE 4: Correlations between moral distress scores, organizational support, and supervisor support.

	Organizational support	Supervisor support
Frequency of moral distress		
r value	-0.155	-0.220
p value*	0.086	0.014
The intensity of moral distress		
r value	0.024	-0.025
p value*	0.790	0.779
Level of moral distress		
r value	-0.110	-0.176
p value*	0.226	0.051

* Correlation is significant at the 0.05 level (r: 0.00 to 0.25 very weak correlation, r: 0.26 to 0.49 weak correlation, r: 0.50 to 0.69 moderately good correlation, r: 0.70 to 0.89 high correlation, and r: 0.90 to 1.00 very high correlation).

studies conducted outside of pediatric clinics revealed that especially intensive care nurses experience ethical problems due to ineffective treatment and organizational factors.²⁶ One study conducted with nurses working in internal medicine, surgery and intensive care units showed that the highest level of moral distress was experienced due to treatments that were not expected to benefit patients, aggressive care, and the competence of healthcare providers.²⁵ Oh and Gastmans stated that institutional factors such as working environment, number of staff, and communication affect the moral distress experienced by nurses.³² In the “Ethical Codes for Nurses” guide revised by the International Council of Nurses (ICN) in 2021, it is stated that nurses’ colleagues and other healthcare professionals take appropriate measures to protect patients when the patient is in danger due to institutional policies, practices or misuse of technology. In this study, it was determined that the ethical problems that nurses frequently experience and feel uncomfortable with contradict the ethical code specified by the ICN. It has been suggested that this situation may be effective in causing moral distress for pediatric nurses who cannot fulfill their ethical responsibilities.

Within the changing health system of countries, physicians may ask for unnecessary tests and employ unnecessary treatment in order to avoid malpractice and violence that may arise in cases where the demands of the patient/patient’s relatives are not met. This situation might cause moral distress for nurses. In addition, the lack of support from institutions and

supervisors and the poor quality of care due to the lack of resources and personnel may also cause nurses to experience moral distress.

The study found that the organizational and supervisor support offered to the nurses was above average, and the level of organizational support was found to be higher than the level of supervisor support. In some studies, perceived organizational and supervisor support was found to be moderate, while in some studies, it was found to be low.^{3,9,10,20,32,33}

The study revealed a weak relationship between the moral distress experienced by pediatric nurses and the perceived supervisor and organizational support. One study conducted in the neonatal and pediatric intensive care unit reported that as nurses’ perceived organizational support decreased, the moral distress level increased.¹⁵ Robaee et al. study on nurses working in different units in Iran did not find a relationship between the moral distress experienced by nurses and the perceived supervisor and organizational support, in line with the study’s findings.⁶ However, some studies conducted in different fields found a relationship between moral distress and perceived organizational support. One study reported that organizational support also affects the emergence of moral distress in oncology nurses, in addition to interpersonal relations and clinical situations.³⁴ Another study found that there is a positive relationship between the ethical climate perception in the work environment and perceived organizational support, commitment, and job satisfaction.¹² The lack of a relationship between the moral distress experienced by nurses and perceived supervisor and organizational support suggests that moral distress in the working environment may be related to personal and professional values and the perception of a reliable work environment rather than organizational support.

LIMITATIONS

This study has several limitations. First, although the majority of the pediatric nurses in the specified hospitals participated in the study, the entire population could not be reached as some nurses were on leave. Secondly, the data on perceived supervisor and organizational support and moral distress is based on the participants’ self-reports. Finally, the study’s findings cannot be generalized to all pediatric nurses.

CONCLUSION

The study revealed that the participants experienced low levels of moral distress. They stated that physicians' unnecessary diagnoses and treatment requests, futile treatment practices, and providing care with insufficient resources are the main factors leading to the moral distress they experience. The study further revealed that the level of organizational and supervisor support perceived by the nurses was above average and that the level of perceived organizational support was higher than the level of perceived supervisor support. There was no relationship between the moral distress they experienced and the perceived supervisor and organizational support.

In order to develop and strengthen the ethical sensitivity of nurses, it is recommended to raise awareness about the reasons for moral distress with in-service training programs. In addition, nurses should be encouraged to perform their patient advocacy role by providing supervisory and organizational support for the management of situations that may cause moral distress. Regular meetings can be held with the members of the health care team, especially physicians and nurses, to address ethical problems specific to fields such as pediatrics. Awareness trainings (case studies, group discussions, and simulation applications, which involve equipping students with critical thinking and problem-solving skills) regarding ethical problems and the moral distress that may be experienced are recommended at the undergraduate level.

The support of administrators and institutions is important when pediatric nurses encounter ethical problems. The reduction in the level of moral distress

experienced by nurses leads to an increase in the quality of care and patient/relatives and nurse satisfaction, and a decrease in job stress, burnout, and intention to quit the job/profession. In addition, ensuring organizational support mechanisms to develop critical thinking, decision-making, and problem-solving skills may be effective in creating a corporate culture sensitive to ethical issues.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Nihal Ünalđı Baydın, Esra Tural Büyük, Hatice Uzşen, Emel Odabaşođlu; **Design:** Nihal Ünalđı Baydın, Esra Tural Büyük, Hatice Uzşen, Emel Odabaşođlu; **Control/Supervision:** Nihal Ünalđı Baydın, Esra Tural Büyük; **Data Collection and/or Processing:** Hatice Uzşen, Emel Odabaşođlu; **Analysis and/or Interpretation:** Hatice Uzşen, Emel Odabaşođlu; **Literature Review:** Nihal Ünalđı Baydın, Esra Tural Büyük, Hatice Uzşen, Emel Odabaşođlu; **Writing the Article:** Nihal Ünalđı Baydın, Esra Tural Büyük, Hatice Uzşen, Emel Odabaşođlu; **Critical Review:** Nihal Ünalđı Baydın, Esra Tural Büyük; **References and Fundings:** Nihal Ünalđı Baydın, Esra Tural Büyük, Hatice Uzşen, Emel Odabaşođlu; **Materials:** Nihal Ünalđı Baydın, Esra Tural Büyük, Hatice Uzşen, Emel Odabaşođlu.

REFERENCES

- Oğuzhan G, Aydın GZ, Bölükbaşı FB. Hemşirelerin ahlaki duyarlıklarının belirlenmesi: Bir devlet hastanesi örneği [Determination of nursing moral sensitivity: A state hospital example]. *Sağlık Akademisyenleri Dergisi*. 2019;6(2):91-9. [Link]
- Kovancı AS, Hiçdurmaz D. Ahlaki cesaret: tanımı, ahlaki sıkıntı ve ahlaki duyarlılık ile ilişkisi ve geliştirilmesi [Moral courage: description, relation with moral distress and moral sensitivity and improvement]. *Journal of Duzce University Health Sciences Institute*. 2021;11(1):96-102. [Crossref]
- Kayar Z, Erdem R. Hemşirelerde ahlaki sıkıntının işe adanma davranışı üzerine etkisi [The effects of moral distress on work engagement behavior in nurses]. *Mehmet Akif Ersoy Üniversitesi Sosyal Bilimler Enstitüsü Dergisi*. 2017;9(22):77-103. [Crossref]
- Karagozoglu S, Yıldırım G, Özden D, Çınar Z. Moral distress in Turkish intensive care nurses. *Nurs Ethics*. 2017;24(2):209-24. [Crossref] [PubMed]
- Ozbaş AA. Onkoloji hemşireliğinde etik ikilem ve moral distres [Ethical dilemma and moral distress in oncology nursing]. *Türkiye Klinikleri Journal of Psychiatric Nursing-Special Topics*. 2017;3(1):19-26. [Link]
- Robaee N, Atashzadeh-Shoorideh F, Ashktorab T, Baghestani A, Barkhordari-Sharifabad M. Perceived organizational support and moral distress among nurses. *BMC Nurs*. 2018;17:2. [Crossref] [PubMed] [PMC]
- Wallis L. Moral distress in nursing. *Am J Nurs*. 2015;115(3):19-20. [Crossref] [PubMed]
- Rodney PA. What we know about moral distress. *Am J Nurs*. 2017;117(2 Suppl 1):S7-S10. [Crossref] [PubMed]
- Burston AS, Tuckett AG. Moral distress in nursing: contributing factors, outcomes and interventions. *Nurs Ethics*. 2013;20(3):312-24. [Crossref] [PubMed]
- Ghasemi E, Negarandeh R, Janani L. Moral distress in Iranian pediatric nurses. *Nurs Ethics*. 2019;26(3):663-73. [Crossref] [PubMed]
- Morley G. What is "moral distress" in nursing? How, can and should we respond to it? *J Clin Nurs*. 2018;27(19-20):3443-5. [Crossref] [PubMed] [PMC]
- Barkhordari-Sharifabad M, Ashktorab T, Atashzadeh-Shoorideh F. Ethical competency of nurse leaders A qualitative study. *Nursing Ethics*. 2016;25(1):20-36. [Crossref] [PubMed]
- Labrague LJ, McEnroe Petite DM, Leocadio MC, Van Bogaert P, Tsaras K. Perceptions of organizational support and its impact on nurses' job outcomes. *Nurs Forum*. 2018. [Crossref] [PubMed]
- Zan YS, Altuntaş S. The effect of nurses' perceptions of organizational support on organizational cynicism. *E-Journal of Dokuz Eylül University Nursing Faculty*. 2019;12(2):100-6. [Link]
- Terzi B, Polat Ş. Hemşirelerin algıladıkları destek düzeyleri ve etkileyen faktörlerin incelenmesi [Examination of nurses' perceived support levels and factors affecting]. *Journal of Health Sciences of Adiyaman University*. 2020;6(1):59-67. [Crossref]
- Abou Hashish EA. Relationship between ethical work climate and nurses' perception of organizational support, commitment, job satisfaction and turnover intent. *Nurs Ethics*. 2017;24(2):151-66. [Crossref] [PubMed]
- Latimer AL, Otis MD, Mudd-Martin G, Moser DK. Moral distress during COVID-19: The importance of perceived organizational support for hospital nurses. *J Health Psychol*. 2023;28(3):279-92. [Crossref] [PubMed] [PMC]
- Wall S, Austin WJ, Garros D. Organizational influences on health professionals' experiences of moral distress in PICUs. *HEC Forum*. 2016;28(1):53-67. [Crossref] [PubMed]
- Tazegun A, Celebioglu A. Çocuk hemşirelerinin etik duyarlılık düzeyleri ve etkileyen faktörler [Ethical sensitivity levels of pediatric nurses and the factors affecting this sensitivity]. *J Dr Behcet Uz Child Hosp*. 2016;6(2):97-102. [Link]
- Cavusoglu H. Pediatri hemşireliğinde karşılaşılan etik sorunlar ve yaklaşımlar [Ethical issues and approaches in pediatric nursing]. *Türkiye Klinikleri Medical Ethics, Law and History-Special Topics*. 2017;3(1):47-52. [Link]
- Larson CP, Dryden-Palmer KD, Gibbons C, Parshuram CS. Moral distress in PICU and neonatal ICU practitioners: A cross-sectional evaluation. *Pediatr Crit Care Med*. 2017;18(8):e318-e26. [Crossref] [PubMed]
- Sweeney CD. A DAISY nurse: moral distress and end-of-life decisions in the pediatric setting. *J Nurs Adm*. 2017;47(2):82-4. [Crossref] [PubMed]
- Santos RPD, Garros D, Carnevale F. Difficult decisions in pediatric practice and moral distress in the intensive care unit. *Rev Bras Ter Intensiva*. 2018;30(2):226-32. [Crossref] [PubMed] [PMC]
- Ventovaara P, Sandeberg MA, Räsänen J, Pergert P. Ethical climate and moral distress in paediatric oncology nursing. *Nurs Ethics*. 2021;28(6):1061-72. [Crossref] [PubMed] [PMC]
- Karadas A, Dogu Ö, Oz SD. The Effect of Perceived Organizational Support of Nurses on Their Resilience: A Cross-Sectional Study From Turkey. *Can J Nurs Res*. 2023;55(2):241-9. [Crossref] [PubMed]
- Kızıtepe KS, Koç Z. Hemşirelikte ahlaki sıkıntı ve nedenleri [Moral distress in nursing and its causes]. *Turkish Journal of Bioethics*. 2019;6(1):5-12. [Crossref]
- Giray MD, Şahin DN. Algılanan örgütsel, yönetici ve çalışma arkadaşları desteği ölçekleri: geçerlik ve güvenilirlik çalışması [Perceived organizational, supervisor and coworker support scales: a study for validity and reliability]. *Türk Psikoloji Yazıları*. 2012;15(30):1-9. [Link]
- Hamric AB. Empirical research on moral distress: issues, challenges, and opportunities. *HEC Forum*. 2012;24(1):39-49. [Crossref] [PubMed]
- Kovancı MS. Pediatri hemşireleri için moral distres revize-ölçeği Türkçe formunun geçerlik güvenilirlik çalışması [Yüksek lisans tezi]. Ankara: Hacettepe Üniversitesi; 2020. Erişim tarihi: 29 Nisan 2022 Erişim linki: [Link]
- Carletto S, Ariotti MC, Garelli G, Di Noto L, Berchiolla P, Malandrone F, et al. Moral distress and burnout in neonatal intensive care unit healthcare providers: a cross-sectional study in Italy. *Int J Environ Res Public Health*. 2022;19(14):8526. [Crossref] [PubMed] [PMC]
- Lusignani M, Gianni ML, Re LG, Buffon ML. Moral distress among nurses in medical, surgical and intensive-care units. *J Nurs Manag*. 2017;25(6):477-85. [Crossref] [PubMed]
- Oh Y, Gastmans C. Moral distress experienced by nurses: a quantitative literature review. *Nurs Ethics*. 2015;22(1):15-31. [Crossref] [PubMed]
- Tajalli S, Rostamli S, Dezvaree N, Shariat M, Kadivar M. Moral distress among Iranian neonatal intensive care units' health care providers: a multi-center cross sectional study. *J Med Ethics Hist Med*. 2021;14:12. [Crossref] [PubMed] [PMC]
- Grasso C, Massidda D, Maslak KZ, Favara-Scacco C, Grasso FA, Bencivenga C, et al. On Behalf Of The MoDiPerSaPerCI Group. Moral Distress in Healthcare Providers Who Take Care of Critical Pediatric Patients throughout Italy-Cultural Adaptation and Validation of the Italian Pediatric Instrument. *Int J Environ Res Public Health*. 2022;19(7):3880. [Crossref] [PubMed] [PMC]
- Sauerland J, Marotta K, Peinemann MA, Berndt A, Robichaux C. Assessing and addressing moral distress and ethical climate Part II: neonatal and pediatric perspectives. *Dimens Crit Care Nurs*. 2015;34(1):33-46. [Crossref] [PubMed]