







Moral conflicts experienced by nurses from emergency services: a cross-sectional study

Conflitos morais vivenciados por enfermeiras dos serviços de emergência: estudo transversal

Conflictos morales experimentados por enfermeras de los servicios de urgencias: un estudio transversal

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ABSTRACT

Objective: to identify the occurrence of moral conflicts and the characteristics of nurses in emergency services. **Method:** quantitative, cross-sectional study, approved by the Research Ethics Committee, developed in the online format, with data collected from February to June 2022, when applying the Moral Sensitivity Questionnaire. 330 nurses from Brazilian emergency services participated. Statistical analysis was performed using the Kruskal-Wallis and Mann-Whitney tests. **Results:** the occurrence of moral conflicts showed a significant difference between nurses in terms of age and years of experience in the emergency room, however, the effect was weak. No distinction was identified with regard to sex, type of service, function, workload. **Conclusion:** there is occurrence of moral conflict by nurses, some differences between the characteristics of nurses in emergency services, signaling the need to deepen the study on conflicts in specific contexts of care and strengthen strategies for solving ethical problems.

Descriptors: Emergency Nursing; Nurses; Decision making; Ethics; Nursing; Moral Status; Conflict; Psychological.

RESUMO

Objetivo: identificar a ocorrência de conflitos morais e as características das enfermeiras dos serviços de emergência. **Método:** estudo quantitativo, transversal, aprovado pelo Comitê de Ética em Pesquisa, desenvolvido no formato online, com dados coletados em fevereiro a junho de 2022, ao aplicar o Questionário de Sensibilidade Moral. Participaram 330 enfermeiras dos serviços de emergência brasileira. A análise estatística foi realizada pelos testes Kruskal-Wallis e Mann-Whitney. **Resultados:** a ocorrência de conflitos morais apresentou diferença significativa entre enfermeiras quanto a faixa etária e anos de experiência na urgência, no entanto, o efeito foi fraco. Não foi identificada distinção no que se refere ao sexo, tipo de serviço, função, carga horária. **Conclusão:** há ocorrência de conflito moral por enfermeiras, algumas diferenças entre as características das enfermeiras nos serviços de emergência, sinalizando a necessidade de aprofundar o estudo sobre os conflitos em contextos específicos de cuidado e fortalecer estratégias para resolução dos problemas éticos.

Descritores: Enfermagem em Emergência; Enfermeiros e Enfermeiras; Ética em Enfermagem; Status Moral; Conflito Psicológico.

RESUMEN

Objetivo: identificar la ocurrencia de conflictos morales y las características de los enfermeros en servicios de urgencias. **Método:** estudio cuantitativo, transversal, aprobado por el Comité de Ética en Investigación, desarrollado en el formato en línea, con datos recolectados de febrero a junio de 2022, al aplicar el Cuestionario de Sensibilidad Moral. Participaron 330 enfermeros de los servicios de urgencias brasileños. El análisis estadístico se realizó utilizando las pruebas de Kruskal-Wallis y Mann-Whitney. **Resultados:** la ocurrencia de conflictos morales mostró una diferencia significativa entre los enfermeros en cuanto a la edad y los años de experiencia en las urgencias, sin embargo, el efecto fue débil. No se identificó distinción respecto con género, tipo de servicio, función, carga de trabajo. **Conclusión:** ocurren conflictos morales por parte de los enfermeros, algunas diferencias entre las características de los enfermeros en los servicios de urgencias, lo que apunta hacia la necesidad de profundizar el estudio sobre los conflictos en contextos específicos de cuidado y fortalecer las estrategias para la solución de problemas éticos.

Descriptores: Enfermería de Urgencia; Enfermeros y Enfermeras; Ética em Enfermería; Condición Moral; Conflicto Psicológico.

INTRODUCTION

The work of nurses in emergency departments requires several skills related to the type of activity to be performed, including the ability to make decisions by recognizing conflicts. Moral conflicts in the field of care are considered in situations in which moral principles, values and duties of people compete and lead to uncertainties about the action to be taken, and can be perceived as dilemmas or ethical problems¹.

Within the scope of moral competence, the component involved in recognizing the ethical dimension of experienced situations is moral sensitivity. The experience of conflict is one of the assessed dimensions of moral sensitivity, as this phenomenon is defined as the ability to recognize a vulnerable situation of the person being cared for and the ethical consequences of actions taken on their behalf². The experience of conflict dimension stood out in a scoping review as influential to moral sensitivity³.

Nurses can experience moral conflicts when relating to patients, as evidenced in different health units; in this case, they were related to treating the patient as an object, paternalistic behavior, insufficient guidance for decision-making by the patient or family member, preventing the patient's will, endangering privacy and prejudiced attitudes⁴. Faced with the health crisis in the context of the COVID-19 pandemic caused by the Type 2 coronavirus, studies emerged which evaluated the effects on conflict experience. Thus, the experience of ethical conflicts when caring for patients was identified in 44.9% of the nurses⁵. The high frequency was also highlighted among nursing professionals in primary healthcare services whose care was expanded to care for patients during the pandemic⁶.

Issues related to the best interest of the patient, the role of professionals, the patient's self-determination, ideals and organizational structure of care provided by professionals from other services in the scene are situations which can precipitate the occurrence of conflicts⁷.

It should be noted that emergency care nurses in Brazil are in direct care of acute events due to the epidemiological profile and also when they are related to health crises or pandemics. Fixed hospital and pre-hospital units are included among the services which compose the current Urgency and Emergency Care Network in Brazil, such as emergency care units (ECUs) and the Mobile Emergency Care Service (*Serviço de Atendimento Móvel de Urgência – SAMU*), established nationwide for pre-hospital care in the Unified Health System (*Sistema Único de Saúde – SUS*)⁸. Professionals in these services sometimes experience different conflicts arising from the same cause, such as overcrowding⁹.

As the dimension of experiencing conflict can predict psychosocial aspects of the quality of care in different healthcare contexts¹⁰, deepening knowledge about the factors which can contribute to developing nurses' skills regarding recognition of the moral dimensions immersed in emergency care becomes essential to qualify the care. Understanding that the experiencing conflict dimension is of interest in assessing the moral sensitivity of health professionals, it is questioned what are the characteristics of nurses in urgency and emergency services regarding the experience of moral conflict?

Thus, this study aimed to identify the occurrence of moral conflicts and the characteristics of nurses in emergency services.

METHOD

This is a quantitative, cross-sectional and exploratory study. The report was guided by the checklist contained in Strengthening the Reporting of Observational Studies in Epidemiology (STROBE). Data were collected from February 2, 2022 to June 30, 2022. Given the context of the COVID-19 pandemic, the survey maintained its online format.

It was decided to use the term nurse in this study to refer to the participants given the frequency of women in the services; however, this term included nurses from the five Brazilian regions who work in hospital emergency services, emergency care units (ECUs) and Mobile Emergency Care Service (*SAMU 192*), composing an intentional and non-probabilistic sample.

The inclusion criteria were: having a current link with the emergency services in a hospital unit, Mobile Emergency Care Service or Emergency Care Units and filling out all of the instrument's questions. Thus, of the 422 respondents, 330 responded to working in the health facilities already described and which compose the Urgency and Emergency Care Network.

Data was collected by completing the Moral Sensitivity Questionnaire adapted for Brazil¹¹, which aims to assess the level of moral sensitivity of nurses. For this study, the items which compose the dimension: experience of conflicts, composed of statements 9, 11, 13 and 21 from the questionnaire were evaluated, as described in the results. The answers were obtained using a Likert-type scale, with the lowest measure of 1 (completely disagree) and the highest of 7 (completely agree), considered as interval data¹². Thus, the minimum and maximum variation in this dimension is from 4 to 28 points.

The instrument for the data collection procedure was inserted into a Google form, linked to an institutional account of one of the researchers. Access to the research link was made available on social networks, e-mails and the website created by the researchers to publicize the research.

In analyzing the results, we sought to assess the differences between the conflict experience dimension according to the nurses' characteristics and considering the different variables: gender, type of service, function, weekly workload, age group and period of experience. A descriptive statistical analysis of the data was initially performed to characterize the sample through central tendency and deviation measures for age and years of experience, in addition to absolute and relative frequencies for nominal data.

Next, three groups were stratified for data on nurses' age and years of experience, considering that literature in the area where professionals over 40 years of age have already been perceived to have greater moral sensitivity¹³, complementing a study¹⁴ whose highest sensitivity rates were from 36 years old; in turn, the data were categorized into three groups according to age group: 22 to 35 years old; 36 to 49 years old; and from 50 to 63 years old. In addition, three categories were assigned for length of service: up to 5 years; from 6 to 15 years; and from 16 to 36 years.

Data were initially stored in the Microsoft Excel® software program, organized and later exported to the Statistical Package for Social Sciences version 21 program (IBM SPSS®). We considered the significance level evaluated with p-value less than 0.05, and the effect size calculated by Cohen's d¹² was evaluated.

The data distribution normality was evaluated using the Kolmogorov-Smirnov test, and the interval data (items and conflict experience dimension) present non-normal distribution. Thus, the need to use non-parametric tests for the assessment between groups was supported. Next, the Kruskal-Wallis test was used to investigate differences between 3 groups or more, except for the evaluation of gender, in which the most indicated test was the Mann-Whitney test due to the presence of two categories in this variable¹².

Tables were used to present the results with the measures and tests performed on the different characteristics of the nurses according to the conflict experience. The research protocol was approved by the Research Ethics Committee of the institution, and followed the resolutions that guide research with human beings and addenda on online research. Agreement from the participants was obtained from their signing of the Informed Consent Form.

RESULTS

A total of 330 nurses participated in this study. The individual and work characteristics of the professionals are presented in Table 1 with information on age, time working in emergency services, service in which they work, current role, weekly workload in emergency services and summary of tests performed.

TABLE 1: Characteristics of the nurses in the emergency services and statistics of the tests regarding differences between nurses on their experience of conflict (n=330). Brazil, 2022.

Variables	n	%	Statistic	p-value
Gender			$U = 8367.5$	$p = 0.619$
Female	264	80.0	17.96 (SD 0.327)	
Male	66	20.0	18.38 (SD 0.654)	
Age range			$H(2) = 7.510$	$p = 0.023^*$
22 to 35 years	99	30.0		
36 to 49 years	185	56.1		
50 to 63 years	46	13.9		
Time working in the emergency service			$H(2) = 10.664$	$p = 0.005^*$
Up to 5 years	138	41.8		
6 to 15 years	142	43.0		
16 to 36 years	50	15.2		
Type of service			$H(2) = 0.66$	$p = 0.967$
Hospital emergency	145	43.9	17.97 (SD 0.463)	
ECU	123	37.3	18.02 (SD 0.444)	
SAMU 192	62	18.8	18.26 (SD 0.696)	
Function performed			$H(3) = 0.284$	$p = 0.963$
Direct care/treatment	258	78.2	17.94 (SD 0.341)	
Coordination	58	17.6	18.33 (SD 0.620)	
Regulation	2	0.6	19.5 (SD 2.5)	
Other activity	12	3.6	18.67 (SD 18.67)	
Weekly work hours			$H(5) = 3.120$	$p = 0.682$
Up to 24 horas	35	10.6	18.89 (SD 1.056)	
30 hours	48	14.5	17.97 (SD 0.744)	
36 hours	80	24.2	17.84 (SD 0.613)	
40 hours	73	22.1	18.36 (SD 0.495)	
44 hours	43	13	17.02 (SD 0.281)	
More than 44 hours	51	15.5	18.43 (SD 0.878)	

Note: SD – standard deviation; SAMU – Mobile Emergency Service (*Serviço de Atendimento Móvel às Urgências*); ECU – Emergency Care Unit; * Statistically significant ($p < 0.05$); U – Mann-Whitney; H – Kruskal-Wallis.

The Mann-Whitney test was performed to investigate the extent to which the conflict experience was equivalent considering the gender of the nurses. The results showed no differences between these groups of professionals.

Next, the Kruskal-Wallis test was performed with the objective of evaluating the extent to which the experience of moral conflict was equivalent in nurses in different emergency services, with different functions, weekly workload, age group and experience period. The test showed a statistically significant result regarding age group ($H(2) = 7.510$, $p = 0.023$) and length of service in emergency care ($H(2) = 10.664$, $p = 0.005$). The other groups by variables did not show statistically significant differences, with the main results presented below.

The results showed that older nurses (50 to 63 years old) had a greater experience of conflict compared to younger groups, with this difference being significant with that of nurses aged 22 to 30 years old ($z = -2.64$, $p = 0.008$, $r = 0.23$) and the group aged 36 to 49 years ($z = -2.182$, $p = 0.029$, $r = 0.14$). As for experience, the group with more experience in emergency services (16 to 36 years) had a greater self-report of experiencing conflicts compared to the other two groups, with this difference being statistically significant for the group of nurses with up to five years of experience ($z = -3.055$, $p = 0.002$, $r = 0.22$) and from 6 to 15 years old ($z = -3.031$, $p = 0.002$, $r = 0.22$). The tests for the age group and years of experience variables showed significant statistics (Table 2), with presentation of descriptive statistics on the conflict experienced by group.

TABLE 2: Descriptive statistics on the groups that showed differences in the levels of conflict experience by categories of age group and years of work (n=330). Brazil, 2022.

Variable	Mean	SD	Median	Rank mean
Age				
22 to 35 years	17.4	5.3	18.0	152.2
36 to 49 years	17.9	5.4	19.0	161.3
50 to 63 years	19.9	4.8	20.5	190.2
Years of experience				
Up to 5 years	17.6	5.5	18.0	157.9
6 to 15 years	17.7	5.2	18.0	158.5
16 to 36 years	20.3	4.7	21.5	206.0

Note: SD – standard deviation

The responses were analyzed by item, with a description of the item mean which composed the conflict experience dimension, as presented in Table 3.

TABLE 3: Level of agreement per item on situations of conflict experiences by nurses in emergency services. Brazil, 2022.

Affirmative	Mean	SD
Item 9 - I am often confronted with situations where I am faced with conflicts about how to approach the patient.	4.64	1.878
Item 11 - I am often faced with situations where it is difficult to know which action is ethically correct for a particular patient.	4.45	1.997
Item 13 - I often face situations in which I find it difficult to allow the patient to make their own decision.	3.95	1.904
Item 21 - I am often faced with difficult situations where I have to make decisions without the patient's participation.	5.0	1.906
Dimension "Experiencing the moral conflict"	18.04	5.309

Note: SD – standard deviation

DISCUSSION

The experience of conflicts mirrors recognizing contradictory situations between values, duties and responsibilities in care, in which a decision must be made valuing the path closest to what should be done in an ideal condition¹. Experiences lived as conflicts are benchmarks for similar future situations¹⁵. In this study, nurses recognize situations which generate conflict when: they recognize that they experience conflicts when approaching the patient; question themselves about ethical conduct in certain situations; have difficulty letting the patient make their decision; and they are faced with difficult situations in which they have to make the decision for the patient¹¹.

The nurses had higher agreement scores regarding the conflict experience for the item that refers to the statement about making difficult decisions without the patient's participation. Such situations may be more recurrent, as urgent care is sometimes a serious problem in which patients are in situations of lowered consciousness level and the actions taken in these situations require the decision of professionals without the possibility of patient participation, which is perceived as a challenging situation in care.

Although it found close values, this was not the item with the highest agreement in a study with primary healthcare nurses in Brazil, in which the dimension reached an overall average of 4.22, calculated from the averages of the items¹⁶. This average considering the items in a study carried out in hospital emergencies in Turkey was 4.117. The particularities of the services and culture can affect the perceptions of the experience of conflicts, and the average of the items in the emergency services measured in this study for the experiencing conflict dimension was 4.51, which is higher than the previous studies abovementioned.

It is noteworthy that there are differences between the groups of emergency nurses when experiencing conflict related to age and years of experience; however, the effect size of these differences was small, as shown in the results. Nevertheless, they are variables which are somehow related, since the longer experience is sometimes accompanied by increasing age.

These considerations confer the need to deepen studies with nurses, considering that greater age leads to more experiences in dealing with conflicts that arise in nursing practice as well as in personal life, contributing to greater moral sensitivity¹⁸. Converging with the authors in evaluating intensive care unit professionals, nurses with more experience in service were able to deal with moral issues more easily than less experienced ones¹⁹. Despite the results of another study presenting data for which there was no association with working time, they brought important considerations about the types of services in which nurses were inserted, since the workplace was significantly related to moral sensitivity²⁰.

Thus, in addition to the time that affects age and length of experience, assessing the quality of experiences lived by professionals seems to contribute to develop moral sensitivity. In an educational intervention study on ethics for intensive care nurses with an increase in moral sensitivity indices, significant differences were measured in the before and after tests, including the experiencing conflict dimension²¹. An ethical educational program was conducted for emergency nurses which showed similar effects, with an improvement in the nurses' moral sensitivity²².

In contrast to the results, a study was conducted in which no significant differences in moral conflict were identified in groups regarding the age group and years of work of pediatric nurses; however, it was similar in maintaining the non-association with the professional's gender¹³.

Other aspects of conflict experience by emergency nurses were evaluated specifically regarding end-of-life care, being categorized into conflicts: the ability to practice end-of-life care actions; in the relationship with the team of medical professionals; about decision-making; in relation to the family; about the patient's pain; and limitations on care due to the varying/ambiguous definitions of end-of-life care²³.

Such conflicts converge with the items investigated from the Moral Sensitivity Questionnaire, as they converge with the affirmations of experiencing conflict when facing difficult situations; about how to approach a patient; the difficulty or uncertainty in knowing which action is the most ethically appropriate; and allowing the patient to make their own decision.

These experiences can lead nurses to experience emotions in the face of negative feelings such as guilt and/or frustration in relation to moral conflicts, when (for example) they cannot provide adequate care responses to patients or when they participate in fragmented work processes²⁴, therefore they do not achieve actions approaching moral ideals of care. In turn, the experience of conflict can be a guide for conduct in the face of similar problems, helping in decision-making, but it is also understood that negative feelings in the profession are part of the consequences of not adequately resolving conflicts, and it is essential to broaden the discussion about the conflict theme in the context of emergencies.

Study limitations

The limitations of this study are the lack of an equitable correspondence between the five regions of Brazil, especially due to the low response rate in northern Brazil. Given the particularities of the region and the character of the psychology of morals, specific local studies are necessary.

Furthermore, it should be noted that this is a one-dimensional approach, which does not correspond to the entire construct of moral sensitivity.

CONCLUSION

This study presented the occurrence of the moral conflict experience by the nurses, while verifying that there were differences in responses regarding the age group and time of experience between the groups. It presented an alignment with the need for local studies to collect evidence on the moral development of nurses in specific contexts of professional practice, as not only issues of time, but also evidence on the lived experiences is necessary to complement the study on the moral sensitivity of the nurses, emphasizing emergency services given the incipient scientific production.

The results of this study are in line with the need to further investigate moral sensitivity in urgency and emergency settings with the intention of contributing to mitigating ethical conflicts experienced by nurses, as well as strengthening decision-making strategies in the emergency care practice setting.

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