



Original Article

Relationship between moral distress, compassion fatigue, and burnout levels of psychiatric nurses

✉ Ebru Kaya,¹ ✉ Nesibe Günay Molu²

¹Institute of Health Sciences, Mental Health and Diseases Nursing, Necmettin Erbakan University, Konya, Türkiye

²Faculty of Nursing, Mental Health and Diseases Nursing, Necmettin Erbakan University, Konya, Türkiye

Abstract

Objectives: This was a descriptive and correlational study conducted to determine the moral distress, compassion fatigue, and burnout levels of psychiatric nurses.

Methods: The study sample consisted of 107 nurses in psychiatric clinics of hospitals in Konya province. Data were collected using the personal information form, Moral Distress Scale for Psychiatric Nurses (MDSP), Compassion Fatigue Subscale of the Quality-of-Life Scale for Employees (CFS), and Burnout Measure (BM). The data were evaluated using t-test, Mann-Whitney U test, Kruskal-Wallis test, and Pearson's correlation and multiple regression analyses.

Results: The nurses' mean MDSP score was 1.65 ± 1.23 ; mean CFS score, 1.0 ± 0.75 ; and mean BM score, 3.01 ± 1.08 . A significant positive relationship was observed between the nurses' MDSP, CFS, and BM scores. Furthermore, there was a statistically significant difference between their demographic characteristics, such as age, gender, marital status, educational level, and mean MDSP, CFS, and BM scores ($p < 0.05$). A statistically significant difference was observed between vocational characteristics such as work position, shifts, job satisfaction, satisfaction with psychiatry, ethics education, frequency of ethical situations, ethical problems with the team, ethical issues related to patients and relatives, and mean MDSP, CFS, and BM scores ($p < 0.05$).

Conclusion: A positive relationship between the psychiatric nurses' mean MDSP, CFS, and BM scores were observed. In addition, compassion fatigue and burnout levels were found to increase as the moral distress level of the nurses increased.

Keywords: Burnout; compassion fatigue; moral distress; psychiatric nurses.

Moral distress is defined as "the feeling of distress caused by the fact that the individual knows the right action but cannot perform this action due to the obstacles that arise"^[1] It is the stress felt when the desired ethically appropriate action cannot be taken due to clinical situations and internal or external constraints. Constraints and the presence of clinical situations are important elements of moral distress. While internal restrictions include psychological reactions such as perception of powerlessness and lack of assertiveness, external constraints include policies, lack of administrative support, and time constraints.^[1,2] On the other hand, clinical situations consist of useless treatment, lack of continuity of care, and work-

ing with incompetent health personnel. In individuals who experience moral distress for the first time, feelings such as disappointment, anger, and guilt turn into a gradual process when they remain unresolved, and frequent encounter of morally stressful situations causes moral residue. The most damaging consequence of moral distress is the experience of moral residue, which is caused by psychological and physical effects such as embarrassment, sadness, headache, tachycardia, nausea, anxiety, dissatisfaction, and failure resulting from the inability to provide care that should be given according to ethical beliefs.^[2-5] Many factors such as clinical situations as well as working under internal and external constraints cause

Address for correspondence: Nesibe Günay Molu, Mental Health and Diseases Nursing, Necmettin Erbakan University, Konya, Türkiye

Phone: +90 332 320 40 29 **E-mail:** nesibegunaymolu@gmail.com **ORCID:** 0000-0002-2452-6205

Submitted Date: February 22, 2022 **Revised Date:** November 08, 2022 **Accepted Date:** January 08, 2023 **Available Online Date:** June 15, 2023

©Copyright 2023 by Journal of Psychiatric Nursing - Available online at www.phdergi.org



What is presently known on this subject?

- Many nurses working in healthcare settings carry the risk of moral distress due to the effect of the health system and working conditions. While moral distress prevents psychiatric nurses from fulfilling their important roles, it also causes negative effects up to leaving the profession and health service, compassion fatigue and burnout with the endangerment of personal and professional values.

What does this article add to the existing knowledge?

- To the best of our knowledge, this is the first study in our country to evaluate the levels of moral distress, compassion fatigue, and burnout in psychiatric nurses and examine the occupational and demographic characteristics affecting these variables. It was found that moral distress subdimensions affect compassion fatigue and burnout subdimensions and that these three concepts and subdimensions are related to each other and to some occupational and demographic characteristics.

What are the implications for practice?

- Recognizing, preventing, and increasing awareness of moral distress, compassion fatigue, and burnout and working on how to deal with their effects in cases where they cannot be prevented will contribute to the professional support of psychiatric nurses and the institution.

nurses to experience excessive stress, compassion fatigue due to moral distress and moral residues, as well as burnout, a component of compassion fatigue.^[2-7]

Compassion fatigue is defined as psychological, physical, social, and spiritual exhaustion with decreased power and desire to provide care to individuals as a result of the continuous and intense care given with compassion and empathy in health professionals.^[8,9] Burnout, a compassion fatigue component, results from the interaction between the healthcare professional and the working environment. It is a condition that occurs when an individual's functional capacity is reduced or lost due to the depletion of physical and mental resources.^[10] Recent studies have found that increased level of moral distress among health professionals leads to burnout and compassion fatigue, resulting in poor quality of care and negative consequences such as job quitting.^[4,10]

Psychiatric nurses work in a stressful environment where there are vulnerable patients with mental disorders and freedom is restricted such as forced treatment and decision-making competence. While moral distress prevents psychiatric nurses from playing their important roles, it also causes negative effects, such as leaving the care provided and the profession, compassion fatigue, and burnout with the endangerment of personal and professional values. Furthermore, it can negatively affect psychiatric nurses in many physiological, psychological, and social aspects; this situation can negatively affect the professional development of the individual and the profession as well as the quality of care, treatment, and practices.^[4,8,9,10] In a systematic review by Lamiani et al.^[11] (2017), it was reported that studies address the concept of moral distress in different settings such as oncology, intensive care, palliative care, and pharmacy. In addition, although there are studies that separately evaluate the levels of moral distress,^[8,12,13] burnout,^[10,14,15,16] and compassion fatigue^[17] in psychiatric nurses, there is no study discussing the three concepts altogether. This study aimed to determine the levels of moral dis-

tress, compassion fatigue, and burnout of psychiatric nurses working with disadvantaged groups.

Research Questions

- What is the level of moral distress in psychiatric nurses?
- What is the level of compassion fatigue in psychiatric nurses?
- What is the level of burnout in psychiatric nurses?
- Is there a relationship between moral distress, compassion fatigue, and burnout levels in psychiatric nurses?
- Do the levels of compassion fatigue and burnout affect the moral distress level of psychiatric nurses?
- Is there a difference between the mean scores of moral distress, compassion fatigue, and burnout according to the demographic characteristics of the psychiatric nurses?
- Is there a difference between the mean scores of moral distress, compassion fatigue, and burnout of psychiatric nurses according to their professional life characteristics?

Materials and Method

Type and Pattern: This study is of a descriptive and relationship-seeking type.

Time and Place: The study was conducted between March and April 2021 in the psychiatric clinics of hospitals and university hospitals affiliated with Konya Provincial Health Directorate in the Konya City Center.

Universe and Sample: The universe of the study consisted of 129 nurses working in the psychiatric clinics of hospitals and university hospitals affiliated with Konya Provincial Health Directorate. No sample selection was performed in the study, and the sample consisted of 107 nurses who met the inclusion criteria and agreed to participate in the study. In this study, 83% of the universe was reached.

Data Collection Process: The data collection tools were filled by the nurses based on their own self-reports after providing consent in their working environment. There was no intervention in the filling process of the research questionnaire and scales.

Data Collection Tools**Personal Information Form**

The personal information form is a 15-question form prepared in line with the literature. It includes demographic and professional life characteristics.^[3,5,12,18,19]

Moral Distress Scale for Psychiatric Nurses

The scale, which was developed by Ohnishi et al.^[12] and adapted into Turkish by Kovanci and Atlı Özbaş,^[20] consists of 15 items. It is of a seven-point Likert type and has four subdimensions: professional autonomy, justice, inaction, and managerial ethics. The scale items are scored as 0 (no distress) to 6 (very severe distress). The score that can be obtained from the scale is between 0 and 105. An increase in the score is evaluated as an increase in moral distress. The Cronbach's alpha val-

ues for MDSP and its subdimensions are 0.87, 0.86, 0.65, 0.67, and 0.70, respectively. In this study, the Cronbach's alpha values for the whole scale and its subdimensions were calculated as 0.86, 0.79, 0.67, 0.53, and 0.52.

Compassion Fatigue Subscale of the Quality-of-Life Scale for Employees

The scale, which was developed by Stamm[6] and adapted into Turkish by Yeşil et al.,^[21] consists of 30 items. It is of a six-point Likert type and has three subdimensions: professional satisfaction, burnout, and compassion fatigue. The number of items measuring compassion fatigue is 10. The scale items are calculated as 0 (never) and 5 (very often). The score that can be obtained from the scale is between 0 and 50. An increase in the score obtained from the scale is evaluated as an increase in compassion fatigue. The alpha value of the scale is 0.83, and it was determined as 0.87 in this study.

Burnout Measure

The scale, which was developed by Pines and Aronson (1988) and adapted into Turkish by Çapri,^[22] consists of 21 items. It is of a seven-point Likert type and has three subdimensions developed to determine the level of burnout: emotional, mental, and physical exhaustion. The scale items are scored as "1" (never) and "7" (always). In this case, the highest score that can be obtained from the scale is "7" and the lowest score is "1." While interpreting the score obtained from the scale, the burnout level of the person answering the scale is interpreted in four ways according to the obtained score.

A scale score of "3 or below" indicates the absence of burnout; "3–4," a danger signal for burnout; between "4 and 5," a state of burnout; and "5 or above," a state of burnout requiring immediate help. The alpha values of the Burnout Measure (BM) and its subdimensions are 0.93, 0.83, 0.75, and 0.88, respectively. In this study, the alpha values of the whole scale were found to be 0.95, 0.87, 0.85, and 0.88.

Limitations of the Research

This study is limited to the nurses working in the psychiatric clinics of hospitals in Konya City Center that agreed to the conduct of the study.

Ethical and Legal Aspects of the Research

For the study, approval from the research ethics committee of Necmettin Erbakan University dated 03.02.21 and numbered 21/01, institutional permission from Konya Provincial Health Directorate numbered E-86737044-806.01.03, written permission from university administrations, written permission from nurses, and scale usage permissions were obtained. This study was conducted in accordance with the Helsinki Declaration.

Statistical Analysis of Data

The data obtained in the study were evaluated using a statistical program. Percentage and mean standard deviation were used in the evaluation of the findings regarding the demo-

graphic and occupational characteristics of psychiatric nurses. Skewness and Kurtosis were used to determine whether the variables had a normal distribution. Kruskal–Wallis test, Mann–Whitney U test, t-test from parametric tests, multiple regression analysis (enter model), and Pearson's correlation analysis were also used in the study. The reliability of the scales was analyzed using Cronbach's alpha reliability coefficient. The findings were evaluated at the 95% confidence interval, and $p < 0.05$ was considered to indicate statistical significance.

Results

Of the participants, 61.7% were female, 38.3% were in the 26–30 age group, 55.1% were undergraduates, and 60.7% were married. In addition, 39.3% had 6–10 years of work, 76.6% were satisfied with their nursing profession, 50.5% had 6–10 years of work, 91.6% were satisfied with working in the field of psychiatry, and 72% worked day+night. It was found that 89.7% of the nurses received ethics training, and 53.3% rarely (several times a year) experienced ethical situations, considering the frequency of ethical dilemmas faced by nurses. Furthermore, 35.6% of the psychiatric nurses had problems with the managers, 50.5% had problems with the psychiatry team, 28.1% had problems with their colleagues, 51.4% had problems with patients, and 38.3% had problems with their relatives.

Table 1 presents Pearson's correlation analysis conducted to determine the relationships between the mean scores and variables of the MDSP, Compassion Fatigue Subscale (CFS), BM subdimensions, and total scores of the psychiatric nurses. A significant positive correlation was observed between the levels of moral distress, compassion fatigue, and burnout levels.

Table 2 presents multiple regression analysis conducted to test the MDSP determinants. The multiple regression established between the MDSP and compassion fatigue was statistically significant ($F(4-102)=8.656$; $p < 0.01$). The adjusted R² value was 0.22. This result indicates that the 22% variance in compassion fatigue can be attributed to professional autonomy and inaction. When beta coefficients were examined, professional autonomy ($\beta=0.285$; $p < 0.05$) and inaction ($\beta=0.220$; $p < 0.05$) were found to positively affect compassion fatigue.

The multiple regression established between the MDSP and emotional exhaustion, one of the BM dimensions, was statistically significant ($F(5-101)=6.768$; $p < 0.01$). The adjusted R² value was 0.21. This result indicates that the 21% variance in emotional exhaustion can be attributed to inaction and managerial ethics. When beta coefficients were examined, inactivity ($\beta=0.255$; $p < 0.05$) and managerial ethics ($\beta=0.262$; $p < 0.05$) were found to positively affect emotional exhaustion.

The multiple regression established between MDSP and mental exhaustion, one of the BM dimensions, was statistically significant ($F(5-101)=3.504$; $p < 0.01$). The adjusted R² value was 0.10. This result indicates that the 10% variance in mental exhaustion can be attributed to managerial ethics. When

Table 1. Mean, Standard Deviation and Pearson Correlation Values of the Variables (n=107)

	Mn	SD	1	2	3	4	5	6	7	8	9
1 Justice	2.23	1.16									
2 Professional Autonomy	1.57	0.87	.606**								
3 Inaction	1.67	1.23	.259**	.542**							
4 Managerial Ethics	1.95	1.42	.416**	.545**	.475**						
5 Compassion Fatigue	1.00	0.75	.364**	.457**	.373**	.234*					
6 Emotional Fatigue	2.39	1.06	.112	.241*	.399**	.349**	.346**				
7 Mental Fatigue	2.50	0.96	.129	.241*	.301**	.320**	.234*	.621**			
8 Physical Fatigue	2.96	1.12	.156	.245*	.394**	.362**	.297**	.688**	.606**		
9 Moral Distress Total	1.65	1.23	.638**	.620**	.335**	.629**	.247*	.233*	.326**	.240*	
10 Burnout Total	3.01	1.08	.072	.086	.333**	.232*	.304**	.617**	.517**	.637**	.093

*p<0.05, **p<0.01 Mean: Mn, Standard Deviation: SD.

beta coefficients were examined, managerial ethics ($\beta=0.242$; $p<0.05$) was found to positively affect mental exhaustion. The multiple regression established between the MDSP and

physical exhaustion, one of the BM dimensions, was statistically significant ($F(5-101)=5.909$; $p<0.01$). The adjusted R2 value was 0.18. This result indicates that the 18% variance in physical exhaustion can be attributed to inaction and man-

Table 2. Results of Multiple Regression Analysis Affecting MDSP (n=107)

Variables	B	SH	β	Tolerance	VIF
Compassion Fatigue					
Justice	0.113	0.071	0.176	0.610	1.641
Professional Autonomy	0.245	0.110	0.285*	0.444	2.250
Inaction	0.134	0.065	0.220*	0.647	1.547
Managerial Ethics	-0.052	0.056	-0.099	0.641	1.561
Stable	0.243	0.153			
*p<0.05; R2=.253; Düz. R2=0.224; F (4-102)=8.656					
Emotional Burnout					
Compassion Fatigue	-0.089	0.102	-0.098	0.595	1.682
Justice	-0.128	0.160	-0.106	0.424	1.359
Professional Autonomy	0.218	0.094	0.255*	0.621	1.612
Inaction	0.195	0.080	0.262*	0.635	1.574
Managerial Ethics	1.661	0.220			
*p<0.05; R2=0.251; Düz. R2=0.214; F(5-101)=6.768					
Mental Burnout					
Compassion Fatigue	-0.052	0.098	-0.063	0.595	1.682
Justice	0.001	0.155	0.001	0.424	2.359
Professional Autonomy	0.114	0.090	0.147	0.621	1.612
Inaction	0.163	0.078	0.242*	0.635	1.574
Managerial Ethics	1.924	0.213			
*p<0.05; R2=0.148; Düz. R2=0.106; F(5-101)=3.504					
Physical Burnout					
Compassion Fatigue	-0.022	0.110	-0.023	0.595	1.682
Justice	-0.153	0.173	-0.119	0.424	2.359
Professional Autonomy	0.241	0.101	0.265*	0.621	1.612
Inaction	0.208	0.087	0.264*	0.635	1.574
Managerial Ethics	2.142	0.237			
*p<0.05; R2=0.226; Düz. R2=0.188; F(5-101)=5.909.					

Table 3. Scales and Sub-Dimension Mean Scores of Psychiatric Nurses According to Their Characteristics

Group	N	Justice	Professional Autonomy	Inaction	Managerial Ethics	Moral Distress Total	Compassion Fatigue Total	Emotional Burnout	Mental Burnout	Physical Burnout	Burnout Total
Gender											
Female	66	2.34±1.41	1.56±0.83	1.62±1.23	1.71±1.22	1.59±1.09	1.15±0.72	2.54±1.08	2.60±0.89	3.17±0.07	3.29±1.01
Male	41	2.06±1.19	1.58±0.95	1.75±1.25	2.34±1.64	1.76±1.43	0.76±0.74	2.14±0.98	2.34±1.04	2.63±1.13	2.57±1.06
		t=1.22	t=-0.97	t=-0.546	t=-2.08	t=-0.72	t=2.66	t=1.91	t=1.34	t=2.47	t=3.52
		p=0.223	p=0.923	p=0.586	p=0.041	p=0.472	p=0.009	p=0.058	p=0.183	p=0.015	p<0.001
Marital Status											
Married	65	2.30±1.13	1.65±0.87	1.75±1.25	2.05±1.45	1.75±1.27	1.04±0.72	2.50±0.90	2.60±0.85	3.18±0.90	3.22±0.87
Single	42	2.13±1.20	1.45±0.87	1.54±1.22	1.80±1.39	1.51±1.16	0.94±0.79	2.22±1.25	2.35±1.10	2.60±1.34	2.70±1.29
		t=0.74	t=1.13	t=0.84	t=0.86	t=0.99	t=0.68	t=1.23	t=1.22	t=2.46	t=2.29
		p=0.456	p=0.261	p=0.403	p=0.390	p=0.324	p=0.493	p=0.221	p=0.225	p=0.016	p=0.025
Being Satisfied with Working in the Field of Psychiatry											
Yes	98	2.15±1.13	1.54±0.89	1.65±1.27	1.87±1.44	1.53±1.16	0.99±0.75	2.30±1.03	3.39±0.92	2.87±1.11	3.00±1.11
No	9	Mdn=2.16	Mdn=1.57	Mdn=1.50	Mdn=1.75	Mdn=1.50	Mdn=0.85	Mdn=2.14	Mdn=2.42	Mdn=3.00	Mdn=3.00
		3.18±1.08	1.82±0.57	1.88±0.78	2.88±0.85	3.00±1.22	1.10±0.72	3.30±0.87	3.66±0.48	3.85±0.80	3.16±0.79
		Mdn=3.33	Mdn=1.85	Mdn=1.50	Mdn=3.50	Mdn=3.50	Mdn=0.90	Mdn=3.14	Mdn=3.71	Mdn=3.71	Mdn=3.00
		U=214.50	U=346.00	U=349.00	U=213.50	U=165.50	U=385.50	U=191.50	U=93.50	U=195.50	U=427.50
		p=0.011	p=0.285	p=0.296	p=0.010	p=0.002	p=0.533	p=0.005	p=0.000	p=0.006	p=0.878
Having Ethical Education											
Yes	96	2.14±1.18	1.53±0.84	1.69±1.25	1.89±1.42	1.57±1.21	1.00±0.75	2.35±1.01	2.43±0.87	2.93±1.09	3.01±1.12
No	11	Mdn=2.00	Mdn=1.57	Mdn=1.50	Mdn=2.00	Mdn=1.50	Mdn=0.90	Mdn=2.28	Mdn=2.42	Mdn=3.07	Mdn=3.00
		3.06±0.44	1.90±1.10	1.45±1.12	2.54±1.42	2.40±1.17	0.98±0.76	2.70±1.44	3.10±1.43	3.18±1.38	3.09±0.73
		Mdn=3.33	Mdn=1.85	Mdn=1.50	Mdn=2.50	Mdn=2.00	Mdn=0.70	Mdn=2.57	Mdn=3.42	Mdn=3.57	Mdn=3.00
		U=266.50	U=428.00	U=478.50	U=385.50	U=330.00	U=526.00	U=462.00	U=368	U=436.00	U=519.50
		p=0.007	p=0.304	p=0.608	p=0.140	p=0.040	p=0.984	p=0.498	p=0.098	p=0.345	p=0.930
Having Problems with the Psychiatric Team											
Yes	54	2.59±0.98	1.73±0.86	1.81±1.45	2.10±1.32	1.75±1.22	1.14±0.75	2.43±1.12	2.48±1.00	3.07±1.14	3.08±1.07
No	53	1.88±1.23	1.40±0.87	1.52±0.95	1.85±1.51	1.56±1.24	0.86±0.73	2.34±0.99	2.52±0.92	2.84±1.10	2.95±1.10
		t=3.30	t=1.91	t=1.20	t=1.05	t=0.77	t=1.94	t=0.45	t=-0.23	t=1.04	t=0.62
		p=0.001	p=0.058	p=0.232	p=0.295	p=0.443	p=0.055	p=0.648	p=0.813	p=0.298	p=0.537
Having Problems with Patients											
Yes	55	2.23±1.18	1.67±0.94	1.77±1.12	2.38±1.43	1.72±1.34	0.93±0.73	2.49±1.11	2.57±1.05	3.01±1.19	2.99±1.09
No	52	2.24±1.15	1.45±0.79	1.56±1.35	1.51±1.29	1.58±1.15	1.07±0.77	2.28±0.99	2.43±0.85	2.90±1.05	3.04±1.08
		t=-0.03	t=1.29	t=0.85	t=3.30	t=0.58	t=-0.99	t=1.01	t=0.78	t=0.53	t=-0.27
		p=0.975	p=0.198	p=0.394	p=0.001	p=0.558	p=0.324	p=0.313	p=0.437	p=0.593	p=0.787
Having Problems with Relatives of Patients											
Yes	41	2.18±1.31	1.78±1.03	2.00±1.17	2.34±1.64	1.90±1.41	0.86±0.68	2.56±0.99	2.69±0.87	3.22±1.03	3.08±1.05
No	66	2.27±1.07	1.43±0.74	1.46±1.24	1.72±1.22	1.50±1.08	1.08±0.78	2.28±1.09	2.38±0.99	2.79±1.15	2.97±1.11
		t=-0.36	t=2.03	t=2.19	t=2.08	t=1.52	t=-1.49	t=1.32	t=1.63	t=1.94	t=0.49
		p=0.713	p=0.048	p=0.031	p=0.041	p=0.132	p=0.138	p=0.187	p=0.106	p=0.054	p=0.619

agerial ethics. When beta coefficients were examined, inactivity ($\beta=0.265$; $p<0.05$) and managerial ethics ($\beta=0.264$; $p<0.05$) were found to positively affect physical exhaustion. When tolerance and the VIF values of the model were examined, no multicollinearity problem was observed.

Table 3 presents the comparison of the mean scores of the scales and subdimensions according to the demographic characteristics of psychiatric nurses. The result of the comparison made according to their genders indicated a statistically significant difference between the managerial ethics subdimension, compassion fatigue mean score, and physical exhaustion

subdimension and burnout mean scores. On the other hand, the result of the comparison made according to their marital status indicated a statistically significant difference between the physical exhaustion subdimension and burnout mean scores.

The result of the comparison made according to their work satisfaction in the field of psychiatry indicated a statistically significant difference between the mean scores of moral distress and the justice, managerial ethics, emotional, mental, and physical subdimensions.

According to the status of receiving ethics training, the average score of the total score of the justice subdimension and moral distress; according to the ethical problems encountered in the profession, the status of having problems with the psychiatry team, the administrative ethics subdimension scores of the nurses who had problems with the patients in the justice subdimension were high, and the difference was ($t(105)=3.30$; $p<0.01$) found to be statistically significant. A statistically significant difference was observed in the subdimensions of professional autonomy, inaction, and managerial ethics as a result of the comparison according to the situation of having problems with the relatives of the patients, one of the ethical problems encountered in the profession. The professional autonomy subdimension score of the nurses who had problems with their relatives was high, and the difference ($t(105)=2.00$; $p<0.05$) was statistically significant.

Discussion

In this study, the levels of moral distress, compassion fatigue, and burnout of the psychiatric nurses were evaluated. The mean score of the psychiatric nurses from the moral distress scale was 1.65 ± 1.23 . In the studies conducted on psychiatric nurses in the literature, the level of moral distress varied between 1.68 and 2.86 points and was interpreted as low.^[10,12,18,20] However, in the study conducted on mental health nurses, Hammaideh^[13] found that the moral distress level was 3.86 ± 1.23 and interpreted as moderate. Nurses have problems participating in active decisions due to the dominant attitudes of some members of the multidisciplinary team.^[23] The reason for the low level of moral distress among the study participants was thought to be related to the ineffectiveness of the professional competence of psychiatric nurses in the decision-making processes in the right mental health service. It is important that the competencies of psychiatric nurses are accepted by other health professionals and that the role and special competencies of the former are clear enough for this. Thus, it may be important for psychiatric nurses to develop their roles and identities, to gain special skills to manage their emotions toward patients and other healthcare professionals, and to organize their nursing education in this way.

When the scale scores were examined, it was found that psychiatric nurses experienced distress the most in the justice subdimension, followed by managerial ethics, inaction, and

professional autonomy. Ohnishi et al.^[12] found that while psychiatric nurses experience the highest level of distress in the insufficient staff subdimension, which is one of the three subdimensions in the original MDSP, they experience the lowest level of moral distress in the subdimension of consenting to patient rights violations. While Ando and Kawano^[18] found a higher distress level in this subdimension, the distress level experienced in the subdimension of insufficient personnel was lower. It is thought that the strict hierarchies and rules in the health system causes psychiatric nurses not to be able to fulfill their independent roles, thus causing them to experience higher levels of moral distress in the justice subdimension.

In this study, the mean score of compassion fatigue of the psychiatric nurses was 1.0 ± 0.75 . In the studies conducted, the level of compassion fatigue was low in nurses working in psychiatric clinics.^[17,24,25,26] Contrary to this result, Mangoulia et al.^[27] found a high level of compassion fatigue in their study on psychiatric nurses. Our study is consistent with the literature, and different results have also been obtained. That is, individual characteristics such as cultural differences, stress factors in the profession, service environment in the health system, and institutional arrangements may also have an effect on compassion fatigue.^[26]

In this study, the burnout mean score of the psychiatric nurses was moderate, and a significant risk for burnout was observed. Studies conducted on nurses in the literature reported that they experience moderate burnout.^[12,27,28] Başoğul et al.^[26] found that the burnout level of psychiatric nurses is low. The reason for the varying levels of burnout may be that there are many factors affecting it. In the meta-analysis study conducted by Lopez-Lopez et al.,^[29] it was found that mental health nurses are also affected by the working environment and that heavy workload, weak interpersonal relations, and physical and emotional violence are factors contributing to the development of burnout. In addition, factors such as working environment, heavy workload and salary, and the support received from organizational, managerial, and co-workers were found to affect burnout.^[15,30] In this study, 91.6% of the psychiatric nurses were thought to be satisfied with working in this field, and 72.9% stated that they did not have problems with their colleagues, which may be the reason for the moderate level of burnout. It was also determined that the psychiatric nurses' level of physical exhaustion was the highest, followed by mental and emotional exhaustions. Similar to our study, it was stated in the literature that nurses experience burnout the most in the subdimension of physical exhaustion.^[28,31] It is thought that insufficient personnel, team dynamics, heavy workload, and role ambiguity may have an effect on physical exhaustion.

In this study, a significant positive relationship was observed between the MDSP and the subdimensions of CFS and BM. In the literature, a positive relationship has been reported between the moral distress and burnout levels of nurses working in neonatal intensive care^[32] and psychiatric nurses

and between moral distress and compassion fatigue levels of nurses working in intensive care units.^[33-35] Karakachian and Colbert,^[35] in their integrative review describing the relationship between nurses' moral distress, burnout, and turnover intentions, reported that many studies have demonstrated a positive relationship between moral distress and burnout. In light of this information, in the multiple regression results conducted to evaluate the effect of moral distress subdimensions on compassion fatigue and burnout subdimensions, it was seen that the inertia subdimension and professional autonomy subdimension significantly predicted compassion fatigue, together with the varying predictive levels of the moral distress subdimensions. Professional autonomy is "the state of being able to make decisions regarding one's professional practices in line with professional values and obligations."^[36] As a matter of fact, psychiatric nurses witness many different aspects of individuals who are constantly suffering mentally, emotionally, and physically and witness their weakness as well as private and public aspects.^[37] This situation indicates that it is important to make decisions and take action on behalf of individuals who suffer spiritually.^[37] It is thought that the fact that nurses experience distress in their decision-making, and therefore in their professional autonomy and actions, will negatively affect the patients and contribute to the development of compassion fatigue in nurses who are exposed to this.

In addition, while the subdimensions of moral distress, inaction, and managerial ethics positively affect emotional and physical exhaustions, managerial ethics also positively affects mental exhaustion. Legal and administrative sanctions and health policies in professional life emerge as moral distress barriers that psychiatric nurses face while making decisions regarding their actions.^[20] It is thought that legal and administrative sanctions in the health system lead to insufficient staff recruitment and excessive workload, causing nurses to work like machines and do nonprofessional jobs in addition to their job descriptions, and thus contribute to the development of emotional, physical, and mental exhaustions in nurses.

According to the gender of the psychiatric nurses, the mean scores of compassion fatigue and burnout were found to be higher and significant in women. The results of this study are consistent with those in the literature.^[16,27,38,39] The reasons for this situation are that women's coping skills are emotionally focused, personality traits, social responsibilities related to home and family are more than their professional responsibilities, cultural infrastructure and patriarchal order of our country.

When the burnout levels of the psychiatric nurses were examined according to their marital status, the mean scores of burnout and physical exhaustion were higher in those who were married than in those who were single. In studies conducted on nurses in the literature, the burnout levels were found to be affected by marital status, and the burnout level of married nurses was higher.^[40,41] Similarly, in the study conducted by Azevedo et al.^[16] on the risk of burnout syndrome in

mental health nurses, married nurses, particularly those with children, were found to experience high levels of burnout. Sinat and Kutlu^[42] found no significant difference between marital status and burnout level in their study conducted on psychiatric nurses. In the present study, it is seen that there are studies that are partially compatible with the literature. In addition to the age group characteristics, the workload in psychiatric clinics, and the different stress sources of the participants in this study specific to the field, it can be thought that married nurses are more exposed to physical and psychological stresses and experience burnout due to the disruption of their roles such as being a spouse, mother, or father.

According to the satisfaction of psychiatric nurses working in the psychiatric clinic, the levels of the subdimensions of justice and managerial ethics, moral distress, and emotional, physical, and mental exhaustion were higher in nurses who were not satisfied with working in the psychiatric clinic. In this study, among the problems that cause an ethical situation, the justice subdimension of those who have problems with the team, the managerial ethics of those who have problems with patients, the professional autonomy subdimension, the inaction subdimension, and the managerial ethics subdimensions of those who have problems with the relatives of the patients were found to be higher and more significant. Thus, it is thought that the lack of expected support and cooperation for psychiatric nurses causes them to experience moral distress. Sinat and Kutlu,^[42] in a study conducted on psychiatric nurses, found that nurses who were not satisfied with the working environment had higher burnout levels. These results indicate that dissatisfaction with the profession and work area will increase burnout.

Ethics education helps many professionals not only to identify the extent of ethical problems they face in practice but also to define their own ethical values and beliefs and become morally empowered to combat them. Moral empowerment and courage among nurses are important in fulfilling their role as patient advocacy. Nurses who protect and defend patients' rights will provide care, increasing patient satisfaction and quality of care. Showing moral courage can also reduce their level of moral distress.^[43] Therefore, nurses experience moral distress when they cannot make moral judgments to determine whether the problems they encounter are ethical or not.^[43]

Conclusion

A significant positive correlation was observed between the MDSP, CFS, and BM of psychiatric nurses. It was found that as the level of moral distress of psychiatric nurses increases, their levels of compassion fatigue and burnout also increase and that the total and subdimension scores of the MDSP, CFS, and BM of the nurses working in psychiatric clinics are affected by some of the characteristics of professional life such as being satisfied with working in the field of psychiatry, receiving education on ethics, encountering ethical dilemmas, and ex-

periencing problems with teammates, patients, and patients' relatives.

In line with the results, coping strategies related to moral distress, compassion fatigue, and burnout should be individually and institutionally developed. For nurses to recognize and solve ethical problems in professional life, it is recommended to organize vocational training and posttraining programs and to consider their opinions about the clinics they want to work in. Support should be given to nurses, and they also need to develop their empathy and leadership skills. It is recommended to regularly evaluate the meetings with the managers in terms of moral distress, compassion fatigue, and burnout risk and take necessary precautions, to organize unit meetings to solve problems arising from patients and their relatives and team communication and cooperation, to improve communication, to ensure that managers are aware of moral distress, compassion fatigue, and burnout among nurses in psychiatric clinics, and to determine institutional policies and support nurses.

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – N.G.M., E.K.; Design – N.G.M., E.K.; Supervision – N.G.M., E.K.; Fundings - E.K.; Data collection &/or processing – N.G.M., E.K.; Analysis and/or interpretation – N.G.M., E.K.; Literature search – N.G.M., E.K.; Writing – N.G.M., E.K.; Critical review – N.G.M., E.K.

References

- Hamric AB. Empirical research on moral distress: Issues, challenges, and opportunities. *HEC Forum* 2012;24:39–49.
- Jameton A. What moral distress in nursing history could suggest about the future of health care. *AMA J Ethics* 2017;19:617–28.
- Epstein EG, Hamric AB. Moral distress, moral residue, and the crescendo effect. *J Clin Ethics* 2009;20:330–42.
- Cavaliere TA, Daly B, Dowling D, Montgomery K. Moral distress in neonatal intensive care unit RNs. *Adv Neonatal Care* 2010;10:145–56.
- Jansen TL, Hem MH, Dambolt LJ, Hanssen I. Moral distress in acute psychiatric nursing: Multifaceted dilemmas and demands. *Nurs Ethics* 2020;27:1315–26.
- Stamm BH. Measuring compassion satisfaction as well as fatigue: Developing history of the compassion satisfaction and fatigue test. In: Figley CR, editor. *Treating compassion fatigue*. New York: Brunner-Routledge; 2002. p.107–19.
- Kertchok R. Ethical issues and moral distress in psychiatric and mental health nursing: A literature review. *J Health Res* 2015;29:227–34.
- Christodoulou-Fella M, Middleton N, Papathanassoglou EDE, Karanikola MNK. Exploration of the association between nurses' moral distress and secondary traumatic stress syndrome: Implications for patient safety in mental health services. *Biomed Res Int* 2017;2017:1908712.
- Corley MC. Nurse moral distress: A proposed theory and research agenda. *Nurs Ethics* 2002;9:636–50.
- Delfrate F, Ferrara P, Spotti D, Terzoni S, Lamiani G, Canciani E, et al. Moral Distress (MD) and burnout in mental health nurses: A multicenter survey. *Med Lav* 2018;109:97–109.
- Lamiani G, Borghi L, Argentero P. When healthcare professionals cannot do the right thing: A systematic review of moral distress and its correlates. *J Health Psychol* 2017;22:51–67.
- Ohnishi K, Ohgushi Y, Nakano M, Fujii H, Tanaka H, Kitaoka K, et al. Moral distress experienced by psychiatric nurses in Japan. *Nurs Ethics* 2010;17:726–40.
- Hamaideh SH. Moral distress and its correlates among mental health nurses in Jordan. *Int J Ment Health Nurs* 2014;23:33–41.
- Kim GH, Kim J, Limb J. Mediating effect of psychological empowerment in relationship between professional self-concept and burnout in psychiatric nurses. *J Korean Acad Psychiatr Ment Health Nurs* 2012;21:229–37.
- Konstantinou AK, Bonotis K, Sokratous M, Siokas V, Dardiotis E. Burnout evaluation and potential predictors in a Greek cohort of mental health nurses. *Arch Psychiatr Nurs* 2018;32:449–56.
- Azevedo DS, Ferraz MMM, Ferreira RSA, Lira JAC, Azevedo DS, Amorim SMR, et al. Risk of burnout syndrome in mental health nurses. *J Nurs UFPE Online* 2019;13:e241609.
- Ray SL, Wong C, White D, Heaslip K. Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatol* 2013;19:255–67.
- Ando M, Kawano M. Relationships among moral distress, sense of coherence, and job satisfaction. *Nurs Ethics* 2018;25:571–9.
- Keskin Kızıltepe S, Koç Z. Moral distress in nursing and its causes. *Turk J Bioethic [Article in Turkish]* 2019;6:5–12.
- Kovancı MS, Atlı Özbaş A. Validity and reliability study of Turkish form of moral distress scale for psychiatric nurses. *Klin Psikiyatr Derg [Article in Turkish]* 2020;23:486–94.
- Yeşil A, Ergün Ü, Amasyalı C, Er F, Olgun N, Aker AT. Çalışanlar için yaşam kalitesi ölçeği Türkçe uyarlaması geçerlik ve güvenilirlik çalışması. *Nöropsikiyatr Arş [Article in Turkish]* 2010;47:111–7.
- Çapri B. Tükenmişlik ölçeğinin Türkçe uyarlaması: Geçerlik ve güvenilirlik çalışması. *Mersin Üniv Eğitim Fak Derg [Article in Turkish]* 2006;2:62–77.
- Dalmolin Gde L, Lunardi VL, Lunardi GL, Barlem EL, Silveira RS. Moral distress and burnout syndrome: are there relationships between these phenomena in nursing workers? *Rev Lat Am Enfermagem* 2014;22:35–42.
- Coşkun S, Şarлак K, Taştan H. An investigation on the level of learned resourcefulness and professional quality of life of psychiatric nurses: A comparative study. *Gümüşhane Univ J Health Sci [Article in Turkish]* 2015;4:84–101.
- Foster C. Investigating professional quality of life in nursing staff working in adolescent psychiatric intensive care units (PICUS). *J Ment Health Train Educ Pract* 2018;14:59–71.
- Baçoğul C, Baysan Arabacı L, Mutlu Satıl E, Büyükbayram Aslan

- A. Professional values and professional quality of life among mental health nurses: A cross-sectional study. *Nurs Health Sci* 2021;23:362–71.
27. Mangoulia P, Koukia E, Alevizopoulos G, Fildissis G, Katostaras T. Prevalence of secondary traumatic stress among psychiatric nurses in Greece. *Arch Psychiatr Nurs* 2015;29:333–8.
28. Kaya N, Kaya H, Ayık SE, Uygur E. Burnout of nurses who work in a government hospital. *Int J Human Sci [Article in Turkish]* 2010;7:401–19.
29. López-López IM, Gómez-Urquiza JL, Cañadas GR, De la Fuente EI, Albendín-García L, Cañadas-De la Fuente GA. Prevalence of burnout in mental health nurses and related factors: A systematic review and meta-analysis. *Int J Ment Health Nurs* 2019;28:1032–41.
30. Göktepe AK. Tükenmişlik sendromu. 1. Baskı. İstanbul: Nesil Yayınları; [Turkish] 2016.
31. Lee J, Gang M. Development and validation of the communication behavior scale for nurses caring for people with dementia. *J Korean Acad Nurs [Article in Korean]* 2019;49:1–13.
32. Barr P. Burnout in neonatal intensive care unit nurses: Relationships with moral distress, adult attachment insecurities, and proneness to guilt and shame. *J Perinat Med* 2020.
33. Mohammadi S, Borhani F, Roshanzadeh L, Roshanzadeh M. Moral distress and compassion fatigue in patient care: A correlational study on nurses. *Iran J Med Ethic Hist Med* 2014;7:27–35.
34. Saleh ZN, Loghmani L, Rasouli M, Nasiri M, Borhani F. Moral distress and compassion fatigue in nurses of neonatal intensive care unit. *Electron J Gen Med* 2019;16:1–4.
35. Karakachian A, Colbert A. Nurses' moral distress, burnout, and intentions to leave: An integrative review. *J Forensic Nurs* 2019;15:133–42.
36. Baykara ZG, Şahinoğlu S. Hemşirelikte mesleki özerklik kavramının incelenmesi. *Anadolu Hemşire Sağlık Bil Derg [Article in Turkish]* 2013;16:176–81.
37. Dinç L. Hemşirelik hizmetlerinde etik yükümlülükler. *Hacettepe Med J [Article in Turkish]* 2009;40:113–9.
38. Sukut O, Sahin-Bayindir G, Ayhan-Balik CH, Albal E. Professional quality of life and psychological resilience among psychiatric nurses. *Perspect Psychiatr Care* 2022;58:330–8.
39. Bijaem KM, Ghiasi Z. Investigating the relationship between gender and employment status and job burnout in the nursing staff of the armed forces of Zahedan. *Zahedan J Res Med Sci* 2020;22:1–6.
40. Alotni AM, Elgazzar ES. Investigation of burnout, its associated factors and its effect on the quality of life of critical care nurses working in Buraydah Central Hospital at Qassim Region, Saudi Arabia. *Open Nurs J* 2020;14:191–202.
41. Bashirian S, Bijani M, Borzou SR, Khazaei S, Mohammadi F. Resilience, occupational burnout, and parenting stress in nurses caring for COVID-2019 patients. *Res Square* 2020.
42. Sinat Ö, Kutlu Y. Burnout in the nurses working at psychiatry clinics. *İstanbul Üniv Florence Nightingale Hemşire Yüksekokulu Derg [Article in Turkish]* 2009;17:174–83.
43. Kovancı MS, Hiçdurmaz D. Moral courage: Description, relation with moral distress and moral sensitivity and improvement. *J Duzce Univ Health Sci Inst [Article in Turkish]* 2021;11:96–102.