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The Weight of Responsibility: Understanding the Lived Experience of Moral Distress Among General Ward Nurses in Providing End-of-Life Care

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ABSTRACT

Moral distress is a pervasive yet often overlooked challenge facing nurses providing end-of-life care, particularly in general ward settings designed primarily for curative and acute recovery rather than comfort and palliative support. This qualitative phenomenological study explored the lived experiences of eight (8) general ward nurses at a Level 2 hospital in San Jose Del Monte, Bulacan, focusing on their perception and navigation of the cumulative " weight of responsibility" arising from ethical conflicts and systemic constraints. Grounded in Heideggerian hermeneutics, Jameton's concept of moral distress, and Watson's Theory of Human Caring, data were collected via semi-structured interviews and analyzed using phenomenology methods. Six (6) major themes emerged: the general ward as an environment of constant pressure; conflict between professional ideals and systemic limitations; moral distress as a tangible burden; eroded autonomy and struggles for advocacy; personal and professional impacts of cumulative distress; and resilience shaped by Filipino values, faith and purpose. Findings reveal moral distress stems primarily from institutional barriers - unfavorable staffing, resource scarcity, hierarchical decision-making- rather than lack of competence. Values such as malasakit both deepen nurse's sense of duty and sustain their endurance. The study concludes individual coping is insufficient to address cumulative moral residue; meaningful change requires structural reform, shared decision-making and institutional support. Recommendations include policy adjustments, enhanced palliative and ethics training, and formal advocacy and wellness frameworks to uphold professional integrity and dignified end-of-life care.

Keywords: *Moral distress, moral residue, end-of-life care, general ward nurses, lived experience, Filipino nursing ethics.*

INTRODUCTION

Ethical concerns in end-of-life care are among the most difficult challenges in the nursing profession because general wards are built primarily to provide prompt treatment rather than comfort, dignity, and presence during patients' last days. Nurses experience moral distress when they realize what is the right thing to do morally but fail to do so due to a lack of resources, restrictive policies, institutional hierarchy, or conflicting institutional interests. These unresolved conflicts lead to moral residue and become part of the "weight of responsibility," which refers to a continuous burden brought about by the inability to fulfill a professional obligation despite having the capability to do so. This issue has already been explored in the international literature; however, there are still many issues concerning the

experiences of nurses from general wards in developing countries like the Philippines, especially with regards to the intersection between their culture and the restrictions in their work environment.

Statement of the Problem

End-of-life care is one of the most ethically demanding responsibilities in nursing. General wards, designed primarily for curative and acute recovery, often lack the systems and support required for dignified terminal care. Nurses frequently experience moral distress when they know the ethically appropriate action but are prevented from acting by institutional, hierarchical, or resource constraints. This study aimed to understand the lived experiences of general ward nurses in an urban medical institution regarding moral distress and the cumulative " weight of responsibility" they carry. Specifically, it sought to answer the following questions:

1. How do general ward nurses describe and assign meaning to moral distress within daily practice?
2. How do systemic barriers affect their professional identity and ability to provide dignified end-of-life care?
3. How do nurses experience moral residue over time and perceive their limits or breaking points?
4. What strategies do they use to navigate, endure or transcend these burdens?

Scope and Delimitation

This study focused on eight (8) registered nurses assigned to the general ward of a Level 2 hospital in San Jose Del Monte, Bulacan, with at least six (6) months of experience and exposure to end-of-life cases. It excluded nurses from specialized units and administrative roles. The research centered on personal experiences and perceptions rather than measuring distress levels statistically.

Review of Related Literature

Recent studies confirm end-of-life care remains one of nursing's most ethically demanding domains, especially in general wards where acute-care priorities often overshadow comfort and dignity goals, though studies focused specifically on this setting remain limited. Lee et al. (2024) explain that moral distress differs from general stress or burnout by its direct link to compromised professional values, while Di Cristofaro et al. (2025) add that it often evolves into cumulative burden and lingering moral residue over time. Boquiren et al. (2024) emphasize that in under-resourced settings, analysis must account for systemic and hierarchical constraints alongside individual experiences, noting that gaps in training, competing clinical priorities, and staffing pressures create unique vulnerabilities. Lee et al. (2024) further identify common triggers including futile interventions, conflicting family expectations, and limited resources, while Di Critoforo et al. (2025) confirm strong links between unresolved distress, compassion fatigue, and turnover intent. Regarding support, AACN (2025) and Boquiren et al. (2024) outline both individual coping approaches and needed organizational responses such as ethics consultation and debriefing, yet all four alone are insufficient - lasting improvement

requires structural changes to address the root causes of ethical conflict.

Theoretical Framework

This study is anchored on Andrew Jameton's Concept of Moral Distress, which is defined as disequilibrium arising from blocked ethical action. It also draws on Epstein and Hamric's Crescendo Effect and Moral Residue, and Jean Watson's Theory of Human Caring, which frames compromised care as a disruption of the nurse's core professional purpose.

Conceptual Framework

The study uses an interpretive loop illustrating how institutional constraints trigger moral distress, which is then perceived, interpreted, and responded to by nurses, influencing their well-being and the quality of care they deliver.

METHODOLOGY

This study details the methodological framework used to explore the lived experiences of general ward nurses facing moral distress. By prioritizing the human voice over statistical data, the study outlines a structured path to capture the complex, internal realities and cumulative ethical challenges experienced by healthcare providers at the bedside.

Research Design

A qualitative phenomenological design was used to understand the subjective meaning and essence of the nurses' lived experiences. This approach allows deep exploration of how participants make sense of ethical challenges within their specific work context.

Research Steps

The study began with ethical clearance, followed by purposive sampling, data collection through semi-structured interviews, transcription, thematic analysis, and member checking to validate findings.

Data Collection and Sample Selection

Eight (8) general ward nurses meeting the inclusion criteria participated in 15-30 minute interview. An interview guide was developed, validated by experts, and piloted. All participants provided informed consent, with assurance of anonymity and confidentiality.

Data Analysis Methods

Verbatim transcripts were analyzed through phenomenological steps: identifying significant statements, formulating meanings, clustering into sub-themes, and developing major themes. Trustworthiness was ensured through credibility, transferability, dependability, and confirmability.

Study Limitations and Ethical Considerations

This research was confined to one Level 2 hospital in San Jose Del Monte, Bulacan, so findings cannot be generalized to other facilities. It excludes nurses from specialized units and only includes those with at least six (6) months of general ward experience, omitting new staff perspectives. Data depend on self-reported narratives, which may be affected by recall or personal comfort, and capture experiences at a single point in time rather than tracking long-term changes.

The study adhered to the Declarations of Helsinki, CIOMS guidelines, and the Philippine Data Privacy Act of 2012. Principles of autonomy, beneficence, non-maleficence, justice, veracity, and fidelity were strictly observed. Participants provided voluntary informed consent, with the right to withdraw without consequence. Strict anonymity and confidentiality were maintained through pseudonyms and secure data storage. Psychological support resources were made available to any participants experiencing distress during or after the interview.

RESULTS AND DISCUSSION

Analysis yielded six major themes:

1. **The General Ward Context - A Foundation of Pressure and Uncertainty:**Nurses described an unpredictable, fast-paced environment where high workloads and competing priorities limit time for compassionate presence.
2. **Competing Obligations - Professional Ideals Versus Systemic Limitations:** Participants consistently emphasized a duty to preserve dignity but faced barriers such as staffing shortages, payment requirements delaying care and lack of equipment.
3. **The Manifestation of Moral Distress- A Burden Both Seen and Unseen:** Distress was described as a physical and emotional heaviness that persists beyond the workplace, accumulating as moral residue.
4. **Eroded Autonomy and the Struggle for Advocacy:**Hierarchical norms often silence nurses, limiting their ability to influence decisions affecting their patients.
5. **Cascading Impacts-From Personal Strain to Professional Uncertainty:** Cumulative burden contributes to burnout, intent to leave, yet also fosters greater empathy and commitment.
6. **Endurance Through Culture , Faith and Purpose:** Values like *malasakit,* spirituality, and peer support sustain nurses, though these cannot replace systemic reform.

Findings align with existing literature while highlighting the unique intersection of Filipino culture and institutional challenges in local practice.

SUMMARY

This study reveals that moral distress among general ward nurses is deeply rooted in systemic and cultural factors rather than individual limitations. The “weight of responsibility” emerges from the gap between professional ideals of dignified care and the constraints that

prevent their fulfillment. While nurses demonstrate remarkable resilience, structural changes are essential to reduce cumulative ethical burden and protect both workforce well-being and patient care quality.

CONCLUSIONS

The findings from this study indicate that the sources of moral distress experienced by general ward nurses are mainly systemic issues and not individual problems, leading to a growing burden of responsibility and unresolved moral residue. Although the values of Filipinos and their faith enable resilience, individual coping is insufficient for addressing structural deficiencies like understaffing, limitations on resources, and lack of professional autonomy. Real change can only be achieved through institutional measures, collaborative decision-making, and systematic interventions. Adjustments, shared decision-making, and supportive systems.

RECOMMENDATIONS

- **Hospital Administration:** Optimize staffing ratios, ensure adequate resources, establish clear ethical advocacy channels, and implement staff wellness programs.
- **Nursing Leadership:** Integrate palliative care, ethics and advocacy training; include nursing representation in ethics committees.
- **Nursing Education:** Strengthen curriculum on ethical practice, resilience and culturally responsive care.
- **Future Research:** Replicate the study across settings and assess intervention effectiveness over time.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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