Moral Distress Among UK Critical Care Nurses -

How Urgent is the Issue?

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Objectives for the session

- Define Moral distress and discuss what we already know

- Present our study and its findings

Definition

What is moral distress?

" the conflict of knowing what's the right course of action, believed to be morally correct and having little ability to impact on the situation to follow the course of action"

(Corley, Elswick, Gorman & Clor, 2001)

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Aim of the study

To examine and establish a baseline in:

1. Work environments for Critical Care Nurses
2. **Moral distress levels in Critical Care Nurses**

Sample Description (N= 1538)

Demographics	Canada LPN= 793	Canada RN= 479	UK RN CCN= 266
Age(years)	43.8	47.7	**39.8**
Years as LPN /RN (SD)	10.5 (16.0)	20.6(13.4)	14.2
Years in Current Position	5.9(7.3)	8.9(8.6)	7.4
Gender N (%) Female Male No answer	566(71.4) 32(4.0) 195(24.6)	412(79.7) 18(3.5) 87(16.9)	186(69.9) 21(7.9) 11(8.1)
Nursing Education N(%)			
Certificate	39(4.9)	143(27.7)	6(2.3)
Diploma	547 (69.0)	266(51.5)	60(22.6)
Bachelor's	23(2.9)	40(7.7)	116(43.6)
Masters	3(0.4)	2(0.4)	16(6.0)
Other	181(22.8)	66(12.8)	7(2.6)

Work Environment Scores (PES-NWI)
(Scale 1-strongly disagree to 4- strongly agree)

Work Environment Survey, mean (SD)	LPNs	Canada RNs	UK Critical Care RNs
Nursing Participation	**2.2 (.73)**	**2.0 (.66)**	**2.5 (.82)**
Nursing Foundations	2.7 (.64)	2.5 (.61)	3.79 (.9)
Management and Leadership	2.5 (.88)	2.6 (.87)	4.0 (1.0)
Staffing and Resources	**2.0 (.83)**	**2.2 (.81)**	3.2 (1.0)
Nurse – Physician Relationship	2.9 (.84)	3.3 (.64)	4.0 (.85)
Composite score	2.5 (.36)	2.5 (.49)	3.4 (1.0)

What do we know?

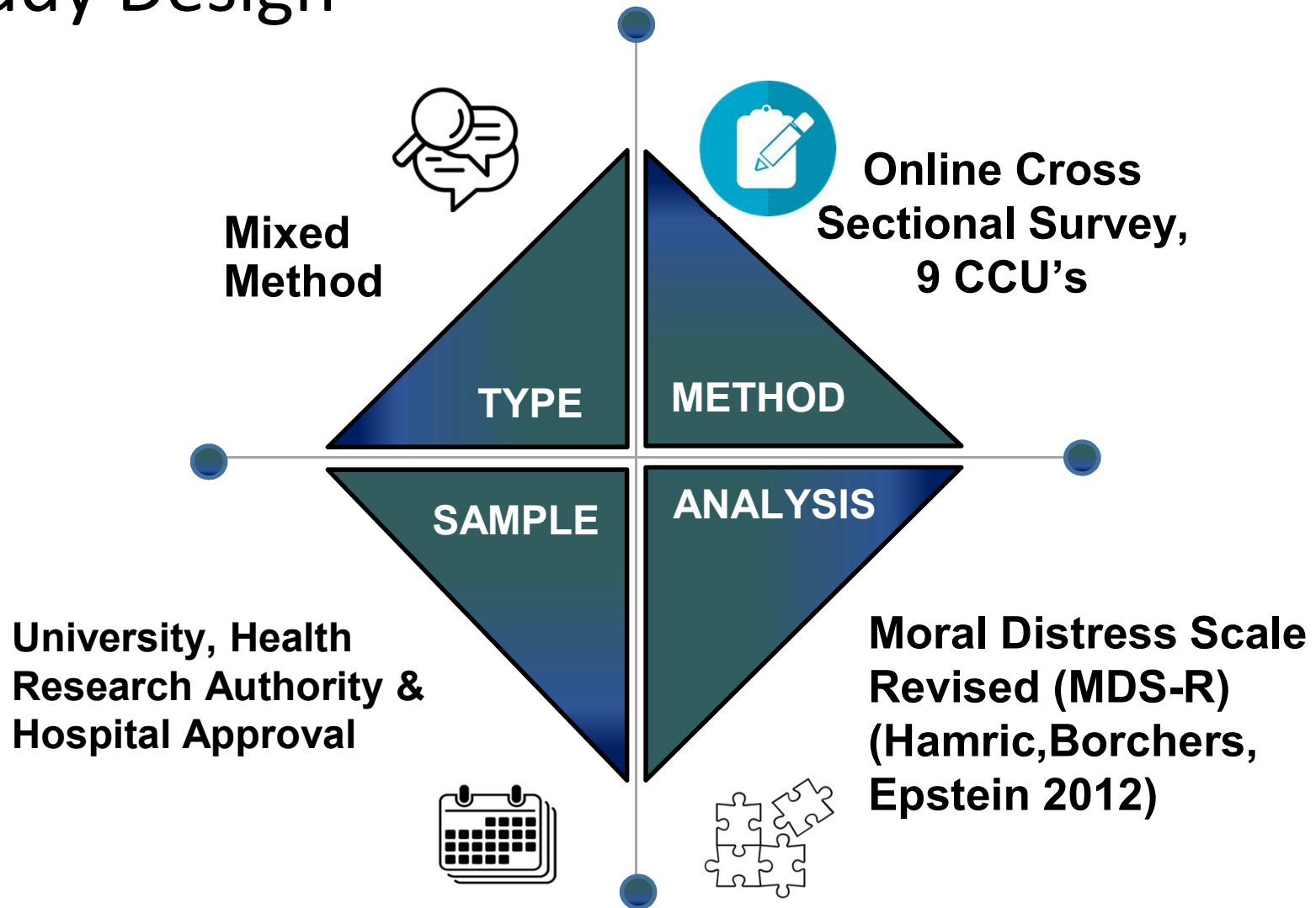Hiler *et al* (2018) Critical Care Nurses (nos. 328)

- Modest correlation between practice environment, patient safety and moral distress.
- Job satisfaction, practice environment and participants age were significant predictors of moral distress.
- Decreasing as nurses were more involved in hospital affairs and increasing as nurses became more dissatisfied with clinical environment.

Colville *et al* (2019)- Critical Care Nurses and Physicians (nos.171)

- Highest frequency of moral distress related to end of life care, communication, with little reporting of unethical behaviour
- Both groups ranked the same 3 situations as most distressing- *follow family wishes to continue with life support, prolonging death, lack of decision to withdraw*

Study Design

Mixed Method

Online Cross Sectional Survey, 9 CCU's

TYPE

METHOD

SAMPLE

ANALYSIS

University, Health Research Authority & Hospital Approval

Moral Distress Scale Revised (MDS-R) (Hamric, Borchers, Epstein 2012)

MDS-R Scale (Hamrich, A., Borchers, C., Epstein, E., 2012)

Indicate how frequently you experience an item (0-4, never - very frequent)

How disturbing the experience is for you (0-4, none-great extent)

Even if you have not experienced a situation please indicate how disturbed you would be

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Questions

Provide less than optimal care due to pressure from managers to reduce costs

Witnessing healthcare professionals giving "false hope"

Following family wishes to continue life support

Initiate life saving saving actions when I think they prolong death

Follow families request not to discuss death with dying patient

Carry out orders for unnecessary tests and treatments

Continue to sustain ventilatory support when no one will make a decision for withdraw

Questions

Avoid action when colleague has made a medical error

Assist a physician providing incompetent care

Care for patients that you don't feel qualified to care for

Witness painful procedures solely to increase medical students skill

Provide care that does not relieve suffering, fear of pain relief causing death

Follow request not to discuss patient prognosis with patient / family

Increase dose of sedation/opiates that you believe could hasten death

Questions

Take no action when observed ethical error

Follow family wishes, due to fear of lawsuit

Work with nurses who are not as competent as patient requires

Witness diminished care due to lack of communication

Ignore situation when lack of information for informed consent

Watch patient suffer because of lack of continuity

Work with staffing levels that you consider unsafe

Demographics

Data Collection	2017
Sample- RN's	266
ITU's	Nine Adult Critical Care Units (Total size 1066- 25% Response Rate)
Age Range	22-63yrs (Av 39yrs)
Gender	**186** female **21** male
Employed as	53% Full-time/ 24% Part-time
Type of CCU	72% General CCU 10% Cardiac 8 % Neuro Others - CCOT, rotation, combined units
Band	5 = 41%,6 = 22%, 7 = 7% Educator = 3%, Manager = 3%
Critical Care Certificate	45% (26% no response)

MDS-R Results
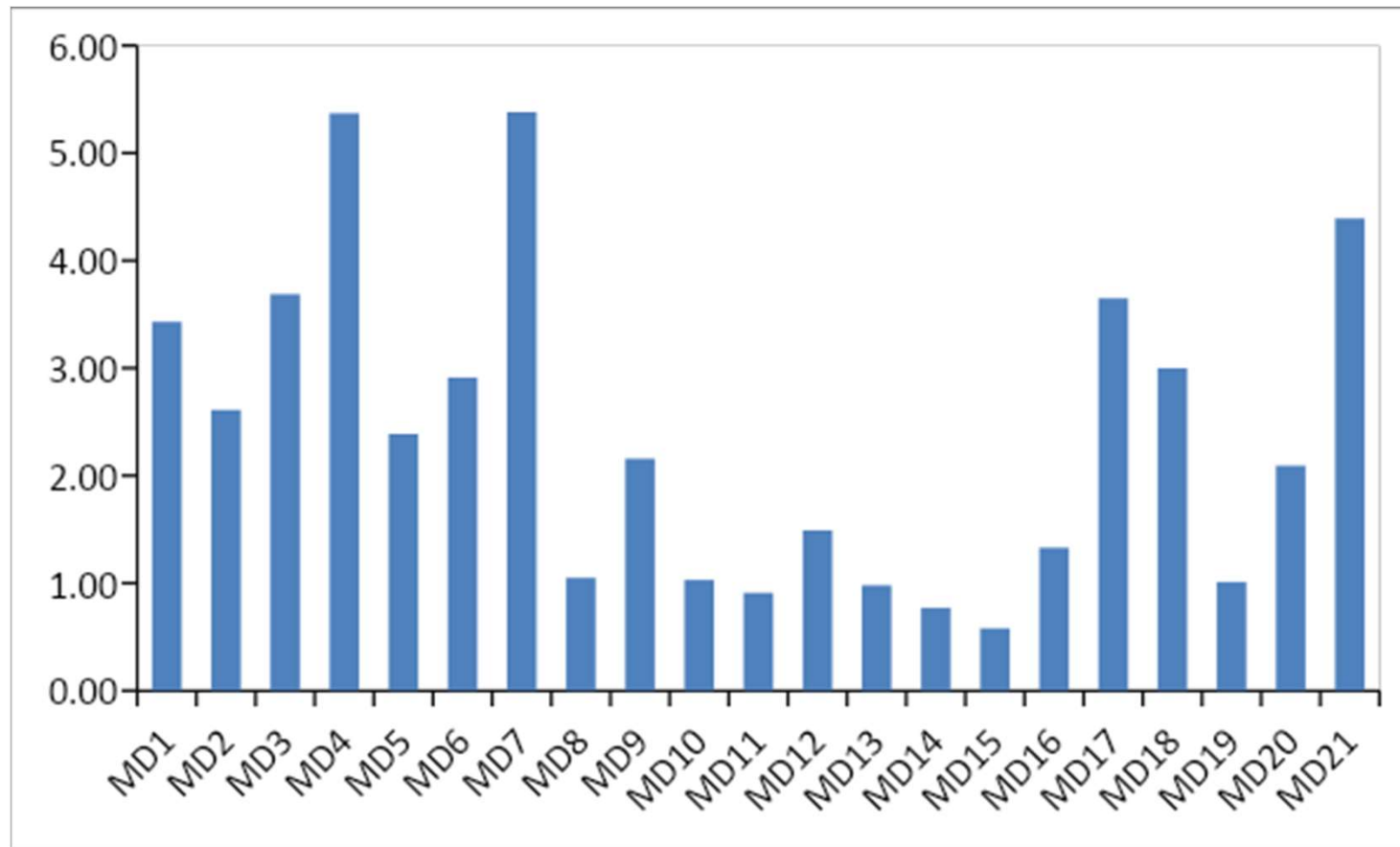
Moral Distressors "Top 6"

1. Continue to care for ventilated patient when no one will make decision to withdraw
2. Initiate life saving actions when I think they prolong death
3. Work with levels of nurse that I consider unsafe
4. Follow the families wishes to continue life support, even though not in best interest of patient
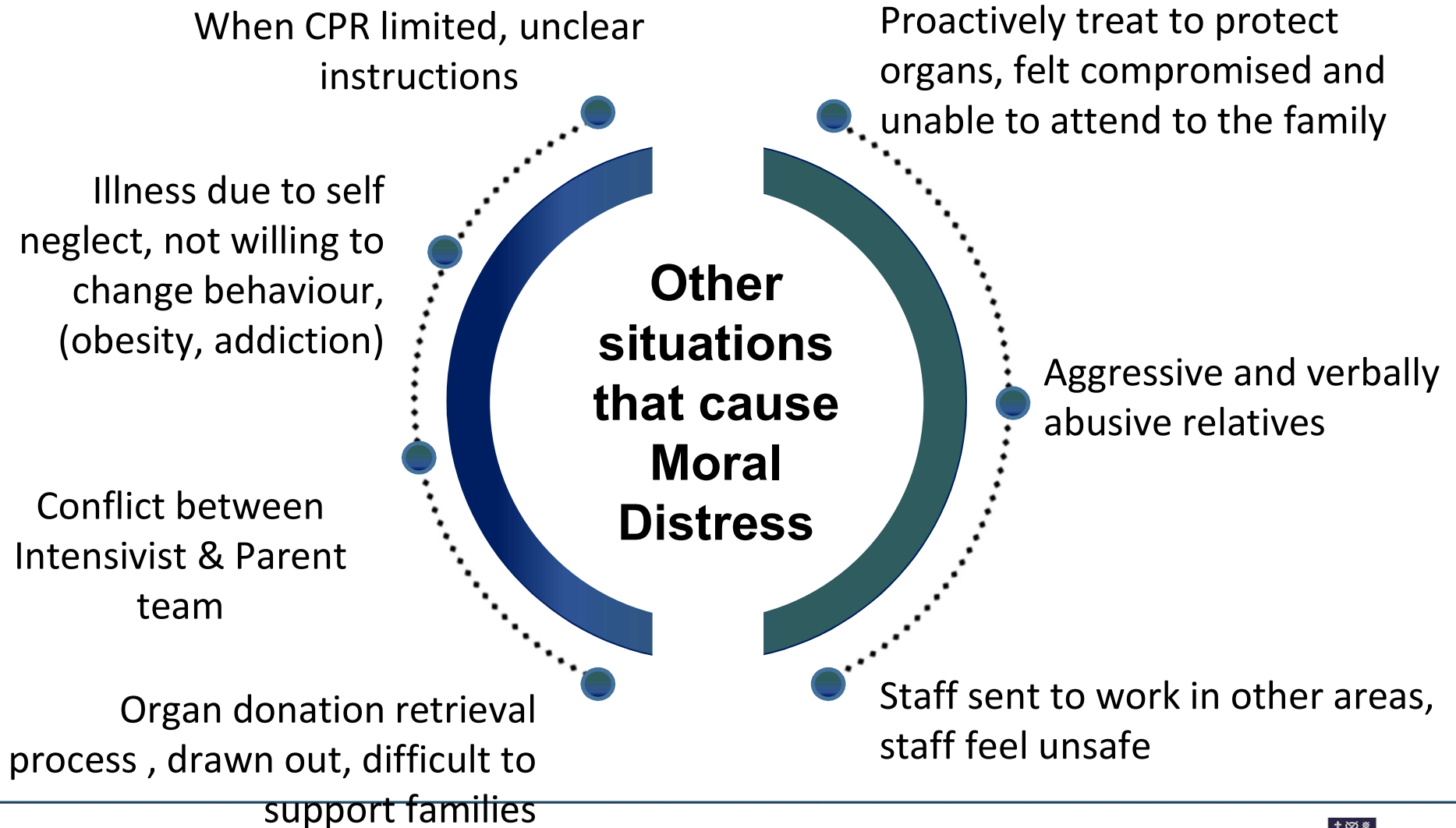5. Work with nurses who are not as competent as patient requires
6. Provide less than optimal care due to cost pressures

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Qualitative Data

Other situations that cause Moral Distress

When CPR limited, unclear instructions

Illness due to self neglect, not willing to change behaviour, (obesity, addiction)

Conflict between Intensivist & Parent team

Organ donation retrieval process , drawn out, difficult to support families

Proactively treat to protect organs, felt compromised and unable to attend to the family

Aggressive and verbally abusive relatives

Staff sent to work in other areas, staff feel unsafe

Intent to Leave

- Age and moral distress were significantly correlated, meaning that the older nurses were more likely to stay on their unit

- Moral distress was negatively correlated meaning nurses with higher levels of moral distress were less likely to remain on the unit

- Nurses with higher levels of moral distress were less likely to stay with their current employer

- No correlation with intention to stay in profession

- 38% have never considered leaving

- The older the nurse the more intention to remain on the unit

Limitations of the Study

- Reduction in numbers completing final section on intent to leave
    - Participant fatigue
    - Sensitivity of question
    - Confidence in anonymity of questionnaire

- Cross section nature of the study
    - Snapshot at one point in time

- Limitations of MDS-R
    - Additional items raised in qualitative commentary
    - Relating to working outside of Critical Care

Implications & Recommendations

This highlights the:

- serious nature of increased levels of moral distress
- relationship of moral distress to intention to leave and therefore the destabilisation of the nursing workforce

Strategies are urgently needed to allow the nurse to work within a ethically safe clinical environment

Highest ranking causes of moral distress relate to external factors rather than intrinsic factors, is this moral injury?

THANK YOU

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