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)
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)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Canada LPN= 793</th>
<th>Canada RN= 479</th>
<th>UK RN CCN= 266</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age(years)</strong></td>
<td>43.8</td>
<td>47.7</td>
<td>39.8</td>
</tr>
<tr>
<td><strong>Years as LPN /RN (SD)</strong></td>
<td>10.5 (16.0)</td>
<td>20.6(13.4)</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Years in Current Position</strong></td>
<td>5.9(7.3)</td>
<td>8.9(8.6)</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>566(71.4)</td>
<td>412(79.7)</td>
<td>186(69.9)</td>
</tr>
<tr>
<td>Male</td>
<td>32(4.0)</td>
<td>18(3.5)</td>
<td>21(7.9)</td>
</tr>
<tr>
<td>No answer</td>
<td>195(24.6)</td>
<td>87(16.9)</td>
<td>11(8.1)</td>
</tr>
<tr>
<td><strong>Nursing Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate</td>
<td>39(4.9)</td>
<td>143(27.7)</td>
<td>6(2.3)</td>
</tr>
<tr>
<td>Diploma</td>
<td>547 (69.0)</td>
<td>266(51.5)</td>
<td>60(22.6)</td>
</tr>
<tr>
<td>Bachelor’s</td>
<td>23(2.9)</td>
<td>40(7.7)</td>
<td>116(43.6)</td>
</tr>
<tr>
<td>Masters</td>
<td>3(0.4)</td>
<td>2(0.4)</td>
<td>16(6.0)</td>
</tr>
<tr>
<td>Other</td>
<td>181(22.8)</td>
<td>66(12.8)</td>
<td>7(2.6)</td>
</tr>
</tbody>
</table>
## Work Environment Scores (PES-NWI)
(Scale 1-strongly disagree to 4- strongly agree)

<table>
<thead>
<tr>
<th>Work Environment Survey, mean (SD)</th>
<th>LPNs</th>
<th>Canada RNs</th>
<th>UK Critical Care RNs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Participation</td>
<td>2.2  (0.73)</td>
<td>2.0 (.66)</td>
<td>2.5 (.82)</td>
</tr>
<tr>
<td>Nursing Foundations</td>
<td>2.7  (.64)</td>
<td>2.5 (.61)</td>
<td>3.79 (.9)</td>
</tr>
<tr>
<td>Management and Leadership</td>
<td>2.5  (.88)</td>
<td>2.6 (.87)</td>
<td>4.0(1.0)</td>
</tr>
<tr>
<td>Staffing and Resources</td>
<td>2.0  (.83)</td>
<td>2.2 (.81)</td>
<td>3.2 (1.0)</td>
</tr>
<tr>
<td>Nurse – Physician Relationship</td>
<td>2.9  (.84)</td>
<td>3.3 (.64)</td>
<td>4.0 (.85)</td>
</tr>
<tr>
<td>Composite score</td>
<td>2.5  (.36)</td>
<td>2.5 (.49)</td>
<td>3.4 (1.0)</td>
</tr>
</tbody>
</table>
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

**TYPE**
Mixed Method

**METHOD**
Online Cross Sectional Survey, 9 CCU’s

**SAMPLE**
University, Health Research Authority & Hospital Approval

**ANALYSIS**
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
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 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

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample - RN’s</td>
<td>266</td>
</tr>
<tr>
<td>ITU’s</td>
<td></td>
</tr>
<tr>
<td>Age Range</td>
<td>22-63yrs (Av 39yrs)</td>
</tr>
<tr>
<td>Gender</td>
<td>186 female, 21 male</td>
</tr>
<tr>
<td>Employed as</td>
<td>53% Full-time, 24% Part-time</td>
</tr>
<tr>
<td>Type of CCU</td>
<td>72% General CCU, 10% Cardiac, 8% Neuro, Others - CCOT, rotation, combined units</td>
</tr>
<tr>
<td>Band</td>
<td>5 = 41%, 6 = 22%, 7 = 7%, Educator = 3%, Manager = 3%</td>
</tr>
<tr>
<td>Critical Care Certificate</td>
<td>45% (26% no response)</td>
</tr>
</tbody>
</table>
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
Qualitative Data

- 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

Other situations that cause Moral Distress
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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