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Moral Distress among nurses in Hong Kong

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Moral distress

- Usually arises when nurses found that they ***could not act upon ethically appropriate action*** in their duty of care to clients (Corley, 2002)
- Manifested as anger and depression due to emotional exhaustion, frustration, guilt, shame, powerlessness and burnout, or distancing from clients

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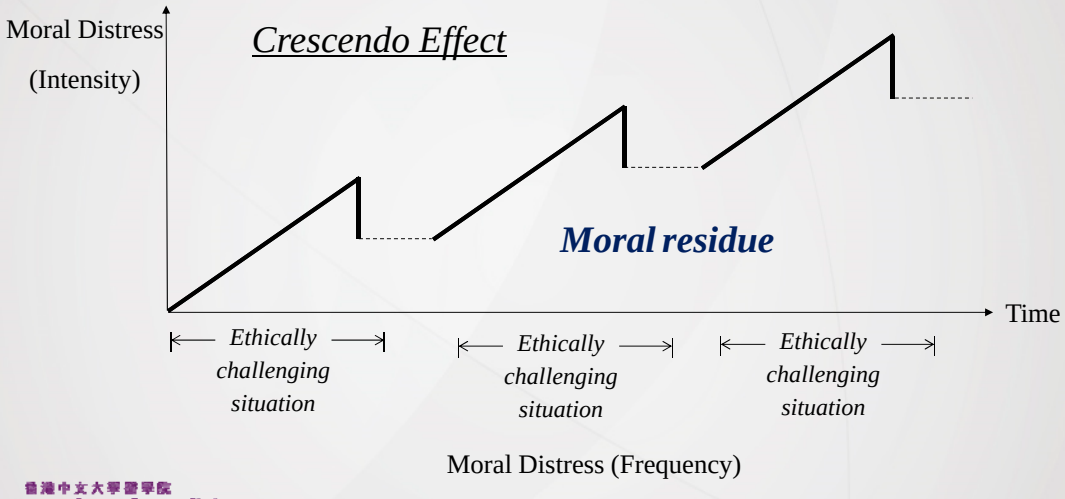
Moral residue



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Epstein EG, Hamric AB. Moral distress, moral residue, and the crescendo effect. J Clin Ethics. 2009;20:330-342.

EXTRINSIC FACTOR ??

Ethical Climate: Organizational conditions and practices that affect the way difficult patient care problems, with ethical implications, are discussed and decided

INTRINSIC FACTOR ??

Psychological empowerment

- Personal values and beliefs
- Confidence
- Competence
- Sense of autonomy

Moral Distress

Impact on patient

- Indifferent to their needs
- Decreased care attention
- Lack of advocacy

Impact on nurse

- Physical/Psychological symptoms
- Burnout
- Intention to leave

Impact on health care organization

- Manpower inadequacy
- High turnover rate
- Low care satisfaction
- Decreased quality of care
- Poor reputation

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Study objectives

1. To investigate the intensity and frequency of moral distress among nurses in Hong Kong
2. To examine its association with their perceived hospital ethical climate and psychological empowerment
3. To examine its association with intention to leave

Methods

- Study design: Descriptive correlational study
- Setting: Acute hospitals
- Subjects
  - Nurses
    - worked in local hospitals
    - > six months of clinical experience
    - currently involved in direct patient care
    - Exclusion criteria: administrative units, paediatric ward, OPD
  - Convenience sampling

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Instruments

- **Moral Distress Scale - Revised** (MDS-R) (Hamric et al., 2012)
  - 21 items, Likert scale (0 – 4)
    - Beneficence (mainly in the end of life care situations)
    - Patient's rights and autonomy
    - Quality of care (related to colleagues' competency / resources)
  - Two dimensions: Frequency & Intensity (level of disturbance)

Instruments

- **Hospital Ethical Climate Survey** (Olson, 1998)
  - An environment in which nurses perceive they can participate in ethical decisions and act in situations where they confront difficult patient care problems/situations in the workplace
  - 26 items, Likert scale (1 – 5)
  - Subscales: Peer, Patient, Manager, Hospital, Physician
- **Psychological Empowerment Instrument** (Spreitzer, 1995)
  - Nurse's sense of empowerment
  - 12 items, Likert scale (1 – 7)
  - Subscales: Meaning, Competence, Self-determination, Impact

RESULTS

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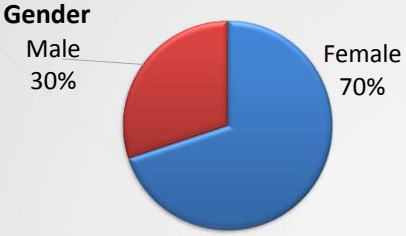
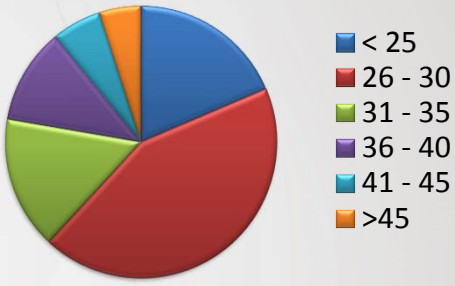
Demographics (N=460, 51.1% participation rate)

Gender

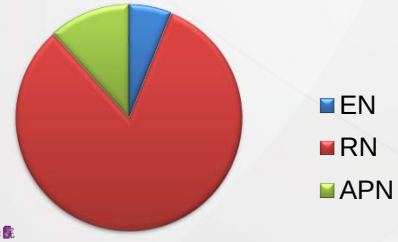


Age

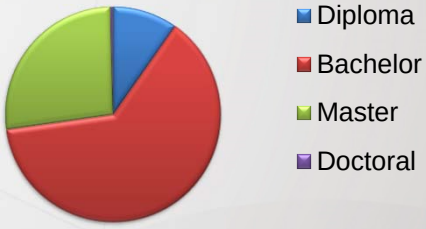


Rank

Mean clinical experience: 7.63 years (SD 7.06)



Educational level



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Top 5 most common distressing situations (N=460)

MDS-R items	Mean (SD)
Follow the family's wishes to continue **life support** even though I believe it is not in the best interest of the patient.	2.29 (1.02)
Carry out the physician's orders for what I consider to be **unnecessary** tests and treatments.	2.21 (1.05)
Initiate extensive **life-saving actions** when I think they only **prolong death**.	2.12 (1.03)
Continue to participate in care for a **hopelessly ill person** who is being sustained on a ventilator, when **no one will make a decision to withdraw** support.	1.92 (1.10)
Work with nurses or other healthcare providers who **are not as competent** as the patient care requires.	1.85 (0.97)

(Range from 0 – 4)

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Top 5 most disturbing situations (N=460)

MDS-R items	Mean (SD)
Follow the family's wishes to continue **life support** even though I believe it is not in the best interest of the patient.	2.22 (1.03)
Initiate **extensive life-saving actions** when I think they only prolong death.	2.16 (1.03)
Carry out the physician's orders for what I consider to be **unnecessary** tests and treatments.	2.08 (1.02)
Assist a physician who, in my opinion, is providing **incompetent care**.	1.99 (1.10)
Continue to participate in care for a **hopelessly ill person** who is being sustained on a ventilator, when **no one will make a decision to withdraw support.**	1.98 (1.09)

(Range from 0 – 4)

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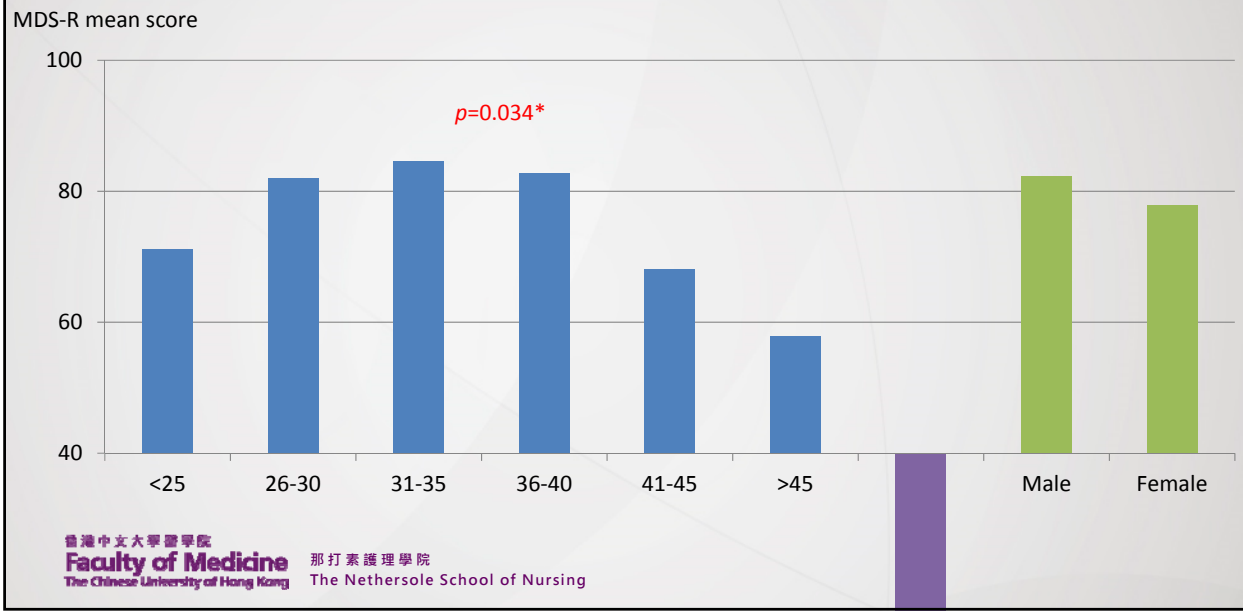
Association between MD and demographics (N=460)



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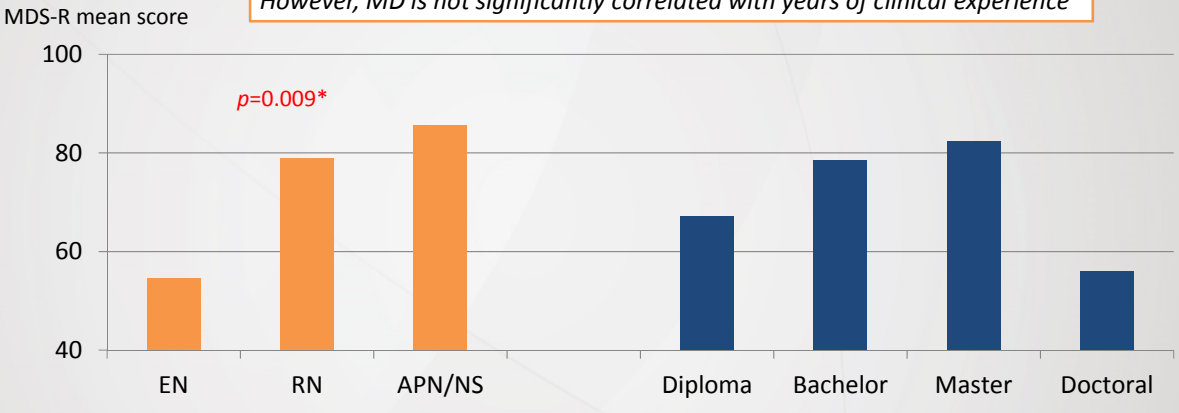
Association between MD and demographics (N=460)

However, MD is not significantly correlated with years of clinical experience



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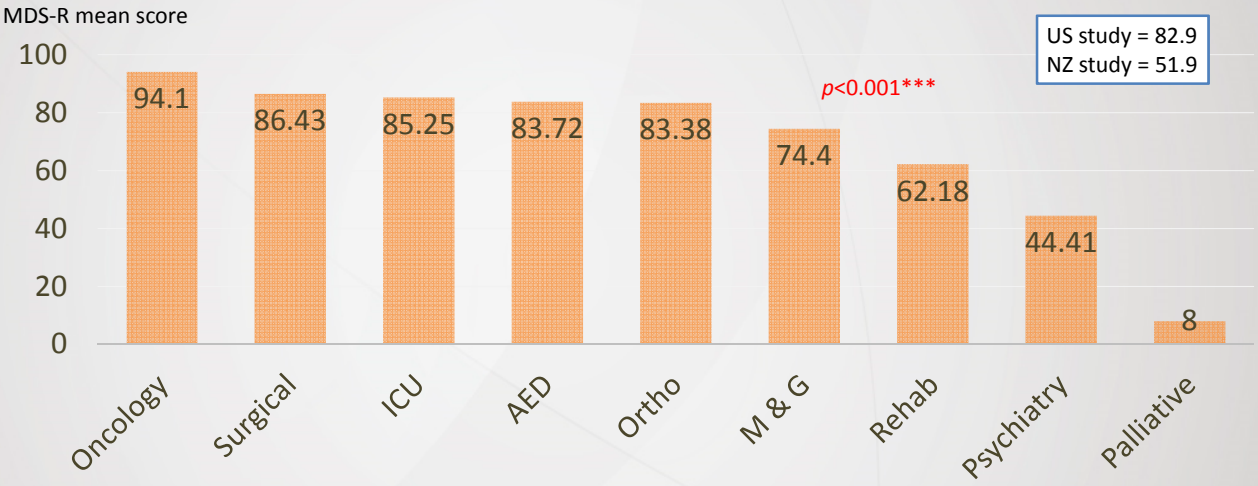

Ethical climate (N=460)

	Mean	Correlation with Moral Distress: MDS-R	MDS Freq	MDS Dis
Hospital Ethical Climate Survey	**3.29 (0.51)**	***-0.252*** **	***-0.316*** **	***-0.198*** **
Peer	3.61 (0.58)	*-0.200** *	*-0.298** *	*-0.127** *
Patient	3.37 (0.55)	*-0.173** *	*-0.232** *	*-0.122** *
Manager	3.35 (0.75)	*-0.199** *	*-0.251** *	*-0.169** *
Hospital	3.14 (0.55)	*-0.221** *	*-0.246** *	*-0.176** *
Physician	3.13 (0.60)	*-0.246** *	*-0.293** *	*-0.203** *

HECS Range: 1 – 5; the higher the score the more positive the perceived ethical climate
**p < 0.001

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Psychological empowerment (N=460)

	Mean	MDS-R	p
Overall PEI	4.58 (0.90)	*-0.100**	*<0.05*
Meaning	5.16 (1.11)	*-0.127***	*<0.01*
Competence	4.91 (1.04)	*-0.070*	*NS*
Self-determination	4.58 (1.13)	*-0.138***	*<0.01*
Impact	3.69 (1.31)	*-0.008*	*NS*

PEI Range: 1 – 7; the higher the score the higher level of empowerment

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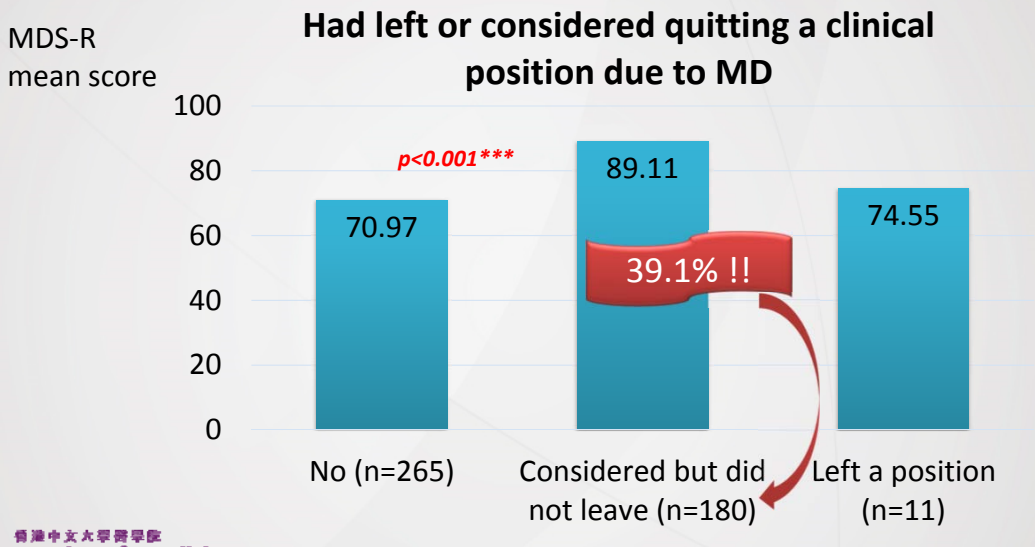
Intention to leave (N=460)



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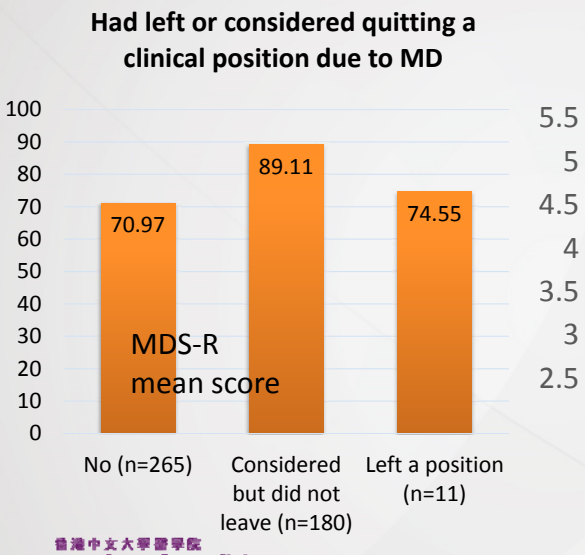

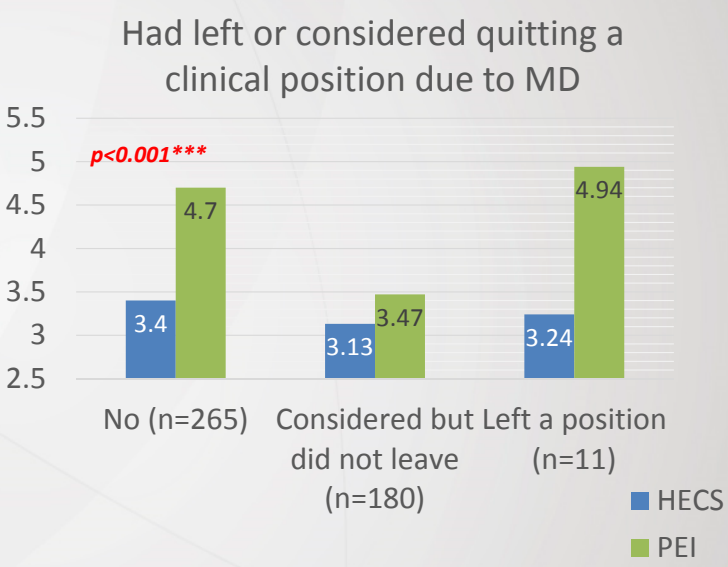

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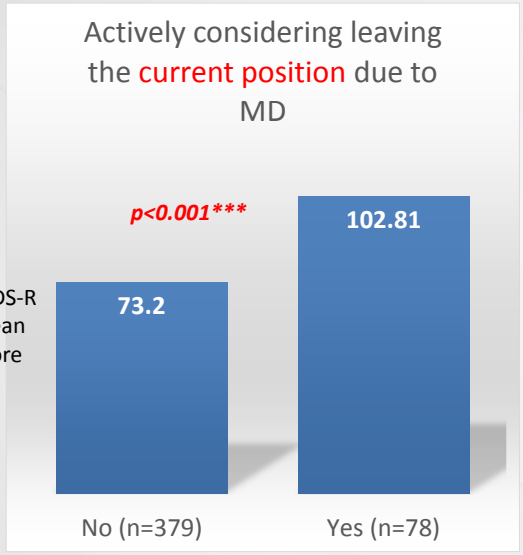

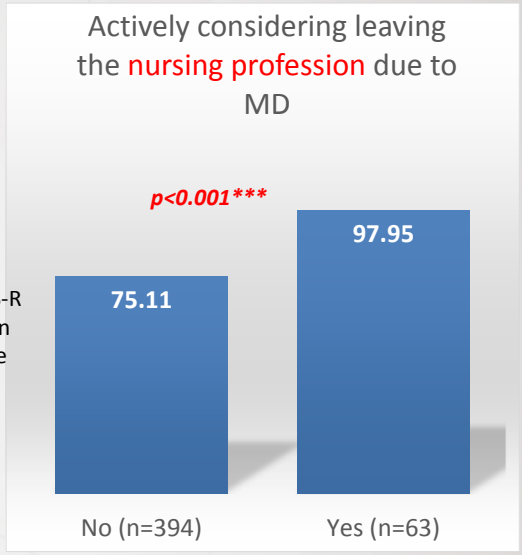

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Discussion

This is the first study to examine the extent of moral distress among nurses in Hong Kong and the associated factors

- Moral distress is an alarming issue in Hong Kong nurses
- Often related to end of life care issues
- Significantly correlated with the Hospital Ethical Climate
- Potentially contributed to nurses' high turnover rate

Study limitations

- Cross-sectional
- Participation bias
- Small sample size
- Self-reported questionnaires

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Way forward ?

Moral resilience has been described as "a distinctive sense that life is meaningful under every condition" and the ability to manage moral stressors confronted in clinical practice and **to name and frame** ethical issues while building moral courage.

Cultivating Moral Resilience

Shifting the narrative from powerlessness to possibility.

ABSTRACT: Decades of researc
distress. However, few studies h
cultivation of moral resilience—
ethically complex situation—is
Keywords: moral distress, mora

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Following your Path

« Back to Following your Path

Building moral resilience to neutralize moral distress

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Thank you!

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