Moral Distress at Sentara Williamsburg Regional Medical Center: A Survey of Community Hospital Nurses

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PROJECT/PURPOSE

To identify moral distress in nursing professionals at SWRMC.

1. How frequently do our nurses encounter moral distress in their professional practice?
2. Are there specialty areas where SWRMC nurses that have higher levels of moral distress?

BACKGROUND

Predictors of Moral Distress In Nurses

- Staffing limits
- Budget constraints
- Higher patient acuity

Outcomes of Moral Distress In Nurses

- Frustration
- Dissatisfaction
- Burnout

Organizational Cost of Moral Distress

- Intent to leave
- High RN turnover costs ($2.4 million dollars)

In pre-pandemic times, 2019, nursing staff turnover in our Magnet facility was 10.2%. Current projected turnover for 2021 is rising at 13%.

METHODS/IMPLEMENTATION

- The verified 27-item Measure of Moral Distress-Healthcare
- Professional (MMD-HP) tool was used and sent via email to all RNs employed at SWRMC using SurveyMonkey©.
- Demographics section items: percentage of direct care provided, specialty area, age, gender, race, and years of nursing experience
- Anonymous Online Survey; July-August 2020; Response rate of 36%

ANALYSIS

38% (41 out of 107) direct care nurses reported that they were “thinking about leaving” and reported higher levels of moral distress

	Not Leaving n=66 (66.7%)	Leaving n=41 (38.3%)	t-test
Item	M (SD)	M (SD)	p
Witness healthcare providers giving “false hope” to a patient or family.	4.35 (4.82)	4.27 (4.57)	.93
Follow the family’s insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient.	6.82 (5.36)	7.07 (5.12)	.81
Feel pressured to order or carry out orders for what I consider to be unnecessary or inappropriate tests and treatments.	5.20 (4.82)	6.90 (5.05)	.08
Be unable to provide optimal care due to pressures from administrators or insurers to reduce costs.	6.12 (5.29)	12.93 (4.45)	<.001
Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it.	5.64 (5.30)	5.17 (5.55)	.67
Be pressured to avoid taking action when I learn that a physician, nurse, or other team colleague has made a medical error and does not report it.	1.05 (2.53)	2.39 (3.84)	.05
Be required to care for patients whom I do not feel qualified to care for.	1.96 (3.26)	5.05 (5.75)	.003
Participate in care that causes unnecessary suffering or does not adequately relieve pain or symptoms.	4.38 (4.74)	4.51 (4.31)	.88
Watch patient care suffer because of a lack of provider continuity.	4.32 (4.17)	6.61 (5.36)	.02
Follow a physician’s or family member’s request not to discuss the patient’s prognosis with the patient/family.	2.64 (3.18)	2.54 (2.95)	.87
Witness a violation of a standard of practice or a code of ethics and not feel sufficiently supported to report the violation.	1.32 (2.71)	5.02 (5.22)	<.001
Participate in care that I do not agree with, but do so because of fears of litigation.	2.71 (4.18)	3.85 (4.42)	.18
Be required to work with other healthcare team members who are not as competent as patient care requires.	2.58 (3.37)	5.78 (4.61)	<.001

	Not Leaving n=66 (66.7%)	Leaving n=41 (38.3%)	t-test
Items	M (SD)	M (SD)	p
Witness low quality of patient care due to poor team communication.	3.09 (3.35)	5.73 (4.91)	.003
Feel pressured to ignore situations in which patients have not been given adequate information to ensure informed consent.	1.77 (2.96)	2.90 (4.14)	.10
Be required to care for more patients than I can safely care for.	7.29 (5.12)	11.07 (5.46)	<.001
Experience compromised patient care due to lack of resources/equipment/bed capacity.	5.30 (4.77)	10.73 (5.48)	<.001
Experience lack of administrative action or support for a problem that is compromising patient care.	4.94 (4.80)	11.61 (4.86)	<.001
Have excessive documentation requirements that compromise patient care.	4.86 (4.74)	11.15 (5.50)	<.001
Fear retribution if I speak up.	4.06 (4.50)	10.51 (5.60)	<.001
Feel unsafe/bullied amongst my own colleagues.	1.11 (2.66)	3.98 (5.17)	.002
Be required to work with abusive patients/family members who are compromising quality of care.	4.24 (4.59)	6.66 (5.12)	.01
Feel required to overemphasize tasks and productivity or quality measures at the expense of patient care.	5.41 (5.49)	10.39 (5.59)	<.001
Be required to care for patients who have unclear or inconsistent treatment plans or who lack goals of care.	2.73 (3.35)	4.17 (3.77)	.04
Work within power hierarchies in teams, units, and my institution that compromise patient care.	2.15 (3.45)	4.68 (5.22)	.01
Participate on a team that gives inconsistent messages to a patient/family.	2.49 (3.24)	3.00 (3.18)	.42
Work with team members who do not treat vulnerable or stigmatized patients with dignity and respect.	1.50 (3.28)	2.17 (4.34)	.37

A stepwise binary logistic regression was used to examine the odds of a nurse answering “yes” on the intent to leave question with the two factors patient quality and safety and work environment.

- Patient Quality & Safety, they have 2.91 times the odds of replying that they are thinking about leaving their current job due to moral distress (p = .019)
- Work Environment, have 9.09 times the odds of replying that they are thinking about leaving their current job due to moral distress (p <.001)
- Due to low sample size, the research question regarding specialty area was inconclusive.

EVALUATION/IMPLICATIONS

- Check in meetings with Nurse Executive for action planning with bedside nurses
- Ethics Education and Consults
- Workplace Violence Taskforce implementing monthly education
- Multi-site study for greater response rates

REFERENCES

References available upon request

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