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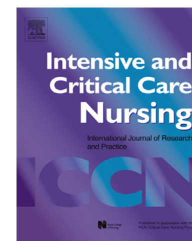

ORIGINAL ARTICLE

Moral distress and intention to leave: A comparison of adult and paediatric nurses by hospital setting

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Critical care;
Cultural differences;
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Summary
Objectives: To assess moral distress intensity and frequency in adult/paediatric nurses in critical care and non-critical care units; and explore relationships of nurse characteristics and moral distress with intention to leave.
Methods/setting: A descriptive, correlational design was used to administer an online survey using the Moral Distress Scale to nurses across multiple settings.
Main outcome measures: Intensity and frequency of moral distress and intention to leave current position.
Results: The survey response rate was 43% ($n = 426/1000$). Critical care nurses had the highest levels of moral distress intensity and frequency, compared to non-critical care specialties ($M = 2.5 \pm 0.19$, $p = 0.005$ for intensity and $M = 1.6 \pm 0.11$, $p < 0.001$ for frequency). Moral distress frequency showed a positive relationship with intention to leave a position of employment. Each unit increase in moral distress frequency doubled the odds of intention to leave when adjusting for age, gender, ethnicity and specialty area ($p = 0.003$). Hispanic nurses had significantly higher levels of moral distress intensity ($p = 0.01$).
Conclusion: Moral distress is a complex phenomenon requiring further study, particularly with regard to the role of ethnic and cultural differences on perceptions of moral distress.
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Implications for Clinical Practice

- No significant difference in moral distress intensity and frequency was noted when comparing nurses by age, education or years of experience. However, all nurses regardless of their professional preparation are at risk for moral distress.
- Hispanic nurses reported significantly higher levels of moral distress, suggesting that culture and ethnicity may play a role in the perception and experience of moral distress.
- Ongoing support of nurses in high acuity settings where morally distressing situations occur is vital to creating a healthy work environment.

Introduction

Advocating for the well-being and dignity worth of every patient is central to the profession of nursing (International Council of Nurses, 2012). Moral distress occurs when a situation calls for patient advocacy, yet the nurse cannot pursue the perceived right course of action due to various constraints (Jameton, 1984). Although common among critical care nurses (Browning, 2013; Leggett et al., 2013; Ulrich et al., 2014), moral distress was also found among medical-surgical (Rice et al., 2008), oncology (Shepard, 2010; Sirilla, 2014) and mental health nurses (Hamaideh, 2014; Musto and Schreiber, 2012). Furthermore, moral distress is a global phenomenon with an increasing number of different countries reporting this problem including Iran (Shoorideh et al., 2015), Israel (DeKeyser and Berkovitz, 2012), Japan (Ohnishi et al., 2010), Jordan (Hamaideh, 2014), Malawi (Maluwa et al., 2012), New Zealand (Woods et al., 2015) and various European countries (Papathanassoglou et al., 2012).

Root causes of moral distress vary, but certain themes were identified across settings. Futility of care is a common source of moral distress among nurses in critical care as well as non-critical care areas (De Villers and De Von, 2012; Elpern et al., 2005; Wilson et al., 2013). Other causes of moral distress include incompetence of self or colleagues, work overload resulting in poor patient care and observing patient suffering due to the inaction of others (Varcoe et al., 2012).

Ultimately, nurses may decide to leave their position as a means to cope with a difficult work environment. One multi-site study in the United States (US) of 323 health care professionals including nurses, found that moral distress was significantly higher among individuals who had actually left or were contemplating leaving a position compared to those who had no intention of leaving (Allen et al., 2013). Similar results were confirmed in a recent single site study from a different region of the US that surveyed 754 health care professionals including 489 nurses (Whitehead et al., 2015). The relationship between moral distress and intention to leave has been reported among nurses from other countries such as Belgium (Piers et al., 2012), Italy (Papathanassoglou et al., 2012), Jordan (Hamaideh, 2014) and New Zealand (Woods et al., 2015). One study of critical care nurses from Iran found no correlation between moral distress and intention to leave (Shoorideh et al., 2015). Despite conflicting study findings in the literature, evidence from the general global community suggests that moral distress is related to intention to leave a nursing position.

Moral distress has serious implications for nurses and the health care community worldwide. While it is clear from the literature that moral distress is prevalent across settings, the majority of studies to date have involved a single specialty, setting and site. Limited studies with inconsistent findings compared levels of moral distress between practice settings. De Villers and De Von (2012) surveyed 162 nurses from critical care and non-critical care units and found no significant difference in moral distress between the groups. This was contradictory to a recent single site study of different health care professionals (including nurses) that found providers in critical care areas had significantly higher levels of moral distress (Whitehead et al., 2015). Additional research is needed to understand the factors associated with moral distress so that effective interventions can be developed.

The primary aim of this study was to assess moral distress intensity and frequency, and clinical situations leading to moral distress among adult and paediatric nurses practicing in critical care and non-critical care settings. A secondary aim was to investigate the relationship of nurse characteristics on moral distress and intention to leave among nurses working in these areas. Therefore, the following research questions were addressed in this study:

1. Is there a significant difference in frequency and intensity of moral distress between adult/paediatric critical care versus medical-surgical nurses across five acute care hospitals?
2. What is the relationship between nurse characteristics (age, gender, ethnicity, education, experience and specialty area) and moral distress?
3. Is there a correlation between moral distress and intention to leave a position of employment?

Methodology

Participants, setting and ethical approval

A descriptive, correlational survey design was used. A convenience sample of registered nurses was recruited between November 2014 and January 2015 from adult/paediatric critical care and non-critical care units within a five-hospital system in California. Ethical approval was received from the institutional review board of the health care system prior to initiating the study.

Data collection

Information fliers introducing the study and participation requirements were posted on all hospital units and distributed to all staff nurses. Nurses were eligible to

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