International Journal of Nursing Studies 53 (2016) 39–49

Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Nurse moral distress: A survey identifying predictors and potential interventions

Cheryl Rathert [a,*], Douglas R. May [b], Hye Sook Chung [c]

[a] Department of Health Administration, Virginia Commonwealth University, 1008 East Clay Street, PO Box 980203, Richmond, VA 23298-0203, United States
[b] International Center for Ethics in Business, University of Kansas, Lawrence, KS 66045-7585, United States
[c] Human Resource Studies, Cornell University, United States

ARTICLE INFO

Article history:
Received 12 June 2015
Received in revised form 29 September 2015
Accepted 6 October 2015

Keywords:
Courage
Nursing ethics
Job satisfaction
Morals
Organizational culture
Organizations
Questionnaires
Psychological stress

ABSTRACT

Background: Ethical dilemmas and conflicts are inherent in today's health care organizations and may lead to moral distress, which is often associated with physical and psychological symptoms. Although the existence of moral distress has been observed by scholars for decades, most of the research has been descriptive and has examined what types of health care conflicts lead to distress.
Objective: This study tested a comprehensive model, underpinned by Social Cognitive Theory, that examined work environment and intrapersonal variables that may influence moral distress.
Design/setting/participants: We surveyed nursing staff employed in a U.S. acute care hospital (response rate = 45%; $n = 290$).
Results: More than half of the respondents reported they experience ethical dilemmas and conflicts from several times a month to daily, and nearly half reported they experience moral distress at least several times a month. Structural equation modeling analysis simultaneously examined the effects of five independent variables on moral distress and moral voice: (a) frequency of ethical dilemmas and conflicts; (b) moral efficacy; (c) ethics communication; (d) ethical environment; and (e) organizational ethics support. Results revealed significant independent effects of the frequency of ethics issues and organizational ethics support on moral distress. Bootstrapping analysis indicated that voice fully mediated the relationship between moral efficacy and moral distress, and partially mediated the relationship between organizational ethics support and distress. Supplemental analysis revealed that organizational ethics support moderated the moral efficacy–voice–moral distress relationship such that when organizational support was low, moral efficacy was negatively related to moral distress via voice.
Conclusions: Although it may be impossible to eliminate all ethical dilemmas and conflicts, leaders and organizations may wish to help improve nurses' moral efficacy, which appears to give rise to voice, and reduced moral distress. Increasing organizational ethics support may be a key approach.

* Corresponding author. Tel.: +1 804 828 5460.
E-mail addresses: crathert@vcu.edu (C. Rathert), drmay@ku.edu (D.R. May), hc329@cornell.edu (H.S. Chung).

http://dx.doi.org/10.1016/j.ijnurstu.2015.10.007
0020-7489/

What is already known about the topic?

- Moral distress has negative effects on health care worker well-being.
- Through its negative effects on well-being, moral distress has negative effects on patients and organizational outcomes.

What this paper adds

- This study found that ethics voice, a component of moral courage, fully mediated the effect of moral efficacy on moral distress.
- The study found partial mediation of the effect of organizational ethics support on moral distress.
- The study found that when nurses perceived that organizational ethics support was low, moral efficacy was negatively related to moral distress, and this relationship was mediated by voice.

1. Introduction

Ethical dilemmas and conflicts are inherent in today's health care settings. Frequent and unresolved ethical dilemmas and conflicts can lead to *moral distress*, an experience of emotional pain or anguish resulting from situations in which a worker recognizes a moral issue is at stake, acknowledges that he or she has some responsibility for action and makes a judgment about the right moral action, but because of real or perceived barriers, feels he or she cannot take the right moral course of action (Austin et al., 2005). An ethical *dilemma* is a situation in which a person must choose between two or more alternatives, each with less than optimal moral outcomes. An ethical *conflict* occurs when an individual perceives a specific situation to violate his or her sense of right and wrong (Moser, 1988). Particularly in health care, dilemmas and conflicts abound (Hamric, 2012). For example, emphasis on cost savings and efficiency requires nurses to focus on priorities other than delivering the best care for each patient; yet, their professional values prioritize patient care (McCarthy and Deady, 2008). Despite organizations developing policies to help establish guidelines for how to deal with ethical dilemmas and conflicts, they are likely to continue to increase (Jameton, 2013). Indeed, unresolved moral distress can compromise a nurse's moral agency and lead to an escalating build-up of moral distress, known as the "crescendo effect" (Epstein and Hamric, 2009).

The present study adds to the existing literature by examining a comprehensive model of variables that were hypothesized to influence moral distress. Our aim is to contribute to two gaps in the moral distress research that have been identified through descriptive studies and several systematic literature reviews. First, our study adds to the conceptual development of moral distress by proposing solutions that are grounded in Social Cognitive Theory (Bandura, 1977, 2002, 2012). Second, we examine a comprehensive model for beginning the work of identifying possible interventions that can be used to reduce moral distress (Hamric, 2012; Perry, 2011). Our study builds empirically on Hamric's (2012) review of the moral distress literature that proposed three types of root causes of moral distress: (1) internal worker factors (such as perceived powerlessness, lack of situational knowledge); (2) external factors (such as inadequate staffing, lack of administrative support); and (3) the immediate clinical situation (such as futile treatment, lack of informed consent, lack of truth-telling). Our study simultaneously examines variables from each of these categories using a sophisticated bootstrapping approach. Conceptually, we argue that work environments that support moral efficacy, provide regular ethics discussions, signal a caring ethical environment, and provide support for utilizing ethics resources, will help reduce moral distress. We also propose that there are aspects of the work environment that can be managed appropriately to help prevent and resolve moral distress.

1.1. Literature review and hypothesis development

1.1.1. Moral distress

Andrew Jameton first conceptualized moral distress in his 1984 nursing ethics textbook and is generally regarded as the founder of the concept (Austin et al., 2005). At a broader level, moral distress is an outcome resulting from intrapersonal role conflict, a concept familiar to work stress scholars (Milbourn, 2012; Rizzo et al., 1970). Intrapersonal role conflict occurs when workers must play a role that requires them to act in ways that run counter to their personalities or values.

The impact of moral distress is unique and far-reaching, leading to symptoms such as emotional distress, grief to the point of anguish, and physical symptoms (Austin et al., 2005; McGibbon et al., 2010). Moral distress is related to job dissatisfaction, fatigue, and turnover, above and beyond other occupational stressors (DeTienne et al., 2012); and morally distressed nurses experience burnout, turnover, and often even leave the profession all together (Torjuul and Sorlie, 2006). Burnout is an important variable, as it can lead to anger and frustration, as well as cynicism toward and depersonalization of patients (Oh and Gastmans, 2013). Furthermore, Hamric (2012) noted that unresolved moral distress can result in a "crescendo effect" in which moral residue (i.e., distress that is not completely resolved) tends to build over time (Epstein and Hamric, 2009), and subsequent experiences of distress continue to pile up, making it more difficult to fully resolve the distress. Over time this effect can desensitize workers to the moral aspects of a situation and lead to disengagement (Bandura, 2012). Given the negative consequences of moral distress, it is important to identify its predictors.

1.1.2. Ethical conflicts and dilemmas

Ethical dilemmas and conflicts are common in organizational life, but particularly in health care and other human services. The work of nurses is at its foundation "morally defined" given that this work revolves around sick and injured patients (Austin et al., 2005: 33). As care delivery has moved from a non-profit, provider–patient focus, toward a for-profit, managed care model, accountability has shifted from a priority of doing what is right for the patient to "the demands of corporate management,