

# Moral Distress

## Identification among inpatient oncology nurses in an academic health system

Erin T. Marturano, MBE, MSN, RN, Robin M. Hermann, MSN, RN, CCRP, Nicholas A. Giordano, PhD, RN, and Rebecca L. Trotta, PhD, RN



**BACKGROUND:** Moral distress occurs when clinicians know the morally correct action to take but are unable to follow through because of internal and external constraints. It is associated with negative consequences, such as burnout, decreased job satisfaction, avoidance, and turnover.

**OBJECTIVES:** The purpose of this study was to describe the frequency and level of moral distress among inpatient oncology nurses and to identify possible associations among nurses' demographic characteristics, work experience, and moral distress levels.

**METHODS:** Ninety-three inpatient oncology nurses from a large academic health system completed the Moral Distress Scale–Revised (MDS-R). Additional questions included intent to leave and requests for changes in patient assignments because of moral distress.

**FINDINGS:** Years as a nurse, changing or considering changing patient assignments, and changing care provided to a patient because of moral distress were statistically significantly associated with higher MDS-R scores. Participants reported using palliative care consultations, pastoral care, and social work to assist with their moral distress.

### KEYWORDS

moral distress; oncology nursing; stress; psychological; staffing

### DIGITAL OBJECT IDENTIFIER

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**MORAL DISTRESS WAS FIRST DESCRIBED AS KNOWING** the morally correct action to take but being unable to follow through because of internal and external constraints (Jameton, 1984). Internal constraints include self-doubt and perceived powerlessness, and external constraints include inadequate staffing, lack of administrative support, and hierarchies within the healthcare system (Hamric et al., 2012). More recently, moral distress has been defined as “one or more negative self-directed emotions or attitudes that arise in response to one’s perceived involvement in a situation that one perceives to be morally undesirable” (Campbell et al., 2016, p. 6). In the context of health care, moral distress occurs when “providers believe that they are being involuntarily complicit in acting unethically—they are doing something that they believe to be morally wrong but have little power to act differently or to change the situation” (Hamric & Epstein, 2017, p. 127).

The Moral Distress Scale (MDS) was originally created to measure moral distress among critical care nurses (Corley et al., 2001). In 2007, Hamric and Blackhall shortened the scale and narrowed the focus to end-of-life care and validated it for use by nurses and physicians. In 2012, Hamric et al. further revised the instrument to include more root causes of moral distress, expand the use beyond intensive care settings, and make it appropriate for use among multiple disciplines. Currently, the MDS-Revised (MDS-R) is the most widely used instrument to quantify the phenomenon (Hamric et al., 2012). The MDS-R presents 21 scenarios that could potentially invoke moral distress. Scores range from 0 to 336, with lower scores indicating lower moral distress and higher scores indicating higher moral distress. Hamric et al. (2012) have not identified specific cut points within the scoring to discretely identify low, moderate, or high moral distress.

A nascent body of literature describes moral distress among multiple healthcare providers in various clinical settings nationally and internationally (Austin et al., 2017; Fumis et al., 2017; Neumann et al., 2017; Whitehead et al., 2015). Austin et al. (2017) studied nurses and physicians across the midwestern United States. Other investigators evaluated moral distress among nurses, physicians, chaplains, dietitians, pharmacists, social workers, and therapists in Virginia (Whitehead et al., 2015). Neumann et al. (2017) described moral distress among hematopoietic cell transplantation professionals, including nurses, physicians, pharmacists, and social workers, who completed the survey. A study of critical care and step-down providers in Brazil included physicians, nurses, nurse technicians, and respiratory therapists (Fumis et al., 2017). Across these studies, moral distress was present