

Webinar

Organized by the Australasian Services Care Network

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Speakers:

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RESPECT

Characteristics and Predictors of Moral Distress Among Health Care Workers

In this presentation Dr Plouffe from the MacDonald Franklin Operational Stress Injury (OSI) Research Centre and Western University in Canada will share on her research to understand health care workers' (HCWs') experiences of moral-ethical dilemmas encountered throughout the COVID-19 pandemic, and their associations with organizational perceptions and personal well-being.

To (re)-see this webinar:

https://www.youtube.com/watch?v=cy6bu3BMNeY&ab_channel=VeteranTransitionandWellbeingWebinarSeries

Health care worker face unprecedented situations involving life-altering moral-ethical decisions. Detrimental consequences including reductions in quality of care and increases in HCW moral distress.

What is moral distress and what leads to Moral distress in HCW?

Introduced by Jameton (1984, 1993) in nursing research. Constrained to behave in a way that they perceive as morally or ethically inappropriate. For example, the role of HCW is ultimately to heal others and avoid causing harm to them, and when situations come up that does not allow HCW to deliver care in accordance with their core values, they experience this sort of internal dissonance. Moral distress often results in feelings or frustration, anger, shame, guilt, and anxiety.

One's organizational response to the pandemic may influence exposure to moral-ethical stressors. In sample of HCWs working in NICU/PICU, those who self-reported greater support from their hospital reported lower scores on moral distress. Even prior COVID-19, lack of organizational leadership related to higher moral distress among critical care nurses. When HCW organizations integrate core ethical values in their processes and strategies, this has been associated with reduced severity of moral distress.

Current study:

The purpose of this research is to evaluate associations between workplace experiences during COVID-19, moral distress, and the psychological well-being of Canadian Health Care Workers.

Perceptions of response to the COVID-19 plays role in HCW exposure and distress associated with moral-ethical stressors. Rationing resources, lack of organizational support, and potential contact with the virus contribute to development and maintenance of moral distress in HCWs. When HCW organizations integrate core ethical values in their processes and strategies, this results in reduced severity of moral distress, even prior to the COVID-19 pandemic.

When HCWs engage in activities that they perceive to be morally or ethically conflicting, individuals may perceive themselves as failing to uphold their core values and roles as advocates and caregivers patients. Leads to feelings and symptoms of anxiety, PTSD, burnout, and depression.

Findings highlight need for HCW organizations to implement strategies designed to prevent long term moral and psychological distress within the workplace.