

# Moral Distress and Structural Empowerment among a National Sample of Israeli Nurses

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## Background:

- Moral distress [MD] is defined as knowing the "right" thing to do but not being able to do so due to institutional constraints<sup>1</sup>.
- High levels of MD have been found among ICU caregivers<sup>2</sup>
- MD has been associated with increased job dissatisfaction, burnout and worker turnover<sup>3</sup>
- Another work related characteristic that might be associated with MD is structural empowerment [SE]
- SE is defined as worker perception of access to 4 sources of power in an organization (opportunity, information, support and resources)<sup>4</sup>
- This association has been implied by others but has not been investigated.

## Aims:

The aims of this study were to determine: 1. The level of MD frequency and intensity  
2. The level of SE and its components 3. The association between MD and SE

## Results:

**N=291** **Gender:** 210 female (75.3%), **Family status:** Married 198 (71.2%), Divorced/widowed: 35 (12.6%), Single: 45 (16.2%), **Born in Israel:** 118 (42.8%), **Religion:** Jewish: 207 (75.3%), Moslem: 52 (18.9%), Other: 16 (5.8%), **Education:** RN: 62(22.5%), RN + BA: 180 (65.2%), RN + MA: 34 (12.3%), **Post Basic Certification:** 219 (79.1%), **Role:** Staff nurse: 232 (84.1%), Assistant/Head nurse: 32(11.9%), Other roles: 11 (4%), **Work full time:** 179 (64.2%).

Variable	Mean	SD
Age (yrs)	37.9	9.2
Work as RN (yrs)	13.9	9.5
Work in ICU (yrs)	9.4	8.6
Work in current unit (yrs)	8.9	7.5

- MD intensity not related to SE or to any demographic or work characteristics
- Significant Correlations between MD frequency and:  
General SE ( $r=-.18, p<.01$ ),  
MD intensity ( $r=.14, p<.05$ ),  
Age ( $r= -.14, p=.03$ )

## Discussion:

- Levels of MD and SE were similar to previous studies<sup>5</sup>
  - Moderate-high empowerment
  - Low frequency of MD
  - Moderate-high intensity of MD
- MD intensity > frequency
- Personal characteristics are not risk factors for MD intensity
- Younger nurses and those with a higher frequency of MD are at increased risk for intense feelings of MD
- There is some minor evidence that MD frequency might be related to SE
- **Conclusions:** Need to repeat study with other populations , Need to further investigate how other aspects of the work environment affect moral distress Possibly aim interventions to decrease MD among younger nurses, those with a lower general feeling of structural empowerment, and high feelings of MD intensity

<sup>1</sup> Jameton, A. (1984). *Nursing practice: The ethical Issues*. Englewood Cliffs, NJ: Prentice Hall.

<sup>2</sup> Corley, M.C., Elswick, R.K., Gorman, M. & Clor, T. (2001). Development and evaluation of a moral distress scale. *Journal of Advanced Nursing*, 33, 250-256

<sup>3</sup> DeKeyser Ganz, F. (2010). Moral distress in critical care healthcare workers. In E. Azoulay (Ed.). *End of life care in the Intensive Care Unit-from advanced disease to bereavement*. Oxford University Press.

<sup>4</sup> Kanter, R.M. (1993). *Men and women of the corporation*. 2nd ed. New York: Basic Books.

<sup>5</sup> Laschinger, H.K.S. & Havens, S.D. (1996). Staff nurse work empowerment and perceived control over nursing practice: conditions for work effectiveness. *Journal of Nursing Administration*, 26(9), 27-35.

