ID: Demographics

Moral distress amongst intensive care unit professions in the UK

Moral distress happens when we *cannot do* what we believe is the *ethically right thing* to do because of barriers or constraints.

Work in North America tells us this is a widespread experience and is damaging to healthcare professionals. However, this is poorly studied in the UK and we are interested your experiences.

Profession (please circle): Doctor / Nurse / ACCP / Physiotherapist / Other (please specify)……………

Place of work (please circle): BHH / GHH / QEHB / UHCW / Other (please specify) ……………

Age: Gender: Grade:

Years of working experience:

Experience in ICU (years and months):

Many thanks for your interest in taking part in this study. Your responses are anonymous.

Please complete the questionnaire overleaf as accurately as possible.

This research is funded by the National Institute of Academic Anaesthesia (NIAA), supported by the NHS National Institute for Health Research (NIHR), and conducted by researchers at the University of Warwick.

<u>This research is independent of your hospital trust</u>

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We are inviting participants to undertake a semi-structured interview to further investigate moral distress. This will take approximately 30 minutes. We are interested in your direct experiences of moral distress.

We will do this at a time that is convenient for the participant. If you are willing to take part, please leave your contact details below and we will contact you to arrange a convenient time and place.

Name:

Email:

Mobile number:

ID:

Measure of Moral Distress – Healthcare Professionals (MMD-HP)

Moral distress occurs when professionals cannot carry out what they believe to be ethically appropriate actions because of constraints or barriers. **This survey lists situations that occur in clinical practice. If you have experienced these situations they may or may not have been morally distressing to you. Please indicate how frequently you have experienced each item. Also, rank how distressing these situations are for you. If you have never experienced a particular situation, select "0" (never) for frequency. Even if you have not experienced a situation, please indicate how distressed you <u>would</u> be if it occurred in your practice. Note that you will respond to each item by checking the appropriate column for two dimensions with a ●:** *Frequency and Level of Distress.*

	Frequency					Level of Distress				
	Never				Very frequently	None				Very distressing
	0	1	2	3	4	0	1	2	3	4
Example entry: *Witness healthcare providers giving "false hope" to a patient or family.*			●						●	
1. Witness healthcare providers giving "false hope" to a patient or family.										
2. Follow the family's insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient.										
3. Feel pressured to order or carry out orders for what I consider to be unnecessary or inappropriate tests and treatments.										
4. Be unable to provide optimal care due to pressures from administrators or insurers to reduce costs.										
5. Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it.										
6. Be pressured to avoid taking action when I learn that a physician, nurse, or other team colleague has made a medical error and does not report it.										
7. Be required to care for patients whom I do not feel qualified to care for.										
8. Participate in care that causes unnecessary suffering or does not adequately relieve pain or symptoms.										
9. Watch patient care suffer because of a lack of provider continuity.										
10. Follow a physician's or family member's request not to discuss the patient's prognosis with the patient/family.										
11. Witness a violation of a standard of practice or a code of ethics and not feel sufficiently supported to report the violation.										
12. Participate in care that I do not agree with, but do so because of fears of litigation.										
13. Be required to work with other healthcare team members who are not as competent as patient care requires.										
14. Witness low quality of patient care due to poor team communication.										
15. Feel pressured to ignore situations in which patients have not been given adequate information to ensure informed consent.										

ID:

	Frequency					Level of Distress				
	Never				Very frequently	None				Very distressing
	0	1	2	3	4	0	1	2	3	4
16. Be required to care for more patients than I can safely care for.										
17. Experience compromised patient care due to lack of resources/equipment/bed capacity.										
18. Experience lack of administrative action or support for a problem that is compromising patient care.										
19. Have excessive documentation requirements that compromise patient care.										
20. Fear retribution if I speak up.										
21. Feel unsafe/bullied amongst my own colleagues.										
22. Be required to work with abusive patients/family members who are compromising quality of care.										
23. Feel required to overemphasize tasks and productivity or quality measures at the expense of patient care.										
24. Be required to care for patients who have unclear or inconsistent treatment plans or who lack goals of care.										
25. Work within power hierarchies in teams, units, and my institution that compromise patient care.										
26. Participate on a team that gives inconsistent messages to a patient/family.										
27. Work with team members who do not treat vulnerable or stigmatized patients with dignity and respect.										
If there are other situations in which you have felt moral distress, please write and score them here:										

Have you ever left or considered leaving a clinical position due to moral distress?

- ☐ No, I have never considered leaving or left a position.
- ☐ Yes, I considered leaving but did not leave.
- ☐ Yes, I left a position.

Are you considering leaving your position now?

- ☐ Yes
- ☐ No