Supplementary Table 1 Interview participant demographics

Characteristic	**N=15**
Mean age ±SD – years	40.6±9.1
Gender – no. (%)	
Female	9 (60.0%)
Male	5 (40.0%)
Profession – no. (%)	
Nurse	6 (40.0%)
Band 5	2
Band 7	3
Band 8	1
Doctor	5 (33.3%)
Core trainee level	2
Specialty trainee level	2
Consultant	1
Advanced Critical Care Practitioner (ACCP)	2 (13.3%)
Other	2 (13.3%)
Mean ICU experience ±SD – years	11.1±9.2
Workplace – no. (%)	
Site A	4 (26.7%)
Site B	5 (33.3%)
Site C	6 (40.0%) (3 (20.0%) work at Site D also)

Supplementary Table 2 Moral distress items ranked by composite moral distress score for nurses and doctors.
*indicates mean composite score greater for doctors than nurses.

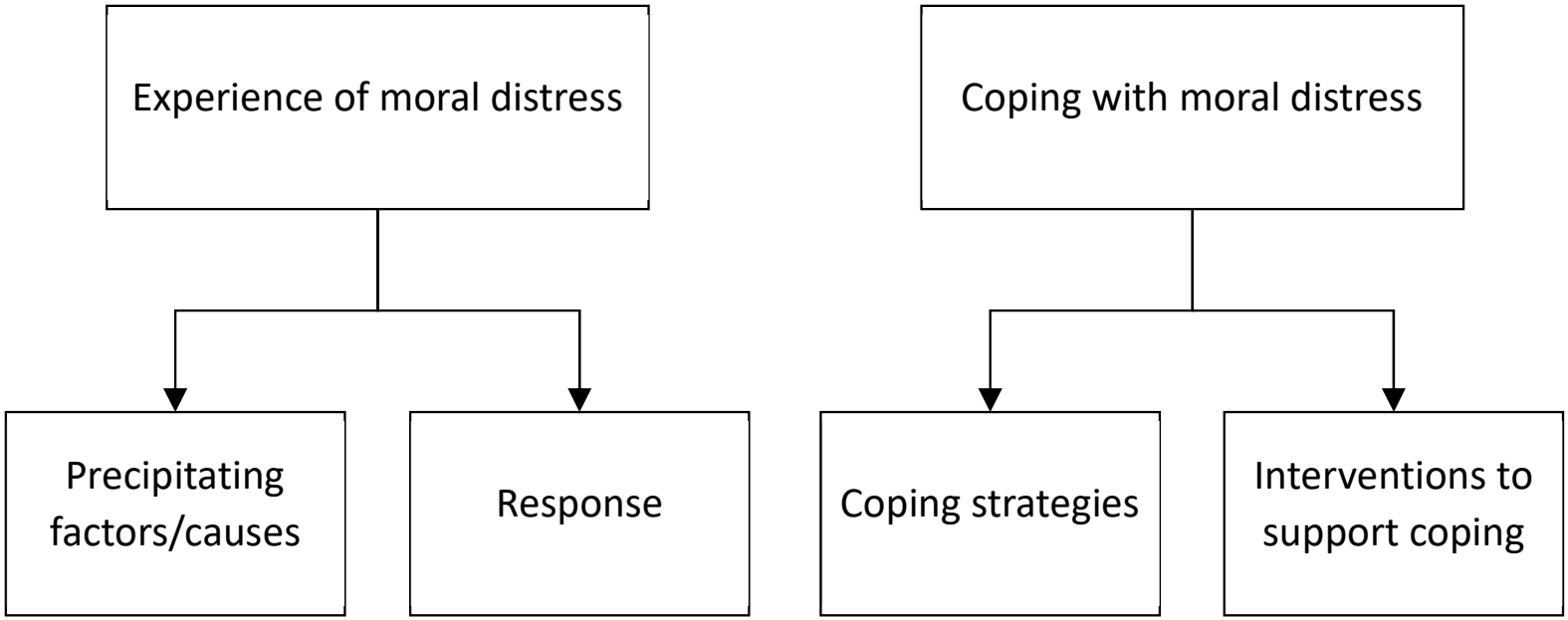
	Nurses		Doctors	
Situation	**Mean (SD)**	**Rank**	**Mean (SD)**	**Rank**
Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it.	9.24 (4.62)	1	5.98 (3.38)	4
Experience compromised patient care due to lack of resources/equipment/bed capacity.	8.1 (5.15)	2	7.29 (5.25)	2
Have excessive documentation requirements that compromise patient care.	7.51 (5.46)	3	3.92 (3.99)	8
Follow the family's insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient.	7.45 (4.24)	4	7.45 (4.40)	1
Be required to work with abusive patients/family members who are compromising quality of care.	6.82 (4.82)	5	4.03 (3.93)	7
Be required to care for more patients than I can safely care for.	6.60 (4.95)	6	6.02 (5.30)	3
Be required to work with other healthcare team members who are not as competent as patient care requires.	6.25 (4.87)	7	3.02 (3.57)	15
Witness healthcare providers giving "false hope" to a patient or family.	5.62 (4.05)	8	4.82 (3.73)	6
Be required to care for patients who have unclear or inconsistent treatment plans or who lack goals of care.	5.57 (4.71)	9	3.75 (3.37)	10
Feel pressured to order or carry out orders for what I consider to be unnecessary or inappropriate tests and treatments.	5.31 (4.17)	10	3.88 (3.25)	9
*Experience lack of administrative action or support for a problem that is compromising patient care.	4.89 (4.53)	11	5.10 (5.33)	5
Witness low quality of patient care due to poor team communication.	4.79 (4.11)	12	3.30 (2.72)	14
Watch patient care suffer because of a lack of provider continuity.	4.57 (4.62)	13	3.37 (3.30)	13
Participate on a team that gives inconsistent messages to a patient/family.	3.84 (3.86)	14	2.10 (2.45)	19
Fear retribution if I speak up.	3.72 (4.74)	15	2.20 (3.74)	17

Be unable to provide optimal care due to pressures from administrators to reduce costs.	3.65 (4.96)	16	2.38 (4.07)	16
*Participate in care that causes unnecessary suffering or does not adequately relieve pain or symptoms.	3.57 (3.64)	17	3.62 (3.06)	11
Feel required to overemphasize tasks and productivity or quality measures at the expense of patient care.	3.36 (4.16)	18	1.82 (2.68)	20
Work within power hierarchies in teams, units, and my institution that compromise patient care.	2.98 (4.12)	19	1.80 (3.11)	21
Follow a physician's or family member's request not to discuss the patient's prognosis with the patient/family.	2.97 (2.93)	20	1.45 (2.02)	23
*Participate in care that I do not agree with, but do so because of fears of litigation.	2.76 (3.55)	21	3.50 (4.35)	12
Feel unsafe/bullied amongst my own colleagues.	2.27 (4.16)	22	0.825 (1.63)	27
Feel pressured to ignore situations in which patients have not been given adequate information to ensure informed consent.	2.12 (3.56)	23	1.75 (2.72)	22
*Be required to care for patients whom I do not feel qualified to care for.	2.00 (2.94)	24	2.17 (2.60)	18
Work with team members who do not treat vulnerable or stigmatized patients with dignity and respect.	1.96 (3.03)	25	0.925 (1.85)	26
Witness a violation of a standard of practice or a code of ethics and not feel sufficiently supported to report the violation.	1.25 (2.41)	26	1.08 (2.22)	24
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.	1.10 (1.74)	27	1.00 (1.87)	25

Supplementary Table 3 Logistic regression model variables and association with the ordinal dependent variable of intention to leave previous post due to moral distress (No, Considered but didn't leave, Left) in univariable and multiple analyses. Italics and * indicate statistically significant association. (OR=Odds Ratio, CI=Confidence Interval)

Variable	**Univariable OR (95% CI)**	***p*-value**	**Multivariable OR (95% CI)**	***p*-value**
Age (per year)	1.021 (0.994 – 1.049)	0.128	1.040 (0.992 – 1.093)	0.106
ICU experience (per year)	1.018 (0.989 – 1.049)	0.226	0.965 (0.914 – 1.019)	0.201
Gender				
Male	Ref	Ref	Ref	Ref
Female	*1.914 (1.025 – 3.629)*	*0.0436**	1.188 (0.554 – 2.560)	0.659
Profession				
Other	Ref	Ref	Ref	Ref
Nurse	*1.845 (1.017 – 3.386)*	*0.0455**	1.460 (0.705 – 3.059)	0.310
Hospital type				
District general	Ref	Ref	Ref	Ref
Tertiary care	1.707 (1.002 – 2.929)	0.0504	1.738 (0.937 – 3.249)	0.0805
Moral distress total (per unit)	*1.010 (1.006 – 1.015)*	*0.0000113**	*1.009 (1.004 – 1.014)*	*0.00122**

Supplementary Figure 1 Qualitative analysis content area flowchart.



Supplementary Figure 2 Multivariable logistic regression model prediction of intention to leave current post due to moral distress.