NURSES' MORAL DISTRESS IN THE CARE OF OLDER PERSONS AT THE END-OF-LIFE: THE IMPORTANCE OF CARE SETTING AND INVOLVEMENT IN END-OF-LIFE DECISIONS

Ruth Piers[1], Magali Dewitte[1], Els Steeman[2,] Kim Clinquant[3], Mirko Petrovic[1], Anja Velghe[1], Nele Van Den Noortgate[1]

[1]Department of Geriatrics Ghent University Hospital, Ghent, Belgium, [2] Department of Social Health and Nursing Sciences, Ghent University, Ghent, Belgium, [3]

Aims

Moral distress (MD) occurs when the healthcare provider feels certain of the ethical course of action but is constrained from taking that action. Purpose of this pilot project is identifying risk factors for MD and exploring differences between settings.

Method

Nurses were recruited from 3 hospitals (response rate (RR) =103/191) and 20 nursing homes (RR=119/197) in Flanders. MD was assessed with a self-report questionnaire, adapted from the Moral Distress Scale (Corley, 2001).

Results

The mean score on a scale from 0 to 4 per item for *frequency* and *intensity* is 1.1 and 2.3 respectively. The *product score* reflects the actual experienced MD. Highest ranked are situations involving futile care (unwarranted continuing of life support (mean product score 4.8), parenteral feeding (3.6), tests and treatments (4.4)) and working together with incompetent colleagues (4.34). Responding to request for euthanasia (0.76) and hastening patient's death by increasing morphine (1.16) are least causing MD.

There is a difference between settings in MD frequency scores (21.4 in geriatric wards versus 16.9 in nursing homes, $p<0.001$) but not in intensity scores (41.2 versus 40.2, $p=0.596$). After adjustment for sociodemographic factors; geriatric ward ($B=5.384$, $p=0.008$) and lack of involvement of nurses in end-of-life decisions ($B=13.566$, $p=0.039$) were associated with MD.

Conclusion

Aggressive and inadequate care at end-of-life mostly cause MD in geriatric nurses rather than euthanasia and disuse of pain medication. MD situations occur more frequently in geriatric wards compared to nursing homes. Another important contributing factor is lack of engagement in end-of-life decisions by nurses.

Note
Fundation by the the Special Research Fund UGent