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Nursing Leadership Panel: The Relationship between Moral Injury, Moral Resilience, and the Healthy Work Environment among ICU Nurses: Implications for Nurse Leaders

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The Relationship between Moral Injury,
Moral Resilience, and the Healthy Work
Environment among ICU Nurses:
Implications for Nurse Leaders

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Wilkes University
PASSAN SCHOOL OF NURSING

Objectives

1. To identify potentially morally injurious events (PMIE) in nursing practice
2. To describe the relationship between MI, MR, and HWE among ICU nurses
3. To identify implications for practice for nurse leaders



Nursing is a Moral Profession



(American Nurses Association 2015, 2022)

Code of Ethics states the nurse:

- Advocates for the health, safety, and rights of the patient and respects the inherent dignity of every individual
- Owes the same duty to self as to others to preserve personal integrity

Moral obligation exists when:

- Patient is at risk if the nurse does not intervene

Background – Moral Injury



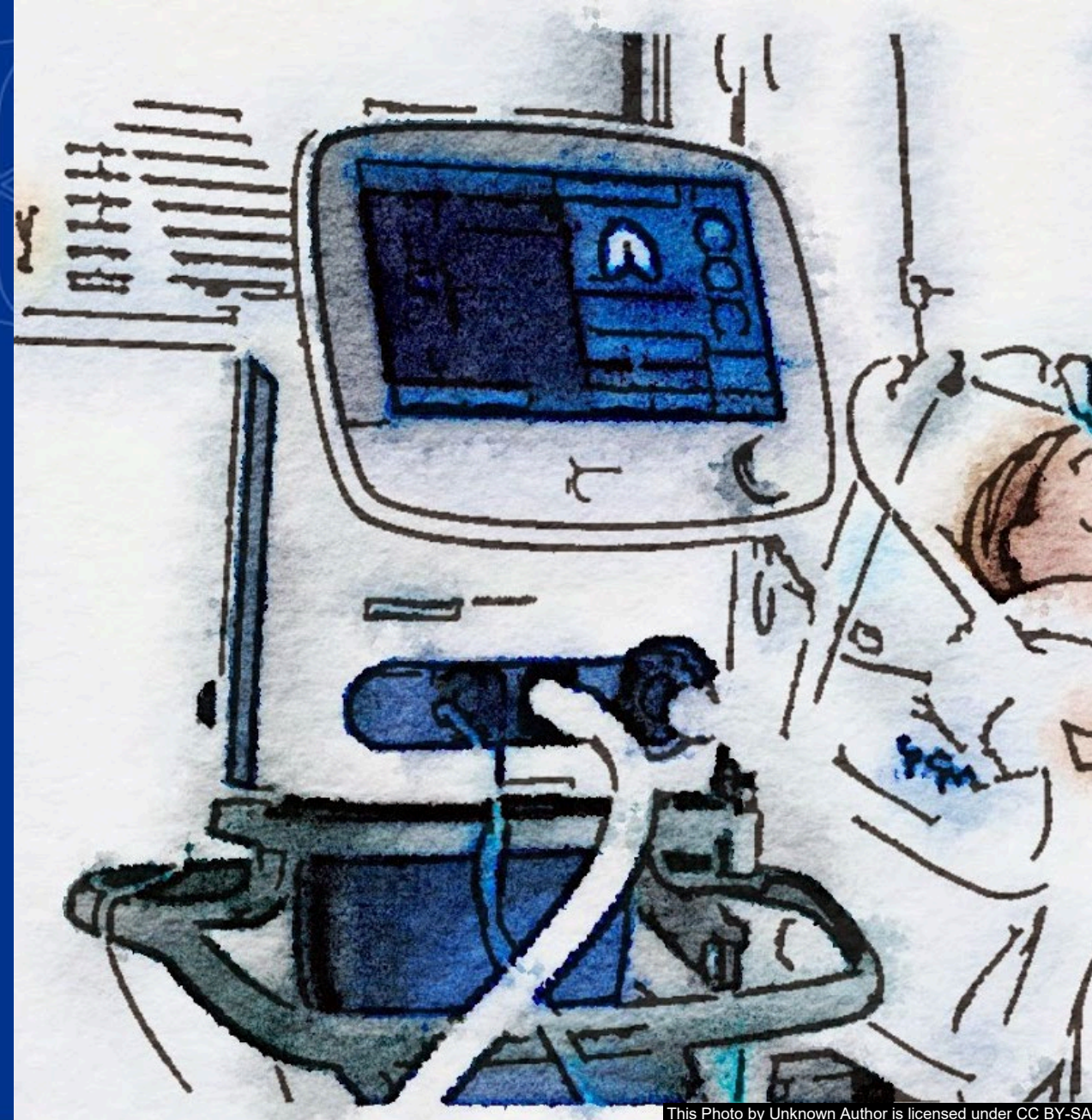
- First identified in military populations
- May evolve after potentially morally injurious events (PMIE)
- Characterized by shame and guilt
- Associated with anxiety, depression, burnout, suicidality, turnover
- Emerging concept in nursing
- High prevalence found in nurses during the COVID-19
- ***Not*** a pandemic-only phenomenon
- ICU nurses care for patients at the boundary between life and death with complex moral and ethical dimensions to the care
- *Little is known about MI in ICU nurses*

(Griffin et al., 2018, 2023; Gormez et al., 2021; Hossain & Clatty, 2021; Koenig et al., 2018; Mantri et al., 2020; Rushton et al., 2022; Shay, 1994)



Potentially Morally Injurious Events (PMIE) Case Scenario – June’s Story

- Caring for young mother
 - Advanced cancer
 - Respiratory distress
 - Desire not to be intubated

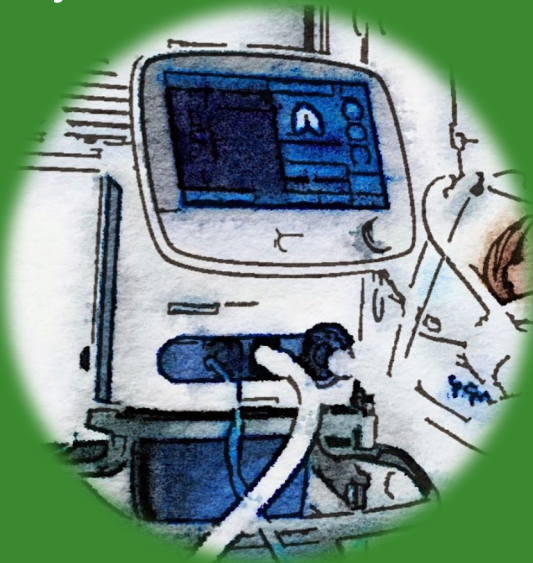


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PMIE

Potentially Morally Injurious Events

- Acts of:
 - Commission – Medication error
 - Omission – Failing to prevent reintubation
 - Bearing witness – Seeing violation of autonomy



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Definitions

Moral Injury

The adverse long-lasting psychological and spiritual responses to the commission, omission or bearing witness to actions that violate ones deeply held moral beliefs



Moral Resilience

The capacity of an individual to sustain or restore their integrity in response to moral adversity



Healthy Work Environment

The practice environment wherein nurses are supported to provide ethical care with sufficient skills, resources, accountability, and authority to deliver optimal outcomes for patients and families



(Barden, 2016; Griffin et al., 2019; Hossain & Clatty, 2021; Mantri et al., 2020; Rushton, 2028; U.S. Department of Veterans Affairs, 2022)

Literature Review – Moral Injury

MI prevalence in nurses 38.1% -73%

MI associated with:

- Institutional betrayal
- Moral Distress
- Burnout
- Anxiety
- Depression
- Poor well-being
- PTSD
- Suicidal ideation
- Turnover intention



MI leads to:

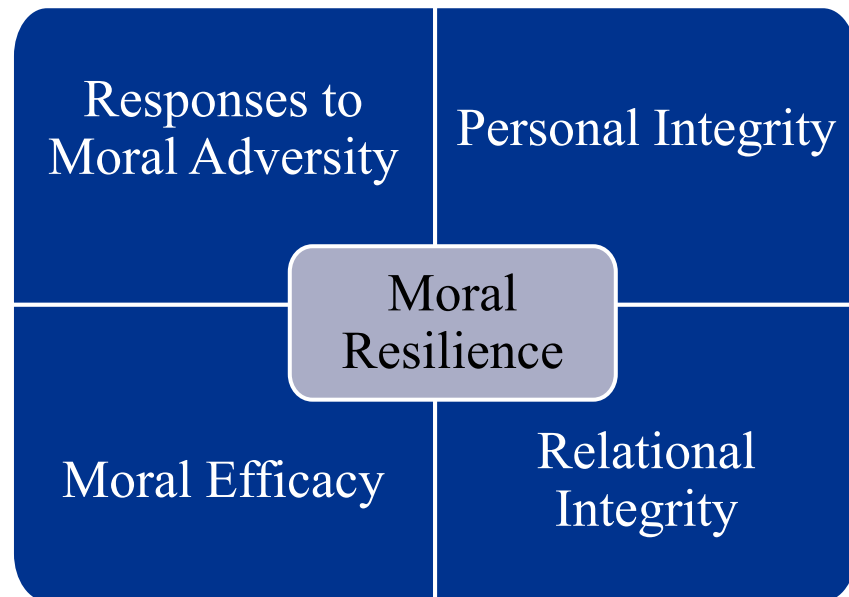
- Erosion of professional and personal identity

“Those things that you are asked about - why you want to be a nurse - and everyone says it’s because I want to care for people. When you are unable to do that... it really hits you, it hurts your heart.”

(Amsalem et al., 2021; Berdida, 2023; Dale et al., 2021; Fitzpatrick et al., 2022; Kok et al., 2023; Griffin et al., 2023; Heesakkers et al., 2021; Hegarty et al., 2022; Hines et al., 2020; Holtz et al., 2023; Jovarauskaite et al., 2022; Lamb et al., 2021; Mantri et al., 2020; Song et al., 2021; Stovall et al., 2020; Taylor et al., 2023; Wang et al., 2020)

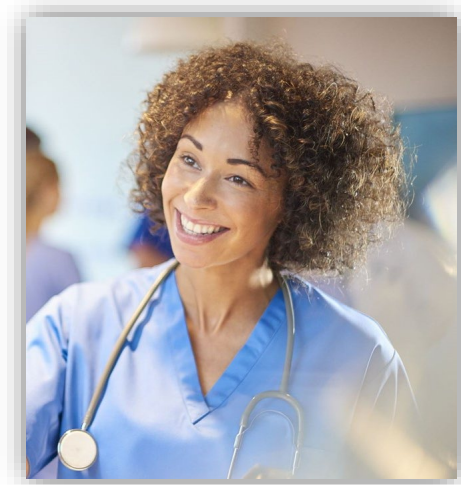
Literature Review – Moral Resilience

Rushton Moral Resilience Scale: *Four-factor model*



Inverse relationships:

- Moral injury
- Moral distress
- Burnout
- Anxiety
- Depression
- Turnover intent
- Ethical concerns



Positive relationships:

- Moral courage
- Perceived support
- Organizational effectiveness

(Antonsditter et al., 2022; Berdida, 2023; Heinze et al., 2021; Holtz et al., 2018, 2023; Rushton, 2018; Rushton et al., 2021; 2022a, 2022b; Spilg et al. 2022; Stutzer & Rodriguez, 2020)

Literature Review – Healthy Work Environment



AACN Healthy Work Environment Model

Skilled Communication

True Collaboration

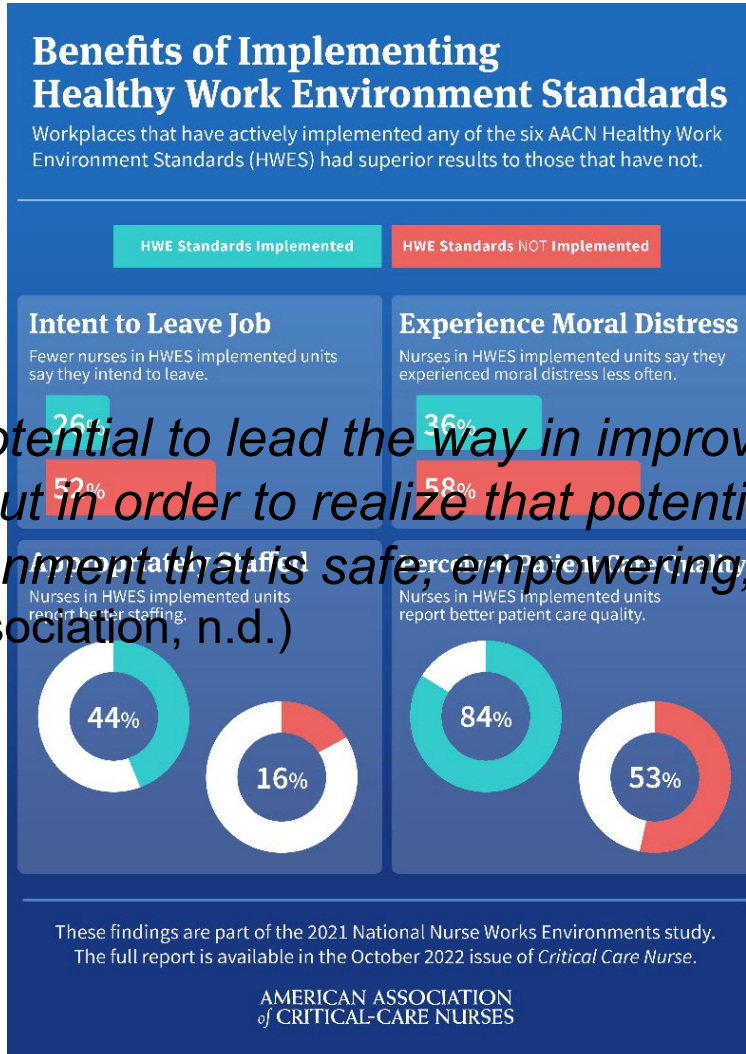
Effective Decision Making

Appropriate Staffing

Meaningful Recognition

Authentic Leadership

“Nurses have the potential to lead the way in improving health and health care for all, but in order to realize that potential they must operate in an environment that is safe, empowering, and satisfying.”
(American Nurses Association, n.d.)



Major Benefits:

Nurses’ psychological health and well-being

Job performance and productivity

Patient care quality

Patient safety

Effectiveness of nurse leadership

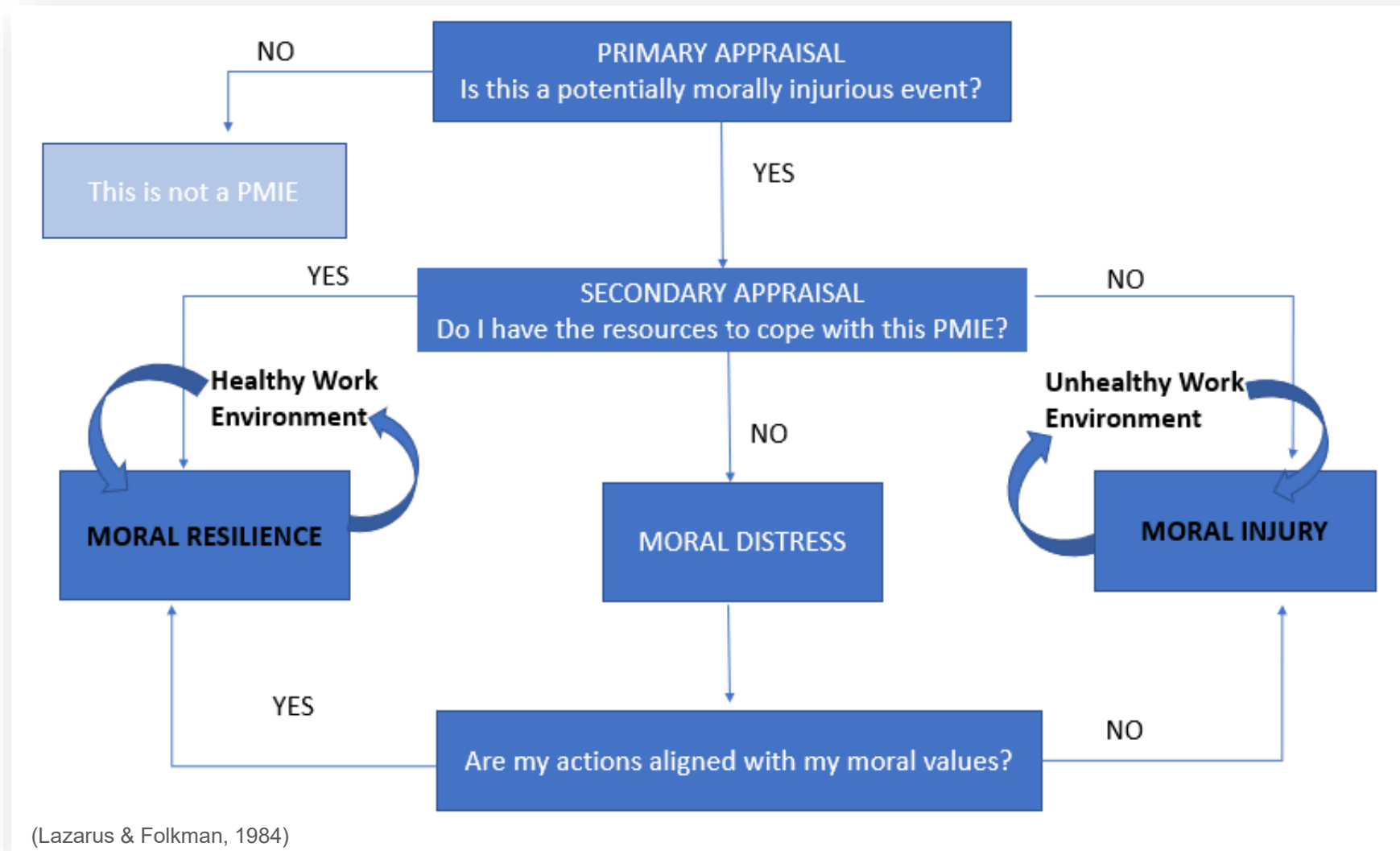
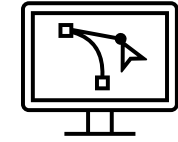
(Barden, 2016; Pun et al., 2022; Ulrich et al., 18, 2022; Wei et al., 2018)

Purpose

- To describe the prevalence of MI among ICU nurses
- To describe the relationships between MI, MR, and HWE among ICU nurses



Conceptual Model



(Lazarus & Folkman, 1984)

- Based on Lazarus and Folkman's Transactional Model of Stress and Coping
- Hypothesizes MR and HWE help nurses cope with PMIE

Methodology & Research Design

Quantitative approach

Multisite cross-sectional survey design

REDCap data collection and storage

SPSS data analysis



Sampling & Recruitment Strategy

Population:

- ICU nurses caring for adult patients in dedicated ICU in Providence
- Direct care RN or nurse leader
- At least 12 months on unit

Sample:

- Convenience
- Power analysis determined sample size of 123

Recruitment:

- Email invitation via REDCap
- QR code on Recruitment flyer
- Rounding by local site investigator



SEEKING ICU RN TO PARTICIPATE IN NURSING RESEARCH!

MORAL INJURY, MORAL RESILIENCE, AND THE HEALTHY WORK ENVIRONMENT AMONG ICU NURSES

10-15 minute survey!

What is moral injury?

- You encounter morally complex situations every day. If your actions in those situations violate your deeply held ideas of what is right and wrong, you are at risk for moral injury
- Moral injury is characterized by feelings of shame and guilt
- Moral injury can cause psychological and spiritual distress, poor work performance, and relationship problems

What is moral resilience?

- Moral resilience is your ability to maintain or restore your integrity when faced with moral challenges

What is the healthy work environment?

- Your practice environment measured by the communication and collaboration of your team, nursing leadership culture, appropriate staffing, and meaningful recognition

Eligibility requirements:

- ICU RN or ICU nurse leader
- Permanent (not traveler) staff
- Full-time, part-time, per diem
- Caring for adult patients
- At least 12 months experience on unit

You can help us to learn about the relationships between moral injury, moral resilience and the work environment

Moral Injury **Moral Resilience** **Healthy Work Environment**

Participation in this study is completely voluntary and you may withdraw at any time. All participants will remain anonymous and participation will have no effect on your employment status

Principle Investigator
Sarah Sumner MSN RN CCRN OCN CHPN
If you have questions, please contact:
Sarah.Sumner@providence.org

For more information or to get started, scan the QR code.

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Instruments

Moral Injury Symptom Scale – Healthcare Professional

- 10 item (10 point) Likert scale
- Cronbach alpha 0.75
- Cutoff score > 36

MI Dimensions:

- Betrayal
- Guilt
- Shame
- Moral concerns
- Religious struggle
- Loss of religious/spiritual faith
- Loss of meaning/purpose
- Difficulty forgiving
- Loss of trust
- Self-condemnation



Rushton Moral Resilience Scale

- 16 item (4 point) Likert scale
- Higher scores = Higher resilience
- Cronbach alpha 0.84

4 Factor Model

- Response to moral adversity
- Personal integrity
- Relational integrity
- Moral efficacy



Healthy Work Environment Assessment Tool

- 18-item (5 point) Likert Scale
- Higher scores = Better perception of work environment
- Cronbach alpha 0.77

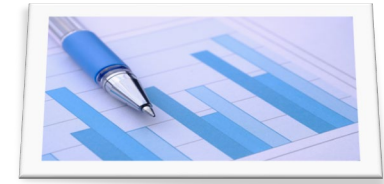
6 Standard Model

- Skilled communication
- True collaboration
- Effective decision-making
- Appropriate staffing
- Authentic leadership

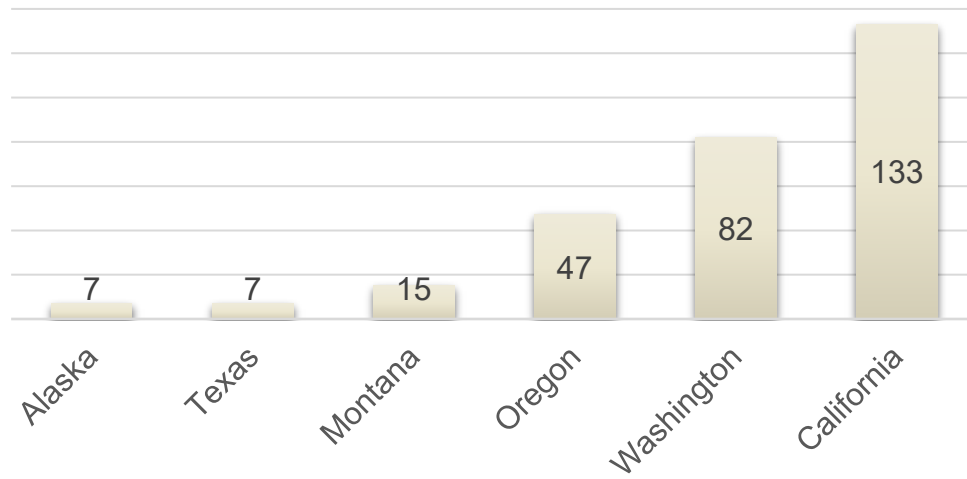


Results – Demographics

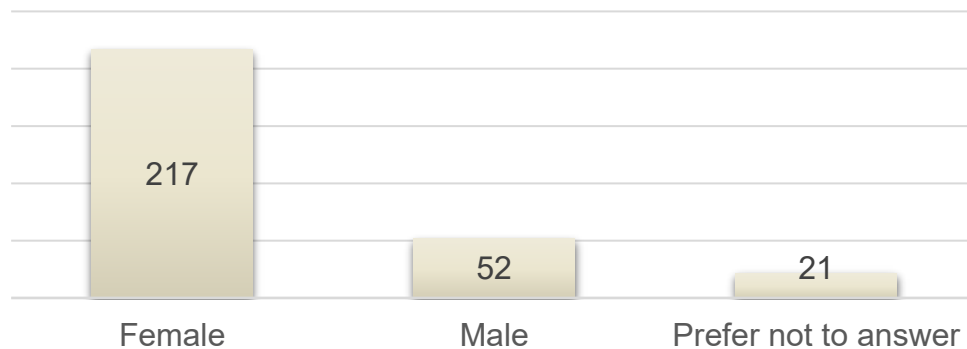
304 Participants



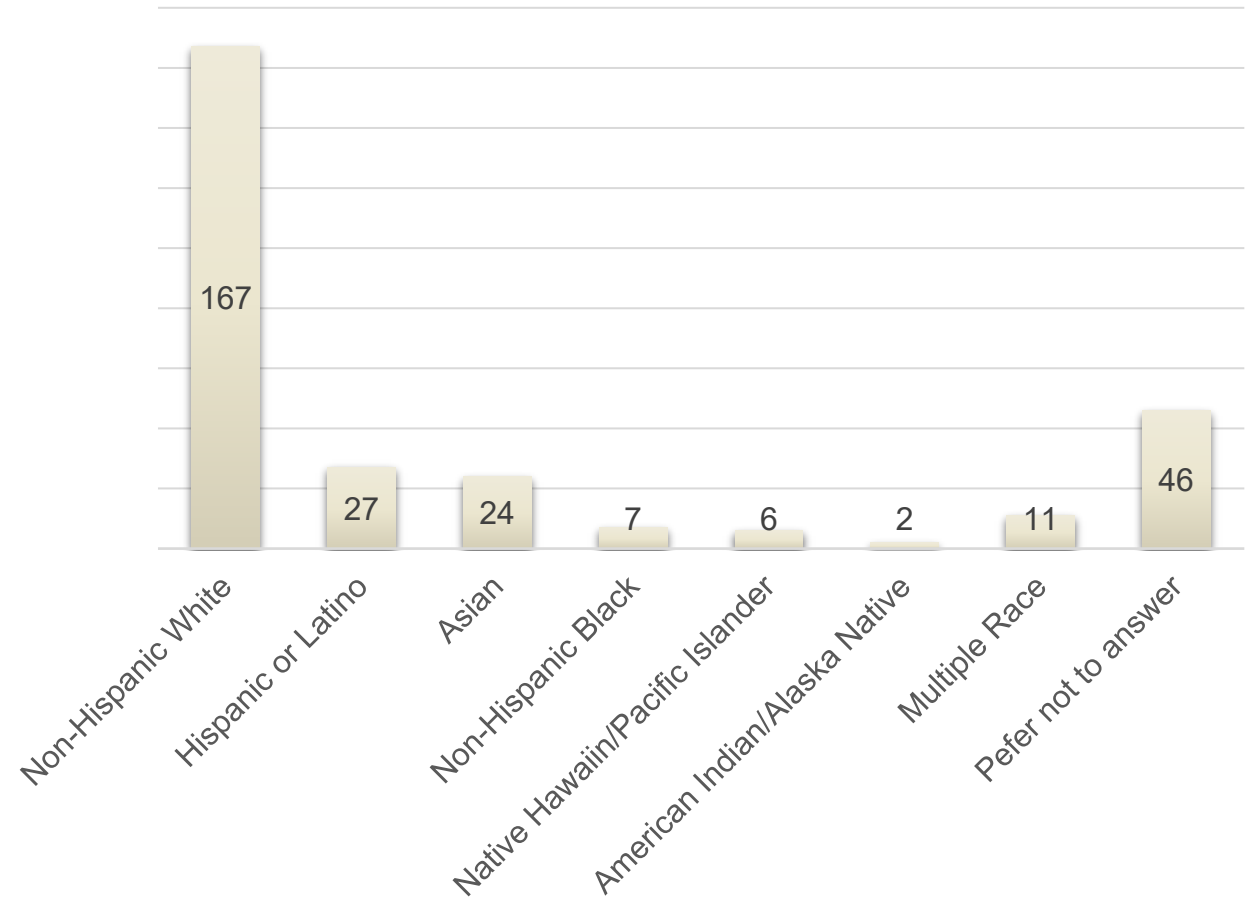
State



Gender

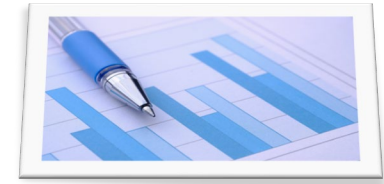


Race

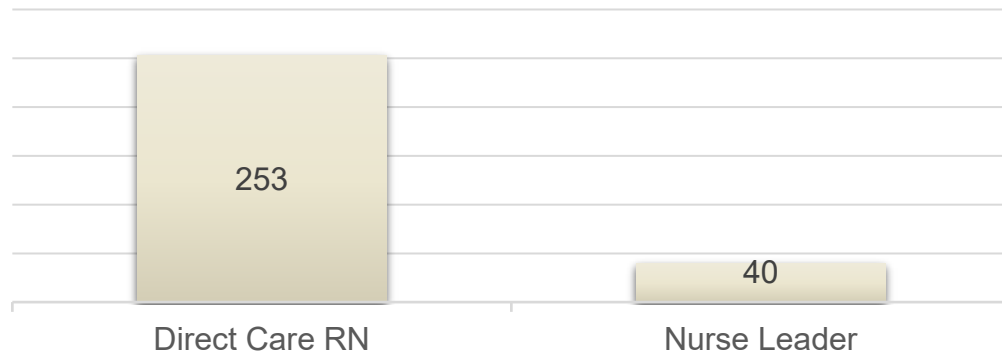


Results – Demographics

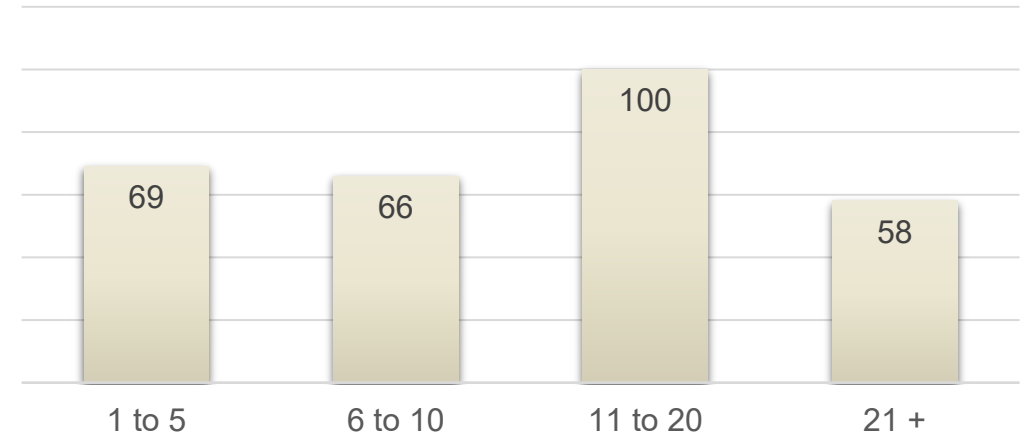
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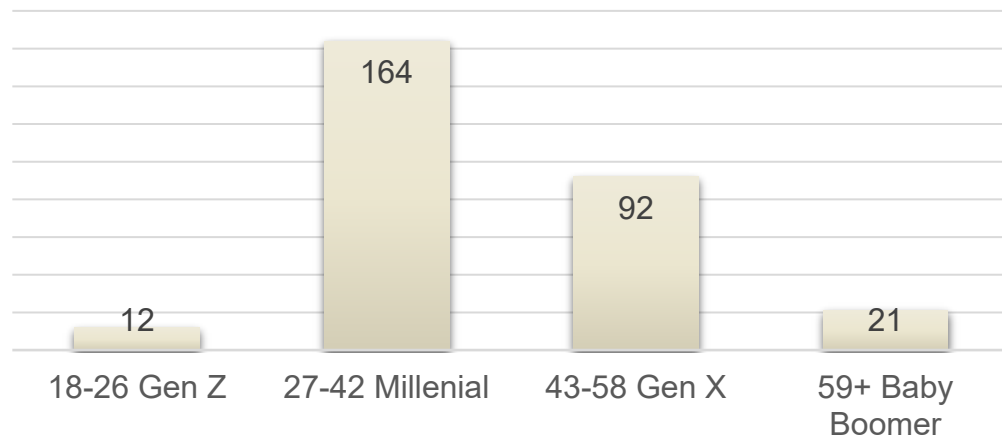
Job Role



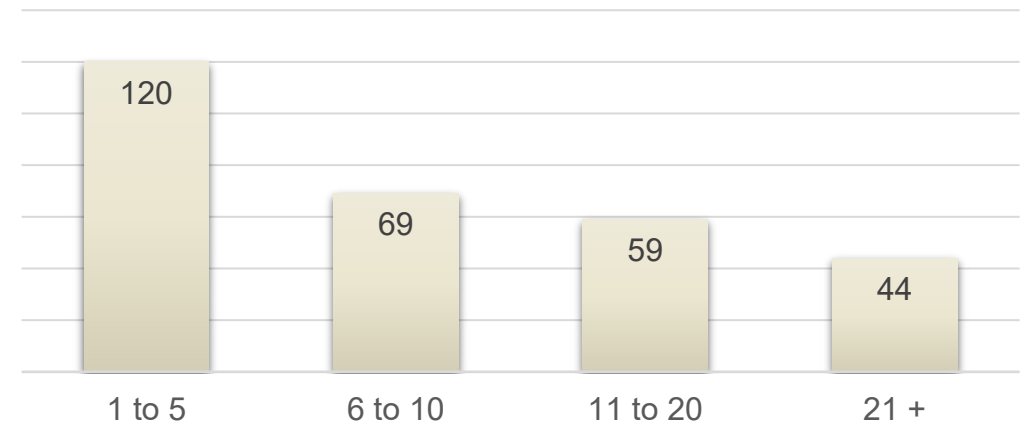
Total YOE



Age/Generation

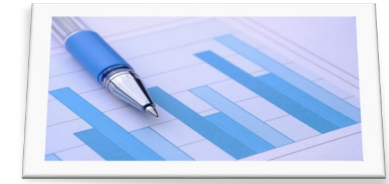


Years ICU Experience

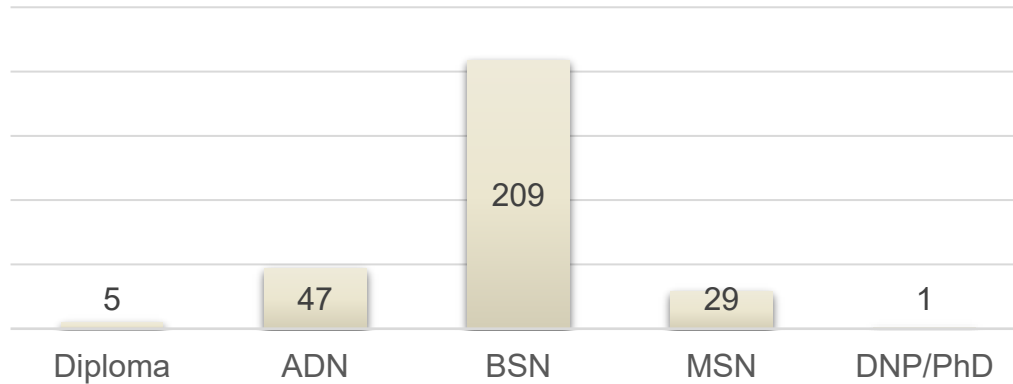


Results – Demographics

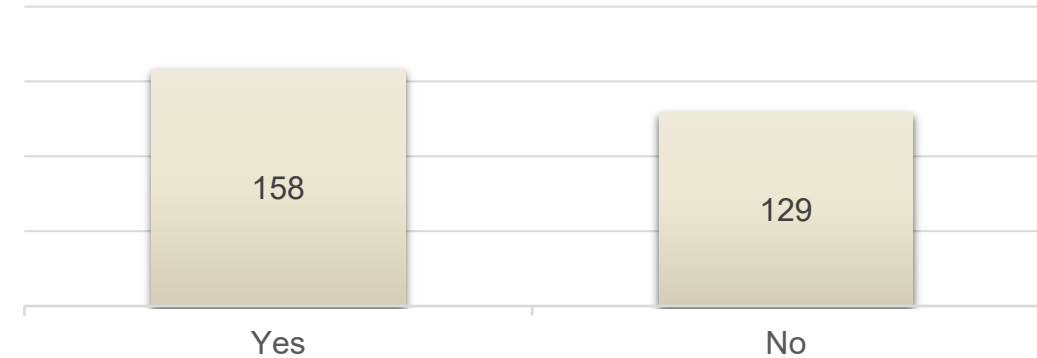
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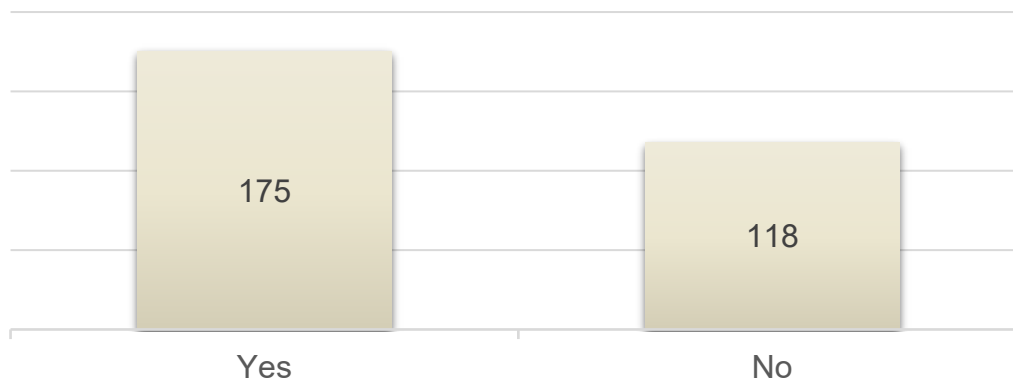
Highest Nursing Degree



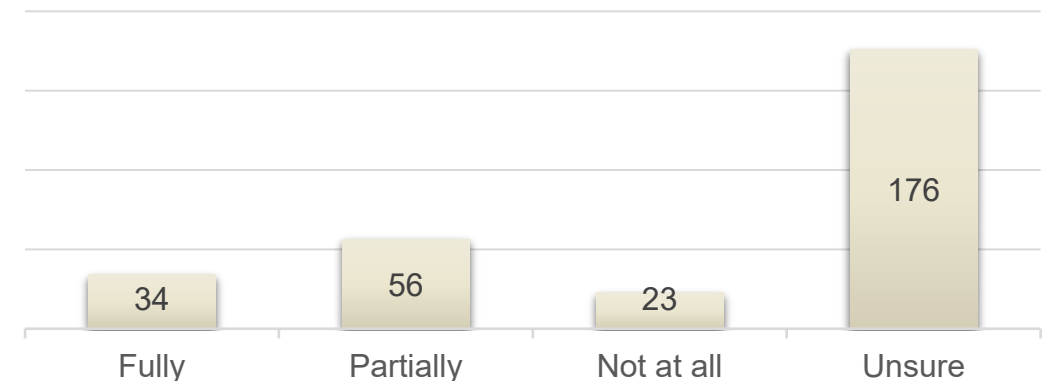
Specialty Certification



Magnet Designation

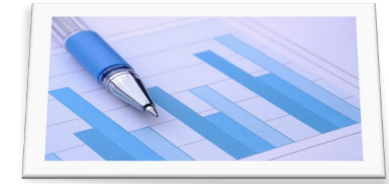


HWE Standards Implemented

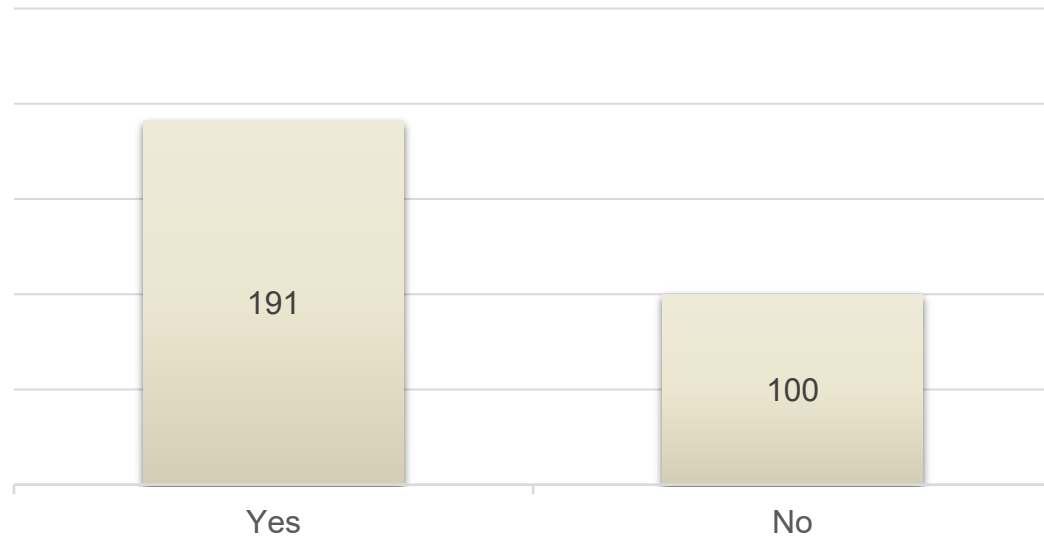


Results – Demographics

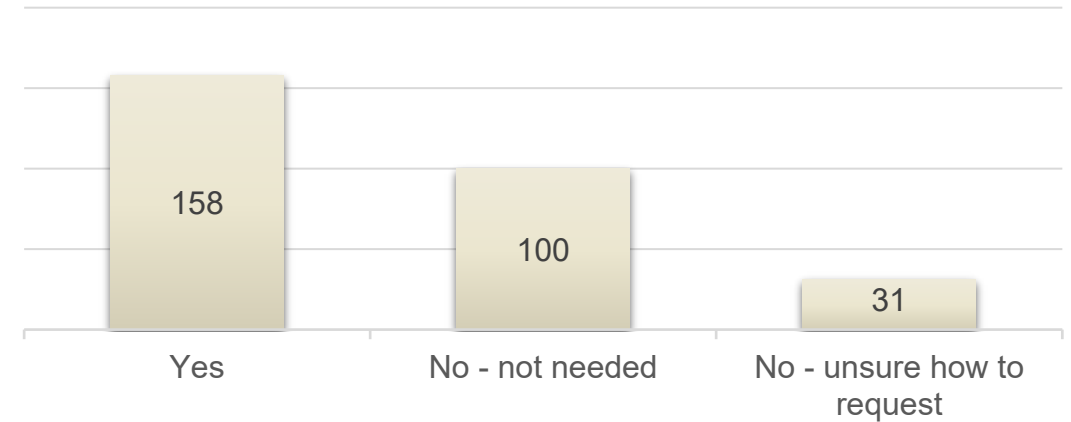
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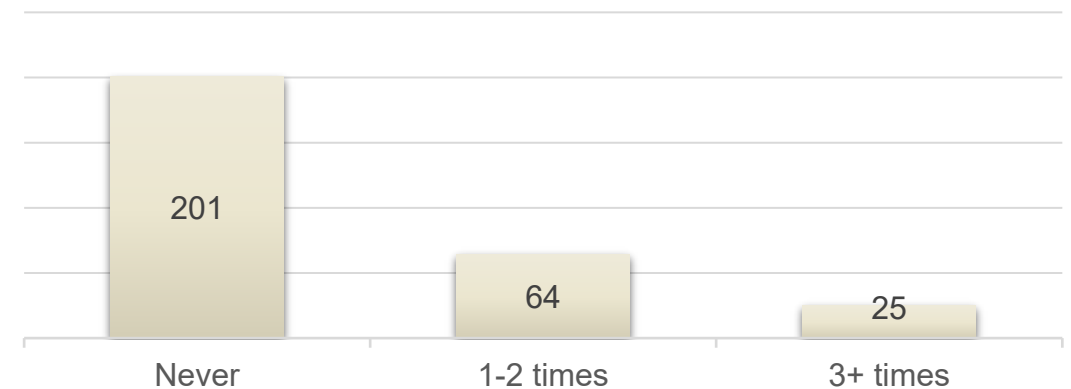
Ethics Education



Requested Ethics Consult

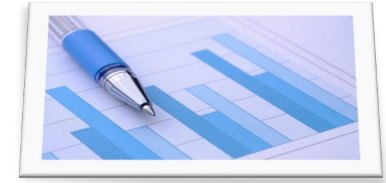


Participated in Ethics Consult

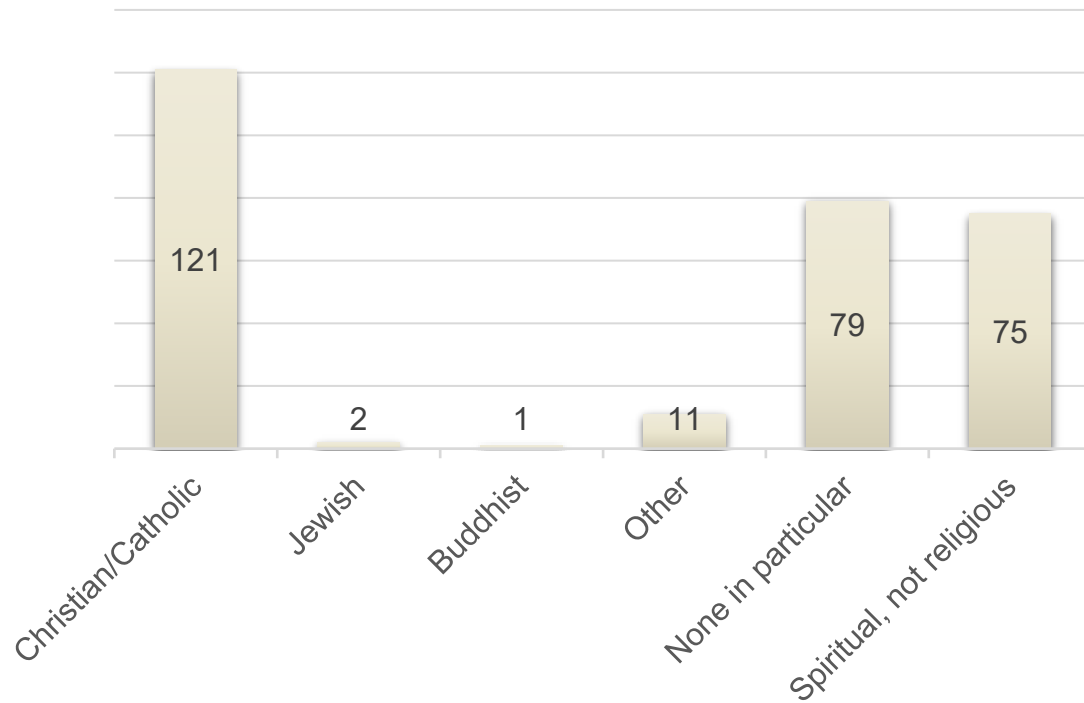


Results – Demographics

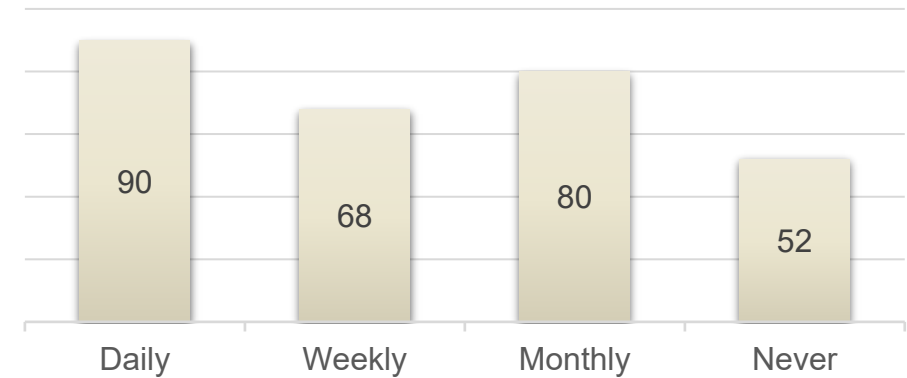
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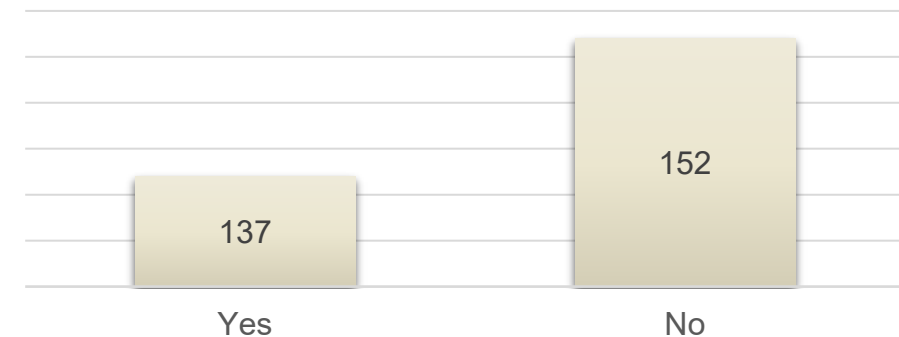
Religious Identification



Interactions with Hospital Chaplains



Mindfulness Training



Results - Scale Scores

Moral Injury Symptom Scale – Healthcare Professional

- 10 item (10 point) Likert scale
- Range 10 - 100
- Cronbach alpha 0.75
- Higher scores = Worse MI
- Cutoff score ≥ 36

- Cronbach alpha 0.75
- Mean 38.42 / Median 38.00
- MI ≥ 36 , n = 169 (55.6%)



Rushton Moral Resilience Scale

- 16 item (4 point) Likert scale
- Range 1 - 4
- Higher scores = Higher MR
- Cronbach alpha 0.84

- Cronbach alpha 0.83
- Mean 2.97 / Median 2.94



Healthy Work Environment Assessment Tool

- 18-item (5 point) Likert Scale
- Range 1 - 5
- Higher scores = Better perception of HWE
- Cronbach alpha 0.77

- Cronbach alpha 0.93
- Mean 3.08 / Median 3.11



Moral Injury Scale – Healthcare Professional Scores –

Range 10-100, cutoff score ≥ 36

MISS-HP Item	Mean	Standard Deviation
I feel betrayed by other health professionals whom I once trusted.	3.89	2.78
I feel guilt over failing to save someone from being seriously injured or dying.	4.82	2.79
I feel ashamed about what I've done or not done when providing care to my patients.	4.11	2.64
I am troubled by having acted in ways that violated my own morals or values.	4.28	2.80
Most people with whom I work as a health professional are trustworthy.	3.03	1.96
I have a good sense of what makes my life meaningful as a health professional.	3.39	2.37
I have forgiven myself for what's happened to me or to others whom I have cared for.	4.32	2.27
All in all, I am inclined to feel that I'm a failure in my work as a health professional.	2.56	2.26
I sometimes feel God is punishing me for what I've done or not done while caring for patients.	1.67	1.48
Compared to before I went through these experiences, my religious/spiritual faith has strengthened.	6.42	2.74
Total MISS-HP Score	38.36	13.45

Rushton Moral Resilience Scale – Range 1-4; higher scores = greater MR

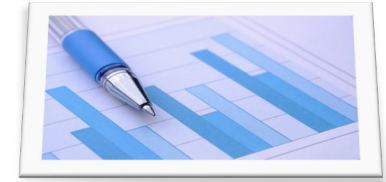
RMRS Item	Mean	Standard Deviation
I voice my ethical concerns in a way that others take seriously.	3.20	.74
No matter the situation I do what is consistent with my values.	3.12	.85
Difficult ethical situations leave me feeling powerless.	2.04	.93
I have the conviction to act in accordance with my values.	3.38	.71
I am overwhelmed by persistent ethical conflicts.	2.78	.91
I take responsibility for my choices.	3.79	.44
After facing a challenging ethical situation, lingering distress weighs me down.	2.28	.95
I have the courage to take action when others resist.	3.09	.72
When confronted with an ethical challenge, I push myself beyond what is healthy for me.	2.55	.95
When I am confronted with an ethical challenge, I can articulate the ethical conflict.	3.24	.67
I tend to be distracted by others' strong emotions when ethical conflicts occur.	2.81	.89
I am confident in my ability to reason through ethical challenges in my professional role.	3.26	.66
When others criticize my opinions, I compromise my values.	3.16	.85
I would rather avoid conflict with those who have more authority than I do than act in accordance with my values.	2.76	.99
I can think clearly when confronting an ethical challenge, even when I feel pressured.	2.97	.75
My fear can cause me to act in a way that compromises my values.	3.12	.90
Total RMRS score	2.97	.43

Healthy Work Environment Assessment Tool –

Range 1-5, with ≥ 3 = good environment

HWEAT Item	Mean	Standard Deviation
Administrators, nurse managers, physicians, nurses and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.	3.24	1.10
Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.	3.05	1.16
Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.	2.86	1.25
The formal reward and recognition systems work to make nurses and other staff feel valued.	2.36	1.18
Most nurses and other staff here have a positive relationship with their nurse leaders (managers, directors, advanced practice nurses, etc.).	3.38	1.02
Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words - they "walk their talk."	3.11	.99
Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.	3.38	.96
Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.	2.95	1.15
Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know when they've done a good job.	3.16	1.06
Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.	2.62	1.13
The right departments, professions, and groups are involved in important decisions.	2.98	1.02
Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patient and family care.	2.77	1.11
Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrate an understanding of the requirements and dynamics at the point of care and use this knowledge to work for a healthy work environment.	3.03	1.08
Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.	3.03	1.21
When administrators, nurse managers, and physicians speak with nurses and other staff, it's not one-way communication or order giving. Instead, they seek input and use it to shape decisions.	3.22	.98
Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.	3.65	.87
There are motivating opportunities for personal growth, development, and advancement.	3.28	1.03
Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.	3.36	.84
Total HWEAT Score	3.08	.73

Correlation Analysis



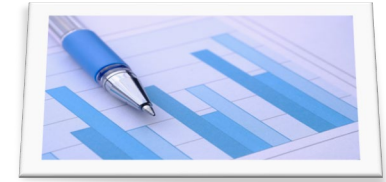
Correlations and Confidence Intervals

	Pearson Correlation	Sig. (2- tailed)	95% Confidence Intervals (2- tailed)	
			Lower	Upper
MI - MR	-.58**	.000	-.65	-.50
MI - HWE	-.40**	.000	-.49	-.30
MR - HWE	.26**	.000	.15	.36

Note. **. Correlation is significant at the 0.01 level (2-tailed).

- Strong inverse relationship between MI & MR
- Moderate inverse relationship between MI & HWE
- Weak positive relationship between MR & HWE

Regression Analysis



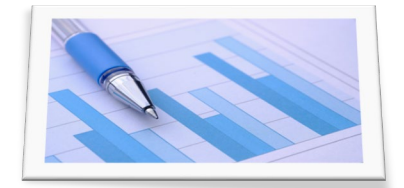
Coefficients for MR and HWE

Model		Unstandardized Coefficients			95.0% Confidence Interval for B	
		B	Std. Error	Sig.	Lower Bound	Upper Bound
1	(Constant)	99.27	4.55	.000	90.32	108.22
	MR	-15.36	1.47	.000	-18.26	-12.46
	HWE	-4.93	.87	.000	-6.64	-3.22

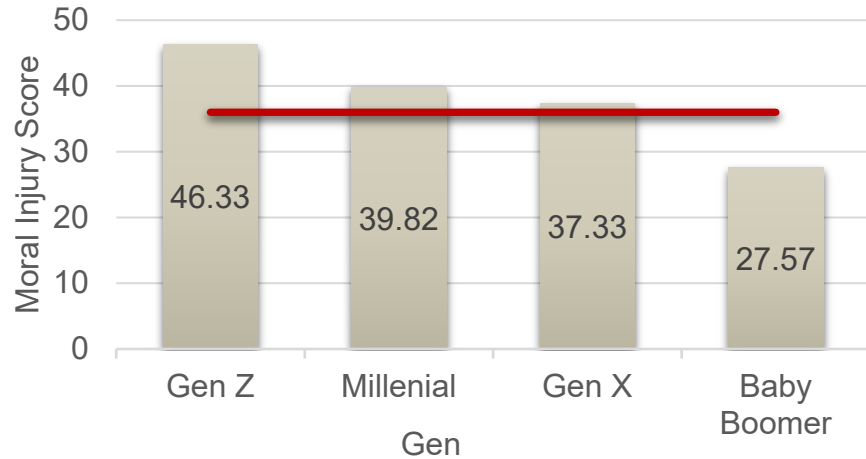
Note. Outcome Variable: MI

- Model to predict MI based on MR and HWE statistically significant:
MI, $F(2, 292) = 91.75, p < .001$ with an R^2 of .38
- MI decreased 15.36 points for each one-point increase MR score and decreased 4.93 points for each one-point increase in HWE score.

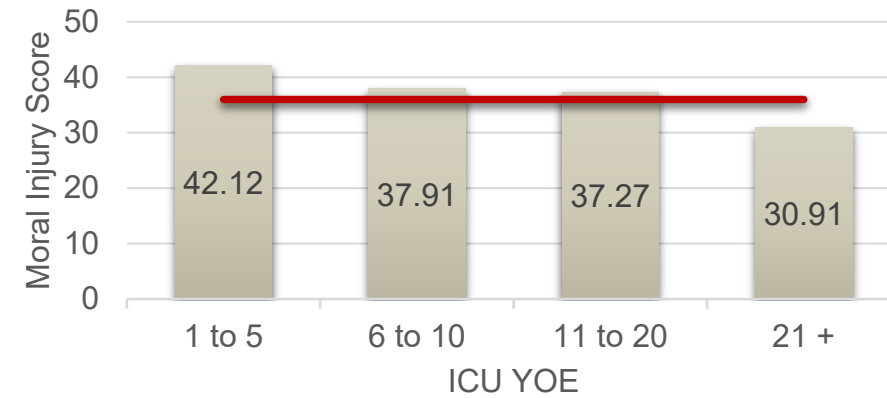
MI Score – Differences by Demographics ($p < .001$)



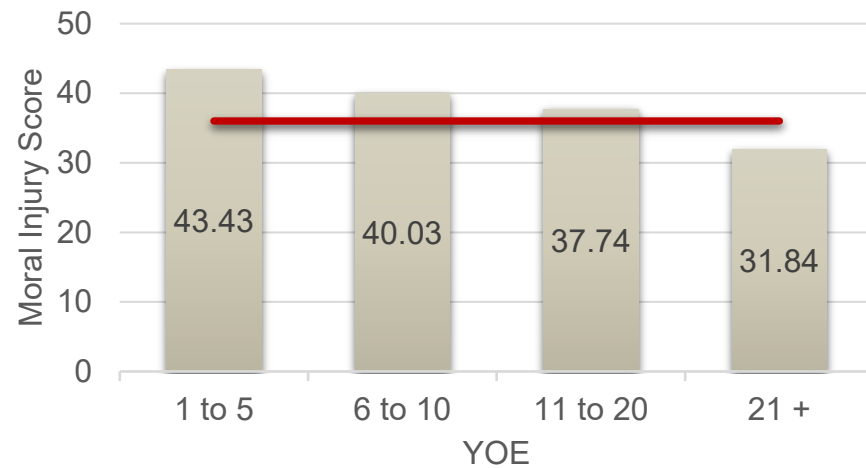
Generation



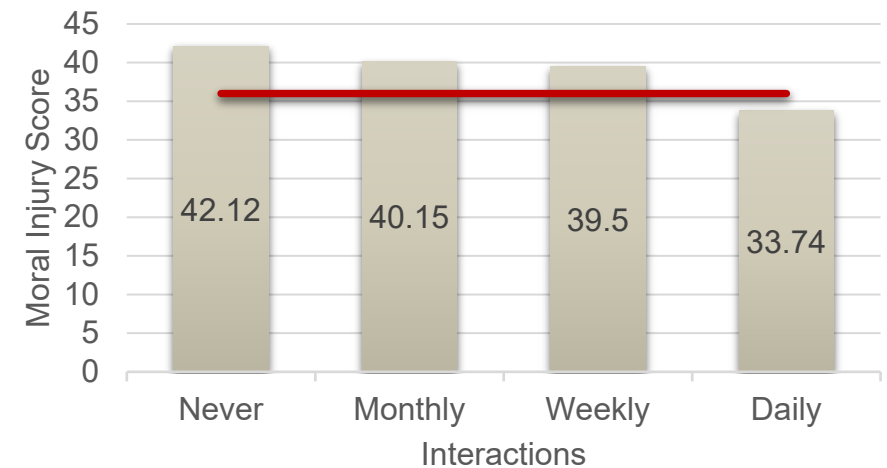
Years of Experience, ICU



Years of Experience



Chaplain Interactions



Conclusion

- 55.6% MI prevalence among ICU nurses
- Strong inverse relationship between MI and MR
- Moderate inverse relationship between MI and HWE
- Weak positive relationship between MR and HWE
- Higher MI among younger, newer nurses
- Lower MI with daily chaplain interactions

Implications for practice

- PMIE emerge in ordinary nursing practice
- Younger, less experienced nurses are at greater risk for MI
- Interactions with hospital chaplains may reduce / prevent MI
- Nurses may benefit from ethics education and participation in ethics consultation

Limitations:

- Cross-sectional design bars causal determination
- Convenience sample may lead to self-selection bias
- Excluded nurses who left due to MI

Future research:

- Experimental study design to measure the effect of interventions
- Qualitative research to discover protective factors



Acknowledgements



Wilkes University
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Dissertation Chairperson:

•Dr. Linda Denke

Dissertation Committee:

•Dr. Kathryn Spiegel

•Dr. Sherri Mendelson

**Outside faculty, Providence, retired*

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Swedish Cherry Hill	

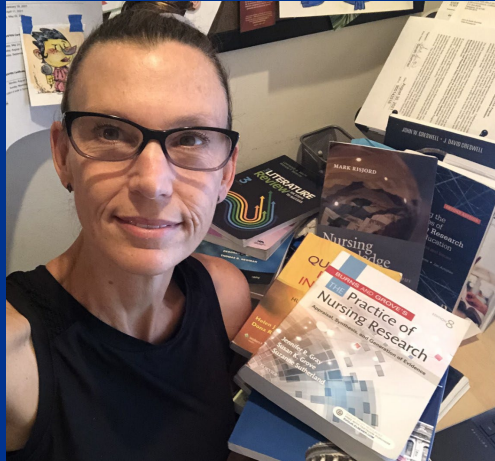
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Questions?



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