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Providence IMPACT OF MORAL INJURY ON NURSE WORK PERFORMANCE FOLLOWING THE COVID-19 SURGES



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Background

- Moral Injury (MI) was defined by Jonathan Shay in 1994 as, "committing acts that betray one's moral compass in highstakes situations, while under the authority of another, that severely affect one's wellbeing."
- MI can cause severe psychological disorders and can be long lasting.
- Prior to the COVID-19 pandemic, MI was measured solely in the military.

Purpose

- Explore the relationship between MI and self-reported work performance in hospital nurses following the pandemic surges.
- Determine relationships between MI and select participant demographics as well as between work performance and select demographics.

Methods

- A cross-sectional multi-site survey design within seven Southern California hospitals completed between March-June 2022.
- Instruments used included the Moral Injury Symptom Scale, revised for use with Health Professionals (MISS-HP) and the Nurse Performance Index (NPI).
- Statistical analysis included correlation coefficients and linear regression.

Demographics

A convenience sample of 191 nurses with a mean experience of 15 years:

- 97% cared for COVID-19
- 84% worked full-time
- 53% Caucasian
- 16% Asian
- 16% Latino(a/x)/Hispanic
- 4% African American/Black
- 2% Other

Instrument	M	SD
*MISS-HP	IVI	30
Feel betrayed by other HCPs I once trusted	5	3.02
Feel guilty from failing to save someone from injury/death	5.3	3.23
Feel ashamed about how I cared for patients	4.2	3.04
Troubled by acting in ways that violated my morals/values	4.09	3.21
Most HCPs I work with are trustworthy	3.19	2.2
I have a good sense of what makes life meaningful as a HCP	2.94	2.28
I forgive myself for what's happened to me or other I've cared for	4.2	2.42
I feel I'm a failure for what's happened to me or others I've cared for	2.56	2.33
I sometimes feel God is punishing me for what I've done caring for my patients	1.72	1.76
Compared to before, my religious/spiritual faith has strengthened	5.83	2.95
**NPI		
I sometimes find it necessary to take shortcuts in patient care.	3.99	1.62
I am always able to carry out safe nursing practice	4.88	1.1
I always apply the 5 rights when administering meds to pts	5.22	1.05
I am sometimes forced to modify my standards to get the work done	3.01	1.55

Results

- Increased levels of MI were a significant predictor of decreased self-reported work performance R^2 =.242, F(1,189)=60.4, p<.001
- Younger r(190) = -.335, p < .001 and less experienced nurses r(190) = -.374, p<.001 had greater levels of MI.

Implications for Practice

- Levels of MI due to the traumatic events that nurses experienced during the pandemic negatively affected selfreported work performance, requiring nurses to modify their standards.
- Nurse well-being programs and improved working conditions are needful to avoid compromising quality nursing care and patient safety.
- In-hospital care programs for nurses that include sacred spaces (i.e., Tea for the Soul, serenity lounges), and provision for consistent break times with adequate staffing, are imperative to optimize nurse performance and patient care outcomes as well as organizational outcomes.

**NPI scores range from 1-6, higher scores indicate higher work performance