Impacts of Morally Distressing Experiences on the Mental Health of Canadian Health Care Workers during the COVID-19 Pandemic

PLAIN-LANGUAGE SUMMARY

Disclosure: The study described below has been published in pre-print; the exact findings may be subject to change based on publication in a peer-reviewed journal.

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Aim of the study

This study is the first to examine the relationship between moral distress, perceptions of organizational work conditions, and symptoms of poor mental health among health care workers during the COVID-19 pandemic. The study will reveal the long-term impacts of moral distress, allowing for health service organizations to better support the well-being of health care workers following the COVID-19 pandemic and during future pandemic events.

Background

With the spread of COVID-19 worldwide, many people, particularly health care workers, are being impacted psychologically. They are faced with situations that may require them to make difficult moral-ethical decisions. These moral-ethical decisions have negative consequences for both health care workers and patients, including reduced quality of care and heightened levels of moral distress [1, 2]. As a result of these factors during the COVID-19 pandemic, health care workers experience poor mental health outcomes.

Moral distress in health care workers due to COVID-19

During the COVID-19 pandemic, health care workers may be at high risk of experiencing moral distress because of the moral-ethical challenges they face [3]. Moral distress can result when an individual is required to act in a way that can be perceived as morally or ethically inappropriate or challenging, thus interfering with their ability to act in accordance with their own core values [4, 5]. For example, health care workers may experience moral distress if they are required to assist patients without wearing personal protective equipment (PPE), thereby risking infection to themselves, to patients or their families, and to community members [6, 7, 8].

This forces health care workers to compromise their typical standard of care and possibly work outside of their personal core value-system. Moreover, throughout the pandemic, inconsistent and delayed guidance from governments and workplace leaders has potentially impacted the level of trust that health care workers feel within their workplaces [9]. This loss of trust may also extend to their feelings about leadership and workplace ethics, and with the integration of new workplace policies, this may lead to an increase in moral distress.

Organizational work conditions and moral distress

Past research reveals that for nurses and physicians, higher rates of moral distress are associated with negative professional outcomes [10, 11, 12, 13, 14, 15]. This includes increases in burnout, secondary traumatic stress, and intent to leave professional work, as well as decreases in job satisfaction and perceptions of an ethical work environment.

Other organizational concerns that cause nurses and physicians to experience severe moral distress include reduced quality and safety of care delivered to patients [16, 17, 18, 19]. While the associations between work conditions and moral distress have not been studied during the COVID-19 pandemic, it is plausible to predict that similar findings will emerge among physicians, nurses, and other health care workers worldwide.

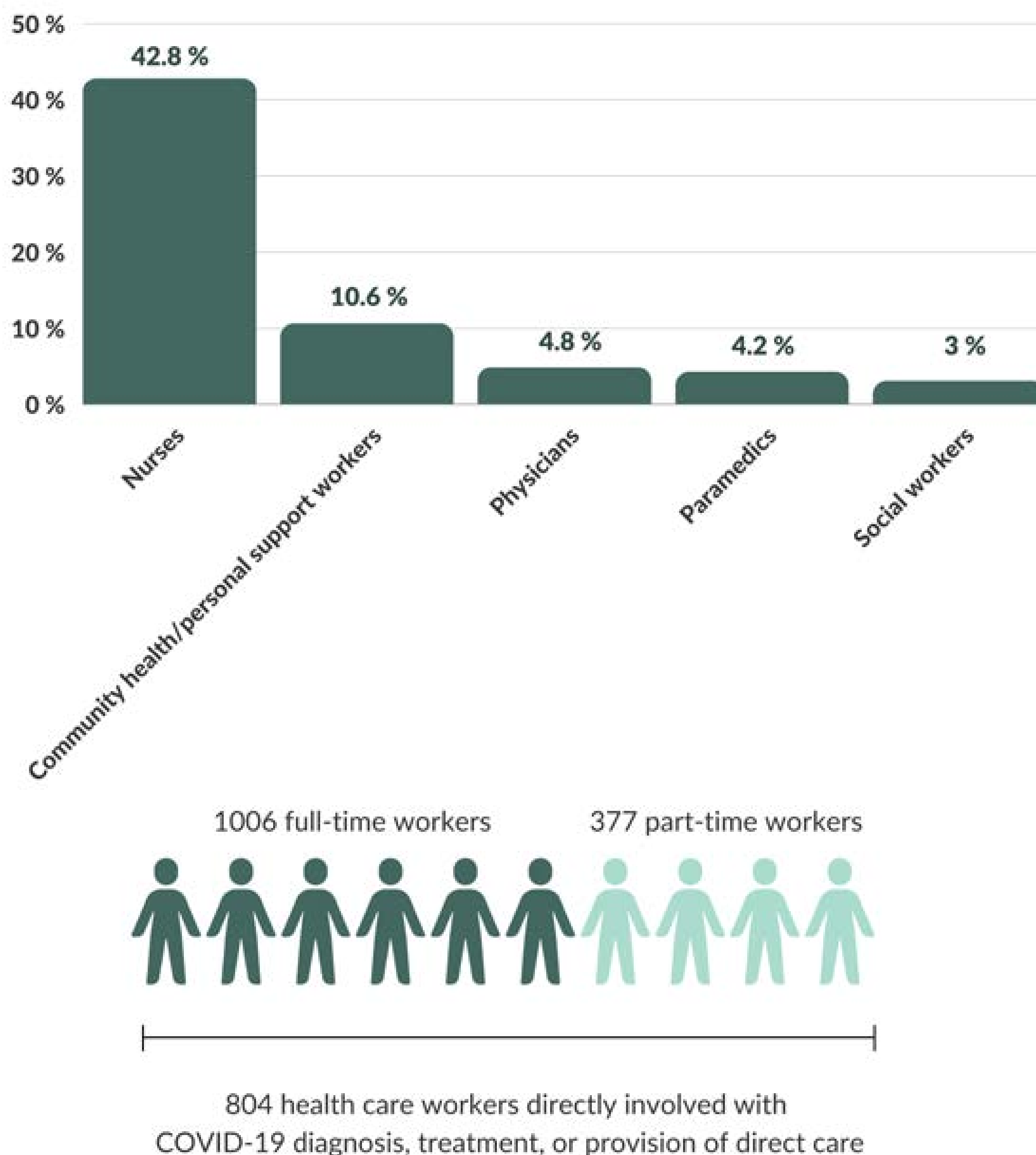
To prevent long-term distress, research is needed to understand workplace moral-ethical dilemmas faced by health care workers during the COVID-19 pandemic, and their association with health care workers' perceptions of organizational work conditions.

Methods

A total of 1383 English - and French - speaking health care workers employed in Canada during the COVID-19 pandemic participated in this study. Health care workers were eligible to participate if they were at least 18 years of age and currently or previously employed as a health care worker between the start of the pandemic to the first time point of data collection. Participants were asked to provide a survey response every three months. However, this study only analyzed data from the first time point of data collection (baseline data). Participants were given a choice to complete either a long-form survey (approximately 25 minutes duration) or a short-form survey (approximately 10 minutes duration) for the study. This study measured moral distress, burnout, organizational response to the pandemic, ethical work environment, depression, anxiety, and post-traumatic stress disorder.

Results

The top five occupations in the current study included nurses (42.8%), community health/personal support workers (10.6%), physicians (4.8%), paramedics (4.2%), and social workers (3%). Of those enrolled in the study, 377 indicated they were working part-time or casual, while 1006 were working full-time. A total of 804 health care workers were directly involved in clinical activities including diagnosis, treatment, or provision of direct care to patients with potential COVID-19 symptoms.



Discussion and conclusion

Findings from this study indicated that with the COVID-19 pandemic and the high risks it poses, health care workers are experiencing moral distress, and that organizational conditions such as positive work/life balance, adequate resources, and ethical work environments reduce these levels of moral distress. Therefore, the response of health service organizations to the COVID-19 pandemic plays an important role in ensuring positive mental health and well-being for health care workers [20, 21].

Examples of issues requiring a positive organizational response include providing adequate PPE and additional resources required to treat patients [22, 23, 24], clear and consistent leadership, [25, 26] and limiting health care workers' potential contact with the virus [27]. Additionally, it has been shown that when health service organizations integrate core ethical values into the strategies and processes embedded in their organizational approaches, including their response to the COVID-19 pandemic, health care workers experience reduced moral distress [28].

Overall, the results align with previous research suggesting that organizational responses to COVID-19 play a role in health care workers' experiences of moral-ethical challenges. This study also revealed an association between moral distress and mental health outcomes, including burnout, depression, anxiety, and PTSD symptoms. This is consistent with past research demonstrating that when health care workers had to engage in decision making that was perceived as morally and ethically conflicting, they may have found themselves failing to uphold their own core values as advocates for and caregivers to patients [29, 30]. These feelings can lead to symptoms of guilt, anger, anxiety, traumatic stress, burnout, and depression [31, 32, 33, 34].

Overall, the findings of this study show that health service organizations must focus on implementing strategies designed to prevent long-term moral distress within the workplace. Specifically, the results reveal that in order to reduce the severity of moral distress in health care workers, there is a need for health service organizations to increase adequate resourcing (e.g., PPE, ventilators, medication, staffing), reduce exposures to and risks associated with COVID-19, provide organizational support, and uphold ethical considerations in their organizational responses to the pandemic.

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