Addressing moral distress among nurses after the COVID-19 emergency: The ASSISTANCE study

Dr Tessa Watts, Dr Bethan Jones, Dr Dean Whybrow, Dr Anna Sydor, Dr Rachael Pattinson, Ms Rachael Hewitt, Ms Eunice Temeng, Mr Tim Pickles, Professor Chris Bundy (all Cardiff University), Professor Richard Kyle (Exeter University)
Acknowledgements

We would like to thank the Burdett Trust for Nursing for funding this project as part of its Covid-19: Supporting Resilience in the Nursing Workforce 2020 programme; Dr Bethan Jones, our project researcher who has moved on to pastures new, the Project Steering Group chaired by Dr Simon Cassidy and Canopi for supporting this study.
Project summary:

• Moral distress in Registered Nurses and nursing students in Wales in the context of Covid-19.
• Three workstreams:
  • WP1: Survey study (Prevalence of moral distress and psychological effects).
  • WP2: Interview study (perceived helpfulness of HHPW intervention for registered nurses experiencing COVID-related distress).
  • WP3: Co-creating brief guidance to raise awareness of moral distress and assist RN’s and nursing students to navigate and act on moral distress in practice.
Interviews:

Purposive sample of potential participants identified by HHPW

Data collected January-February 2022.

20 participants (Nineteen received one-to-one support and one received self-help support)

Semi-structured individual interviews recorded, transcribed, and analysed using reflexive thematic analysis.
Findings

Four overarching themes were identified

“Covid changed things”;

“You’re a nurse, you’re human”,

“I’ve got ‘me’ back” and

“Pretty close to miracle workers”.
“Covid changed things”

• “Our whole... work pattern changed the way we tried to deliver care, changed out of... well, you could... in your worst nightmare, you could not make up the conditions we were working in.” (Jules)

• “Nobody knew what was going on, people were dying all over the place.” (Morgan)

• “When I think about moral distress, I don’t always think about some of the bigger decisions we’ve made about services; I think about the little things.” (Zoe)
“You're a nurse, you're human”

• “...she was that little voice for me in a time when I just felt... you know, when you’ve been the person who’s reassuring everybody else.” (Max)

• “I can't remember the exact question he said, but it's basically along the lines of, 'Why do you not think that you can feel like this?' And I said, 'Because I'm a nurse'. And then he just said to me so bluntly, he said, 'You're not Superwoman. You're a nurse, you're human'.” (Sarah)
“I’ve got ‘me’ back”

• “If it wasn't for my sessions with my counsellor, it could have been a very, very different story.” (Jules)

• “… because I'm certainly a lot calmer this year than I was last year, I'm a lot more kind of more content.” (Sam)

• “I’ve stopped feeling guilty about certain things as well (…). So, yeah, it has really helped, and my partner says I’m a lot happier, I laugh a lot more, smile a lot more, like” (Jessie)

• “I have more of a work, life balance now. So, I sort of come home from work and then sort of like just forget it” (Val)
“Pretty close to miracle workers”

- “It needs to be there. Like, there isn’t anything else out there for nurses.” (Jessie)
- “I kind of knew the process in terms of like initial assessment, and that kind of thing. I didn’t expect it to be as quick as it was.” (Hannah)
- “I think that the sort of rapid turnaround is a massive bonus because, you know, if you’re feeling that rough you want support then, don’t you.” (Morgan)
- “It was great. I mean, the fact that it actually existed and was out there and was easily accessible as well. It wasn’t a big ding-dong. You know, I contacted the service, I filled a few bits in, they rang when they said they would, we had the conversation, we set it up, we got on with it and it all just happens.” (Rhian)
Conclusions:

- Participants found intervention very helpful.
- They particularly appreciated:
  - Contact with therapists who listened and gave them space to be vulnerable.
  - Speed and ease of service that minimised barriers to accessing support.
  - Judgement/stigma-free support from therapists who understood their experiences as a nurse.
- Participants suggested need for greater advertisement of the service as it was not always easy to hear about.
• Thank you for listening

• Does anybody have any questions?