
The Presence of Moral Distress among Critical Care Nurses in Saudi Arabia

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Background: Moral distress (MD) was first defined as a situation in which one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action. This can be even more challenging within the critical care context as critical the care context imposes physical, emotional, and cognitive stressors on critical care nurses. **Methodology:** A descriptive quantitative approach was followed, and the critical care units of two tertiary hospitals in two provinces in Saudi Arabia were included in the study, yielding a cluster sample size of 361 critical care nurses. Data were collected using the MD Scale-Revised, for which reliability and validity have been established. **Results:** The mean total MD experienced by respondents was 77.15 ± 58.32 , representing a low level of MD. The statement that nurses indicated as causing the most distress was “follow the family’s wishes to continue life support even though I believe it is not in the best interest of the patient” with 5.98 ± 5.04 . Furthermore, 17.5% (n = 63) of nurses had considered leaving their positions because of MD. MD was the highest in the Emergency department with 102.12 ± 70.59 ; as experience increased by 1 year, the MD score increased by 11.56. **Conclusion:** When dealing with issues related to futile care, critical care nurses experience MD. Therefore, future research is required to develop appropriate interventions with which to address critical care-related MD.

Keywords: Critical care, ethical dilemmas, moral distress, moral stress