NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6936

## Title

*Moral Distress among Family Medicine Resident Physicians*

## Priority 1 (Research Category)

Education and training

## Presenters

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## Abstract

Context: Moral distress was first described as knowing the right thing to do, but facing organizational barriers in making it possible. Moral distress has been linked to burnout and intentions to leave the healthcare profession. Moral distress has been classified into three groups: 1) patient level factors, 2) team miscommunication or inadequate collaboration, and 3) system-level causes. Experiencing moral distress in healthcare is a well-known issue, however, there is limited evidence exploring it among resident physicians. Objectives: Determine what factors contribute to moral distress among family medicine residents and if there are differences in the intensity of distress between R1s/ R2s, training sites, and CMGs/IMGs. Study design: An online cross-sectional survey was distributed via email in January 2024. Composite scores for different demographic characteristics were compared using Mann Whitney U or Kruskal-Wallis tests. Setting: University of Saskatchewan Population: Family medicine residents at the University of Saskatchewan. Intervention/Instrument: The survey included the Moral Distress Scale – Revised, which was modified to the Canadian context. Outcome measures: Each item was scored, and an overall composite score was calculated by summing participants' responses to assess moral distress intensity. Results: Forty-seven family medicine residents completed the survey. All participants identified items causing moral distress. The most highly rated items were: 1) Moral distress in providing care that does not relieve the patient's suffering due to limited healthcare services available. 2) Moral distress in witnessing care suffer because of physicians or nurses' lack of time to provide quality patient care 3) Moral distress in watching patient care suffer because of a lack of provider continuity. There were no significant differences in composite scores between demographic groups. Conclusions: This study aligns with findings in the literature and shows moral distress stems from lack of provider continuity. Further, it reaffirms that working in an environment with short staffing and time constraints may cause moral distress.