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Moral Distress and Intention to Leave Job with the Attitudes Towards Futile Treatments in Nurses: A Cross-Sectional Study

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ABSTRACT

Objective: This study aimed to evaluate the relationship between attitudes toward futile treatments, moral distress, and intention to leave the job of nurses.
Materials And Methods: This study has a descriptive and correlational design and was carried out with 425 nurses in April-May 2021 in Istanbul. The data were collected using a Personal Information Form, The Nurses' Attitudes Towards Futile Treatment Scale, the Moral Distress Scale, and the Intention to Leave Scale. Data analysis includes the Kruskal Wallis test, independent samples t-test, ANOVA, and regression analyses.
Results: More than half of nurses (51.4%) had never heard of the "futile treatment" concept. The Nurses' Attitudes Towards Futile Treatment scores had a positive correlation with Moral Distress scores ($r=0.295$, $p<0.001$) and a negative correlation with Intention to Leave scores ($r=-0.356$, $p<0.001$). Also, Moral Distress Scores negatively correlated with Intention to Leave scores ($r=-0.260$, $p<0.001$).
Conclusion: The moral distress seemed related to practicing futile treatments. Considering these results, it's thought that the protocols that hospitals will prepare for futile practices will be an essential step in preventing ethical dilemmas and moral distress experienced by nurses.
Keywords: Attitude, ethics, nurse, futile treatment, moral distress, intention to leave

INTRODUCTION

The treatments that do not contribute to the recovery of patients or improve their quality of life are called "futile treatments" in the literature. The most widely accepted definition of "futile treatment," published by five major intensive care associations, is the treatment that does not have the physiologically expected effect on the patient (1,2). Although there is still no consensus on the definition of the concept of futile treatment and determining criteria, the concept of "medical futility" was introduced to the medical ethics literature in 1990 and has become a growing area of interest today (3).

The futility of the treatments applied to the patients is a decision that the team should take with a holistic view. The absence of a framework for that kind of treatment can lead to ethical dilemmas among healthcare professionals. Also, the fact that nurses do not have a voice in patients' treatment decisions and that they must apply treatments they disagree with can cause psychological problems such as depression, burnout, and moral distress (2, 4, 5).

Moral distress is a consequence of knowing the right thing to do while being in a nearly impossible situation (6, 7). For nurses, applying futile treatments is one of the reasons for moral distress during end-of-life care (8, 9). Other causes are a lack of staff and resources, disrespectful behaviors, limited involvement with the plan of care, conflict with colleagues, and negative attitudes of managers (9, 10).

Moral distress can cause physical (headaches, flutter, and vomiting), psychological issues (anxiety, depression, guilt, regret, despair, and low self-esteem), and problems in close relationships, especially with family members (11, 12). If not appropriately managed, moral distress leads to decreased job

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satisfaction, increased nurse turnover rates, and increased intent to change the working area or leave the profession (3, 9, 13, 14).

Cavaliere et al. (15) found that 10% of nurses and Hamric et al. (16) found that 20% were considering leaving the job. Moral distress might be the hidden cause of these high rates. Also, the moral distress caused by futile treatments in nurses negatively affects the psychosocial integrity of nurses and, therefore, the quality of care they provide to the patient. Although the lack of knowledge and framework about ethical subjects causes problems in nurses, more studies on this subject need to be done. Investigating this issue, revealing its negative consequences, and raising awareness to make the necessary arrangements are essential. Consequently, this study explored the nurses' attitudes towards futile treatments and the relationship with moral distress, intention to leave the job, and other personal factors. It is thought that the study's results will emphasize the importance of the problems experienced by nurses during the application of futile treatments and shed light on future studies to be conducted to eliminate these problems.

MATERIALS AND METHODS

Study Design

This study has a descriptive and correlational design.

Study Procedure and Sample

The study was conducted via an online survey in April-May 2021 in Istanbul. Based on Laurs et al.'s (17) study, in which they investigated the relationship between intention to leave the job and moral distress, GPower 3.1.9.6 software was used with an effect size of 0.154, a first-type error of 0.05 and a power of 0.80 and it was calculated 328 participants as the sample size. Of 478 nurses who accessed the online survey, 425 nurses who fulfilled the scales completely were the sample of this study. The nurses were invited to complete the survey using the 'Koç Qualtrics' system, with the instructions and informed consent form on the survey link. Multiple logins to the system are blocked.

Data Collection Tools

The data were collected using a Personal Information Form, The Nurses' Attitudes Towards Futile Treatment Scale, the Moral Distress Scale, and the Intention to Leave Scale.

Personal Information Form: The form consists of 22 questions, including the socio-demographics and professional characteristics of the participants, such as age, gender, educational and marital status, working experience as a nurse, units where they worked, and their opinions about end-of-life care and futile treatments.

Table 1: The comparisons of nurses' socio-demographics with scale scores

	n	%*	Attitudes Towards Futile Treatment (Mean ±SD)	Moral Distress (Mean ±SD)	Intention to Leave S (Mean ±SD)
Gender					
Male	109	25.6	41.59±8.67	17.95±38.51	18.24±4.05
Female	316	74.4	37.40±8.16	47.17±64.98	16.55±4.92
t p			4.191 **<0.001**	4.970 **<0.001**	-3.132 **0.002**
Age					
21-25	124	29.0	40.22±7.50[b]	49.70±65.47	16.49±4.45[b]
26-30	183	42.8	39.91±8.79[b]	34.42±60.73	17.92±4.48[b]
31-40	91	21.3	40.67±9.71	34.93±54.12	16.54±5.21[b]
41+	29	6.7	45.52±9.02[a]	50.60±51.82	12.93±4.49[a]
F p			16.47 **0.011**	10.48 0.106	20.44 **0.002**
Marital Status					
Married	237	55.8	40.09±8.65	38.31±55.35	17.31±4.42
Single	188	44.2	41.07±8.82	40.77±66.32	16.62±5.12
F p			-1.097 0.273	-.367 0.714	1.317 0.189
Educational Status					
Health Voc.Sch.	79	18.6	36.55±6.37[a]	10.73±31.76[a]	18.64±3.23[a]
AS	37	8.7	38.17±12.02[c]	39.31±73.46	17.20±6.14
BSc	204	48.0	42.26±8.45[b,c]	53.68±65.17[b]	15.96±4.72[b]
MSc	105	24.7	41.39±8.42[b]	39.25±57.79[b]	17.35±5.04
F p			9.46 **<0.001**	8.80 **<0.001**	**0.001**

** Missing answers were not displayed in n and % counts.*
t: Independent Samples t-test**, H:** Kruskal Wallis Test, **F:** One Way ANOVA
AS: Associate in science, **BSc**: Bachelor of Science, **MSc**: Master of Science
a,b: There are statistically significant differences between the a and b groups.
c: There are statistically significant differences between c groups.

The Nurses' Attitudes Towards Futile Treatment Scale (NATFTS): The scale was developed by Yıldırım et al. (4), consists of 18 items, 4 sub-dimensions, and uses a 5-point Likert-type scale: "I definitely agree" (1 point), "I agree" (2 points), "I am undecided" (3 point), "I disagree" (4 points), "I definitely disagree" (5 points). The Scale's sub-dimensions are Beliefs (1-7), Decision-Making (8-11), Ethical Principles and Law (12-14), and Dilemma and Responsibilities (15-18).

Cronbach's Alpha value was 0.72 in the original version of the scale. Possible scores on the scale range from 18-90, with lower scores indicating that futile treatment should not be applied, while high scores argue that futile treatment can be applied under strict rules. Cronbach's Alpha value was 0.81 in this study.

Moral Distress Scale (MDS): The Moral Distress Scale, developed by Hamric et al. (16), and adapted to Turkish by Karagözoğlu et al. (18), consisting of 21 expressions covering the frequency and level of discomfort, was designed to measure the frequency and level of moral distress in nurses. Cronbach's Alpha value was 0.88 in the Turkish validity and reliability study.

On the 5-point Likert-type, the level of participation in frequency expressions was scored to mean "0 = never", "4 = too often," and the level of involvement in discomfort level expressions was scored to mean "0 = never", "4 = too much". Possible scores on the scale range from 0-336. Higher scores indicate higher moral distress. Cronbach's Alpha value was 0.92 in this study.

Intention to Leave Scale (ILS): The intention to Leave Scale was developed by Wayne et al. (19) as 5 items. The reliability study of the Turkish version was conducted by Avcı and Küçükusta (20). The measurement levels were expressed as "Strongly Disagree" (1 point), "Disagree" (2 points), "Neither Agree nor Disagree" (3 points), "Agree" (4 points), and "Definitely Agree" (5 points). The score range is 0-30. Higher scores indicate a higher intention to leave the job. In the Turkish validity and reliability study, Cronbach's alpha value was 0.72, and it was 0.80 in this study.

Statistical Analysis

Descriptive data were evaluated by frequencies, means, standard deviation, and percentile. Shapiro Wilk was used for the normality test. Comparisons among the scale scores

Table 2: Comparisons of nurses' professional characteristics with scale scores

	n	%*	Attitudes Towards Futile Treatment (Mean ±SD)	Moral Distress (Mean ±SD)	Intention to Leave (Mean ±SD)
Task					
Staff Nurses	356	83.8	40.27±8.44	40.51±61.00	17.04±5.12
Charge Nurses	48	11.3	40.72±10.54	26.60±57.85	17.06±4.64
Other**	21	4.9	45.46±7.61	61.80±49.91	15.20±6.46
F p			6.325 **0.042**	8.761 **0.013**	0.609 0.738
Professional Experience					
0-1 years	51	12.2	41.72±7.66[a]	42.77±62.41[b,c]	16.55±4.04[b]
2-3 years	128	30.7	40.01±7.22	25.64±54.11[c]	18.40±3.97
4-5 years	75	18.02	38.38±8.93	14.48±43.78[a]	20.08±3.34[a]
6-10 years	74	17.7	36.70±10.20 [b]	30.41±62.78	18.70±4.04
11+ years	88	21.1	40.59±10.26	36.48±48.69[b]	16.08±5.03[b]
H p			13.92 **0.008**	20.99 **<0.001**	20.38 **<0.001**
Units Where Nurses Worked					
Emergency	**33**	**7.9**	**40.13 ± 8.18**	**39.51± 53.79**	**17.33±3.59**
Oncology/Hematology/ BMT/Palliative	**89**	**21.2**	**35.93 ± 5.81[d]**	**13.25 ± 40.89[a]**	**19.74±3.41[b.e.c]**
Outpatient Services	**30**	**7.1**	**45.84 ±11.94[b.e]**	**62.61 ± 66.05[b.e]**	**12.88 ±4.39[a]**
Inpatient Service	**87**	**20.7**	**41.97 ±8.76[b.e]**	**54.32 ±66.27[b.e]**	**15.39 ±4.04[d]**
Intensive Care	**156**	**37.1**	**40.65 ± 8.42[e]**	**44.58 ± 66.37[b]**	**17.00 ± 4.96[b.c]**
H p			**49.808 <0.001**	**55.937 <0.001**	**54.467 <0.001**
Experience In the End-Of-Life Patient Care Services					
Yes	321	75.5	40.15 ±8.93	39.72±63.64	17.48±4.78
No	104	24.5	41.73±7.96	38.46±49.27	15.44±4.36
t p			1.50 0.132	-0.1 0.87	-3.35 **0.001**

** Missing answers were not displayed in n and % counts.*

*****At the time of data collection people who were not working, retired, and working in administrative units or academic staff were classified in the other group.***

t: Independent Samples t-test. **H:** Kruskal Wallis Test. **F:** One Way ANOVA

a.b: There are statistically significant differences between the a and b groups.

c: There are statistically significant differences between c groups.

d.e: There are statistically significant differences between the d and e groups.

and descriptive data were evaluated by applying the Kruskal Wallis test, Independent Samples t-test, and The one-way analysis of variance (ANOVA) on SPSS (Statistical Package for Social Sciences) 25.0 for Windows. The Pearson correlation coefficient was used for the relationship between scale scores, and regression analysis was performed wen researching the relationship between scales. For significance, $p < 0.05$ and 95% CI were assumed in the data analysis.

Ethical Considerations

The study was reviewed and approved by the Ethics Committee of Koç University (Approval Date: 29.01.2021, Approval Number: 2021.034.IRB3.015). The participants were informed in the consent form on the first page of the online questionnaire that they could leave the study at any time, that their data would not be shared with anyone other than the researcher, and that their privacy would be protected.

RESULTS

74.4% of nurses (n=316) were female and 25.6% (n=109) were male. The age range was 21-59 (mean 29.17 years). 18.6% of the nurses (n=79) had a vocational high school diploma, 8.7% (n=37) had an associate degree, 48.0% (n=204) had a bachelor's degree, and 24.7% (n=105) had MSc and above. Their professional experience ranged from 1-37 years (mean five years) (Table 1).

Of the nurses, 37.1% were working in intensive care units, 20.7% in inpatient services (surgical, pediatric, internal medicine, obstetrics, geriatrics, psychiatry, and COVID-19), 21.2% in oncology/hematology/bone marrow transplantation (BMT)/palliative care, 7.9% in emergency departments, and 7.1% in outpatient services. 75.5% of nurses have worked in an end-of-life service for at least one month, and 24.5% have never worked in an end-of-life service during their professional life (Table 2).

Nurses' experiences with end-of-life care, death, and futile treatments

Table 3 shows the experiences of nurses related to end-of-life care and death. Most of the nurses had experienced death in their patients, and they had cared for a dying patient. Regarding the continuation of life-supporting treatments in end-of-life patients. 62.8% stated that life-supporting therapies should not be continued.

In addition, 76.9% of nurses stated that they had never participated in the decision-making to terminate treatment while they were providing end-of-life care. Most nurses stated there is no procedure for the decision-making for end-of-life treatments where they work, and most noted the need for guidelines on continuing end-of-life treatments. Almost half of the nurses indicated that they had never heard of the concept of futile treatment before.

Socio-demographics of nurses and Moral distress, Futile Treatment Attitude, and Intention to leave

There was a statistically significant difference between gender and the Nurses' Attitudes Towards Futile Treatment Scale overall score ($p<0.001$). Intention to Leave Scale score ($p=0.002$) and Moral Distress Scale score ($p<0.001$). Nurses' Attitudes Towards Futile Treatment Scale score of female nurses

Table 3: Nurses' experiences with end-of-life care, death, and futile treatment

Encountering death during professional experience	n	%
Yes	404	95.1
No	21	4.9
Caring for a dying patient during his professional experience		
Yes	403	94.8
No	22	5.2
Consideration about the continuation of life-supporting treatments in terminal (end-of-life) patients		
Yes	150	37.2
No	253	62.8
Participation in decision-making to terminate treatment during end-of-life care		
Yes	93	23.1
No	310	76.9
Having a protocol or a code of conduct used for the decision-making process for end-of-life treatments in the institution where they work at		
Yes. we have	22	5.5
No. we haven't	381	94.5
The need for guidelines on decisions not to start or end the treatments at end-of-life care		
Yes	311	77.2
No	92	22.8
Being familiar with the concept of "Futile Care"		
Have heard	196	48.6
Haven't heard	207	51.4

** Missing answers were not displayed in n and % counts.*

was higher than men. It was observed that female nurses had higher Moral Distress Scale scores but lower Intention to Leave Scale scores than males (Table 1).

Older nurses have had higher nurses' attitudes towards futile treatment scale scores and lower intention to leave scale scores. Marital status did not seem related to any scale scores ($p>0.05$). According to educational status, health vocational high school graduates had lower nurses' attitudes towards futile treatment scale and moral distress scale scores and higher Intention to Leave Scale scores. The intention to leave their jobs as health vocational high school graduates was higher than that of bachelor's degree nurses. In addition, high school graduate nurses have had lower moral distress compared to other groups (Table 1).

Professional characteristics of nurses and Moral distress, Futile Treatment Attitude, and Intention to leave

Staff nurses had lower nurses' attitudes towards futile treatment scale scores ($p=0.042$) and higher moral distress scores than charge nurses ($p=0.013$). Nurses with 0-1 years of experience had higher scores on the nurses' attitudes towards futile treatment scale than nurses with 6-10 years of experience. In addition, this group had higher moral distress scale scores than other groups. In addition, this group had higher moral distress scale scores than other groups. Intention to leave scale scores of nurses with 4-5 years of experience were statistically significantly higher than those of nurses with 0-1 and 11+ years of experience.

The Intention to leave scale scores of outpatient care nurses were lower than those of palliative care, intensive care, and oncology/hematology/BMT nurses. The Intention to leave scale scores of oncology/hematology/BMT nurses were higher than those of intensive care nurses, and the Intention to Leave Scale scores of palliative care and oncology/hematology/BMT nurses were higher than those of inpatient ward nurses (Table 2).

Oncology/hematology/BMT nurses experience lower moral distress than outpatient, inpatient, and intensive care nurses. In addition, it was observed that palliative care nurses experienced less moral distress than outpatient and inpatient nurses. There was a statistically significant difference in the Intention to Leave Scale score and the being worked in the end-of-life patient care services. Nurses working in end-of-life care services tend to quit their jobs more than those who do not work.

Correlations among the scores of the scales

Nurses who believe that futile treatments should be applied under strict rules are less likely to leave their jobs ($r=-0.356$, $p<0.001$) but have higher moral distress scores ($r=0.295$, $p<0.001$). A low-level negative relationship was found between the moral distress scale and the intention to leave scale scores ($r=-0.260$, $p<0.001$). As moral distress increases, the intention to leave decreases.

In the regression analysis, gender, age, year of experience, working in oncology/hematology/BMT and outpatient services, and intention to leave variables were related to the nurses' attitude towards futile treatment scale score. overall, the regression model described the 20.4% change in nurses' attitude towards futile treatment scale scores ($p<0.001$) (Table 4).

DISCUSSION

More than half of the participants in this study stated that they had not heard about futile treatment before the study. They also stated that life-sustaining treatment should not be continued in patients at the end of life who have no chance of recovery. Similarly, Özden et al. (21) and Altınayak et al. (22) indicated that Intensive Care and Neonatal Intensive Care Unit staff were not aware of the concept of futile treatment. In addition, Özden et al. (21) and Orkun et al. (23) found that nurses did not consider the use of futile treatments to be appropriate or correct.

Table 4: Regression analysis of socio-demographic characteristics, professional characteristics, intention to leave scale, and moral distress scale scores with nurses' attitudes towards futile treatment scale score

	B	Beta	t	P	GA		VIF
					Min	Max	
			NAFTS (R2=0.204; F= 7.738; p<0.001)				
Parameter	31.901		5.131	**<0.001**	19.656	44.147	
Gender	-3.84	-0.18	-3.24	**0.001**	-6.17	-1.51	1.02
Age	0.50	0.31	1.99	**0.047**	0.00	1.04	7.73
Professional Experience	-.049	-0.40	-2.47	**0.014**	-0.08	-0.01	8.10
Health Vocational School	-1.91	-0.09	-1.34	0.18	-4.72	0.88	1.43
Associate in Science	-2.50	-0.07	-1.18	0.23	-6.67	1.66	1.31
Bachelor's in Science	3.37	0.18	3.16	**0.002**	1.27	5.47	1.04
Oncology/Hematology/BMT	-3.68	-0.19	-3.06	**0.002**	-6.05	-1.31	1.18
Outpatient Service	6.93	0.16	2.74	**0.007**	1.95	11.91	1.11
Inpatient Service	2.88	0.12	1.87	0.06	-0.15	5.92	1.29
Emergency Service	1.35	0.04	0.68	0.49	-2.55	5.27	1.26
Intention to Leave Scale Score (ILS)	-0.72	-0.34	-5.23	**<0.001**	-0.99	-0.45	1.25

In some other studies, nurses considered some treatments to be futile because patients have no chance of responding to the treatment, treatments can provide little benefit to the quality of life, do not contribute to the prognosis of the disease, and prolong the duration of pain and suffering. In addition, futile treatments due to serious complications such as pressure ulcers, catheter-related infections, and ventilator-associated pneumonia result in additional costs. Therefore, nurses may argue that futile treatment practices should not be continued for these reasons (24, 25, 26).

In this study, most nurses had never been involved in the decision-making process for withholding/terminating treatment. This finding was similar to previous studies (21, 23, 27). In addition, more than half of the nurses needed a protocol for this process in their institution. In his study, Stewart (28) emphasized the importance of working with the ethics committee and legal decision-makers, when necessary, as well as a multidisciplinary team approach in the decision-making process regarding interventions.

According to this study, female nurses were more likely than male nurses to agree that futile treatment should be framed by strict rules and to experience higher levels of moral distress than male nurses; however, male nurses had higher levels of intention to leave the job. Some previous studies also showed higher scores in women and suggested that women were more likely to agree that futile treatments should be within a legal framework (29, 30). On the contrary, Dyo et al. (31) suggested that men are more likely to quit their jobs because they experience higher moral distress. Therefore, this relationship should be clarified by advanced research methods in the future.

In the regression analysis, gender, age, year of experience, working in oncology/hematology/BMT and outpatient services, and intention to leave score were related to the nurses' attitudes towards futile treatment scores, and moral distress did not show a direct effect on the nurses' attitudes towards futile treatment scores. Female nurses and older nurses were more likely than males and younger nurses to argue that futile treatment should be applied according to strict rules than men and younger ones. On the contrary, Rostami et al. (32) find no statistically significant differences in the perception of futile treatment according to socio-demographic characteristics such as gender, age, and marital status. It has been suggested that professional experience and growing older may contribute to nurses' perceptions of futile treatments and their results. However, these findings have a dichotomy; according to the experience year variable comparisons, the junior nurses seem to have higher scores on Nurses' attitudes towards futile treatment than 6-10 years. Banner stated that (33), new nurses who just started need rules when working. Therefore, when they are faced with an ethical dilemma, they advocate doing their practice according to the rules. On the other hand, nurses with 6-10 years of experience have achieved mastery in their profession. In a qualitative study conducted by Chapman et al. (34), they found that gaining mastery in the nursing profession is a facilitating factor in coping with and adapting to stressors in work life. These explanations may identify our findings.

The intention to leave score of outpatient nurses was lower than that of in palliative care, intensive care, and oncology/hematology/BMT nurses. The Intention to leave score of oncology/hematology/BMT nurses was higher than that of intensive care nurses, palliative care nurses, and other inpatient service nurses. Nurses who work with end-of-life patients are thought to be more likely to leave their jobs because the stress they experience is higher.

Contrary to this result, Lambden et al. (2) found that nurses who classified the treatment as futile were more likely to quit their jobs. Asayesh et al. (35) found that as intensive care nurses' attitudes towards futile treatment scores increased, their moral distress increased. Some authors emphasized that nurses do not have a voice in the end-of-life care decision-making process and applying futile treatments increases moral distress (36). Contrary to what was expected at the beginning of this study, there was a negative low relationship between the Moral Distress score and the Intention to Leave score. In our study, as the level of moral distress increases, the intention to leave is decreased in our study. Similarly, Kayar and Erdem (37) observed that the discomfort of moral distress has a positive effect on job commitment. The result is that moral distress is considered to be a binding factor. However, Whitehead et al. (38) suggested that moral distress was higher in those considering quitting their jobs.

CONCLUSION

More than half of the nurses stated that they had never heard of the concept of futile treatment, and most of the nurses stated that there were no protocols or standards on the subject in the institution where they worked and that they had never been involved in the decision to withhold/terminate treatment before.

Women and less experienced nurses were more likely than men to advocate that futile treatment should be governed by strict rules. Nurses working in Oncology/Hematology/BMT services did not seem to need strict rules for futile treatment.

RECOMMENDATIONS

Nurses need to be educated about ethics, futile care practices, and their consequences in undergraduate education and in-service training. It is suggested that future studies should be conducted in face-to-face contact with the participants and that the research variables should be examined in depth. As an unmentioned concept, futile treatments and their impact on the care environment should be evaluated in more depth.

Limitations

As the study was conducted using self-administered scales via a digital survey, generalization of the results must be done cautiously.

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Ethics Committee Approval: This study was approved by the ethics committee of the Ethics Review Committee of the Koç University (Approval Date: 28 January 2021, Approval Number: 2021.034.IRB3.015).

Informed Consent: Written consent was obtained from the participants.

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