

Thesis Project Portfolio

Moral Distress Mobile Application

(Technical Report)

An Analysis of Moral Distress and Methods Used to Combat It

(STS Research Paper)

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Sociotechnical Synthesis

Nursing is not an easy profession. It involves long hours, hard moments, and stresses not seen in many other professions. A significant, but understudied, problem faced by nurses is moral distress. This is a phenomenon characterized by knowing the ethical solution but being unable to pursue it, typically due to institutional constraints. In order to better combat and understand the phenomenon of moral distress, we undertook the task of creating a mobile app that would allow nurses to instantly and anonymously report morally distressing incidents in the hopes of giving those in charge the information they need to decrease the occurrence of these events. In order to create the app, our team brought in a computer science professor, Dr. Sullivan. With his help, our group created a mobile app which utilized a moral distress thermometer for reporting and fed deidentified data into amazon web services. Before any testing was done, half of our group functioned as the ethics team and studied the literature in hopes of finding pertinent data on topics like anonymity of reporting, discoverability of data in court, and the quality of volunteer feedback. The team met with several representatives from the UVA hospital including members from the risk assessment group. Once both groups were done with their respective work, an IRB application was submitted and accepted. Now with the ability to test the app with volunteers, the final stage of the project began. The resulting app was tested by nursing graduate students, who were then interviewed in order to fine tune the app. Further testing was intended, but due to time constraints, this was the extent of the tests performed. The advisors for the group will most likely continue with other groups of volunteers. The goal of the group project was to provide hospitals another tool in the fight against moral distress, but I wanted to personally analyze what else is already being done and why it is not enough. In order to broach this topic, actor-network theory was chosen to model the relationship between hospital management, moral

distress, providers, and patients. The end result is an analysis of current tools available to hospitals to reduce moral distress and identification of key weaknesses in current methods. The first major weakness is the lack of standard for identifying moral distress in the current studies. Nearly every study uses their own system to identify or measure moral distress, which leads to interstudy results being nearly incomparable. The second major weakness of the current field is all tools analyzed by the paper showed a recurring theme: the studies look at ways to decrease the feelings of moral distress in the short-term. This means there is very little long term research on the methods being used to combat moral distress, and there are very few, if any, studies currently available that actually incorporate ways to reduce the number of instances of moral distress a nurse encounters.