

# What Keeps You Up at Night?

## Moral Distress in Nurse Leaders in the U.S., Germany, Austria, and Switzerland

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**BACKGROUND:** Nurse leaders are challenged by ethical issues in today's complex health care settings. The purpose of this research was to describe and analyze key elements of moral distress identified by nurse leaders from health care systems in the U.S., Germany, Austria, and Switzerland. The aim was to develop an understanding of distressing ethical issues nurse leaders face in the U.S. and three German-speaking European countries. Recognizing there are geographical, legislative, and political differences between North America and the three German-speaking European countries represented in this work, both similarities and differences in nurse leaders' reported experiences are anticipated and of practical and theoretical importance.

### RESEARCH QUESTIONS:

1. What are the morally distressing ethical issues nurse leaders face in the U.S. and three German-speaking European countries; i.e., Germany, Austria, and Switzerland?
2. What are the similarities and differences between nurse leaders in the U.S. and three German-speaking European countries regarding these distressing ethical issues?

**METHODS:** This descriptive cross-sectional study surveyed a convenience sample of nurse leaders in the U.S., Germany, Austria, and Switzerland. The voluntary, anonymous survey also included qualitative questions. A thematic analysis of the data in each country was carried out and a comparative analysis identified similarities and differences between the groups of nurse leaders comparing the U.S. data to that from Germany, Austria, and Switzerland.

**RESULTS:** A total of 316 nurse leaders completed the survey (Germany, Austria, and Switzerland n=225, U.S.A. n=91). Shared ethical concerns in today's complex health care settings were analyzed and compiled to identify the following 6 overarching themes and sub-themes:

### **A LACK OF INDIVIDUAL AND ORGANIZATIONAL INTEGRITY**

- "Students not thinking cheating is wrong" (U.S. nurse leader)
- "Unqualified students getting into nursing programs due to shortage of nurses and seeking colleges seeking increased enrollment to meet demand" (U.S. nurse leaders)
- "Institutional pressure [advances] students to graduation regardless of ability", "Not being truthful", "Hiding errors", "Peers failing to take ownership and accountability for their errors" (U.S. nurse leaders)
- "Physician partners, co-workers billing insurance companies fraudulently" (U.S. nurse leader)
- "In general, it is always the trade-off between the right to autonomy and the care when using coercion", "Lack of consideration for autonomy", "Autonomy of patients and relatives is not recognized" (European nurse leaders)
- "To recognize ethical dilemmas and call them by their names", "Ethically reflective competence" (European nurse leaders).

### **HIERARCHICAL AND INTERPROFESSIONAL ISSUES**

- "Poor interdisciplinary communication and hierarchy subjecting patients to non-beneficial treatments or care that does not address their most immediate needs" (U.S. nurse leader)
- "Lack of organizational ethics", "Lack of respect or recognition of the nursing staff", "multiprofessional [sic] cooperation in decisions" (European nurse leaders)
- "Lack of overall nursing support by supervising physicians for no actual reason" (U.S. nurse leader)
- "Doubts about the support of medical doctors", "Conflict in the interprofessional team", "Leaders do not encourage nursing staff, do not involve them in solving problems" (European nurse leaders).

### **ISSUES AROUND SOCIAL JUSTICE**

- "Providing the best care to an uninsured and indigent patient [...] and how to do this successfully" (U.S. nurse leader)
- "Our system consumes so many resources that people in other parts of the world have too little justice", "Rationing and loss of quality due to a lack of qualified nursing specialists" (European nurse leaders)
- "Belief that new PhD is better educator than DNP with years of teaching experience based on inequities of DNP vs PhD" (U.S. nurse leader).

### **FINANCES NEGATIVELY IMPACTING CARE**

- "Not being able to provide service due to insurance issues", "Financial factors impacting who gets expensive testing" (U.S. nurse leaders).
- "Insurance companies stopped reimbursing essential medicine for PC patients in [...] outpatient settings" (European nurse leader)
- "Finance in the foreground instead of good care", "Creeping in of economic concerns everywhere", "Limited on the basis of economic considerations in ethical principles such as doing good or not doing harm" (European nurse leaders)

### **LACK OF NURSING PROFESSIONALISM**

- "Workplace violence", "Peers failing to take ownership and accountability for their errors" (U.S. nurse leader)
- "Poor patient care due to poor teamwork", "Behaviour of work colleagues due to work overload" (European nurse leaders)
- "Everyone just wants to lead, a lack of teamplaying [sic] at eye level" (European nurse leader)
- "Lack of integrity or professionalism", "Lack of transparency", "Cronyism" (U.S. nurse leaders)
- "Lack of respect or recognition of the nursing staff" (European nurse leader).

### **PATIENT CARE/PATIENT SAFETY CONCERNS**

- "Scarce resources due to cost pressure and staff shortages", "Reduction of qualified staff in favor of auxiliary staff", "Poor staffing related to work intensification and personnel shortages with consequent deficiencies in patient care", "Taking responsibility for poor care due to staff shortages" (European nurse leaders)
- "Making assumptions on patients' desires and thus not providing true informed consent" (U.S. nurse leader)
- "Deterioration in patient care due to the limited human resources" (European nurse leader).

**CONCLUSION:** This study demonstrates that it is vital to develop and retain ethically competent nurse leaders in the U.S. and three German-speaking European countries where patient care, professional development, and organizational integrity are paramount. Despite the geopolitical differences between these countries, there were reported similarities in the ethical issues that trouble nurse leaders. This study could be used to survey nurse leaders and work collectively to develop supportive leadership development programs, both practical and theoretical, with the goal of reducing moral distress and improving the well-being of these leading employees within complex health care systems.

### LITERATURE:

Beil-Hildebrand, M.B., Sari Kundt, F., Kutschar, P. & Birkholz, L. (2024). What Keeps You Up at Night? Moral Distress in Nurse Leaders in the U.S., Germany, Austria, and Switzerland. *Leadership in Health Services*. 37. DOI: 10.1108/LHS-09-2023-0075

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