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Groundbreaking study reveals nursing and care staff experience significant levels of distress in caring for residents with dementia

A team of researchers from the University of Lethbridge and the University of Calgary, with the support of Alberta Health Services, focused on workers in the continuing care sector in southern Alberta during a two-year study

A majority of surveyed registered nurses, practical nurses and health-care aides working in 30 continuing care facilities in southern Alberta reported experiencing moral distress daily or weekly, a new study led by Dr. Shannon Spenceley, a University of Lethbridge nursing professor, has revealed.

“Moral distress is what a health-care provider feels when he or she knows the right thing to do but is constrained from doing it, for some reason,” says Spenceley.

For example, in one instance a survey respondent reported being told mealtimes had to take less time and that she should blend one resident’s dinner so he could drink it because there was no time for her to sit and feed him.

“We had a hunch there was a lot of moral distress for professional caregivers who care for people with dementia, but it hadn’t been researched before,” she says. “Our study shows moral distress is a prominent feature of the care of persons with dementia in residential care settings.”

The first year of the study focused on understanding the experience of moral distress and the situations that triggered it. Researchers interviewed nursing caregivers and used the information to design a survey that captured the frequency and level of moral distress.

In the second phase of the study, Spenceley and her fellow researchers surveyed nearly 400 nursing caregivers in 30 care facilities in southern Alberta between 2013 and 2015. The facilities that agreed to participate included both Alberta Health Services (AHS) facilities and those contracted by AHS to provide services.

The study showed nearly 76 per cent of respondents reported experiencing situations that caused at least a moderate degree of moral distress on a weekly or daily basis over the past year.

“The staff caring for residents with dementia are dedicated, compassionate professionals who provide good care. Research like this is crucial to helping us understand how we can better support those staff,” says Colin Zieber, AHS South Zone executive director of seniors health. “We need to ensure they have the proper training, management supports and tools, and are working to the full scope of their practice to provide even better care for residents with dementia.”

“For all survey respondents, the number one source of moral distress was seeing the care impacted for residents with dementia because of the perception that there are not enough staff to do the work,” says Spenceley.

As a result, nearly half of those surveyed reported that moral distress left them feeling frustrated and physically exhausted on at least a weekly basis. About 40 per cent reported effects of moral distress such as feeling emotionally drained and powerless. Moral distress was also related to a significant drop in job satisfaction for three-quarters of the respondents and a quarter of the respondents said the moral distress they experienced figured prominently in their thoughts about quitting work. About 85 per cent said they wouldn’t quit their jobs in the next year.

“We heard many stories about how committed these caregivers were to the residents they care for. They felt a real emotional connection to them and didn’t want to abandon them,” she says.

Survey participants also shared ways to reduce their moral distress, including being able to share a laugh with colleagues, have a manager who will listen to concerns and look for possible solutions, and more training in caring for people with dementia.

“We continue to work on ways to support high-quality care in facilities for people with dementia,” says Zieber. “That includes ensuring that staff have specialized training in dementia care, including staff in our contracted facilities.”

Although Spenceley cautions about jumping to conclusions from a single descriptive study, she says leaders in continuing care should take note of the findings and consider what they mean within their own context.

“We committed to studying this important topic as an organization that is dedicated to supporting safe and quality care,” says Zieber. “Our provincial Strategic Clinical Network, Continuing Care Quality Committee and families and patients all view dementia care as a priority.”

“More research is definitely needed. About 66 per cent of respondents suggested having more staff to provide good care,” says Spenceley. “It’s hard to imagine the downside of exploring some of the supportive strategies suggested by this work, including leadership development, opportunities to team-build and express value in people’s contributions to the work place, and exploring ways to increase knowledge in dementia care.”

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