Moral Distress and the PA Profession

Authors: Noël Smith[1], MA; Sean Kolhoff, PhD[1]; Eric Tetzlaff, MHS, PA-C, DFAAPA[2]
[1]American Academy of Physician Associates; [2]Fox Chase Cancer Center, Philadelphia, PA
Primary Contact: Eric.Tetzlaff@fccc.edu

Background

Moral Distress is the result of barriers or constraints that prevent providers from carrying out what they believe to be ethically appropriate care and has been associated with burnout.

Purpose

This study was initiated to explore associations between moral distress (MD), burnout, and the organizational climate (OC) for Physician Assistants/Associates (PAs).

Study Design

National survey of PAs was conducted between April and July 2021
A random sample of 3367 PAs were contacted via email using the AAPA membership database.

Study Measures

Moral Distress - Measure of MD – Healthcare Professionals (MMD-HP)[1]
Organizational Climate - Nurse Practitioner Primary Care OC Questionnaire (NP-PCOCQ)[2] was previously revised for oncology PAs[3] and assessed professional visibility, administrative relations, physician relations, and professional autonomy and support.
Burnout – Maslach Burnout Inventory (MBI)

Response Rate and Power:

Out of 3367 potential participants, 327 (9.7%) PAs consented to participate.
A post hoc power analysis indicated a sufficient sample to yield >95% power.

Participants:

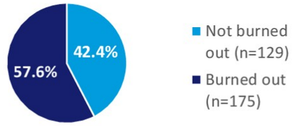
Personal Characteristics

	Mean
Age (mean years)	41.6
Years' Experience (mean years)	12.49
	N (%)
Gender	
Female	241 (74.8)
Male	80 (24.8)
Prefer not to answer	1 (0.3)
Underrepresented Minority In Medicine (URMM)	
Not URMM	290 (90.3)
Yes, URMM	26 (8.1)
Prefer not to answer	5 (1.6)

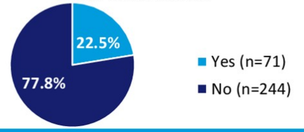
Practice Characteristics

	N (%)
Primary Specialty	
Primary Care Specialties	58 (18)
Critical Care / Emergency Medicine	76 (23.6)
Pediatric or Internal Medicine	38 (11.8)
Surgical Subspecialties	59 (18.3
Other subspecialties	55 (17.1)
Unknown	36 (11.2)
Practice Setting	
Inpatient (inpt)	61 (19)
Outpatient (outpt)	201 (62.6)
Flex between inpt and outpt	57 (17.8)
Prefer not to answer	2 (0.6)

Overall Burnout



Considering leaving position now due to moral distress



Responses on Measures of Organizational Climate, Moral Distress, and Burnout

Measure	M (SD)
Moral Distress Composite Score	84.27 (68.03)
Organizational Climate	
Professional Visibility	2.92 (0.69)
Administrative Relations	3.31 (0.55)
Physician Relations	3.23 (0.56)
Independent Practice/Support	2.59 (0.68)
Burnout	
Emotional Exhaustion	26.08 (13.11)
Depersonalization	8.83 (6.67)
Personal Accomplishment	38.19 (6.25)

FINDINGS

Moral distress, an unfavorable organizational climate, & identifying as an underrepresented minority in medicine (URMM) predicted an intent to leave a job due to moral distress

Emotional exhaustion and identifying as an URMM predicts high levels of moral distress.

Intention to leave one's position due to moral distress is concerning and has potential workforce implications

Future Directions for Research

Additional research is needed to:

- Define the root cause(s) of burnout and how specialty and practice setting may influence the risk of moral distress for PAs
- Further explore the relationship between moral distress and burnout to help identify individual and system levels drivers of distress
- Develop successful strategies to mitigate the risks of moral distress and provider burnout

REFERENCES
1. Epstein, Whitehead, Prompahakul, Thacker, & Hamric (2019). *AJOB Empirical Bioethics* 10(2): 113-124.
2. Poghosyan, L., Ghaffari, A., & Shaffer, J. (2019). Nurse practitioner primary care organizational climate questionnaire: Item response theory and differential item functioning. Journal of clinical nursing, 28(15-16), 2934–2945. https://doi.org/10.1111/jocn.14895
3. Tetzlaff ED, Hylton HM, Ruth KJ, et al: Moral Distress, Organizational Climate, and the Risk of Burnout Among Physician Assistants in Oncology. JCO Oncol Pract 19:e639-e649, 2023

Predicting Moral Distress

A linear regression was used to test if organizational culture, burnout, intent to quit due to moral distress, years of experience, specialty, practice setting, employment status, hours worked, identifying as an underrepresented minority in medicine, and gender, predicted moral distress. The overall regression was statistically significant (R^2=0.515, F(28, 243)=9.209, p<0.001).

Emotional Exhaustion
Identifying as URMM
→ Level of Moral Distress

Predicting PA Intent to Leave Job Due to Moral Distress

A logistic regression was used to analyze the relationship between organizational culture, moral distress, burnout, years of experience, specialty, practice type and setting, identifying as an underrepresented minority in medicine, gender, employment status, and hours worked and intent to quit due to moral distress.

Odds of considering leaving due to moral distress changed for every unit increase in:

- Moral distress: 1.02 higher
- Professional visibility: 2.74 higher
- Physician relations: 0.31 lower
- Independent practice/support: 0.32 lower

PAs who identify as URMM have 6.18 higher odds of considering leaving due to moral distress.

	N	Exp (β)	95 % CI for Exp (β)		P-value
			Lower	Upper	
Moral Distress Composite Score	272	1.019	1.010	1.029	<0.001
Organizational Climate					
Professional Visibility	272	2.744	1.013	7.433	0.047
Administrative Relations	272	0.773	0.223	2.686	ns
Physician Relations	272	0.308	0.097	0.981	0.046
Independent Practice/Support	272	0.324	0.128	0.822	0.018
Burnout					
Emotional Exhaustion	272	1.084	1.030	1.142	0.002
Depersonalization	272	0.993	0.915	1.079	0.875
Personal Accomplishment	272	1.027	0.942	1.119	0.544
URMM					
Not URMM	245	Ref			
Yes, URMM	22	6.176	1.313	--	0.021
Prefer not to answer	5	0.000	0.000	29.040	0.999