

## Definition, Barriers to and Facilitators of Moral Distress as Perceived by Neonatal Intensive Care Physicians

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**Abstract :** Background/Introduction: Moral distress is a common occurrence for health professionals working in neonatal critical care. Despite a growing number of critically ill neonatal and pediatric patients, only a few articles related to moral distress as experienced by neonatal physicians have been published over the last years. Objectives/Aims: The aim of this study was to define and identify barriers to and facilitators of moral distress based on the perceptions and experiences of neonatal physicians working in neonatal intensive care units (NICUs). This pilot study is a part of a larger nationwide project. Methods: A multicenter qualitative descriptive study using focus group methodology was conducted. In-depth interviews lasting 45 to 60 minutes were audio-recorded. Once data were transcribed, conventional content analysis was used to develop the definition and categories, as well as to identify the barriers to and facilitators of moral distress. Results: Participants defined moral distress broadly in the context of neonatal critical care. A wide variation of definitions was displayed. The physicians' responses to moral distress included different feelings and other situations. The overarching categories that emerged from the data were patient-related, family-related, and physician-related factors. Moreover, organizational factors may constitute major facilitators of moral distress among neonatal physicians in NICUs. Note, however, that moral distress may be regarded as an essential component to caring for neonates in critical care. The present study provides further insight into the moral distress experienced by physicians working in Greek NICUs. Discussion/Conclusions: Understanding how neonatal and pediatric critical care nurses define moral distress and what contributes to its development is foundational to developing targeted strategies for mitigating the prevalence of moral distress among neonate physicians in the context of NICUs.

**Keywords :** critical care, moral distress, neonatal physician, neonatal intensive care unit, NICU

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