

Consent

Please complete the following survey on your experiences of moral distress!

Before beginning the survey, please read the following information carefully:

This survey is being conducted to gather insights into the experiences and perspectives of physicians related to moral distress. Your responses will help us better understand the impact of moral distress on individuals in the healthcare field. Participation in this survey is voluntary. All responses will be kept confidential and will be used for research purposes only.

By proceeding with the survey, you acknowledge that you have read the above information and agree to participate.

I consent to participate in this survey.

Demographics

Please chose the gender identity you most align with:

- Woman
- Man
- Non-binary / No gender
- Transgender
- Prefer not to say

Please chose the racial/ethnic background(s) you most align with:

- White/Caucasian
- Black or African American
- Asian
- American Indian or Alaska Native
- Latino or Hispanic
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- Prefer not to say
- Other

Which profession do/did you align with?

- Physician
- Nurse
- Medical student
- Resident/Fellow
- Other healthcare professional
- Patient
- Healthcare advocate
- Other (ie. Veterans Affairs)

Please provide your first and last name:

Please provide your email:

Please provide your phone number:

Please provide your zip code:

We encourage you to share this survey with your colleagues and networks who may also be interested in contributing by sending them [this link!](#)

Please indicate your interest in being contacted about Physicians for a National Health Program's moral distress project:

Include me in receiving updates about PNHP

What is your Medical Specialty? If you are a student, please type in "student"

How long have you been practicing medicine?

- Student
- Less than 3 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years
- Retired

What type of institution(s) do you currently work / previously worked in? Please choose all that apply.

- Private hospital
- Public hospital
- Urgent care
- Public clinic
- Private practice
- Other (ie Veterans Affairs,)

Roughly what percentage of uninsured patients do you encounter?

- Less than 5%
- 6%-25%
- 26%-50%

- 51%-75%
- Over 75%
- Unknown

Roughly what percentage of your patients are from racially or ethnically marginalized groups?

- Less than 25%
- 26%-50%
- 51%-75%
- Over 75%
- Unknown

Non Physician, Resident and Med student contact info

Block 2

Moral distress occurs when professionals cannot carry out what they believe to be ethically appropriate actions because of constraints or barriers. This survey lists situations that occur in clinical practice. If you have experienced these situations, either currently or in the past, they may or may not have been morally distressing to you.

Please indicate how **frequently** you have experienced each item. Also, rank how **distressing** these situations are/were for you. If you have never experienced a particular situation, select “0” (never) for frequency. Even if you have not experienced a situation, please indicate how distressed you **would be** if it occurred in your practice.

Note that you will respond to each item by checking the appropriate column for two dimensions: Frequency and Level of Distress.

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
1. Be unable to provide optimal care due to inadequate time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Be unable to provide optimal care due to pressures from administrators or insurers to reduce costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Be required to care for more patients than I can safely care for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feel the financial goals of my organization conflict with my goals of best patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
	5. Feel unable to provide patients with best possible care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
	6. Make recommendations to patients that I know they will not be able to pursue because of their financial constraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Make diagnostic or treatment recommendations to patients that I know they will not be able to pursue because of limitations of the healthcare system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Feel unable to provide patients with services such as post-acute care or physical therapy because of lack of access/availability or insurance approval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Feel constrained in my ability to talk with patients because of concerns about patient satisfaction scores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
	10. Work within power hierarchies in teams, units, and my institution that compromise patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
	11. Feel complicit in a healthcare system that perpetuates structural racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Work within a healthcare system that does not treat vulnerable or stigmatized patients with dignity and respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Feel required to overemphasize tasks and productivity or quality measures at the expense of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Experience compromised patient care due to lack of resources, equipment, or bed capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
	15. Experience lack of administrative action or support for a problem that is compromising patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Have excessive documentation requirements that compromise patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Have excessive documentations requirements that interfere with work-life balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Have excessive administrative burdens because of insurance prior authorizations and denials of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
	19. Feel uncomfortable as the face of the organization or system I work with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Work within a system that prioritizes financial goals over best patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Feel betrayed by a healthcare system that hinders my ability to provide good patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
22. Feel frustrated by wellness activities provided by my healthcare employer that don't help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Frequency (0 = Never, 4 = Always)					Level of Distress (0 = None, 4 = Very Distressing)				
	0	1	2	3	4	0	1	2	3	4
If there are other situations in which you have felt moral distress, please write and score them here: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate your current level of burnout related to your work as a physician?

- No burnout
- Mild burnout
- Moderate burnout
- Severe burnout
- Complete burnout
- Not Applicable

Have you ever left or considered leaving a clinical position due to moral distress?

- No, I have never considered leaving or left a position.
- Yes, I considered leaving but did not leave.
- Yes, I left a position.

Are you considering leaving your position now due to moral distress?

- Yes
- No
- Not Applicable

PNHP will be conducting physician interviews to further examine moral distress in physicians and advance our research. Please indicate your interest for participating in an interview:

- I am interested in participating in an interview
- I am not interested in participating an interview

Contact Information

Please provide your first and last name:

Please provide your email:

Please provide your phone number:

Please provide your zip code:

We encourage you to share this survey with your colleagues and networks who may also be interested in contributing by sending them [this link!](#)

Please indicate your interest in being contacted about Physicians for a National Health Program's moral distress project:

Include me in receiving updates about PNHP's work to address moral distress

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