

Quality of Care and Moral Distress in Caring for Youth Experiencing Mental Health Boarding

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Introduction

Psychiatric illness among youth is increasingly prevalent and the demand for care outweighs the availability of psychiatric clinicians and beds. This results in youth boarding in hospital emergency departments or inpatient units while awaiting transfer to a psychiatric care facility. Many clinicians are not trained to provide psychiatric care to this vulnerable population. We aimed to:

- Assess perceptions of care quality and the experience of moral distress among clinicians caring for youth experiencing mental health boarding
- Identify priority areas of intervention.

Methods

- Data were collected from surveys sent to clinicians caring for youth experiencing mental health boarding on the inpatient pediatric unit at Dartmouth Hitchcock Medical Center (DHMC).
- Participants were asked open- and closed-ended questions about the quality of care they provided for youth experiencing mental health boarding.
- Responses to the two questions about healthcare quality, provided on a 5-point Likert scale, were dichotomized with the top two responses (≥ 4) indicating high perceived quality of care.
- To assess clinician moral distress, 11 scenarios grouped into patient, team, and system level factors were selected from the validated Measure of Moral Distress among Healthcare Providers (MMD-HP) Instrument.¹
- Clinicians were first asked to quantify how often each scenario occurred during their care of youth experiencing mental health boarding. They were then asked how distressing each was for them. Per established methods, the MMD-HP instrument was scored by multiplying frequency and intensity to get a composite score.

¹Elizabeth G. Epstein, Phyllis B. Whitehead, Chuleeporn Prompahakul, Leroy R. Thacker & Ann B. Hamric (2019) Enhancing Understanding of Moral Distress: The Measure of Moral Distress for Health Care Professionals, *AJOB Empirical Bioethics*, 10:2, 113-124, DOI: 10.1080/23294515.2019.1586008



Results

21 of 26 pediatric residents and hospitalists (80.8%) and 36 of 45 nursing staff members (80%) initiated the survey.

Table 1: Quality of Care Survey Results

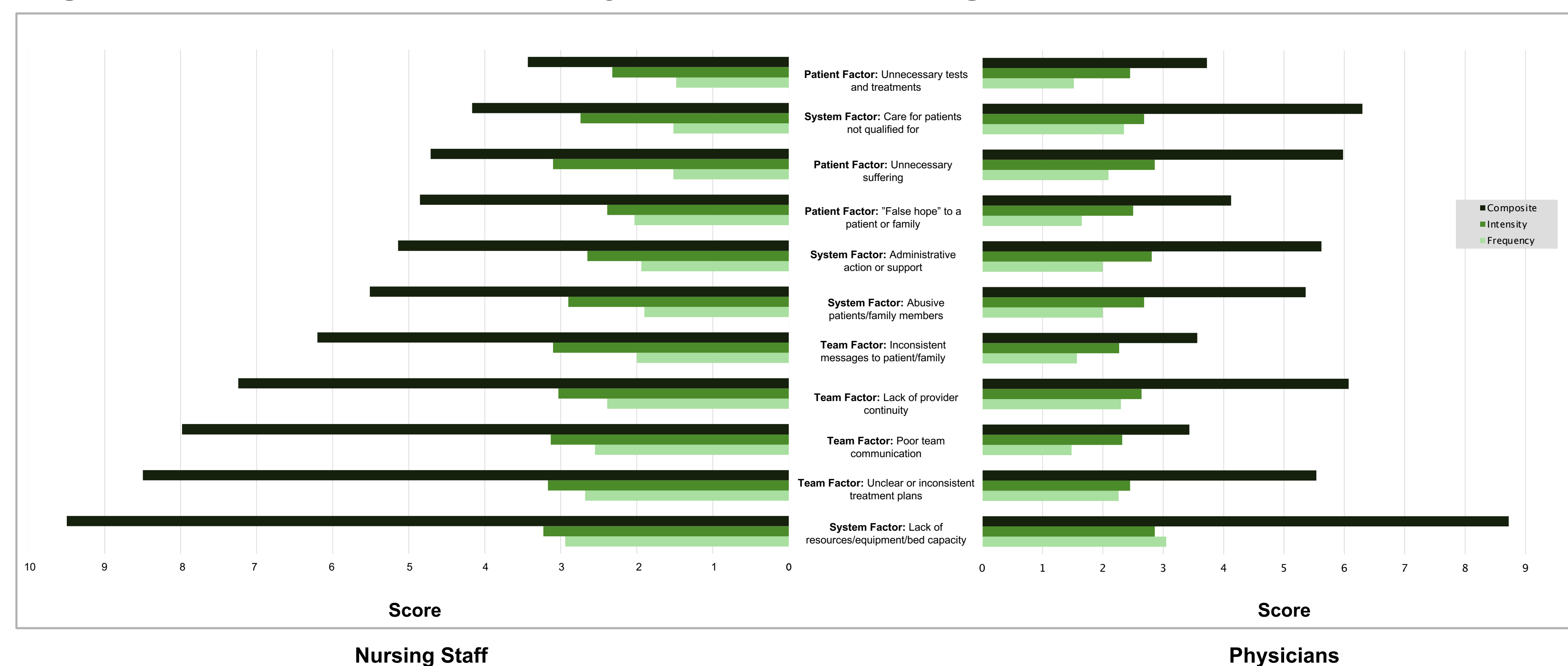
Quality of Care Survey Item	Nurse-Reported High Quality Care n (%) [*]	Physician-Reported High Quality Care n (%)
During the last month [or last time providing care on the inpatient unit], I feel the care I gave to youth during mental health boarding was as good as or better than care they would receive at any other hospital.	8 (25%)	3 (14%)
During the last month [or last time providing care on the inpatient unit], I feel I provided high quality services to youth during mental health boarding.	11 (34%)	3 (14%)

^{*}High quality" is defined as those selecting the top two responses (≥ 4) on a 5-point Likert scale
^{*}Responses missing for 4 nursing staff members

When asked in what ways DHMC provides excellent care to youth who are boarding, most respondents commented on the safe environment that DHMC provides to these patients. The availability of compassionate care team members was also stressed as a positive. Respondents described lack of access to psychiatric services and safe activities for these youth while they are boarding as ways the care for this patient population is suboptimal.

On the MMD-HP, both physicians and nursing staff scored the scenario about lack of resources, a systems level factor, the highest. The two groups then differed, with nursing staff scoring all team level factors next highest and physicians scoring a mixture of system and team next. Overall, the patient level factors scored lowest for each group.

Figure 1: MMD-HP scores for physicians and nursing staff



Scan this QR code to read each scenario and its moral distress care level factor.



Conclusions

There is considerable room for improvement in caring for youth experiencing mental health boarding at Dartmouth Hitchcock Medical Center. Respondents were happy with the safety they provide youth while boarding. However, most respondents were unhappy with the overall care they were providing for this patient population. The most common area needing improvement is the lack of psychiatric resources for these youth while boarding. This was also the most morally distressing for the two groups.

Overall, system and team level factors were the most morally distressing for both groups. A collaboration between nurses and physicians could help to decrease the team level moral distress that is present while caring for this patient population. Improving clinician access to psychiatric resources for patients will likely be more difficult to accomplish, but these results show it is a main area needing improvement.