Final scientific report on the implementation of the project

AGEISM AND SOCIO-COGNITIVE FACTORS IN THE ETHICAL DECISION-MAKING OF PRACTICING NURSES AND NURSES IN TRAINING, acronym AASCFITEDMOPNANIT

Project type: PN-III-P1-1.1-PD-2019-0982, within PNCDI III

Contract number: PD 21 / 2020

The general aim of our project is to investigate the socio-cognitive predictors of Romanian practicing nurses' and nursing students' ageism targeting older patients and its potential connections with nurses' moral distress. We aimed to do this by relying on an interdisciplinary theoretical framework, drawing on the socio-constructivist perspective of Social Representations Theory, Moral Psychology, Terror Management Theory and Social Identity Theory. After fulfilling our proposed objectives and publishing our results, we expanded our scope to include nurses' experiences of moral injury during the COVID-19 pandemic, thus going beyond our initial goal and exploring our research topics more in-depth. To accomplish this, we drew on the Self-Determination Theory and recent research on moral autobiographical episodic memories.

Performance indicators

We set out to disseminate our results in three articles published in journals indexed in WoS and with an impact factor above 1, as well as in two conference presentations with ISI-indexed proceedings. We surpassed our goal, with four articles already published in journals indexed in WoS and with an impact factor above 1, and a fifth currently in peer review, as well as the two conference presentations:

A. Journal articles:

1. Gherman, M. A., Arhiri, L., & Holman, A. C. (2022). Ageism, moral sensitivity and nursing students' intentions to work with older people–A cross-sectional study. *Nurse Education Today*, *113*, 105372. https://doi.org/10.1016/j.nedt.2022.105372 Impact Factor = 3.442
2. Gherman, M. A., Arhiri, L., & Holman, A. C. (2022). Ageism and moral distress in nurses caring for older patients. *Ethics & Behavior*, 1-17. https://doi.org/10.1080/10508422.2022.2072845 Impact Factor = 2.148
3. Arhiri, L., Gherman, M. A., & Holman, A. C. (2022). Ageism against older patients in nursing: conceptual differentiations and the role of moral sensitivity. *Journal of Elder Abuse & Neglect*, *34*(3), 198-221. https://doi.org/10.1080/08946566.2022.2086957 Impact Factor = 2.205
4. Gherman, M. A., Arhiri, L., Holman, A. C., & Soponaru, C. (2022). Injurious Memories from the COVID-19 Frontline: The Impact of Episodic Memories of Self- and Other-Potentially Morally Injurious Events on Romanian Nurses' Burnout, Turnover Intentions and Basic Need Satisfaction. *International Journal of Environmental Research and Public Health*, *19*(15), 9604. https://doi.org/10.3390/ijerph19159604 Impact Factor = 4.614
5. Gherman, M. A., Arhiri, L., Holman, A. C., & Soponaru, C. (in review). Effects of Nurses' Memories of Potentially Morally Injurious Events during the COVID-19 Pandemic on Occupational Wellbeing and Turnover Intentions: The Moderating Roles of Autonomy Support and Self-Disclosure. *International Journal of Environmental Research and Public Health*. Impact Factor = 4.614

B. Conference presentations:

2. Gherman, M.A. (2020). Ageism and moral distress in medical nurses and nurses in training: an integrative socio-psychological approach. In I. Boldea, C. Sigmirean and D. Buda (Eds.),

Paths of communication in postmodernity (pp. 309-318). Tîrgu Mureș, Romania: Arhipelag XXI Press. ISBN 978-606-8624-00-6

2. Gherman, M.A. (2022). AGEISM IN ROMANIAN NURSING – SOCIO-CULTURAL INFLUENCES. In I. Boldea (Ed.), Culture in Globalization: Identities and Nations Connected. Communication, Journalism, Education Sciences, Psychology and Sociology (pp. 250-258). Tîrgu Mureș, Romania: Arhipelag XXI Press. ISBN 978-606-93691-3-5.

Initial Objectives

Our initial objectives were:

1. Exploring Romanian nurses' and nursing students' social representations of older patients and their associated experiences of moral distress, along with their representations of older adults and ageing, so that we may obtain a comprehensive picture of the socio-cultural influences which may shape up their treatment of older patients.
2. Investigating ageism in healthcare within the framework of Social Representations Theory (SRT) and bridging the research conducted in moral psychology with the traditions of research in nursing ethics to gain a better understanding of both the social and the individual contributors to ageism toward older patients, as well as their collective influence on nurses, so that we may design adequate health interventions for both practicing nurses and students to optimize the healthcare of the elderly.
3. Devising more adequate methods to assess ageism in its context, according to past recommendations, and bringing empirical support for the conceptual differentiation between ageism toward older adults and, respectively, ageism toward older patients.
4. Exploring contributing factors which may influence ageism toward older patients in Romanian nurses and nursing students.

5. Given the scarcity of gerontological research in Romania, exploring the wellbeing and emotional outcomes of the ethical challenges faced by the nursing personnel working with the elderly in this geo-cultural context.
6. Assessing moderators of the relationship between ageism and its significant predictors so that future studies may devise effective and cost-efficient interventions to prevent and combat ageism toward older patients among nurses and nursing students in Romania and elsewhere in the world.

In addition to our initial objectives outlined above, after fulfilling them and based on the recent spikes in moral distress among the nursing staff all over the world during the COVID-19 pandemic, we also devised and explored the following objectives:

7. Exploring Romanian nurses' exposure to potentially morally injurious events (PMIEs), both self-perpetrated (self-PMIEs) and witnessed at their workplace (other-PMIEs), broadening the scope from older patient care ethical dilemmas to include other ethically challenging situations with which they were faced during this difficult time.
8. Investigating the effects of nurses' differential exposure to self- and other-PMIEs on their burnout, turnover intentions and work engagement.
9. Assessing potential mediators and moderators of the relationships between nurses' differential exposure to self- and other-PMIEs and burnout, turnover intentions and work engagement.

Fulfilled objectives

We fulfilled all our objectives outlined above, as follows:

Objectives 1 and 2. We carried out three pilot studies to explore Romanian nurses' and nursing students' social representations of ageing, older adults and older patients, along with

their experiences of moral distress. The first two pilot studies explored participants' social representations in the Structural Paradigmatic Approach to Social Representations Theory, using verbal associations techniques / hierarchical evocations tasks. We added to our initial plan the investigation of the social representations of older patients and we aimed to increase our number of participants from the initial 40 to 200, due to concerns regarding data heterogeneity and restrictive data analysis techniques associated with smaller samples. Given the enlarged sample needed, we chose to widen our scope to include practicing nurses from various medical specialties, based on the amount of time spent caring for elderly patients, which we measured through self-report. Our final samples comprised 200 participants, 100 nurses in training and 100 medical nurses who had worked with elderly patients for a minimum of 6 months at the time of the data collection. Results showed highly ageist social representations in both groups, suggesting that they may have been influenced by macro- and meso-level social factors. We found both benevolent and hostile ageism toward older patients. Social representations of ageing and older adults shared certain similarities with social representations of older patients. However, there were differences between them, supporting a conceptual differentiation between ageism toward older patients and ageism toward older adults. We also found support for ageism leading to moral distress, potentially because of the contradiction between nursing ethics and ageist attitudes. The results of these two pilot studies were partially published in the following articles:

Gherman, M. A., Arhiri, L., & Holman, A. C. (2022). Ageism, moral sensitivity and nursing students' intentions to work with older people–A cross-sectional study. *Nurse Education Today*, *113*, 105372. https://doi.org/10.1016/j.nedt.2022.105372 Impact Factor = 3.442

Arhiri, L., Gherman, M. A., & Holman, A. C. (2022). Ageism against older patients in nursing: conceptual differentiations and the role of moral sensitivity. *Journal of Elder Abuse &*

Neglect, *34*(3), 198-221. https://doi.org/10.1080/08946566.2022.2086957 Impact Factor = 2.205

The third pilot study investigated nurses' social representations of older patients and their emotional experiences associated with older patientcare, focused on moral distress, through episodic interviews. Upon updating our literature review, we found that the vast majority of works published in 2020 so far focus on the social and psychological effects of the COVID-19 pandemic on the activities and well-being of nurses and we addressed these issues in our interviews accordingly. We devised an interview guide for episodic interviews, in accordance with the delineated plan. The interview guide comprised 11 thematic sections (Informed consent, demographic data, conceptualization of the issue and biographic experiences, first experiences, relevant experiences, day to day life impact, episodic memories – communication, episodic memories – autonomy, episodic memories – ethical dilemmas, conclusions and imagined solutions, evaluation and small talk) and 50 questions. The first two interviews were also employed for pilot-testing our interview guide, according to the recommendations of Flick (2000). While one of our participants answered freely to all of the 50 questions, the other one declined to answer questions touching upon ageist practices at her workplace out of professional solidarity concerns. We kept the original form of the guide and subsequently adjusted our questions thematically according to the participants' wishes (i.e. if the participant declined to comment on a specific thematic area, we excluded all the questions pertaining to it). Initially, we set out to interview 20 nurses, 10 of whom working in emergency care units and 10 – in geriatrics. The main difference between these two populations was their degree of contact with elderly patients (high versus medium contact). Due to the legal restrictions imposed due to the COVID-19 pandemic, our access to medical institutions through official channels was prohibited. Thus, we proceeded to contact practicing nurses through snowballing sampling, trying to select participants according to their degree of contact with

elderly patients, thus fulfilling our initial projections for the purposes of our research. We ended up interviewing 25 participants, exceeding our initial objective. We had 2 male and 23 female participants, with ages ranging from 26 to 57. 10 of them are currently working almost exclusively with elderly patients due to the nature of their respective specialties (e.g., Pneumatology, Palliative Care, Nursing Homes, Orthopedics), while the other 15 currently work with patients of all ages (e.g. Oncology, Hematology, Surgery). All the interviews were conducted over the phone. The participants agreed to being audio recorded for the purposes of the transcription of the interviews, under the ethical obligation of the researcher to preserve their anonymity and ensure the confidentiality of their data. Our results suggested that the COVID-19 pandemic might have increased nurses' ageism, in line with results reported elsewhere. We also found that ageist stereotyping, prejudice and discrimination, either perpetrated or witnessed, may lead to moral distress, which was a novel finding, with studies so far maintaining that moral distress could only be caused by social and societal factors. Our results suggested that intra-individual factors could lead to moral distress as well. Our findings were discussed and interpreted in the following paper:

Gherman, M. A., Arhiri, L., & Holman, A. C. (2022). Ageism and moral distress in nurses caring for older patients. *Ethics & Behavior*, 1-17. https://doi.org/10.1080/10508422.2022.2072845 Impact Factor = 2.148

Objectives 3 and 4. We validated the following instruments on the Romanian population: the Moral Sensitivity Questionnaire, the Anxiety about Ageing Scale, the Revised Death Anxiety Scale, the Facts on Ageing Quiz, Nolan's intention to work with older patients questionnaire, and the Attitude Toward Own Ageing Scale. Then, based on our pilot study findings, we constructed and validated six questionnaires measuring Romanian nurses' and nursing students' social representations of old age, ageism toward older people and,

respectively, ageism toward older patients. These questionnaires can be used to measure these constructs in the Romanian context, as they were constructed based on the Social Representations Theory, which considers socio-cultural influences when assessing a psychological construct.

We then contacted relevant stakeholders in healthcare to gain access to our targeted populations (i.e., nurses and nurses in training) and proceeded to contact participants both at school and at their places of work and on social media. We also significantly increased the number of participants from a total of 150 to 820, of which 408 nursing students 412 nurses from Romania. We operated this methodological modification to increase the significance of our results and, consequently, the quality of our dissemination outlets.

Based on the findings of our pilot studies and previous literature, we hypothesized that ageism toward older adults might mediate the relationships between socio-cultural and individual predictors and, respectively, ageism toward older adults. Our findings supported this hypothesis and provided empirical support for the differentiation between ageism toward older patients and ageism toward older adults in nurses. Being older, having more work experience and experience with caring for older adults were associated with less ageism toward older patients. The higher the quality of the intergenerational contact, moral sensitivity and knowledge about ageing, the lower the ageism toward older patients. On the other hand, the higher the self-rated health, death and ageing anxiety, and the more ageist the social representations of older adults, the higher the ageism toward older patients. Nurses' education and the frequency with which they interacted with older adults did not have a significant influence on ageism toward older patients. In nurses, ageism toward older adults was found to mediate the influence of mortality awareness, intergenerational contact quality and knowledge of ageing on ageism toward older patients:

Arhiri, L., Gherman, M. A., & Holman, A. C. (2022). Ageism against older patients in nursing: conceptual differentiations and the role of moral sensitivity. *Journal of Elder Abuse & Neglect*, *34*(3), 198-221. https://doi.org/10.1080/08946566.2022.2086957 Impact Factor = 2.205

In nursing students, the mediating effects of ageism on relationships between students' intention to work with older patients and, respectively, intergenerational contact quality, moral sensitivity, knowledge and anxiety of ageing, death anxiety and attitudes towards older adults were assessed with confidence intervals computed with bias corrected bootstrapping at 5000 resamples:

Gherman, M. A., Arhiri, L., & Holman, A. C. (2022). Ageism, moral sensitivity and nursing students' intentions to work with older people–A cross-sectional study. *Nurse Education Today*, *113*, 105372. https://doi.org/10.1016/j.nedt.2022.105372 Impact Factor = 3.442

Objectives 5 and 6. We assessed the role of moral sensitivity as a moderator for the relationships between ageism in nurses and nursing students and their significant predictors. In nurses, moral sensitivity had a significant negative influence on ageism toward older patients. Moreover, death and ageing anxiety had a significant positive influence on ageism toward older patients, while intergenerational contact quality and knowledge of ageing – a significant negative influence. Consistent with our assumptions, we also found that these predictors had a significant influence on ageism toward older adults in the same directions, and that ageism toward older adults was a significant positive predictor for ageism toward older patients. Mediation analyses confirmed that ageism toward older adults partially mediated the relationships between ageism toward older patients and, respectively, intergenerational contact, knowledge of ageing, death and ageing anxiety. Moderation analyses confirmed that moral sensitivity moderated both the influence of knowledge of ageing (B=-.116, t=2.58, p=.01,

95%CI=-.213;-.037) and the influence of ageism toward older adults (B=-.16, t=3.659, p<.001, 95%CI=-.249;-.076) on ageism toward older patients. Simple slope analyses showed that at low moral sensitivity, there is a lower impact of knowledge of ageing on ageism toward older patients, while increasing moral sensitivity augments the negative influence of knowledge of ageing on this form of ageism. Conversely, increasing moral sensitivity dampens the relationship between ageism toward older adults and ageism toward older patients, with the relationship at its strongest among participants with low moral sensitivity. Furthermore, we brought evidence that interventions targeting ageism based on gerontological education could benefit greatly by including a moral sensitivity training component.

In nursing students, ageism toward older patients was significantly increased when intergenerational contact quality, knowledge of ageing and moral sensitivity were low, and also when attitudes toward own ageing were negative. Anxiety about ageing had a significant positive effect on ageism, while the effects of grade, health status, intergenerational contact frequency and death anxiety on ageism were not statistically significant. Moral sensitivity significantly moderated the impact of intergenerational contact quality, knowledge of ageing, anxiety about ageing, death anxiety and attitudes toward own ageing. Thus, higher levels of moral sensitivity rendered the influence of contact quality, anxiety about ageing and death anxiety insignificant. For students with low moral sensitivity, positive attitudes toward own ageing no longer served as a buffer against ageism, as they did for average and high moral sensitivity. While higher knowledge of ageing significantly predicted lower ageism, irrespective of the level of moral sensitivity, its influence was significantly greater for people with high and average moral sensitivity as compared to students with lower moral sensitivity. As expected, students' intention to work with older patients was significantly higher when perceived behavioral control, social support and moral sensitivity were increased, and, respectively, lower among students reporting poor health. However, moral sensitivity only

moderated the impact of perceived behavioral control on intention and did not serve as a buffer for social support. Thus, the influence of perceived behavioral control was highest in students with low moral sensitivity.

Ageism toward older patients significantly mediated the relationships between intention to work with older patients and intergenerational contact quality, moral sensitivity, knowledge of ageing, anxiety of ageing and attitudes toward own ageing. There was no mediating effect for death anxiety. The influences of intergenerational contact quality and anxiety of ageing on students' intentions to work with older patients were fully mediated by ageism, while the effects of knowledge of ageing, moral sensitivity and intergenerational contact quality were partially mediated by ageism.

The results of this research provide supporting evidence that moral sensitivity can buffer the majority of known social and individual positive predictors of nurses' ageism toward older patients, as well as the negative influence of such factors on nursing students' intentions to work with them. Additionally, moral sensitivity serving as a buffer for most of the negative influences on students' intentions to work with older adults shows its potential to impact behavior as well, with intention being one of its main predictors. This stresses the importance of targeting ageism in the nursing curricula, while also supplying evidence for the potential efficacy of moral sensitivity training in this regard. And finally, since students' moral sensitivity did not buffer the effects of social support on their intentions to work with older patients, our results support the necessity of comprehensive gerontological training in nursing school provided by unbiased experts in this field.

To fulfill our additional *Objectives 7, 8 and 9*, we conducted two studies on Romanian nurses in which we investigated the differential impact of exposure to self- and other-PMIEs (i.e., severe moral violations perpetrated or witnessed by the individual under perceived environmental coercion) on their occupational well-being and turnover intentions. Both studies

showed that Romanian nurses of various specialties were exposed in great proportion to PMIEs of both types.

The first study investigated the impact of self- and other-PMIEs on work outcomes by exploring nurses' episodic memories of these events and the basic psychological need thwarting associated with them. Using a quasi-experimental design, on a convenience sample of 463 Romanian nurses, we found that PMIEs memories were uniquely associated with burnout and turnover intentions, after controlling for socio-demographic characteristics, general basic psychological need satisfaction at work and other phenomenological characteristics. Both self- and other-PMIEs memories were need thwarting, with autonomy and competence mediating their differential impact on burnout, and with relatedness—on turnover intentions. Our findings emphasize the need for organizational moral repair practices, which should include enhancing nurses' feelings of autonomy, relatedness and competence. Psychological counseling and psychotherapy should be provided to nurses to prevent their episodic memories of PMIEs to be (fully) integrated in autobiographical knowledge, because this integration could have severe consequences on their psycho-social function and occupational health, as well as on the organizational climate in healthcare institutions:

Gherman, M. A., Arhiri, L., Holman, A. C., & Soponaru, C. (2022). Injurious Memories from the COVID-19 Frontline: The Impact of Episodic Memories of Self- and Other-Potentially Morally Injurious Events on Romanian Nurses' Burnout, Turnover Intentions and Basic Need Satisfaction. *International Journal of Environmental Research and Public Health*, *19*(15), 9604. https://doi.org/10.3390/ijerph19159604 Impact Factor = 4.614

Our second study, currently undergoing peer review, used an experimental design on a convenience sample of 634 Romanian nurses. We found that memories of self- and other-PMIEs were uniquely associated with work engagement, burnout, and turnover intentions,

compared to a control group. These relationships were mediated by the three basic psychological needs. Relatedness was more thwarted for memories of other-PMIEs, while competence and autonomy were more thwarted for memories of self-PMIEs. Perceived supervisor support moderated the relationship between experimental condition, autonomy satisfaction, and turnover intentions, as well as the relationship between experimental condition, autonomy satisfaction, and work engagement. Self-disclosure moderated the relationship between experimental condition, relatedness satisfaction, and burnout, as well as the relationships between experimental condition and work engagement, and, respectively, between relatedness satisfaction and work engagement. Our findings emphasize the need for different strategies in addressing the negative long-term effects of nurses' exposure to self- and other-PMIEs, according to the basic psychological need satisfaction and type of wellbeing indicator:

Gherman, M. A., Arhiri, L., Holman, A. C., & Soponaru, C. (in peer review). Effects of Nurses' Memories of Potentially Morally Injurious Events during the COVID-19 Pandemic on Occupational Wellbeing and Turnover Intentions: The Moderating Roles of Autonomy Support and Self-Disclosure. *International Journal of Environmental Research and Public Health*. Impact Factor = 4.614

Main Findings (adequate for public dissemination of the results and available here: https://www.uaic.ro/ageism-nurses-moral-stress/)

During the COVID-19 pandemic, systemic and institutional ageism targeting older adults and patients has soared in healthcare all over the world. Also, nurses' moral distress and exposure to potentially morally injurious events have also spiked during this time. The main objective of our project was to explore Romanian nurses' moral distress and ageism targeting older patients in the context of the COVID-19 pandemic, along with investigating a potential

connection between them. We also sought to test out potential ways to decrease the negative effects of both ageism and moral stressors.

In healthcare, nurses are entrusted to advocate for the psychological and physiological welfare of their patients, with an emphasis on caring rather than curing. Their professional activity is regulated by person-centered ethical values drawn from virtue ethics, deontological, humanist, and feminist views, among which championing human rights and fighting against discrimination. When they cannot translate these values into their practice, moral distress results, with cumulative detrimental effects on their health and well-being, and with approximately 20% of them leaving the profession due to burnout. As such, moral distress occurs when nurses are unable to act as moral agents due to system structures or external pressures, which leads to perceived moral constraint and/or moral conflict.

Ageism comprises prejudice, stereotyping and discrimination based on age, mostly affecting older adults rather than younger people. In healthcare, it is unfortunately very prevalent, due to societal, institutional/organizational, and individual factors. In Romania, mirroring international trends, we found that both practicing nurses and nursing students hold ageist social representations of older patients. As such, they often regard them as frail, irrespective of their actual health status, likening them to children, with a diminished capacity of comprehension and judgment. Compared to younger patients, older patients are more likely to be verbally and physically abused in healthcare institutions, making them victims of discriminatory behaviors ranging from raising one's voice when addressing an older patient (stemming from the preconceived notion that older adults are hearing-impaired), to shoving, manhandling or even sedating them to keep them quiet. Regarded with low compassion and empathy, older patients generate feelings of disgust and contempt among nurses and nursing students. Importantly, these ideas, feelings, and behaviors have been socially transmitted through legislation, collective mentalities, institutional practices, and norms, as well as through

the influence of their superiors and peers. Other sources of influence are how the process of aging and older adults in general are socially viewed in the Romanian context. In other words, nursing students enter the healthcare system with ageist social representations of older adults, which lay the foundation for ageist social representations of older patients, reinforced by the characteristics of our current healthcare system.

Our findings also show that, while ageism toward older patients may be high in Romanian nurses and nursing students, training their moral sensitivity may lower ageism and increase students' intentions to work in geriatric settings. Moral sensitivity is a trainable ability to discern between right and wrong in terms of person-centered care. It plays a key part in moral decision-making, helping nurses to quickly resolve day-to-day moral conflict, while respecting patients' autonomy, dignity, and human rights. As such, it can buffer other socio-cognitive ageist influences, like the quality of previous interactions with older adults, death and ageing anxiety, attitudes toward own aging and knowledge of aging. Fostering moral sensitivity in both nurses and nursing students could be a promising new avenue to prevent and combat ageism toward older patients, together with comprehensive gerontological education, meant to decrease stereotyping and help nurses fulfill their role as moral advocates.

Ageism can lead to moral distress due to the inherent conflict between nurses' ethical code and their age-based prejudice, discrimination, and stereotyping. This became more apparent during the COVID-19 pandemic, when the ageist measures taken to protect older adults from contracting the new coronavirus increased healthcare ageism, transforming nurses' representations of older patients accordingly. Our results showed that nurses felt moral conflict, both when passively witnessing ageist acts and when perpetrating them to adhere to group norms, emphasizing the urgent need to combat ageism for both patients' and nurses' wellbeing.

Finally, given the devastating impact of the fourth wave of the COVID-19 pandemic on the Romanian healthcare system, and based on results from previous waves, we decided to

explore whether nurses' experiences of moral distress amounted to potentially morally injurious events, along with the consequences of them being exposed to this type of traumatic occurrences on their occupational wellbeing and turnover intentions. Using experimental and quasi-experimental designs, we found that nurses' memories of potentially morally injurious events have a unique impact on their burnout, turnover intentions, and work engagement. As such, perpetrating, failing to prevent, witnessing, or finding out about actions which deeply violated their moral beliefs and expectations, affected their occupational wellbeing and turnover intentions.

The mechanism through which this occurred is nurses' thwarting of their basic psychological needs (i.e., autonomy, competence, and relatedness). In other words, committing or passively witnessing severe moral transgressions under perceived environmental coercion made nurses feel disconnected from their own will and goals, ineffective and inefficient, as well as neglected, disregarded, and disrespected by their peers and superiors. In turn, this increased their burnout and turnover intentions, while decreasing their work engagement.

We also found support for two factors which may protect them from these negative effects of exposure to potentially morally injurious events: self-disclosure and perceived supervisor support. Self-disclosure is the process by which someone shares information about themselves intentionally, with the purpose of being known by others. Nurses' high self-disclosure protected them against the negative effects of a relatedness thwarting on work engagement and burnout. Perceived supervisor support is an organizational factor which refers to nurses believing that their supervisors value their contributions, are fair, care about their wellbeing, and they are generally supportive of their autonomy. Higher perceived supervisor support protected nurses from the negative effects of autonomy thwarting on their work engagement and their turnover intentions. These findings emphasize the need for different strategies in addressing the negative long-term effects of nurses' exposure to potentially

morally injurious events according to basic psychological need satisfaction and type of wellbeing indicator.

Project director,

GHERMAN Mihaela-Alexandra