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MORAL DISTRESS EXPERIENCED BY ONLINE SUICIDE PREVENTION VOLUNTEERS: QUALITATIVE RESEARCH

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Abstract: Background: With the increasing number of internet users, it becomes feasible to identify individuals at high risk of suicide and then carry out online suicide prevention. At the same time, online suicide prevention volunteers may encounter moral distress, which requires more attention. Purpose: This study aimed to explore the experience of moral distress in online suicide prevention. Method: The study was carried out as a qualitative study following the method of phenomenology. 11 interviewers were recruited through the purposive sampling method. Data were collected through semi-structured, in-depth face-to-face interviews. Colaizzi's phenomenological framework was used for data analysis. Results: All participants reported they encountered moral distress during online suicide prevention. Four themes were condensed, including: "constraints from the surrounding," "be cruel to be kind," "baby spoiled by free milk," and "when face death and depression" Participants also described their emotional experiences and response when they encountered moral distress. Conclusion: Moral distress in the process of online suicide prevention exists. More attention should be paid to the moral distress and ethical issues in online suicide prevention as the internet gradually becomes a brand-new way to prevent suicide.

Keywords: moral distress, qualitative research, online suicide prevention, mental health/psychiatry, phenomenology

La angustia moral experimentada por los voluntarios de la prevención del suicidio en línea: investigación cualitativa

Resumen: Antecedentes: Con el creciente número de usuarios de Internet, es posible identificar a las personas con alto riesgo de suicidio y llevar a cabo la prevención del suicidio en línea. Al mismo tiempo, los voluntarios de esta prevención pueden encontrarse con angustia moral, lo que requiere más atención. Objetivo: Este estudio tiene como objetivo explorar la experiencia de la angustia moral en la prevención del suicidio en línea. Método: El estudio se llevó a cabo como un estudio cualitativo siguiendo el método de la fenomenología. Se reclutó a 11 entrevistadores mediante el método de muestreo intencional. Los datos se recogieron mediante entrevistas semiestructuradas y en profundidad, cara a cara. Se utilizó el marco fenomenológico de Colaizzi para el análisis de los datos. Resultados: Todos los participantes informaron que habían encontrado angustia moral durante la prevención del suicidio en línea. Se condensaron cuatro temas, a saber: "limitaciones del entorno", "ser cruel para ser amable", "bebé mimado por la leche gratis" y "cuando se enfrenta a la muerte y la depresión". Los participantes también describieron sus experiencias emocionales y su respuesta cuando se encontraron con la angustia moral. Conclusión: La angustia moral en este proceso existe. Hay que prestar más atención a la angustia moral y a las cuestiones éticas en la prevención del suicidio en línea, ya que Internet se convierte gradualmente en una nueva forma de prevenir el suicidio.

Palabras clave: angustia moral, investigación cualitativa, prevención del suicidio online, salud mental/psiquiatría, fenomenología

Stress moral experimentado por voluntários de prevenção de suicídio online

Resumo: Antecedentes: Com o crescente número de usuário de internet, torna-se viável identificar indivíduos com alto risco de suicídio e então conduzir prevenção de suicídio online. Ao mesmo tempo, voluntários de prevenção de suicídio online podem enfrentar stress moral, o qual requer mais atenção. Proposta: Esse estudo objetiva explorar a experiência de stress moral em prevenção de suicídio online. Método: O estudo foi conduzido como um estudo qualitativo seguindo o método da fenomenologia. Foram recrutados 11 entrevistados do método de amostragem intencional. Foram coletados dados através de entrevistas face a face, semiestruturadas e em profundidade. O referencial fenomenológico de Colaizzi foi utilizado para análise dos dados. Resultados: Todos os participantes relataram terem experimentado stress moral durante a prevenção de suicídio online. Quatro temas foram condensados: "limitações do ambiente", "ser cruel para ser gentil", "bebê mimado com leite gratuito" e "quando encarando a morte e a depressão". Os participantes também descreveram suas experiências emocionais e respostas quando enfrentaram stress moral. Conclusão: Stress moral no processo de prevenção de suicídio online existe. Mais atenção deve ser dada ao stress moral e aspectos éticos em prevenção de suicídio online na medida em que a internet se torna gradualmente uma maneira totalmente nova de prevenção de suicídio.

Palavras chave: stress moral, pesquisa qualitativa, prevenção de suicídio online, saúde mental/psiquiatria, fenomenologia

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Introduction

Since more than 700,000 people die by suicide every year, suicide has become the fourth leading cause of death among 15-29 years old globally*(1)*.

As the era of digital media gradually coming, the increasing popularity of the internet and social media use has provided more freedom of expression and dissemination, lowering the threshold for expressing suicidal ideation, so more messages containing suicidal ideation can be discovered and investigated easily*(2-6)*. Since the internet provides unique opportunities for suicide prevention and intervention for young people, some organizations or individuals have emerged, they detect suicide ideation by social media platforms like Facebook, Weibo, QQ, or other social media platforms and prevent people from the risk of suicide*(7-10)*. In China, organizations and individuals of online suicide prevention identify and find high suicide-risk individuals who often leave information containing suicidal ideation on social media platforms (such as Weibo, Douban, QQ) and then give them psychological support and assistance. If necessary, they would call the police or other volunteers to get the required help.

Although the internet provides opportunities for suicide prevention, its application has also raised important practical, ethical, and safety issues, like privacy, confidentiality, and informed consent*(11-13)*. At the same time, online suicide prevention also means volunteers may frequently cope with death, and these factors would affect the generation of moral distress*(14-16)*.

Moral distress has been initially described as "one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action"*(17)*. In addition to external constraints, some researchers believe that other moral issues like internal constraints*(18)*, conflicts*(19,20)*, uncertainties*(19,21)*, dilemmas*(19,21)* and tensions*(19)* may also cause moral distress.

Unresolved moral distress may result in several negative impacts on people. In terms of professional attitudes, studies have shown that the existence of moral distress may be related to burnout, professional identity, and job satisfaction and even lead to turnover*(22-27)*. On the other hand, moral distress has also been shown to be related to a response like anxiety, depression, anguish, fear, guilt, sleeplessness, anger, sadness, frustration, powerlessness, and loneliness*(19,28-30)*. Therefore, it is necessary to clarify whether moral distress exists in online suicide prevention and its distinguishing factors. Targeted policies for identifying and responding to moral distress in this group are also needed.

These studies show, therefore, that moral distress is a severe problem to detect and solve. Most of the current moral distress research is concentrated in the field of nursing, and there are also published studies on moral distress in other areas such as clinicians*(23,31,32)*, veterinarians*(33)*, patients and families*(34)*, social workers*(35)*. There is still a minimal research report on moral distress's existence and related experience in online suicide prevention. However, online suicide prevention has different representations such as spontaneous, public interest, and web-based with other groups. So, the manifestations and characteristics of moral distress may also differ. Therefore, this study has implications for the expansion and further development of the definition of moral distress by conducting in different groups.

The purpose of this research is to describe the experience of moral distress in online suicide prevention.

Ethical considerations

The study was approved by the ethics committee of the author's university (Approval No. E202180). All participants were informed that participation was confidential and voluntary and that they were free to withdraw from the project at any time. All original research materials are kept confidential and only be contacted by the researcher.

Methods

Study design

The exploratory phenomenological research method was used. Through semi-structured, in-

depth face-to-face interviews, the moral distress experience of online suicide prevention volunteers was investigated. The moral issues, emotional experience, related factors, and response in the moral distress in online suicide prevention were analyzed in this study.

Participants

The purposive sampling method is used. From June 10 to September 10, 2021, recruitment information was published in the Tree Hole Rescue Team (one of the largest online suicide prevention organizations in China, with more than 700 volunteers, has provided 14617 assistances to people at high risk of suicide in recent three years) and Chinese social media platforms (including Weibo, QQ, and Douban). The main content of the recruitment information includes the main content and purpose of the research, the inclusion and exclusion criteria, the informed consent form, and the deadline (12 weeks). An online form for filling in relevant information of the recruited was attached at the end.

Online suicide prevention volunteers will be invited to have ever participated in online suicide prevention. Volunteers who were underage or did not have access to online interviews were excluded

According to the principle of information saturation, when the collected data is saturated and the main categories show the depth and change of their development, it is deemed to be information saturation, and no interviews will be conducted. In this study, data saturation was reached with the ninth participant interview.

Data collection

Data were collected through semi-structured, in-depth face-to-face interviews

between June 2021 and September 2021 by online video chat. Each interview lasted approximately 60 minutes. Based on the literature review, the first draft of the interview outline was developed according to the research purpose. Then through being tested, reviewed, and approved by the research team, the last research questions were identified: 1) During the process of online suicide prevention, have you ever encountered moral issues? 2) What are your feelings when facing moral issues?3) Have you ever experienced moral distress when you faced these moral issues? Can you tell me more about your experience? 3) How does your emotional experience like when experiencing moral distress? 4) What are the impacts of moral distress? 5) How do you deal with it after encountering moral distress?

To ensure validity, the researchers would explain the definition of moral distress to the participants before. Interviews would only be started after the participants had clarified the definition of moral distress. Through the interview, the facial expressions of each participant were observed and recorded. The voice of the interview was recorded after the consent of each participant. After the interview, the recording was manually transcribed verbatim by the researcher. Each participant was marked as the number to protect personal privacy.

Data analysis

NVivo 12.0 was used to analyze qualitative data. Results were analyzed using Colaizzi's phenomenological framework. In the first step 1, researchers LSX and SM repeatedly read the transcript to understand their experience and hidden meaning in deep understanding. Then In the second step, the manuscript is analyzed by words by LSX and SM, and meaningful words related to moral distress are marked. In the third step, LSX and SM identify some recurrent meanings. In the fourth step, formulated meanings were organized into theme clusters and themes preliminarily. In the fifth step, LSX and SM initially describe the previous step's themes and generate a draft of the basic structure of moral distress in online suicide prevention. In the sixth step, a detailed description of the moral distress in online suicide prevention was generated. In the seventh step, a final summary of the data and the original transcripts were compared to verify the basic structure. The finding was also shared with each participant to reflect the actual experience.

Result

Eleven participants with online suicide prevention experience were selected to conduct in-depth interviews. Table 1 shows the demographic characteristics of the participants.

Note: a: have attended at least one short psychology training (less than seven days) or seminar

b: have not attended psychology training and lectures

c: qualified as a psychological counselor

B: no training in ethics

It is clear that moral distress encountered by online suicide prevention participants commonly existed. Starting from the interview records, we condensed four themes of moral issues and their moral distress experience: "constraints from the surrounding," "be cruel to be kind," "baby spoiled by free milk," and "when face death and depression."

Constraints from the surrounding

The participants reported the existence of constraints from the surroundings. Although the sources of constraints are different, all the interviewers described they felt constrained from the surroundings, resulting in moral distress. The majority of constraints are external constraints sourced from the rescued, the rescued relatives, police, and media. The main manifestations of these external constraints are being obstructed, distrusted, uncooperative by surroundings, and even being criticized and blamed.

I have persuaded him for a month and have not convinced him to receive professional treatment … because I can't force him or find someone to take him to the hospital. (I03)

Some parents accused their children after we called the police and said that we let all the neighbors know (there is someone in his family who wants to commit suicide) (I04)

My family doesn't support me. They think we are asking for trouble (I06)

There used to be a quarrel between an editor from a newspaper and me … his view as they have the autonomy to write anything (about suicide prevention and people been rescued) … I told him it might harm the baby, which may cause secondary harm … I have encountered lots of things … confusion, grievances … it's tough to say, it's tough to master this. (I02)

Except for external constraints, participants also described that their ability is not enough to prevent suicide, which may cause distress to them.

I am also quite embarrassed. I don't know if what I have done is useful … I just provide advice which I think is right … I really can't do anything

Table 1. Participant characteristics (N = 11).

Participants	Gender	Education	Experience in psychology training	Experience in ethics training
I01	Female	Bachelor's degree	a	B
I02	Female	Bachelor's degree	a	B
I03	Male	Bachelor's degree	a	B
I04	Male	doctoral degree	a	B
I05	Female	Bachelor's degree	c	B
I06	Male	Bachelor's degree	a	B
I07	Male	Bachelor's degree	a	B
I08	Male	Bachelor's degree	b	B
I09	female	Bachelor's degree	b	B
I10	male	High school	b	B
I11	female	High school	a	B

about it(I06)

When coping with these constraints from the surroundings, the participants felt anxious, helpless, embarrassed, and confused. Some participants also expressed anger. But despite facing these negative emotions, they did not rigidly resist these constraints in the process of dealing with moral distress. Instead, they always put it on hold or chose another way to solve the problem.

It will make me rethink whether my behavior is

Table 2 Moral principles and corresponding moral issues

Principles	Moral issues	Manifestations
Respect for Autonomy	Lie	Because if he has suicidal ideation, in his opinion, there is only one situation where you can communicate with him, that is, you also have thoughts of suicide, and you want to commit suicide with him. Otherwise, he would not keep in contact with you. (I07)
	Secrecy	… them regard you as a good friend. They hope that the people around them will not know their negative emotions, but when we feel that his thoughts are excessive, in fact, we still need to seek help from people around them ... If you don't do it, you may not be able to help him(I09)
	Disturbance	You may bring an intrusion to them if you call the police … but if you do not … you may lose an opportunity to save his life … Is it possible that he finally said that you brought me pain? (I02)
	Well-intentioned threats	When met emergencies (someone was at high suicide risk) … somebody might say that if people commit suicide, they will go to hell(I07)
Nonmaleficence	Dual relationship	… some volunteers and rescued persons may fall in love … and then the rescued will have a profound attachment to volunteers (I01).
Beneficence	Live in pain or die in relief	… (due to family and illness) His life is a living death … Should I persuade him to live, or should I let him get rid of it(I08)?
	Side effects of treatment	… we may pay more attention to his current health … but the treatment may also affect his development … If he can continue to study, his life will be completely different. (I07)
Justice	The conflict between quantity and quality	One more person may save one more life …but when someone is not trained enough and cannot implement the requirements of our guide, which may cause harm to the rescued. (I04)
	Moral judgment	… when we face home-wreckers (but with high suicide risk), should we judge them or offer them help? (I01)

correct and whether I should do it, and then it will make me hesitate(I10)

I believe that no matter whether they understand us, I have to use all the methods to stop their suicidal intentions and save lives(I07).

Be cruel to be kind

Participants of online suicide prevention also often face the "be cruel to be kind" dilemma—to save lives from the haze of suicide, they have to become cruel, which always be like a dilemma between moral principles.

Respect for Autonomy, no maleficence, beneficence, and justice are the four main principles of biomedical ethics36. These four principles have their characteristics and manifestations. Most participants described that in online suicide prevention, conflicts between different moral principles often happened, and they struggled with the final ethical decision, which also led to moral distress. The characteristics of the various principles, the issues that may cause moral distress, and their manifestations are listed below (table 2.)

Although in the process of encountering moral dilemmas, the participants described hesitation, sadness, powerlessness, and anger with it, all of them chose to save lives at all costs. Unlike moral constraints, in the face of this moral dilemma, although every participant made a moral decision that they thought was correct, they still described the entanglement and pain they suffered in the process. Even two in eleven said that the emergence of these moral dilemmas might affect their enthusiasm for continuing to participate in online suicide prevention. It reflects the existence of this kind of moral dilemma may also cause moral residue, which also conformed to the research content of Morley37.

"Baby spoiled by free milk."

They regard you as a nanny … the organization is like a free breast … after people take free breast milk, they will never intend to drink for a fee. (I05)

A participant described online suicide prevention to us as free breast milk. Although some donations and sponsorships may be received, the nature of online suicide prevention organizations and individuals is charitable. These good deeds are undoubtedly the embodiment of virtue, but on the other hand, they can also cause some moral issues.

Because it is charitable, the rescued don't cherish it. They may even misunderstand and attack you. (I05).

And the other baby who doesn't charge just feels very sorry for me … On the contrary, although he relieved a lot with our help, at the same time, he was very guilty… (I05)

According to the participants, because of the unpaid online suicide prevention, the guilt or indifference that the rescued may feel is undoubtedly not beneficial for resolving their suicidal ideation. In addition, some participants described some negative impacts when they expect nothing in return to prevent suicide, including the expense of time and money, exhaustion of energy, emotional exhaustion, and exposure to negative emotions.

Internet suicide prevention has been extremely draining for me, and my health has suffered as a result. (I06)

Participants described helplessness, exhaustion, self-doubt, and worry in this dilemma. However, most of them still believed that they would continue to save lives, while two described their worry that it may decrease their passion for preventing suicide. At the same time, three participants simultaneously proposed reasonable fees.

When face death and depression

Half of the above participants describe that sometimes it is powerless for them to help the rescuers since they lack psychological knowledge.

There are various reasons for suicide, and it's challenging for an amateur like me to help solve a crisis event. (I06)

Some volunteers who lack medical or psychological knowledge do not realize the importance of standardized treatment for depression. (I03)

A participant also told his story that he was rejected because he was not a professional psychologist or psychiatrist. A strong specialization in depression and crisis intervention is always needed in depression treatment and crisis intervention.

I joined an online chat group about the rehabilitation of depression ... there was a patient who had a symptom of loss of taste, and then he told his doctor. The doctor said that it might be an adverse effect of antidepressants, which resulting some of his necrosis dead. . . I made a refute that it was hypoesthesia. Then some patients were angry with me …because I am not a psychiatrist, I am not qualified to judge professional physicians… Then they didn't allow me to enter this group again. (I07)

The referral process is necessary for online suicide prevention because most volunteers do not have the expertise and authority to prescribe and treat. The only one in the eleven who have ever been a psychologist described the ethical issues in the referral process.

I told his parents that he was already PTSD... It is necessary to intervene. . . Why can't you spend money (to do intervene)? But his parents don't want him to go … But when the baby needs to be referred, we can't pick this case directly because our team is charitable. Then we can only refer him to other consultants, which is equivalent to other psychologists who need to re-establish the connection. (I02)

When responding to the moral incidents of depression and death, participants generally described their experience as confusion, weakness, uncertainty, and hesitation. At the same time, their response is consistent.

Everyone's life is significant, and it is only once for everyone, so this thing (online suicide prevention) cannot be terminated. (I07).

Discussion

The results prove the existence of moral distress in this group and condensed the moral distress encountered by them into four themes, "constraints from the surrounding," "be cruel to be kind," " baby spoiled by free milk," "when face death and depression." In other words, these four themes could correspond to the constraints, the dilemmas of conflicting moral principles, detrimental effects of free services, the complexity of crisis intervention.

Moral distress was first focused on the nurse*(17)*, and it has been further developed in medical treatment. The number of related articles has increased exponentially38. But unlike nurses, in other words, healthcare workers, there are some specific differences between online suicide prevention and them: 1) Online suicide prevention organizations and individuals mainly carry out unpaid services. Currently, few people take online suicide prevention as their main job. 2) Online suicide prevention is linked tightly to death and mental illness. 3) The management system is much different from that of the hospital. There is no employment relationship between suicide prevention organizations and individuals. Volunteers do not have strong subordinate or colleague relationships.

To a certain extent, the characteristics of moral distress in the process of online suicide prevention are slightly different from health care professionals:

According to the results, although online suicide prevention may encounter some ethical issues because it does not charge the fee, this also made it a different feature. The belief, "Spend your own leisure time to save lives for free," is more like a screening mechanism. Only those with strong moral courage will be chosen. Therefore, the volunteers of online suicide prevention will always have more profound beliefs and never give up on saving a life. Moral courage refers to a kind of energy that commits the people to overcome fear, stand up to their values and principles, listen and advocate, and continue to work despite conflicting obligations39. At the same time, research also showed that moral courage could substantially impact helping to resist moral distress*(30,40-42)*. Therefore, most participants reported that the negative impact was light and transient despite moral distress. Only two of the eleven people made it clear that she was hesitant to participate in online suicide prevention because of moral distress.

Although the work content is carried out around life and death, nurses and online suicide prevention volunteers face different occasions. As a nurse caring for dying patients*(43-45)*, witnessing sudden death46 is the main source related death to moral distress. This distress is more similar to a kind of guilt and powerlessness, loss, and grief*(15,46)*. For online suicide prevention volunteers, differently, in the face of death, they are the role that persuaded others away from the edge of suicide. Under the premise that "saving lives is of paramount importance (I06)", volunteers described, "In fact, in that occasion, I didn't think about moral principles ... for everyone's safety, it may be sacrificed something (I10)". In the face of individual choices to suicide, due to the cherishing of life, the volunteers may quickly identify potential moral risks, which may help them reduce the negative impact of moral distress*(47)*. Still, the reduction in moral sensitivity, on the other hand, may affect the ability to make ethical decision-making*(48)*. At the same time, no one had a professional background in ethics in the eleven participants. Only one ever participated in the short-term training of ethics. Since ethical knowledge is an essential factor in moral sensitivity*(49)*, ethical training is vital in online suicide prevention.

Regarding organization level, the nurse's moral distress is affected by collaboration between colleagues*(50,51)* and ethical climate*(50,52)*, limited resources, excessive administrative work, conflict with hospital policy, and perceived lack of support by administrators could also be the source*(53)*. Conversely, the subject of online suicide prevention is non-governmental charitable organizations and individuals, which also means there is no absolute authority and mandatory command. Almost no participant described the moral distress they felt at organization levels. From another aspect of this, when we interviewed the core managers of online suicide prevention organizations, the moral distress they described is mainly focused on the propaganda, recruitment, and the treatment of people who violate the principle of ethics. It is also a new perspective to the research of moral distress: we have tended to focus on the constraints encountered by the employees, but whether managers, who may apply constraints to others, would experience moral distress too?

Although there are various moral issues in online suicide prevention, which results in some negative emotions described as anxiety, helplessness, embarrassment, hesitation, confusion, sadness, exhaustion, self-doubt, and anger, at the same time, volunteers also adopted to cope with those positively, like catharsis, seeking other support, improving communication and management was described as the coping styles.

Participants also propose recommendations from individuals, organizations, and system levels to reduce moral distress and its negative impact. Improving online suicide prevention capabilities and ethical knowledge training are mostly recommended. Some research (Robinson et al., 2014; Rushton et al., 2015) also suggested the effectiveness of educational intervention in reducing moral distress. In addition, the reforms at the organization and system dimensions are also necessary. Strengthen the organization's supervision mechanism; allocate online suicide prevention work based on the capabilities and attributes of each volunteer; strengthen cooperation between multi-domain teams, according to the convenience of the internet to expand the impact of the online suicide prevention organization. These changes may reduce moral issues, thereby relieving moral distress in terms of sources.

Limitations

Since online suicide prevention is mainly carried out on the internet, which leads to the distribution of volunteers, our study interviewed online, which might be marginally inferior to in-person interviews*(54)*.

Conclusion

Suicide is a severe public health issue. At the same time, the development of the internet made it possible to conduct online suicide prevention. We studied the moral issues and moral distress experienced by the volunteers in online suicide prevention through in-depth one-on-one interviews. We summarized it as four themes: "constraints from the surrounding," "be cruel to be kind," "

baby spoiled by free milk," "when face death and depression" Volunteers describe they face internal and external constraints, the conflict of moral principles, the negative impacts on themselves and volunteers because of providing uncharged services, and the ethical issues of suicide intervention and depression treatment. All volunteers described their experiences of anxiety, helplessness, embarrassment, hesitation, confusion, sadness, exhaustion, self-doubt, or anger. This study was the first to focus on the ethical issues and moral distress on online suicide prevention, and we also proved the existence of moral troubles in this group. Due to the particularity of online suicide prevention, the performance and characteristics of moral distress are different from health care professionals. Therefore, we call for more attention to online suicide prevention ethics research in the future. Reforms in individuals, organizations, and system levels are also necessary to solve moral issues fundamentally.

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