Addressing Moral Distress in Critical Care Nurses

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Addressing Moral Distress in Critical Care Nurses
Rose Allen, DNP, MSM/HM, RN, CHPN; Eve Butler, PhD, RN

Introduction
Moral distress (MD) is defined as a phenomenon that occurs when nurses cannot carry out what they believe to be the ethically appropriate actions because of institutional constraints (Jameton, 1984).
- Critical care nurses are more at risk for MD.
- MD may result in job dis-satisfaction, loss of capacity for caring, and nurse turnover impacting quality care.
- Ethical climate can impact MD

Objectives
- To identify critical care nurses’ (adult and pediatric), perception of the ethical climate of their work environment and their level of moral distress.
- To identify personal and professional effects of moral distress on critical care nurses
- Evaluate the effectiveness of improvement strategies in reducing moral distress, improving job satisfaction, and retention.

Methods
Objective 1 – cross sectional, descriptive, using self-reported questionnaires (Hamric’s MDS-R and Olson’s HECS)
Objective 2 – mixed method employing focus group interviews, an intervention and pre post.
Objective 3 – a mixed method utilizing 3-month post MDS-R survey methodology and follow up focus group interview

Results

<table>
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<tr>
<th>Top Two Most Common Sources of Moral Distress</th>
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<tr>
<td><strong>Situation</strong></td>
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<tr>
<td>Follow the family’s wishes to continue life support even though it is in the best interest of the patient.</td>
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<tr>
<td>Witness healthcare providers giving “false hope” to a patient or family</td>
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<tr>
<td>Watch patient care suffer because of lack of provider continuity</td>
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<th>Composite Scores ranging from 0-16</th>
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<td>Adults (N= 12)</td>
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Focus Group Interviews: Categories and Sub-themes

**PERSEVERANCE**

Rewarding
- Connect with Patient
- Connect with Family

Attributes of a CC Nurse
- Devotion to Profession

Source of MD
- Personal Conflicts
- Work/Env. Conflicts

Suffering
- Physical
- Emotional
- Behavioral
- Spiritual
- Prof. Integrity

Improving MD
- Debriefing
- Ethics training
- Communication
- Getting through Difficult Times

Words of Wisdom
- Courage

Quotes from Focus Group Interviews
“Whenever there are doctors that have different opinions…they forget that when they walk out of the room, they have just left a little storm and  a much!”

“`My oldest daughter was the same age as the patient who was declared brain dead. My peers had to pull me out of the situation it was too much!”

Discussion
- The ethical climate and MD scores demonstrate this organization has a good ethical climate with decreased incidence of MD. This could be attributed to the Magnet culture of shared-governance and monthly conversation in ethics education forums.
- Feedback from focus groups led to development of 2-hour blended learning training which provided education and tools to address MD.
- Participants created individual action plans.
- Three-month post-training- MD score for one adult nurse went from 158-74. Remaining 3 nurses scores were unchanged.
- All nurses felt the training intervention and personal action plan helped reduced their MD.
- A blended-learning training to include AACN’s 4As, communication and ethical reasoning skills, and personal action plans helped manage MD, aided retention, and improved satisfaction of critical care nurses.
- Low response rate and small subgroup resulted in reduced generalizability.
- Future studies needed to explore new source of MD- pressure to meet national quality standards and distress for new nurses with patient family-centered open visitation in ICU.

Implications for Nursing
- Develop education programs to include communication and ethical reasoning skills , and using AACN’s framework- 4 As To Rise Above Moral Distress
- Encourage personal action plans
- Garner leadership support

References