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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

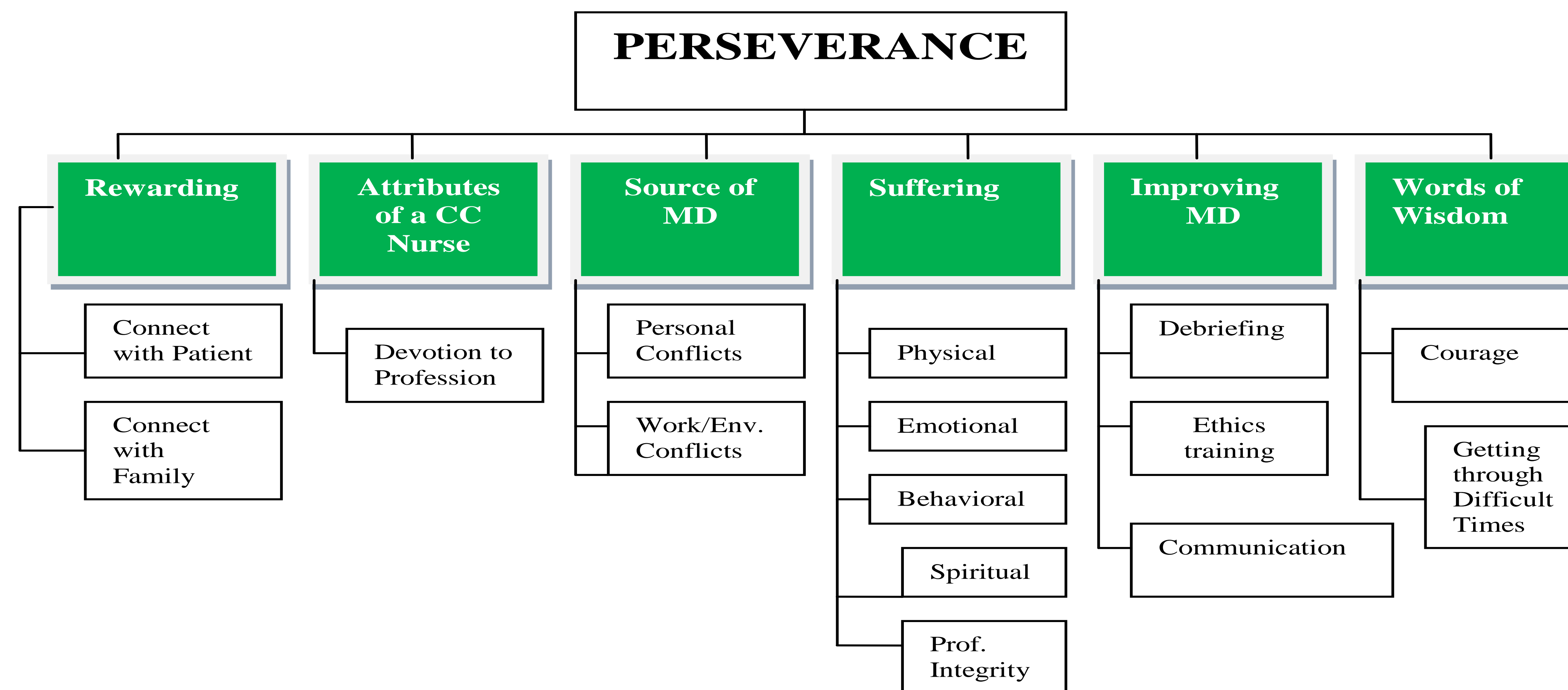
Top Two Most Common Sources of Moral Distress

Situation	Adults (N= 12)		Pediatrics (N= 8)	
	Mean (SD)	Rank	Mean (SD)	Rank
Follow the family's wishes to continue life support even though it is not in the best interest of the patient.	8.83 (6.89)	1		
Witness healthcare providers giving "false hope" to a patient or family	8.17 (7.50)	2	2.00 (2.38)	2
Watch patient care suffer because of lack of provider continuity			4.14 (4.98)	1

Total Moral Distress Composite Scores	Mean (SD)
Adult ICU Nurses (N=12)	88.78 (64.7)
Pediatric ICU Nurses (N=7)	21.71 (15.47)

Correlation Between Ethical Climate and Moral Distress Scores for Adult ICU Nurses			
Spearman's Rho		Total Ethical Climate	Total Moral Distress
Total Ethical Climate	Correlation Coefficient	1.000	-0.624
	Sig. (2-tailed)		0.054
N		11	10

Focus Group Interviews: Categories and Sub-themes



Quotes from Focus Group Interviews

"When 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 the nurse has to deal with it."

"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

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