



Moral Distress in ICU Nurses

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Florence Nightingale

- “How little the real sufferings of illness are known or understood” (*Notes on Nursing*, 1859, p. 57).



Moral Distress

- *Code of Ethics for Registered Nurses:*
 - “Arises in situations where nurses know or believe they know the right thing to do, but for various reasons (including fear or circumstances beyond their control) do not or cannot take the right action or prevent a particular harm. When values and commitments are compromised in this way, nurses’ identity and integrity as moral agents are affected and they feel moral distress” (CNA, 2008, p. 6).

Moral Distress

- American Association of Critical Care Nurses (2008a)
 - “Moral distress occurs when:
 - You know the ethically appropriate action to take, but are unable to act upon it.
 - You act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity” (p. 1).

Moral Distress

- What prevents us from “doing the right thing”?
 - Institutional obstacles (e.g., policies, staffing levels)
 - The decisions of powerful others
 - Time constraints
 - Errors in judgment
 - (Corley et al., 2001; Webster & Baylis, 2000)

Causes of Moral Distress

- Failure to respect patient’s known wishes
- Failure to protect patients from harm
- Treatment of patients as objects
- Prolongation of dying
- Inadequate staffing affecting the ability to provide care
- (Badger & O’Connor, 2006; Corley, 2002)

Causes of Moral Distress in ICU

- Most common/highest ranked causes from 4 studies:
 - Gutierrez (2005) – SICU nurses (N=12)
 - “Overly aggressive treatment” (p. 232)
 - McClendon and Butler (2007) – intensive and coronary care unit nurses (n=9):
 - “Following the family’s wishes to continue life support even though it is not in the best interest of the patient;
 - Initiating extensive life-saving actions when I think it only prolongs death;
 - Working with levels of nurse staffing that I consider ‘unsafe’” (p. 204)

Causes of Moral Distress in ICU

- Elpern et al. (2005) – MICU nurses (N=28)
 - “Continue to participate in care for hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to ‘pull the plug’
 - Follow a family’s wishes to continue life support even though it is not in the best interest of patient
 - Initiate extensive life-saving actions when I think it only prolongs death” (p. 526)
- Hamric & Blackhall (2007) – critical care nurses (n=196)
 - “Situations in which caregivers felt pressured to continue unwarranted aggressive treatment” (p. 422)

Causes of Moral Distress in ICU

- At the root of many of the situations that lead to moral distress:
 - Problems with communication between health care team members and the patient/family and/or between the various members of the health care team (Gutierrez, 2005)
 - Nurses’ sense of not being included in the decision-making process or viewing work environment as non-collaborative (Ferrand et al., 2003; Hamric & Blackhall, 2007)

Consequences of Moral Distress

- Can lead to frustration, sadness, guilt, anger, regret, depression, feelings of hopelessness, and physical symptoms (e.g., sleeplessness, headaches, crying) (Nathaniel, 2006)
- May cause people to leave their jobs
 - 15% of nurses in one survey and 26% in another had left a job, and 45% in a third survey had left, or considered leaving, a job because of moral distress (Corley, 2002; Hamric & Blackhall, 2007)
- Eventually may cause people to leave their profession

What To Do?

- Recognize moral distress for what it is – name it
 - Education related to moral distress (Beumer, 2008)
- Work on strategies to improve communication
- Create safe places to talk about ethical issues
 - Importance of role of manager
- Seek support (both formal and informal) from peers, members of the health care team, managers/ administrators, ethics resources, EAP
- Offer support to peers and other team members
 - (AACN, 2008b; CNA, 2003; Gutierrez, 2005; Pendry, 2007)

What To Do (AACN, 2008b)?

Ask: "Am I feeling distressed or showing signs of suffering?... Am I observing symptoms of distress within my team?" (p. 2)
Goal: Recognize moral distress is present

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Affirm: Acknowledge distress; validate feelings with others; affirm responsibility to act (code of ethics)
Goal: "You make a commitment to address moral distress" (p. 2).

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What To Do (AACN, 2008b)?

Assess: Identify sources of moral distress; assess severity of distress; analyze risks and benefits of action.
Goal: "You are ready to make an action plan" (p. 2).

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Act: Self-care plan; identify sources of support; take action (communicate; advocate; inform leaders; work with others for change)
Goal: "Preserve integrity and authenticity" (p. 2)

What To Do?


- Familiarize yourself with Canadian Nurses Association (2008) *Code of Ethics for Registered Nurses* (Appendix D on p. 41)
- Consult the CACCN (2001) *Position Statement: Withholding and Withdrawing of Life Support*
- Perhaps it is time CACCN created a document on moral distress

Remember

- "The nurse's duty to herself[himself] should never be overlooked. It is just as real as her[his] duty to others" (Aikens, 1928, p. 54).



Questions



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