

SESSION TITLE:	Understanding and Addressing Moral Distress in Perioperative Nursing Practice
SPEAKER NAME:	Kathryn Schroeter, PhD, RN, CNOR
SESSION NUMBER:	9060
DATE/TIME:	Wednesday, March 6, 2013, 8:15-9:45am
CONTACT HOURS:	1.5 CH
OVERVIEW:	
<p>The prevalence of moral distress has been reported in the research as being moderately high in nurses who work in special care units. The perioperative practice setting is an area that is not only very specialized but also self-contained and separate from many other areas in an organization or hospital. Perioperative nurses may experience conflicting expectations from self, patients, physicians, and their organization. This presentation will address the recognition of moral distress and the etiologies most commonly associated with it. Ethical case studies from perioperative practice will be analyzed and strategies to effectively deal with moral distress will be discussed.</p>	
OBJECTIVES	
1.	Describe how to recognize moral distress in nurses..
2.	Describe the etiologies most commonly associated with moral distress in health care.
3.	Discuss strategies that nurses and health care facilities can implement to address moral distress.
4.	Analyze two ethical case studies that deal with moral distress in the perioperative practice environment.
BIOGRAPHY:	
<p>Kathryn Schroeter, PhD, RN, CNE, CNOR, is an education coordinator in ethics and research for the department of nursing at Froedtert Hospital in Milwaukee, Wisconsin. Dr. Schroeter is an assistant professor at Marquette University College of Nursing and she also holds the position of adjunct assistant professor at the Center for Bioethics and Medical Humanities at the Medical College of Wisconsin. Dr. Schroeter is the editor of the Journal of Trauma Nursing (JTN) and she sits on the boards of directors for the Wisconsin Nurses Association (WNA) and the Society of Trauma Nurses (STN). She has presented locally, regionally, nationally, and internationally on topics related to bioethics, research, education, leadership, publication, and perioperative nursing. She is the author of "Practical Ethics for Nurses and Nursing Students," a short resource manual. Dr. Schroeter also serves as an appraiser for the American Nurses Credentialing Center Magnet Recognition Program.</p>	
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FACULTY DISCLOSURE:	
Kathryn Schroeter	7. No conflict.

Moral dilemmas

When you're faced with two or more conflicting moral obligations and you're not sure what to do
(Webster and Baylis, 2000)

When there are reasons to think a particular course of action is right and wrong
(Hardingham, 2004)

Moral distress

Moral distress arises when there is an inconsistency between one's moral beliefs and one's actions (Hardingham, 2004) or when one finds that one hasn't done what one thinks is right because of a personal weakness or error or because of a situation that is beyond one's control (like too many patients with too few staff)

(Webster and Baylis, 2000)

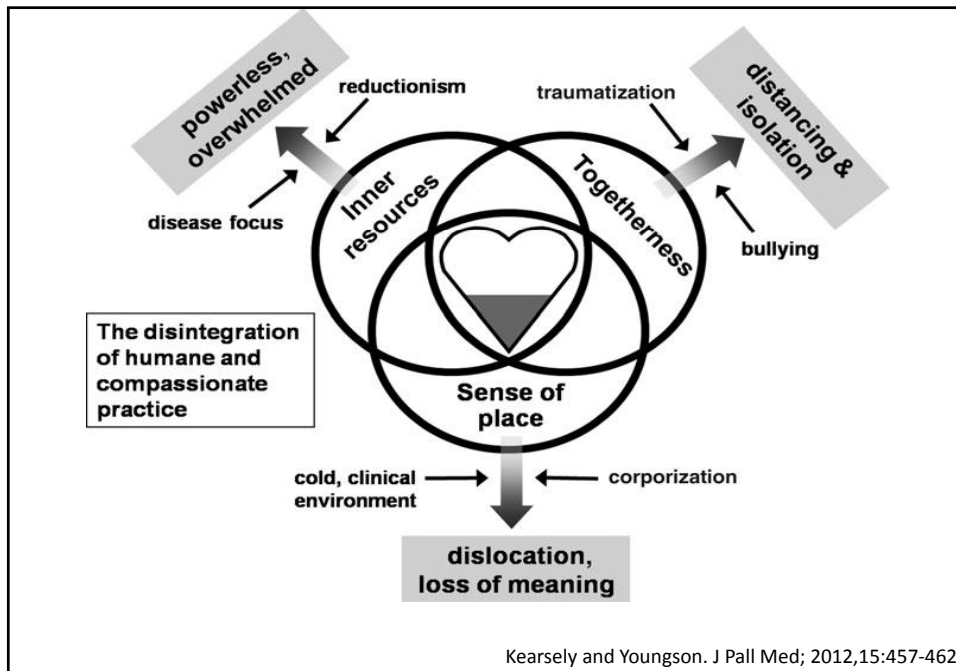
Definitions

“When moral values conflict with workplace realities.”

(Austin et al., 2009)

The pain or anguish in which the person is aware of a moral problem, acknowledges moral responsibility, makes a moral judgment yet participates in moral wrong doing.

(Nathaniel, 2002)



Moral residue

Moral residue, which can be produced by moral distress, is, “The experience of compromised integrity that involves the setting aside or violation of deeply held (and publicly professed) beliefs, values, and principles”

(Webster and Baylis, 2000, 223)

Factors Associated with Moral Distress

- Burdens of high tech treatment
- Power and authority issues
- Values and attitudes
- Public expectation of cure
- Financial (dis)incentives
- Religious/cultural factors

Unique Issues in Perioperative Nursing

The inherent vulnerability of the surgical patient promotes feelings of advocacy and protection. Moral distress may arise as the goals of surgical treatment may conflict with the realities of the specific patient situation.

Moral Distress in Perioperative Care Teams

- Witnessing bad/unethical care
- Unable to apply best care practices
 - Clinician barriers
 - Family barriers
 - Patient barriers
 - Health system barriers

Conflict

Characteristics	N
Aggressive care denying palliative care	41
Code status or resuscitation	20
Ventilator or life support	17
Nutrition, hydration, or feeding tube	17
Chemotherapy	9
Pain Management	8
Dialysis	5
Violation of patient decision	5
Blood transfusion	4

Ferrell, B. (2006). Understanding the Moral Distress of Nurses Witnessing Medically Futile Care. *Oncology Nursing Forum*, 33(5), pp. 922-930.

Factors Associated with Moral Distress

Inadequate staffing

- Level of health professional's expertise
- Physical layout of organization
- Size of unit/acuity of patients
- Support from other disciplines

Impact of Moral Distress on Staff

- Disintegration of one's integrity
- Feeling powerless, angry, sad, frustrated
- Leaving the workforce or specialty
- Loss of Institutional integrity

Impact of Moral Distress on the Institution

- Prolonged hospital stay
- Excessive cost
- Staff morale and retention
- Staff absence

Being There

Nurses—the one with continual presence.

- Nurses are there among all involved in patient care (e.g., intensivists, other medical specialties, patients and families, social workers, managerial-administrative personnel)
- Lack power and resources to impact outcomes
- Lack confidence in managing family conflict

Social Support—Role in Moral Distress

- Nurses usually have support network in work environment
- Can better social support network be developed to benefit all during an ethical conflict
- Needs to be readily accessible

McAndrew 2011 Moral Distress Study

- Some evidence suggests that nurses do not feel their input in end-of-life decision making is heard or valued ^{1,2}
- End-of-life nurse-physician conflict can be a source of moral distress:
 - Unresolved moral distress = emotional exhaustion and job burnout ³
 - Nurses may leave critical care or nursing profession ^{4,5}
 - Cost to replace an ICU nurse: \$64,000-\$145,000 ³
 - Decreased ICU nurse supply = lower patient and staff satisfaction and negative effects on nurse sensitive patient outcomes ^{6,7,8}

- 1 Beckstrand & Kirchhoff (2005)
- 2 Bucknall & Thomas (1997).
- 3 Meltzer & Huckabay (2004)
- 4 Pendry (2007)
- 5 Rushton (2006)
- 6 Vahey et al. (2004)
- 7 Stone et al. (2006, 2007)
- 8 Kane et al. (2007)



Results

- Factors that balance end-of-life decision making:
 - Team approach/shared goals
 - Understanding the perspectives of those involved
 - Knowing your own beliefs
- Factors that cause an imbalance:
 - Uncertainty
 - Feeling powerless
 - Difficult family dynamics
 - Recognizing patient or family suffering
- Consequence of an imbalance:
 - Emotional suffering and/or moral distress



Results

- *Professional Role and Responsibilities*
 - Advocacy
 - “I recognize that no matter what we decide, ultimately, what we really want to do is make sure we are not allowing that person to suffer because of our inability to act or make a decision.”



What can nurse do to influence the moral environment?

- Assertiveness and collective action
- Self-care strategies that acknowledge own moral worthiness
- Acquire more education in ethics
- Organize a forum for discussion of ethically troubling situations experienced in daily practice of care—ethics of the ordinary
- Ethics rounds with interdisciplinary participation

Strategies to Consider for Morally Habitable Environment

Whistle-blowing—protest about conditions

- E.g. being “floated” to Pediatrics from OR
 - » “Nobody else to go”
- E.g. nurse anesthetists prescribing doses higher than usual for pediatric patients
 - » Nurses refused to give medication, documented and reported to Administration
- E.g. delegation of evaluation of neuro patients to the untrained. Documented it and reported to Administration; reviewed policies on delegation

Ethical Environment

- How concerned is administration about ethical practice, providing ethics guidance, making money
- Is ethical practice rewarded (or is a whistle-blower punished)?
- Provides opportunities for ethics deliberation
- Ethics committee available

Attention/Solutions to Moral Distress



- Interdisciplinary education
- Ethics education/consultation
- Formal mentorship
- Attention to team building
- Narrative discourse
- Attention to loss and grief
- Self care
- Gratitude
- Celebration

Rushton & Westphal, 2004

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Strategies for Perioperative Care Teams

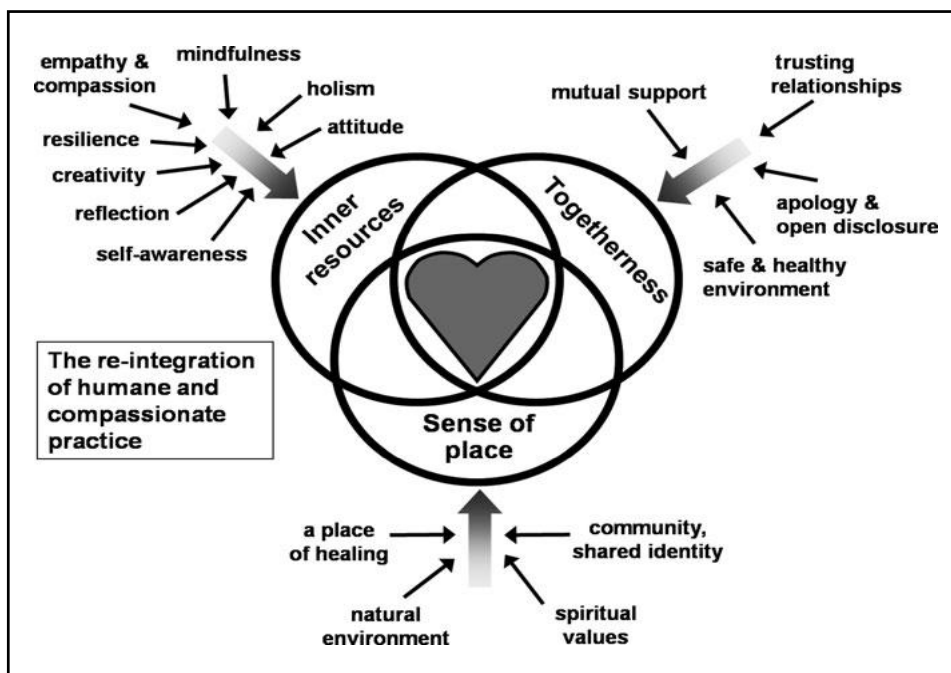
Specific Cases

- ✓ Recognize high risk cases
- ✓ Frequent team meetings; daily if needed
- ✓ Staff substitution
- ✓ Counseling

Health System Changes

- ✓ Policies and Standards
- ✓ Sentinel cases for hospital/peer review
- ✓ System for early identification and resource allocation

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New Nurses and Moral Distress and Residue

Six stages of acclimatization

Vulnerability. This occurs because one is overwhelmed by the sheer amount of work, and is painfully worried about making errors and not living up to the expectations co-workers place upon them;

Getting through the day. These are the things one does just to get through one's work. Here are two examples taken from Kelly's study (1998, 1139). (i) "I prioritized to make sure I was finishing on time. Took a lot of time charting... sometimes neglecting the patient. You get caught up in those little brownie points that make you look good on your evaluation." (ii) "I give my 5pm and 6pm medications at the same time. Sometimes I won't get them up in a chair even though that is the best thing for them. They are probably drowning in their own secretions and it would probably be better for them to get up in the chair. When I was really stressed out, I would not change dressings. It's not right but you haven't got the time."

Six stages of acclimatization (continued)

Coping with moral distress. New nurses tend not to cope well with their moral distress. Some avoid patient contact as much as possible, some cast blame across a wide spectrum— from their co-workers, to administration, to the health care system itself. Others reduce their hours. Some leave their ward for another, some leave hospital nursing, and some leave the profession altogether. All of these reactions are signs of a deep emotional and moral crisis.

Six stages of acclimatization (continued)

Alienation from self. Finiter (1972, 9) has described this as “a discrepancy between a set of strongly internalized aspirations, norms and values, on the one hand, and the opportunities for fulfilling them, on the other (cited in Kelly, 1998, 1140). Here’s a nurse’s description of her own alienation: “There were things I thought very important. A person dying and you wanted to be there and hold their... because you knew they were frightened and lonely... but you were very busy and people might think you were lazy. My values say that talking to a frightened person is more important than changing a bandage” (Kelly, 1998, 1140).

Six stages of acclimatization (continued)

Coping with lost ideals. People in general cannot cope long with the sort of dissonance between their values and their actions that has been described above. Hence, nurses begin the process of changing their value system, of becoming, as they see it, more practical flexible, and less idealistic than they were as new nurses. *Integration of new professional self-concept.* In order to rebuild one's self esteem, nurses begin to identify with 'the team' of their co-workers and view success as being appreciated by them and doing things the same way that they do (Kelly, 1998).

Self Reflection

- Think of a time when you have experienced moral distress in your work. Describe the clinical situation or case involved.
- What was the specific cause or source of your moral distress in this case?
- Why do you think this particular case or issue caused moral distress for you?
- How did you respond as you experienced this moral distress?

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