The Role of the Advanced Practice Nurse in Supporting Critical Care Nurses Experiencing Moral Distress

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Introduction

- Moral distress is an ethical conflict that is experienced when one feels they are not able to pursue the right course of action due to constraints that exist on an organizational, or institutional level.

- Registered Nurses (RN) working in Intensive Care Units (ICU) experience higher levels of individual moral distress when compared to other nursing areas. Moral distress in ICU nurses may progress to emotional exhaustion, helplessness, anger, burnout, and ultimately turnover.

- The consequences of moral distress effects not only ICU nurses personally, but also results in a decrease in the quality of patient care provided, and creates a large financial burden for health care systems.

Method

- An exploratory research article

- Critical appraisal and synthesis of 18 articles selected from Cumulative Index to Nursing and Allied Health Literature, MEDLINE, and Google Scholar ranging from 2004 to 2018.

- Interdisciplinary dialogue with APNs, social workers, and ethicists regarding the experience of moral distress, its implications, and possible interventions APNs can implement into their practice to support bedside nurses.

- Consulted with multiple ICU APNs regarding findings of literature review and interdisciplinary dialogue to ensure proposed interventions were credible and obtainable.

Findings

Four themes were determined effective in reducing the frequency and intensity of moral distress in ICU nurses.

- Ethics Education
  - Workshops that educate ICU RNs on strategies to identify and cope with moral distress decrease overall levels of moral distress.
  - To decrease moral distress in ICU nurses, APNs must determine the education content, understand how to successfully implement education, recognize and utilize additional resources.
  - To address the differences in opinions, APNs can facilitate ethics education that includes all disciplines and allows for professionals to understand varying viewpoints and learn together.

- Common Themes
  - APNs in ICUs can decrease RN burnout and moral distress by increasing work engagement, encouraging reflective thinking, and implementing American Association of Critical Care Nurses’ (AACN) 4A’s to Rise Above Moral Distress.

- Debriefing
  - Critical Incident Stress Debriefing (CISD) can be used to decrease the frequency and intensity of moral distress experienced by ICU nurses.
  - The timing of debriefings is crucial; debriefings should be held 24-72 hours after a traumatic incident.
  - When scheduling debriefings, the facilitators might consider scheduling multiple sessions to give all shift workers the opportunity to attend.

- Interdisciplinary Collaboration
  - Creating opportunities that promote interdisciplinary collaboration can decrease levels of moral distress in ICU RNs working at the bedside.
  - Physicians may be unaware of the moral distress ICU nurses are experiencing regarding lack of communication and complex patient care.
  - Opportunities that promote interdisciplinary communication can be created during patient rounds, debriefings, or multidisciplinary education days.
  - Protocols or checklists that guide interdisciplinary communication are tools APNs can implement to ensure RN’s concerns are being addressed.
  - Protocols or checklists may include: patient case-related information, verbalization of concern, decision making, and education regarding a patient’s case.

- Empowerment
  - APNs in ICUs can increase RN debriefing attendance by decreasing overall levels of burnout and depression, as it increases an RN’s capability to cope with occupational stress.

Discussion

Ethics Education: APNs can understand the educational needs of ICU nurses by collaborating with ethicists, social workers, and other bedside RNs. Multidisciplinary education can assist in addressing the imbalances between health care professionals and decrease the hierarchies of power.

Debriefing: APNs in critical care can increase RN debriefing attendance by educating and facilitating debriefings utilizing the CISD technique. To promote attendance in debriefings APNs should: properly advertise the sessions; provide incentives to attend, such as snacks; schedule sessions in close proximity to the ICU; and provide team members opportunities to share in the discussion.

Interdisciplinary Collaboration: APNs can advocate for bedside nurses in ICU by facilitating interdisciplinary dialogue in complex clinical cases. Creating a safe environment that decreases the hierarchies of power in critical care will allow APNs to: listen to the concerns of bedside RNs, acknowledge human limitations, and outline team expectations on interdisciplinary communication.

Empowerment: APNs in ICU should educate RNs on AACN’s 4 A’s to Rise Above Moral Distress. This model encourages RNs to identify their moral distress through self-reflection, develop a plan to address it, and implement strategies to preserve their integrity and authenticity. APNs can encourage critical care nurses to grow and become more resilient by modelling this behavior themselves.

Recommendations

- RNs in ICU should receive education on moral distress including: risk factors, how it may present, and what resources are available to support those experiencing it.

- All health care providers in ICU should be included in moral distress education and debriefings.

References


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