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JBI EVIDENCE SUMMARY

MORAL DISTRESS (NURSES): INTERVENTIONS IN CRITICAL CARE SETTINGS

04/03/2020

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Question

What is the best available evidence regarding effective interventions to alleviate moral distress experienced by nurses working in critical care settings?

Clinical Bottom Line

Moral distress is commonly experienced by nurses working in critical care settings.[1-3] Moral distress in these settings can be related to the inability of nurses to act according to their belief of what is right, care provided by other healthcare workers, poor communication, inconsistent care plans, end-of-life decision-making and the amount of care provided.[1,3] The experience usually leads to feelings of frustration and helplessness, lack of self-worth, depression, physical symptoms (e.g. headache and palpitations) and burn-out, which in turn can have a negative impact on patient care and the efficiency of the health organization.[2,3] It is therefore important that nurses have access to interventions or strategies that can help them alleviate moral distress.

- A systematic review evaluated the effectiveness of interventions for addressing moral distress in critical care nurses. The majority of included studies investigated the effect of a workshop that taught intensive care unit (ICU) nurses to identify moral distress and provide tools to cope with or diminish moral distress. The timeframes of workshops varied from an hour to four hours, delivered for one session or over a period of four weeks; one study provided a once-a-month workshop over six months. One study evaluated the effectiveness of a moral distress consultation service, which provided support on an on-call basis. Overall, the review found weak evidence to support the effectiveness of the interventions for moral distress and reported that effects can be up to two months following the intervention. Included studies were assessed as having low methodological quality.[1] (Level 1)
- A randomized controlled trial investigated the effectiveness of narrative writing on moral distress of nurses working in ICUs. The intervention involved narrating one's thoughts and emotions regarding their experiences, including their best/worst moral experience, most difficult moment, worst behavior in relation to the patient, colleagues, doctors, supervisors, patient's caregiver, and the service personnel; this was done at least once a week for eight weeks. An education session was held to explain to the participants how to write the narratives. The control group was not described in the paper. No significant difference in pre and post moral distress intensity was observed in both groups. The frequency of moral tension before and after the intervention also showed no statistically significant difference. The authors concluded that narrative writing for eight weeks had no effect on the moral distress of nurses in the ICU.[2] (Level 1)
- The following consensus-based recommendations for addressing moral distress in nurses were identified during a symposium that convened nurse clinicians, researchers, ethicists, organizational representatives and other relevant stakeholders:[3] (Level 5)
  - Health institution leaders should create a culture of ethical practice and provide resources that support individual practitioners to develop moral resilience.
  - Nurses and other relevant members of the healthcare team should receive education and mentoring to develop relational skills (e.g. introspection, empathy, communication, mindfulness, emotional intelligence) that can assist with responding to moral distress.
  - Skilled facilitators or ethics consultants are needed to create safe spaces that encourage conversations- from early discussions of ethical concerns to debriefing following difficult cases.
  - There should be nurse representative in the bioethics committee of health care organizations.
  - Healthcare institutions should disseminate resources that provide access to best practices that promote ongoing communication among healthcare providers and facilitate resolution of ethical issues.
  - There should be continuous professional development programs aimed at providing knowledge and skills necessary for recognizing and addressing morally distressing situations.
  - The work environment should foster reflection and communication and reward staff for raising ethical questions. It should also provide resources designed to address morally challenging issues and include consultants who are skilled in ethics-related conversations.

- Strategies that involve interprofessional collaboration should be developed to identify and address root causes of moral distress in the clinical environment.

- A qualitative study exploring ICU nurses' experiences of coping with moral distress reported that coping consisted of both 'turning away' (i.e. avoidance/distraction) and 'turning toward' (i.e. connection) moral distress. Participants described avoidance as a sometimes necessary approach to distance themselves, and included strategies such as making use of certain outlets (within or outside of work), busying themselves with other caregiving efforts, or calling in sick for work; these distracted them from thinking about whatever was causing the distress. 'Turning towards' referred to nurses' acknowledgement of moral distress, which often involved purposeful efforts to establish supportive relationships with colleagues. Seeking support and advice from experienced colleagues affirmed participants' perspectives and their distress and also offered possible actions to take. Participants highlighted the importance of seeking support from individuals with a contextual understanding of the ICU environment. They also sought connection by reading written accounts of other nurses about their morally distressing experiences, which can mitigate feelings of isolation and reinforce that moral distress is a shared experience within ICU nursing. Participants also applied other strategies to cope such as: advocating for what they believe was right, initiating discussion with physicians and families to share their perspective, organizing family meetings, speaking out during interprofessional rounds, articulating concerns to the management and soliciting the involvement of team resources such as social work. Self-reflection was also found helpful as was absolving one's self from situations that were non-modifiable.[4] (Level 3)
- A mixed methods study described the implementation and impact of nursing ethics huddles on moral distress among nurses in the ICU. Nursing ethics huddles were described as confidential, unit-based small group meetings for nurses to discuss ethically disturbing cases. The study used a nurse-ethicist to facilitate the group discussion which consisted of reflection, clarification of values of all stakeholders, discussion of ethical principles in tension and education about medical information, law and historical case precedents. Findings of the study indicated that nursing ethics huddles had positive effects on the level of moral distress and led to improvements in ethics knowledge that can be applied in the work environment.[5] (Level 3)

Characteristics of the Evidence

This evidence summary is based on a structured search of the literature and selected evidence-based health care databases. The evidence in this summary comes from:

- A systematic review including seven studies (two RCTs, three mixed methods studies and two quasi-experimental studies), with a total of 289 participants.[1]
- An RCT involving 106 participants.[2]
- A consensus-based paper informed by discussions during a two-day symposium that involved 45 nurse clinicians, researchers, ethicists, organization representatives and other stakeholders.[3]
- A qualitative study involving seven ICU nurses who had experienced moral distress on at least one occasion.[4]
- A mixed methods study involving a survey (n=29) and semi-structured interviews (number of participants unclear).[5]

Best Practice Recommendations

- Nurses should receive training or engage in continuous professional development programs to develop moral resilience and relational skills that facilitate coping with moral distress. (Grade B)
- Healthcare organizations should have structures (e.g. informational resources for staff, access to ethics consultants, educational opportunities for staff) and processes in place that support individual practitioners to develop moral resilience and address cases of moral distress. (Grade B)
- Nurses who experience moral distress may be advised to seek support from their experienced colleagues who have a contextual understanding of the critical care environment. (Grade B)
- Nurses should be encouraged to advocate for their rights, initiate as-needed discussions with doctors or other relevant health practitioners and families, and speak out their concerns to relevant people and seek help when necessary from health practitioners such as social workers. (Grade B)
- Nursing ethics huddles may be considered when ethically challenging issues occur. (Grade B)

References

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The author declares no conflicts of interest in accordance with International Committee of Medical Journal Editors (ICMJE) standards.

How to cite: Lizarondo L. Evidence Summary. Moral Distress (Nurses): Interventions in Critical Care Settings. The JBI EBP Database, JBI@Ovid. 2020; JBI23872.

For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. Worldviews Evid Based Nurs. 2015;12(3):131-8.

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