

Creating Healthy Work Environments VIRTUAL 2021

Moral Distress Experienced by Level One Trauma Nurses: A Phenomenological Study

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Moral distress in nursing occurs when nurses are prevented from doing what they believe is morally correct based on the beliefs and values of their chosen profession (Jameton, 1984; Fourie, 2015). The existence of moral distress in specialty areas of nursing can impact job performance, decreased patient and nurse satisfaction, retention of nurses, quality of care delivered, patient outcomes, and nurses leaving the bedside or the profession entirely (Tunlind, Granstrom, & Engstrom, 2015). In emergency nursing moral distress has been shown to exist quantitatively (Oh & Gastmans, 2015; Wolf et al., 2016;), however a gap in research was identified specifically to level one trauma nurses and moral distress. No qualitative studies were found that addressed the lived experiences of level one trauma nurses who work in a high technological environment and their description of associated moral distress.

Purpose: The purpose of this research study is to explore the lived experiences of moral distress within the high technology environment in level one trauma nursing.

Methods: A descriptive phenomenological research study along with Colaizzi's (1978) seven step data analysis process.

Results: Themes: (1) Lack of support from leadership, (2) Abuse and violence, (3) Trauma that never leaves you, (4) Prolonged heroics at end of life, (5) Prevented from doing my job, (6) Having the hard conversations, (7) Coping with moral distress. Findings will be disseminated and suggestions for leadership, research and academia provided.

Conclusions: Each participant in this research study (n=11) described their experience of moral distress as personal lived experiences which were not aligned with their beliefs and values, this corresponded with the definition of moral distress as defined by Jameton (1984). This finding was supported by the literature according to Wolfe and colleagues (2016) indicating moral distress exists when nurses are prevented from doing what is morally right by constraints against practice placed by leadership. The description of moral distress during prolonged heroics was supported by Oh and Gastmans (2015) who identified in their quantitative methodological literature review moral distress originates in nursing from lack of decision-making authority.

Recommendations for leadership, academia, and research include measures described as needed by level one trauma nurses and as a result of this study's findings.

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Keywords:

Level One Trauma Nurses, Moral distress and Qualitative Descriptive Phenomenology

Abstract Summary:

Presenting original research by principal researcher, a phenomenological descriptive study on moral distress as experienced by level one trauma nurses. Colaizzis' data analysis resulted in 320 extracted statements, placed in 30 categories formulated into seven emerged themes describing experiences of moral distress. Researchers recommendations for academia, research, and leadership presented.

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Author Summary: 30 plus years of nursing experience primarily in emergency and level one trauma. Served as clinical adjunct in local community college and state university. Has experience in level one trauma as direct care nurse and clinical manager. Traveled to California, New York, New Jersey, Washington working in emergency and level one trauma. Member of ENA, STTI, and the International association of Human Caring