Title:

The Effect of a Workplace-Based Intervention on Moral Distress Among Registered Nurses

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CLINICAL SESSION: Creating Healthy Work Environments in the Clinical Setting
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3:50 PM

Keywords:
Healthy work environment, Moral distress and The 4A's to Rise Above Moral Distress

References:
American Association of Critical Care Nurses. (2005). The 4A's to Rise Above Moral Distress. Aliso Viejo, CA. American Nurses Association. Code of ethics (2009). Retrieved from http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Codeof EthicsforNurses.aspx American Nurses Credentialing Center. (2012). Magnet Recognition Program Model Retrieved from http://www.nursecredentialing.org/Magnet/ProgramOverview/New- Magnet-Model.aspx Bandura, A. (2001). Social cognitive theory: An agentic perspective. Annual Review of Psychology, 52, 1-26. doi:10.1111/1467-839X.00024 Corley, M. C., Elswick, R. K., Gorman, M., & Clor, T. (2001). Development and evaluation of a moral distress scale. Journal of Advanced Nursing, 33, 250-256. doi:10.1111/j.1365-2648.2001.01658.x Corley, M. C. (2002). Nurse moral distress: A proposed theory and research agenda. Nursing Ethics, 9, 636-650. doi: 10.1191/0969733002ne557oa Hamric, A.B., & Blackhall, L.J. (2007). Nurse-physician perspectives on the care of dying patients in intensive care units: Collaboration, moral distress, and ethical climate. Critical Care Medicine, 35, 422-429. doi:10.1097/01.CCM.0000254722.50608.2D Jameton, A. (1984). Nursing practice: The ethical issues. Englewood Cliffs, NJ: Prentice Hall. Lachman, V. (2007). Moral courage: A virtue in need of development. MedSurg Nursing, 16, 131-133. Lachman, V. (2008). Making ethical choices: Weighing obligations & virtues. Nursing 2008, 38, 42-46. Melnyk, B., Morrison-Beedy, D. (2012). Intervention research: Designing, conducting, analyzing, and funding. NY: Springer. Powell, N. (2009). Moral distress: A concept analysis. (Unpublished) Widener University, Philadelphia, PA. Rest, J. (1986). Moral development: Advances in research and theory. New York, NY: Prager. U.S Department of Health and Human Services, Health Resources and Services Administration. (2002). Projected supply, demand, and shortages of registered nurses 2000-2020. Retrieved from http://www.ahcancal.org/research_data/staffing/Documents/Registered_Nurse_Su pply_Demand.pdf

Abstract Text:

The purpose of this study was to determine if RN's attending a workplace-based educational program would have decreased intensity, frequency, and total moral distress, compared to nurses not attending the program. This intervention was operationalized using the AACN program: *The 4A's to Rise Above Moral Distress* (2005).

Moral distress is an insidious problem affecting many registered nurses, directly and or indirectly, with potentially harmful consequences. Review of the literature revealed that consequences of moral distress produce a negative effect on the overall well being of nurses, their peers, patient care, the work environment, and the efficiency of healthcare institutions.

A quasi-experimental, pretest-posttest control group design was selected for this study. Bandura's social cognitive theory and Corley's theory of nurse moral distress served as the theoretical framework. The 38 item, 7-point Likert scale, Moral Distress Scale was used to measure intensity and frequency, and total moral distress.

Four community hospitals were randomly assigned to the treatment and control group. The treatment and control group completed the Moral Distress Scale as a pretest. The treatment group received the education intervention, and both the treatment and control groups completed the posttest.

Analysis of covariance approach to data analysis was used to compare the treatment and control groups on change scores, using the pretest scores as the covariate. There was a statistically significant difference for the experimental group on intensity, frequency, and total moral distress. Nurses employed in Magnet designated hospitals reported decreased posttest total moral distress scores and frequency, compared to the non-Magnet designated hospitals.

Nursing care should be valued and respected. This study may benefit nurses to identify effective strategies to prevent or minimize the experience of moral distress. The findings generated from this study may support staff nurses to explore strategies to enhance healthy work environments among nurses.