Educating Critical Care Nurses on Moral Distress: Building a Sustainable Solution Through Online Continuing Education

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4A's To Rise Above Moral Distress: A Promising Intervention to Reduce Moral Distress

Introduction

- Moral distress is knowing the right action to take but not being able to act upon it.¹
- Critical care nurses face intense care situations contributing to moral distress and leading factor in nurse resignation.²
- Teaching 4A’s (Ask, Affirm, Assess, Act) To Rise Above Moral Distress (4A’s) shown to reduce moral distress.³,⁴
- Adapting the 4A’s to online continuing education may improve accessibility and sustainability of education on moral distress.
- The 4A’s has not been adapted as an online education program and its acceptability and effect has not been evaluated.
- Eliminating moral distress may be unattainable, but decreasing levels of moral distress may be achievable goal.

Project Purpose

1) Describe direct care CCN moral distress measured by moral distress scale-revised (MDS-R).
2) Evaluate change in moral distress frequency & intensity one month after implementing online continuing education program based on the AACN’s 4A’s model.
3) Evaluate CCN’s’ acceptability of online learning program on moral distress.

Methods

- A quasi-experimental pre/post test design was used to evaluate effect of the 4A’s online program comparing moral distress levels between baseline and one-month post intervention.

Figure 1. 4A’s To Rise Above Moral Distress

- Goal of Ask Phase: You become aware that moral distress is present.
- Goal of Affirm Phase: You make a commitment to address moral distress.
- Goal of Act Phase: You make an action plan.
- Goal of Assess Phase: You become aware that moral distress is present.

- Moral Distress Scale-Revised (MDS-R) measured baseline and post intervention moral distress scores.
- Acceptability Survey evaluated CCN’s perceptions of learning 4A’s online vs classroom setting.

Figure 2. Post intervention differences in moral distress N=5

- Findings show moderate level of moral distress at both pre (M=74.9) and post intervention (M=71.3).

Table 1. Participant Demographics N=27

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>M (SD)</th>
<th>RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>32.1 (6.8)</td>
<td>22-62</td>
</tr>
<tr>
<td>Nursing experiences (years)</td>
<td>8.1 (7.1)</td>
<td>1-29</td>
</tr>
<tr>
<td>Critical care experiences (years)</td>
<td>6.9 (6.7)</td>
<td>0-29</td>
</tr>
<tr>
<td>Distress level</td>
<td>74.9 (35.5)</td>
<td>0-164</td>
</tr>
</tbody>
</table>

Table 2. 4A’s In Practice Post Intervention

<table>
<thead>
<tr>
<th>4A’S STRATEGY</th>
<th>N</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you use 4A’s in practice?</td>
<td>5</td>
<td>60% (N=3)</td>
</tr>
<tr>
<td>Ask</td>
<td>4</td>
<td>100% (N=4)</td>
</tr>
<tr>
<td>Affirm</td>
<td>3</td>
<td>75% (N=3)</td>
</tr>
<tr>
<td>Assess</td>
<td>4</td>
<td>100% (N=4)</td>
</tr>
<tr>
<td>Act</td>
<td>3</td>
<td>75% (N=3)</td>
</tr>
</tbody>
</table>

Conclusions

- 4A’s online shows positive influence on reducing CCN’s moral distress. Online delivery method effective for this type education intervention.
- Easily adaptable to nurse residency and CCN orientations for sustainable, proactive approach to address moral distress.

References


This work supported by DNP Committee Ying-Ling Jao PhD, RN, Chair; Lori Lauver PhD, RN, CPN, CNE; Michael Evans PhD, MS Ed, RN, ACNS, CMSRN, CNE; Kelly A. Wol gast DNP, RN, FACHE, FAAN