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

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Nurses are the largest group of healthcare providers in the United States (U.S.) and a shortage of 500,000 nurses in the U.S. is predicted to occur by 2025¹. Unsafe staffing, high turnover rates, and decreased quality of patient care are some of the well documented side effects that occur when there is a shortage of nurses in the workplace. Moral Distress has been reported as a leading factor of nurse resignation and poor patient outcomes². Moral distress is the ethical concern that arises when an individual knows the right thing to do but is inhibited to do so because of an authoritative power or policy. Moral distress affects nurses’ physical and psychological health, job satisfaction, and intent to leave their positions³.

According to the American Association of Critical Care Nurses (AACN) “moral distress is experienced by one in three nurses and studies show that among 750 nurses, nearly 50% had acted against their consciences in providing care to terminally ill patients”⁴. The effect of moral distress on nurses can be extensive. Nurses report experiencing the effects of moral distress ranging from physical and psychological symptoms such as depression, fear, and anger, to resignation from their positions and from the profession⁵. Patients and their families may experience the impact of nurses’ moral distress through decreased quality of care, nursing ambivalence to meet patient care needs, delayed treatments, and prolonged hospitalization⁶. Patient care situations that have been found to cause moral distress involve inadequate nurse-physician communications, continued life support even though it is not in the best interest of the patient, and false hope and prolonged treatments given to patients⁷,⁸. Moral distress also influences the healthcare environment through financial losses as a result of decreased nurse staffing levels and recruitment efforts, poor retention of nurses, and patient safety issues⁹. Work environment issues contributing to moral distress are inadequate staffing and training to provide care, and lack of autonomy in the work environment⁹,¹⁰. The effects of moral distress seriously impact health care delivery and nurses, the direct providers of care.

While there is a plethora of research defining moral distress, how it occurs, and how it is measured, there is little evidence to support interventions that are effective in mitigating moral distress in nurses. Creating and implementing programs to identify and reduce moral distress are key actions to promoting a healthy work environment¹². Teaching the American Association of Critical Care Nurse’s (AACN) 4 A’s To Rise Above Moral Distress program is one approach to reduce moral distress, increase awareness, and manage morally distressing patient care situations in nursing.

The purpose of this quality improvement project is two fold: (1) evaluate CCU nurses’ acceptability of an online learning program on moral distress, and (2) evaluate a change in moral distress frequency and intensity experienced by direct care critical care nurses at one academic medical center one month after implementing an online continuing education program based on the AACN’s 4 A’s model. The plan for the project is to adapt the didactic portion of the AACN 4 A’s evidence based program into a narrated, online learning module. Modules will be uploaded into the Medical Center’s online learning management system (LMS). Modules posted in the LMS will help to ensure the CCU nurses’ ease of accessibility to the 4A’s educational program. Critical care nurses will be recruited to participate in the first session of the project which includes an online pre-test survey using the Moral Distress Scale-Revised (MDS-R) and viewing the online modules. This initial session of the project will provide data for establishing a baseline frequency and intensity of moral distress of the nurses who participate. One-month post intervention of viewing the 4A’s program, the second session of the project will be conducted. Participants will return to complete an online post-test using the MDS-R to re-measure moral distress and an Acceptability Questionnaire to evaluate the nurses’ acceptance of the online learning modules. If the results of this project indicate that a proactive intervention can reduce the impact of moral distress on this unit, then the
4A’s online continuing education module may be expanded to other hospital units as part of annual competency training, new orientation and nurse residency programs.

Title:
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Critical Care Nurses, Education and Moral Distress

References:


Abstract Summary:
Moral distress has been shown to be a leading factor in nurse resignations and poor patient outcomes. Adapting the 4A’s strategy to an online learning management system to educate nurses on identifying and managing moral distress may provide one sustainable solution as a long term need in continuing education.

Content Outline:
Introduction: Describe DNP prospective, observational project

1. What is moral distress?

2. What are consequences of moral distress in nurses/ critical care nurse

Body

Main Point #1 Describe the prospective, observational DNP project results: What is the reported intensity and frequency of Moral Distress on the Unit

1. Supporting point #1 Results of Moral Distress Scale –Revised (Adult form)

   1. a) Baseline results of MDS- R

   2. b) Results of MDS-R post intervention

2. Supporting point #2

   1. a) What were the root causes of moral distress reported by the CCU nurses for this proj

   2. b) Results of Intent to Leave Position question.

2. Main Point #2 Acceptability of Online Education of Using the 4A’s program on LMS

   1. Supporting point #1

      1. a) Results of the Acceptability Survey of using an online approach to learning about moral distress and the 4A’s program.

         b) Was moral distress reduced by using the intervention and learning online

   2. Supporting point #2

      1. a) Did nurses use the 4A’s strategy in practice after the intervention?

      2. b) Which part of the strategy was used?
3. Main Point #3 Sustainability of the Online Education of Moral Distress 4A’s Program in the hospital setting?

1. Supporting point #1
   1. a) Using an online learning management system to upload the program
   2. b) Did CCU nurses like having the program on line and did they prefer it over a classroom setting?

2. Supporting point #2
   1. a) Building moral distress into annual competencies for CCU nursing staff.
   2. b) Using 4A’s program to educate all nursing staff hospital wide.

1. II. Conclusion
2. 1. Educating nurses about moral distress is the first step in reducing the consequences of moral distress.
   2. Building an online continuing education program on Moral Distress can strategically be used more frequently as a teaching resource, at a lower cost, used to educate all nursing and other healthcare providers within the institution, and potentially reduce the levels of moral distress experienced by staff across multiple disciplines thereby improving patient safety and quality of care outcomes.

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Author Summary: Ms. Fitzgerald has been practicing nursing for the past 30 years. She has experience in oncology, home care, clinical trials, and nursing administration. She has been teaching as an instructor of nursing for the past 13 years in undergraduate nursing programs. Ms. Fitzgerald recently achieved national certification as a Simulation Educator in Healthcare (CHSE). She currently is the Simulation Lab Coordinator and Instructor of Nursing for Penn State Harrisburg.