

Sigma's 29th International Nursing Research Congress

Incorporating Moral Resilience Projects Into an Undergraduate Nursing Curriculum

Cynthia L. Cummings, EdD, MS, RN, CHSE, CNE

School of Nursing, University of North Florida, Jacksonville, FL, USA

Purpose: This presentation will address the process of incorporating moral resilience information into the undergraduate nursing curriculum. Moral distress in nursing is not a new concept and was first discussed by Jameton (1984). He noted that moral distress occurs when one knows the right thing to do, but is unable to perform that action because of constraints. While the issue of moral distress and nursing burnout has been discussed and studied for many years, very little has been done to educate nursing students on this issue. So often students may come in contact with morally distressing events, but do not experience them to the same extent as the nurse caring for the patient.

Method: The concept of moral resilience began as a method to assist those experiencing moral distress. A Johns Hopkins symposium on building moral resilience was held in 2016 and the participants noted 4 areas on which to focus: practice, education, research and policy. The symposium concluded that first we must recognize when moral distress occurs and then develop ways to manage these ethically challenging events. This presentation will describe a variety of methods whereby moral resilience is incorporated into a baccalaureate program. These methods include ethical dilemma scenarios in simulation throughout the program, discussion boards on morally challenging problems, a mental health first aid program and group discussion of coping methods throughout the program. Barret, Diefenbeck and Mahoney (2013) described compassion fatigue and burnout among 436 undergraduate nursing students. The authors felt that immersion in the clinical setting helped them to deal with some of these feelings. Unfortunately, immersion is not always possible because of restrictive clinical facilities. Therefore, simulated experiences are one way to incorporate these scenarios into the curriculum. Calhoun and Gaba (2017) discuss the idea of whether to let the manikin "die" in simulation and how this may affect the student learner. Although the mortality simulation may increase the students' anxiety, the question of whether or not the fidelity of the situation helps to improve the students' overall experience is yet to be determined (Goldberg, et al. 2017). The incorporation of the mental health first aid course has proven positive in improving resilience skills and recognizing crises (Crawford, et al. 2015).

Results: Incorporation of these concepts has taken place over the past year at our university and we have queried students on their understanding of moral distress and methods of coping. The idea of resilience was discussed and student responses to the questions of:

"What is moral distress?" "What events may cause moral distress?" "What is moral resilience and how can you best cope with these events?"

In addition, student reflections on simulated experiences are described. The student responses were very interesting. Overall, they had an idea of morally distressing events, but were unaware of coping methods.

Many students noted that they were glad these issues were discussed and they liked that ideas were presented from their peers. They had not given much thought to moral distress and really had not thought about how to handle their feelings. Some believed that it was important to not become attached to their patients, yet they weren't sure how to do that. Students also wrote that they had no idea that moral distress can lead to physical issues and burnout. Some said that it was the first time they thought about the need to take care of themselves and talk about their problems. They had not thought about how to discuss these issues.

Students reflected that they often fantasize about their future as a place where they successfully care for grateful patients and they don't think about difficulties they may face. A student noted that they hate to

think about when they will be on their own with support from faculty and clinical instructors. They thought that hospitals would have systems in place to deal with difficult issues.

Conclusions: It is important for nursing faculty to discuss morally distressing events with nursing students and provide information and experiences for them to reflect on their moral beliefs. Students need to consider how they will deal with these challenges in the future. The challenges of incorporating this content and the various methods explored will be presented, as well as student responses on reflections and questioning will be discussed.

Title:

Incorporating Moral Resilience Projects Into an Undergraduate Nursing Curriculum

Keywords:

moral distress, moral resilience and undergraduate nursing

References:

Barret, M., Diefenbeck, C., & Mahoney, M. (2013). The calm before the storm? Burnout and compassion fatigue among undergraduate nursing students. *Nurse Education Today*, 33, 314-320.

Calhoun, A. & Gaba, D. (2017). Live or let die: New developments in the ongoing debate over mannequin death. *Simulation in Healthcare*, 12 (5), 279-281.

Crawford, G., Burns, S., Hui Jun, C., Hunt, K., Tilley, P., Hallett, J.....Smith, S. (2015). Mental health first aid training for nursing students:A protocol for a pragmatic randomized controlled trial in a large university. *BMC Psychiatry*, 15 (1), 1-8.

Goldberg, A., Samuelson, S., Katz, D., Weinberg, A., Levine, A. & Demaria, S. (2017). Exposure to simulated mortality affects resident performance during assessment scenarios. *Simulation in Healthcare*, 12 (5), 282-287.

Ganske, K. (2010). Moral distress in academia. *The Online Journal of Issues in Nursing*, 15 (3), 1-10.

Jameton, A. (1984). *Nursing practice: The ethical issues*. Englewood Cliffs, NJ: Prentice Hall.

Rushton, C. (2017). Cultivating moral resilience. *American Journal of Nursing*, 11 (2), s11-s15.

Abstract Summary:

This presentation will address the process of incorporating moral resilience methods into the undergraduate nursing curriculum. Various methods and student discussions will be presented. These methods include ethical dilemma scenarios in simulation throughout the program, discussion boards on morally challenging problems, a mental health first aid program and group discussions.

Content Outline:

Introduction: Discuss the purpose, objectives and rationale for this topic

Body: Main Point 1- Discuss the concept of Moral Distress and Moral Resilience from the current literature

Main Point 2- Describe the methods of incorporating moral resilience into the curriculum; outline the various methods and highlight some examples

Main Point 3- Discuss the student statements and ideas on moral distress and moral resilience; describing some of the deficit areas.

Conclusion: Discuss the results of the student findings and comments on this process and evaluate the program, as well as discuss items for future changes.

First Primary Presenting Author

Primary Presenting Author

Cynthia L. Cummings, EdD, MS, RN, CHSE, CNE
University of North Florida
School of Nursing
Associate Professor and Accelerated Prelicensure Coordinator
Brooks College of Health
Jacksonville FL
USA

Professional Experience: RN since 1978, with my areas of expertise as adult health, critical care and nursing management. I have been nursing faculty at Maryland General School of Nursing, Florida Community College in Jacksonville and the University of North Florida. I have also worked in nursing management as the Director of Home Care for North Arundel Hospital in Maryland, Olsten Health Care in Jacksonville, Florida and Nurse Manager of the Surgical and Medical Intensive Care units for the St. Luke's Mayo Clinic Hospital in Jacksonville, Florida. I have published articles on Simulation, Moral Distress, Nurse-Physician collaboration and Ventilator associated pneumonia, as well as presented topics to the community on Rapid Response Teams and Achievement Motivation. I have been awarded the Great 100 Nurses of Northeast Florida and am a member of Sigma Theta Tau and Pi Lambda Theta.

Author Summary: I have taught at the University of North Florida for a number of years and serve as the program director for the accelerated nursing program. My main academic responsibilities include teaching adult health, professional nursing integration and conducting simulation experiences with the undergraduate students. My nursing background focuses on adult health and critical care with management responsibilities.