A Survey of Moral Distress Across Nurses in Intensive Care Units (FR416-A)

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Objectives

- Describe the moral distress of critical care RNs.
- List interventions to address moral distress in critical care RNs.

Original Research Background: In 2008 the American Association of Critical Care Nurses (AACN) published a position statement on moral distress that included a call to action for nurses to recognize and name the experience of moral distress and as commit to using professional and institutional resources to address it.

Research Objectives: This study meets this call to action by examining the level and frequency of moral distress in critical care registered nurses (RNs) working in an urban, academic hospital in Pennsylvania and identifies strategies to address this distress.

Methods: A descriptive, questionnaire study was used. RNs completed the 21-item Moral Distress Scale-Revised (Cronbach’s alpha=0.89) and indicated their preferences for institutional support in managing distressing situations (Hamric, Borchers, & Epstein, 2012). Survey questions were administered electronically via Qualtrics Survey Software. IRB approval was gained before administration.

Results: Preliminary results (N=102) show that situations creating the highest levels of moral distress were those related to futile care. Three-quarters of RNs surveyed are involved in goals-of-care conversations more than half of the time. Chaplaincy/pastoral care and palliative care consults are the top two resources employed by RNs surveyed. Over 40% of RNs surveyed have considered quitting or have left a position because of moral distress, while 16% are considering leaving their current position.

Conclusions: RNs report experiencing moral distress and identified specific resources that they would find helpful to alleviate such distress, including debriefing sessions, ethics committee meetings, and talking with patients and their families.

Implications for Research, Policy, or Practice: There is a large body of evidence documenting the incidence of moral distress in nurses, but few studies explore interventions to address moral distress. This study identified nurse preferences for lessening the impact of moral distress, which will guide institutional initiatives to alleviate distress.