Moral Distress in the NICU

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Session Summary

Moral distress is a leading cause of clinical burnout and job dissatisfaction. During this session the presenter will give strategies to recognize and address moral distress to keep clinicians engaged and healthy.

Session Objectives

Upon completion of this presentation, the participant will be able to:

- explore the major reasons for conflict, moral distress, incivility, and burn out in direct care nurses and APRNs;
- describe the results of unresolved conflicts on parents, providers, and families;
- identify characteristics of nurses and APRNs most likely to survive and thrive in clinical care;
- describe two strategies to build resilience at the point of care.

References


### Session Outline

See presentation handout on the following pages.
Moral Distress in the NICU
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The Dynamics
- Different Generations
- Different Backgrounds
- Different Professions
- Different Roles

The Generations
- Baby Boomers
- Generation X
- Generation Y/Millenials/Digitals
- Gen Z

Baby Boomers
- Baby Boomers 1946-1964
  - Competitive
  - Highly motivated
  - Good attitude toward work
  - Good attitude
  - Need praise from supervisors
  - See nursing as a profession and career

Generation X
- Generation X 1965-1980
  - Latchkey Kids
  - More independent; less team-orientation
  - Skeptical, factual, informed
  - Outcomes not processes (work arounds)
  - Higher incidence of work/family conflict
  - Undercompensated beliefs
  - Demand work-life balance
  - More likely to feel workplace incivility

The Millenials
  - Surrounded by technology
  - Comfortable with fast change; agile
  - Optimistic
  - Thrive in ICU technical environment
  - Enjoy relationships and team collaborations
  - Movement includes lateral
Emotional Intelligence
- Control for this and there are NO generational differences
- Experiential Intelligence
  - Identification of emotions
  - Using emotions to reason
- Strategic Intelligence
  - Understanding emotions
  - Managing emotions

Definitions
- Eating our young - old school hazing
- Bullying - ANA terminology with toolkit
- Horizontal violence - academic term
- Disrespectful behavior - newest evolution

Different Professions
- Codes of Ethics
- Training Focus
- Historical Traditions

Different Roles
- DCN
- CN
- ANM
- NM
- APRN

Definitions
- Compassion Fatigue
- PTSD
- Secondary PTSD
- Moral Distress
- Burnout

Compassion Fatigue
- Loss of the ability to display compassion
  - Prolonged exposure to trauma
  - Numbing, flashbacks, avoidance
  - Teach to deal with own grief
  - Care for staff the same way as patients
  - Protective - external coping strategies, boundaries
PTSD, SPTSD
- Witnessing a threat to others with helplessness and horror (DSM-IV)
- Proximity, intensity, duration, frequency
  - Nightmares
  - Anxiety
  - Heightened startle
  - Over-identification with patients’ experience
  - Poor work conditions equal

Moral Distress
- Lower end of spectrum
  - Experiences differ from preparation or expectations of outcomes
- Protective factor is resiliency
  - Learnable and measurable
  - Foster optimism, role models, social networks

Burn Out Syndrome
- 25% of ICU nurses; 3% of population

Moral Distress Causes
- Uneasy shift from cure to comfort
- No input into decisions
- Workplace issues
- Treatment team issues
- Lack of personal clarity
- Lack of freedom to keep promises or tell the truth
- Unclear institutional process for conflict resolution

Connectedness
- Patients and families are interdependent
- Nurse serves as advocate
- Differences of opinions occur without threatening the relationship

Over-involvement
- Destroys the team approach
- Family is dependent on nurse
- Nurse assumes parental role
- Nurse is territorial over patient care
- Secretive with other staff about activities with family
Burnout

- Causes emotional exhaustion, lack of empathy, and sense of non-accomplishment
- Comes in stages - recognize in yourself and your peers early

Stages of Burnout

- Early - emptiness and a lack of energy
- Next - Indifference (appears cynical) with fear of making serious errors- failure as a professional
- Late - feelings of failure as a person
- End - “Dead inside”

Nurses at Risk

- Unwilling to ask for help
- Not adequately prepared for clinical work
- High personal performance expectations
- Over-involvement
- Refuse counseling

Self Assessment

- Angry or irritable at inappropriate times
- Unable to enjoy life
- Chronic fatigue
- Rigidity
- Decreased attention span

To Prevent or Treat Burnout

- Do the work - know yourself
- Learn WHY your patient’s treatment course is chosen
- Be aware of YOUR triggers

Tools for Resolution

- Codes of ethics
- Institutional policies
- Laws vary by state
- Federal regulations
Codes of Ethics

- Code of Ethics for Statisticians
- American Medical Association (AMA)
- Hippocratic Oath
- American Nursing Association (ANA)
- SOCRA Code of Ethics for Researchers

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1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

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2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

All Based on 4 Principles

- Respect for Autonomy
- Nonmaleficence
- Beneficence
- Justice

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4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

Respect for Autonomy

- Self-Governing; the freedom to decide issues that affect own life
- The autonomous person is respected
- free to act on choices
- And is able to
- determine personal goals
- decide upon a plan of action (or participate in that plan – assent)
Nonmaleficence
- Requires one to refrain from causing harm, including:
  - Deliberate harm
  - Risk of harm
  - Harm that occurs during the performance of beneficial acts

Beneficence
- Requires one to act in a way that benefits others
  - Do or promote good
  - Prevent harm
  - Remove evil or harm

Multidisciplinary Ethical Conflict Resolution in the Acute Healthcare Setting
- Differences arise when good people disagree about moral duties (ethical behavior)

Ethical codes and clinical practice require translating principles to rules of action
- What if we learned different priorities in school, church, or at home?

The Way We Know

"Assume everyone has the patient’s best interest in their heart"
- Me
### Seigler/Winslade Method

**Draw a Box**

<table>
<thead>
<tr>
<th>Medical Story</th>
<th>Parent and Child Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual Features</td>
<td>Quality of Life</td>
</tr>
</tbody>
</table>

### Always Remember

The best solution won't be perfect- does NOT mean there is a bad guy.