

“IT’S A BURDEN YOU CARRY”: DESCRIBING MORAL DISTRESS IN EMERGENCY NURSING

Authors: Lisa A. Wolf, PhD, RN, CEN, FAEN, Cydne Perhats, MPH, Altair M. Delao, MPH, Michael D. Moon, PhD, RN, CNS-CC, FAEN, Paul R. Clark, PhD, MA, RN, and Kathleen E. Zavotsky, PhD, RN, CEN, ACNS-BC, CCRN, Des Plaines, IL, San Antonio, TX, Louisville, KY, and New Brunswick, NJ

CE Earn Up to 9.0 CE Hours. See page 94.

Introduction: Moral distress in nursing has been studied in many settings, but there is a paucity of research on moral distress as it manifests in the emergency department. One study suggests a correlation between moral distress and aspects of burnout, and other researchers report that nurses have considered leaving their position or even their profession because of moral distress. Further exploration of these issues may provide insight into their effects on ED patient care and the emergency nursing profession. The purpose of this study was to explore the nature of moral distress as it is experienced and described by emergency nurses.

Methods: A qualitative, exploratory design was employed using semi-structured focus groups for data collection. Using an iterative process, transcripts were analyzed for emerging themes by the research team. Six researchers analyzed the transcripts using a thematic analysis approach.

Results: Themes from the data included dysfunctional practice arena, being overwhelmed, and adaptive/maladaptive coping. Participants described, overall, a profound feeling of not being able to provide patient care as they wanted to.

Discussion: Causes of moral distress in emergency nurses are environment driven, not incident driven, as is described in other settings, and include a high-acuity, high-demand, technical environment with insufficient resources. Interventions should be targeted to improve environmental factors that contribute to the moral distress of emergency nurses. Future research should focus on the development and validation of an instrument to measure moral distress in this setting.

Key words: Moral distress; Emergency department; Nursing; Qualitative

Emergency nurses work in a predictably unpredictable environment of chaos, trauma, and high acuity.

Lisa A. Wolf, *Member, Pioneer Valley Chapter*, is Director, Institute for Emergency Nursing Research, Emergency Nurses Association, Des Plaines, IL.

Cydne Perhats is Senior Associate, Institute for Emergency Nursing Research, Emergency Nurses Association, Des Plaines, IL.

Altair M. Delao is Senior Associate, Institute for Emergency Nursing Research, Emergency Nurses Association, Des Plaines, IL.

Michael D. Moon, *Member, San Antonio Chapter*, is Associate Professor, University of the Incarnate Word, San Antonio, TX.

Paul R. Clark, *Member, Kentuckiana Chapter*, is Assistant Professor, University of Louisville School of Nursing, Louisville, KY, and System Educator, Norton Healthcare Institute for Nursing, Louisville, KY.

Kathleen E. Zavotsky, *Member, West Central New Jersey Chapter*, is Director, Nursing Research, Advanced Practice and Education, Robert Wood Johnson University Hospital, New Brunswick, NJ.

For correspondence, write: Lisa A. Wolf, PhD, RN, CEN, FAEN, Emergency Nurses Association, 915 Lee St, Des Plaines, IL 60016; E-mail: lwolf@ena.org. J Emerg Nurs 2016;42:37-46.

Available online 28 September 2015
0099-1767

Copyright © 2016 Emergency Nurses Association. Published by Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.jen.2015.08.008>

Attributes of both individual nurses and the environment in which they practice can either challenge or facilitate resistance to moral distress. The concept of moral distress has been defined as a phenomenon in which one knows the right action to take but is constrained from taking it.¹ In 2001, Corley and colleagues² expanded this definition, describing moral distress as “the painful psychological disequilibrium that results from recognizing the ethically-appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical power structure, institution policy, or legal considerations.” Thus, moral distress may not be the internal struggle of an individual nurse but the conflict between nurses and the constraints of the environment in which they practice. Johnstone and Hutchinson³ suggest that the best term for this phenomenon may not be “moral distress” but rather “moral discordance,” a suggestion that carries some merit and may frame future discussion.

Moral distress as it is currently understood in nursing has been studied in many settings, but there is a paucity of research on the nature and content of moral distress as it manifests in the emergency department.⁴ Because current

Emergency nurses' qualitative descriptions of moral distress: themes and categories

Theme	Study categories	Synthesis of findings from qualitative studies: 1995-2008 ^a
Challenges of the Emergency Care Environment	<i>Quality and Safety of Patient Care</i> Safety and risks to staff and patients Compromised patient care/unmet needs Inadequate/unsafe staffing Unnecessary pain and suffering Lost art of nursing	<i>Institutional Culpability</i> Patient advocacy <i>Patient Pain and Suffering</i> Devaluing patient wishes Patient suffering
Patient Advocacy	<i>Uses of Technology</i> Excessive documentation requirements Distraction from patient care Unreliable equipment Remote monitoring of patient flow <i>Conflicting Roles and Expectations</i> Competing demands/unrealistic expectations Perceived role conflicts and hierarchy of decision making Unsupportive managers and administrators Workplace bullying Resource-poor setting Overemphasis on tasks and metrics at the expense of patient care	<i>Institutional Culpability</i> Adverse effects to the system <i>Institutional Culpability</i> Health care constraints <i>Unequal Power Hierarchies</i> Conflicting professional goals and values Unequal authority
Being Overwhelmed	<i>Time Pressures</i> Lack of time to manage competing demands Focus on time-based metrics <i>Patient Volume and Flow</i> High patient volume Systemic problems that impact the emergency department (eg, lack of inpatient beds) <i>Frequent Users N/A</i> Inappropriate use of the emergency department Poor care coordination Discrimination/stigma	<i>Institutional Culpability</i> Health care constraints <i>Institutional Culpability</i> Adverse effects to the system
Adaptive/Maladaptive Coping	<i>Emotional Fallout</i> Complacency/compassion fatigue Stress/burnout Depression/despair Depersonalization/withdrawal Family problems Desire to leave job <i>Physical Symptoms</i> Chronic health problems Sleep disturbances/fatigue Poor diet/eating disorders <i>Coping Mechanisms (Constructive and Destructive)</i> Self-medication including alcohol Self-protective behaviors	<i>Human Reactivity</i> Emotional withdrawal Powerlessness <i>Human Reactivity</i> Biopsychosocial response <i>N/A</i>

continued

Download English Version:

<https://daneshyari.com/en/article/2609457>

Download Persian Version:

<https://daneshyari.com/article/2609457>

[Daneshyari.com](https://daneshyari.com)