Moral Injury in ICU The role of the PNA.

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This presentation may evocate an emotional response that you were not expecting.

What is Moral Injury?

"when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (Jameton 1984)



As a continuum and is individual

Many of us will have experienced at some point in our career the moral challenge of witnessing behaviors that we would consider wrong.





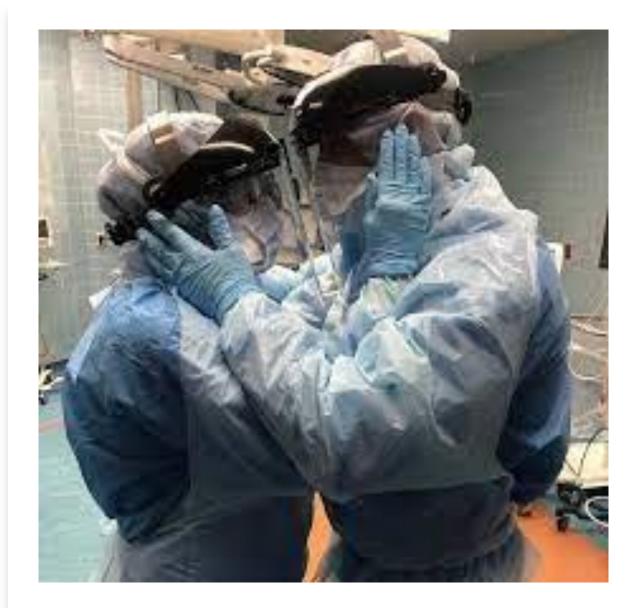




Growth

"unexpected growth that people report in the aftermath of traumatic life events".

(Tedeschi and Calhoun 1995)



Example from Practice

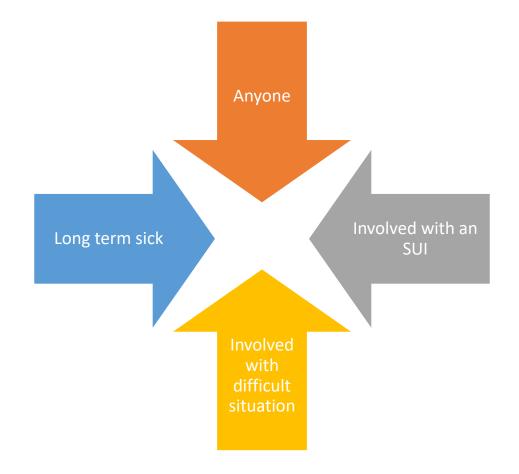


Due to time constraint of the course data is from 6 people



Data was collected in May/June 2021

Who did I approach.



Moral Distress Scale Revised (MDS-R)

	Frequency					Level of Disturbance				
				frequently			me	Great extent		1
	0	1	2	3	4	0	1	2	3	4
 Provide less than optimal care due to pressures from administrators or insurers to reduce costs. 										
 Witness healthcare providers giving "false hope" to a patient or family. 										
Follow the family's wishes to continue life support even though I believe it is not in the best interest of the patient.										
 Initiate extensive life-saving actions when I think they only prolong death. 										
Follow the family's request not to discuss death with a dying patient who asks about dying.										
Carry out the physician's orders for what I consider to be unnecessary tests and treatments.										
Continue to participate in care for a hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support.										
 Avoid taking action when I learn that a physician or nurse colleague has made a medical error and does not report it. 										
 Assist a physician who, in my opinion, is providing incompetent care. 										
 Be required to care for patients I don't feel qualified to care for. 										
 Witness medical students perform painful proce- dures on patients solely to increase their skill. 										
 Provide care that does not relieve the patient's suffering because the physician fears that increasing the dose of pain medication will cause death. 										
 Follow the physician's request not to discuss the patient's prognosis with the patient or family. 										
 Increase the dose of sedatives/opiates for an unconscious patient that I believe could hasten the patient's death. 										
15. Take no action about an observed ethical issue because the involved staff member or someone in a position of authority requested that I do nothing.										
16. Follow the family's wishes for the patient's care when I do not agree with them, but do so because of fears of a lawsuit.										
 Work with nurses or other healthcare providers who are not as competent as the patient care requires. 										
 Witness diminished patient care quality due to poor team communication. 										
 Ignore situations in which patients have not been given adequate information to insure informed consent. 										
 Watch patient care suffer because of a lack of provider continuity. 										
21. Work with levels of nurse or other care provider staffing that I consider unsafe.										
If there are other situations in which you have felt moral distress, please write them and score them here:										

- was handled at your institution?
- No, I've never considered quitting or left a position ______

 Yes, I considered quitting but did not leave _______

 Yes, I left a position _______

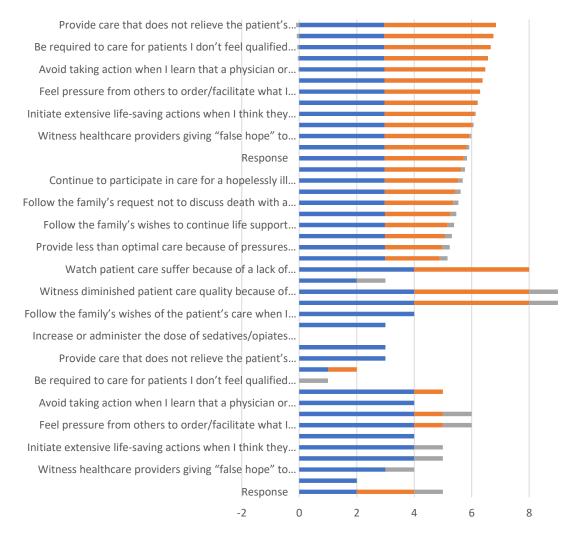
 Are you considering leaving your position now? Yes

 No

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Moral Distress:



- Orange line is average scores of the participants pre RCS.
- The Blue is 24hours post RCS.

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Implications for Practice.

Longer and large cohort is needed to really understand the effects of RCS on reducing moral distress in the ICU is currently ongoing.

RCS is now offered to new starters, students on the introduction to ICU course, the ICU course, band 6 pathway, team days, weekly online drop-in sessions and adhoc as needed.





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