The Effects of A Workplace-Based Education Program on Moral Distress Among Registered Nurses

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Objectives

• Define terms relating to moral distress
• Discuss the incidence of moral distress
• Summarize the consequences of moral distress
• Provide an example of moral distress
• Explain strategies to limit moral distress
• Summarize research findings
• “Our lives begin to end the day we become silent about things that matter.”
  —Martin Luther King, Jr.
Moral Distress

• First described in 1984 by Jameton; many iterations since

• Moral distress defined:
  – Physical, psychological, or emotional suffering experienced when intrinsic or extrinsic constraints render the person unable to act in a manner the person perceives as ethically or morally appropriate.

  N. Powell
Why Study Moral Distress

• Much literature re: sources, effects/consequences
• Paucity of literature re: validated strategies to reduce the incidence
Examples of Sources of Moral Distress

- Life support against patient wishes
- Life support when not in best interest of patient
- Inappropriate use of health care resources
- Inadequate staffing
- Incompetent staff
- Inadequate pain relief
- False hope to patients and or families.
Raise your hand if...
Background

• Nursing is a moral endeavor challenged by extrinsic and intrinsic stressors
Background

• Literature reports MD is widespread among nurses.

• Among nurses studied:
  – 33% of RN’s have experienced MD
  – Nearly half the RN’s surveyed left their unit
  – 50% acted against their conscience
Consequences:

– Nurse
– Organizational
– Patient outcomes
– Nursing Profession
Consequences to the RN

- Physically withdraw from the bedside
- Loss of ability to care
- Impaired self esteem
- Compromised integrity
- Frustration
- Burnout
- Physical symptoms
- Psychological disequilibrium
- Social alienation
- Leave the profession altogether
• Nursing is a moral endeavor challenged by extrinsic and intrinsic stressors
Stressors

• Perceived powerlessness
• Budget shortfalls
• Inadequate staffing
• Disruptive physician behaviors
Stressors

• Multiple ‘masters’
• Perceived voicelessness
• Power imbalance
Consequences to the Organization

Poor communication
Lack of trust
Defensiveness
Lack of collaboration across disciplines
High turnover rates

$$$$$
Consequences to the Patient
Problem

– A healthy work environment and positive ethical climate is essential to the registered nurses’ ability to perform effectively and efficiently and to maximum potential.

– Moral distress is a problem with significant implications for nursing practice, nursing education, healthcare organizations, and patient outcomes.
Research Questions

• Do nurses who participate in the workplace-based *The 4A's to Rise Above Moral Distress* (2005) program have decreased total moral distress, compared to nurses who do not participate in the program?
  – 1(a): Do nurses who participate in the workplace-based *The 4A's to Rise Above Moral Distress* program have decreased frequency of moral distress, compared to nurses who do not participate in the program?
  – 1(b): Do nurses who participate in the workplace-based *The 4A's to Rise Above Moral Distress* program have decreased intensity of moral distress, compared to nurses who do not participate in the program?
<table>
<thead>
<tr>
<th>Purpose</th>
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<tbody>
<tr>
<td>Moral Distress</td>
</tr>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>Intensity</td>
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<tr>
<td>Total</td>
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Theoretical Framework

• Bandura:
  – Social Cognitive Theory

• Corley:
  – Theory of Moral Distress
Literature Review

• Review of literature from 1984 to 2011.
• Inclusion criteria included manuscripts pertaining to:
  – moral distress
  – moral responsibility
  – ethic's education
  – empowerment
  – healthy work environments
  – virtue ethics
Intervention
The 4A’s to Rise Above Moral Distress

- Systematic process to examine sources and strategies to minimize moral distress
- Facilitated tool kit published by the AACN (2005)
  - Facilitator handbook
  - PowerPoint presentation
  - Participant guide
  - Participant handbook

- 4 A’s
  - ask, affirm, assess, and act

- 6 hour class
Instrument

- Corley’s Moral Distress Scale (MDS)
  - 38 item questionnaire
    - Subscales
      - Intensity
      - Frequency
  - 7 point Likert (0-6)
  - Questions rated for intensity (MDI) and frequency (MDF)
  - Total = add all intensity items/number of items $\rightarrow M$
    
    add all frequency items/number of items $\rightarrow M$
    
    $M$ MDI x $M$ MDF
Demographic Questionnaire

• 19 items
Setting

• Setting:
  – Randomized by coin toss
  – 4 Community Hospitals
  – Treatment Group: 1 Magnet and 1 non Magnet
  – Control Group: 1 Magnet and 1 non Magnet
Sample Size

• Effect size
  – medium

• Significance
  – \( p < .05 \)

• Power
  – .80

• Minimum sample size
  – 102 – 51 each group
Participants

- Participants
  - Treatment group $n = 58$
  - Control group $n = 52$
Data Collection

• Treatment Group
  – Attendance at The 4A’s to rise Above Moral Distress Class
    • Completed demographic questionnaire
    • Completed the 38 item original Moral Distress Scale pretest
    • Completed the 38 item original Moral Distress Scale posttest

• Control Group
  • Completed demographic questionnaire
  • Completed the 38 item original Moral Distress Scale pretest
  • Completed the 38 item original Moral Distress Scale posttest
Data Analysis

• Change Scores
  – Posttest score – pretest score
  – Independent $t$-test
  – ANCOVA
Scoring

• **Corley:**
  – sum intensity and frequency
    • calculate mean for each
    • multiply the two means = total score

• **Hamric and Blackhall:**
  – For each item: intensity \times frequency
    • Sum of all item scores = total score
Findings

• 1: Do nurses who participate in the workplace-based *The 4A's to Rise Above Moral Distress* (2005) program have decreased **total moral distress**, compared to nurses who do not participate in the program?
Findings

• 1(a): Do nurses who participate in the workplace-based *The 4A's to Rise Above Moral Distress* program have decreased *frequency* of moral distress, compared to nurses who do not participate in the program?
Findings

• 1(b): Do nurses who participate in the workplace-based *The 4A's to Rise Above Moral Distress* program have decreased **intensity** of moral distress, compared to nurses who do not participate in the program?
Findings

• ↑ intensity
• ↓ frequency
Additional Analyses

• Magnet: Pretest and Posttest Scores
Change Score Issues

- Ceiling effect
- Regression toward the mean
Change Score Issues

- Different types of ability
- Low reliability
Conclusions

1. The majority of registered nurses in this study experienced moral distress at varying levels and degrees of intensity and frequency in their present jobs.

2. Frequency, intensity, and total moral distress decreased among the treatment group who participated in the class.

3. Nurses who work in Magnet designated hospitals in this study, had decreased frequency and total moral distress.

4. Older nurses in this study reported less frequent of moral distress than did younger nurses.
Translation Please

こんにちは
Entschuldigung?
Effect of Intervention

- Mean pretest – mean posttest average of pretest and posttest SD
- Small effect size = 3
- Medium effect size = 5
- Large effect size = 8

» Melnyk, B
**Effect of Intervention**

*Independent t-test Comparing Treatment and Control Groups Pretest, Posttest Mean Intensity Moral Distress Scores*

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<tr>
<th>Group</th>
<th>n</th>
<th>Pretest M</th>
<th>SD</th>
<th>Posttest M</th>
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<td>58</td>
<td>4.50</td>
<td>1.03</td>
<td>4.46</td>
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<td>Control</td>
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<td>4.35</td>
<td>1.53</td>
<td>4.44</td>
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Effect of intervention = .003

*Independent t-test Comparing Treatment and Control Groups' Pretest, Posttest Mean Frequency Moral Distress Scores*

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<th>SD</th>
<th>Posttest M</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>58</td>
<td>1.56</td>
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<tr>
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Effect of intervention = .333
Implications for Nursing

• ↓ Frequency
• ↓ Intensity
• ↓ Total Moral Distress
Implications for Nursing: Science

• Effectiveness of intervention
• Triggers
• Psychometric support of Moral Distress Scale
• Strategies to limit moral distress
Implications for Nursing: Education

• Ethics education
  – Nursing Faculty
  – Clinical Educators
Implications for Nursing: Practice

- Healthy work environment
  - Minimize the experience of moral distress
  - Enhance ethical awareness and accountability
Recommendations for Future Research on this Study

• Enrich 4A’s curriculum to include assertiveness skills, empowerment, and effective communication
• Modify 4A’s teaching materials
• Add qualitative design
• Modify the MDS instrument
• Formalize scoring methodology
• Administer another post test at 16 weeks
• Use a larger sample size with geographically diversity
Recommendations to Limit or Prevent Moral Distress

• Teach and encourage nurses to ‘Speak Up’
• Be accountable
• Build support networks; one voice
• Work to create a healthy work environment
• Learn about and speak of ‘moral distress’
• Take ‘it’ on, don’t turn your back to ‘it’
• And remember....
You have a voice, and an obligation to yourself and your patients. Speak up!
She’s counting on you.