Making Sense of Moral Distress Within Cultural Complexity

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PURPOSE

➢ To explore nurses’ experiences about working on a chronic ventilator-dependent unit with a predominance of elderly Orthodox Jewish patients at the end of life. Little is known about how cultural complexity creates differences between nurses’ and family’s expectations for patient care at the end of life.

➢ Description of study unit: Academic Medical Center located in Brooklyn, NY, home to more than one-third of the 1.5 million Jews in the NYC area

➢ 30-bed unit with the average patient age of 82 years; 60% of the patients identified as Jewish, most are Orthodox Jews

➢ Most patients are unresponsive because of dementia, anoxic encephalopathy, or other conditions, and nearly all were mechanically ventilated

➢ This patient/family group’s choice to use life-sustaining treatment is informed by its religious beliefs, particularly in the sacredness of life

➢ The care of patients on this unit can be physically and emotionally demanding for nurses and others even when there are no cultural differences.

➢ Study questions:

  1) determine whether nurses experienced distress related to the care they provide and, if so,

  2) determine contributing factors and consequences of that distress, and

  3) identify nurses’ coping strategies. Ideas for addressing any distress identified in their practice environment were also elicited

Early interviews led to the expansion of the original question to include exploring nurses’ moral distress.

METHODS

➢ Exploratory descriptive qualitative study

➢ Convenience sample of 27 nurses

➢ (71% participation rate) from both shifts took part in 11 focus groups with semi-structured interview format

➢ Focus groups were audiorecorded and transcribed

➢ Anonymous demographic form

➢ Purposive selection of transcripts

➢ Content analysis to identify themes

RESULTS

➢ Nurses identified several challenges: medical treatment for this population; communication issues; family expectations; cultural concerns; administrative issues. These challenges contributed to moral distress, defined as “a psychological response to morally challenging situations such as those of moral constraint or moral conflict or both” (Fourie).

➢ Consequences of moral distress included: depersonalization, desensitization, disempowerment, depression, distancing.

➢ The concept of depth-of-field dissimilarity extends even to nurses, who while they are providing care that is appreciated by family members could not recognize the merit of their care.

➢ Three categories of themes emerged from the data:

  1) Universal themes: workload/overload, desire for acknowledgment of the nature and intensity of the work

  2) Themes common to other studies of nurses working in end-of-life care: Concerns about medical treatment without potential to improve a patient’s overall condition, providing unrealistic hope to patients and families

  3) Unique themes: The main finding was an incongruence described as depth-of-field dissimilarity, in which the focus and depth of perspective depend on the person doing the looking.

Meta Theme

➢ Together these unique themes relate to an essential mismatch of worldview that was found among nurses, other members of the healthcare team, and patients and families. This idea, which goes beyond having a difference in values, can be identified as depth-of-field dissimilarity. The focus and depth-of-field depends on the person who is doing the looking.

DEMOGRAPHIC DATA

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<tr>
<td>As v. yrs in current position</td>
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</tr>
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Focus Group Questions

- Invitational question: What are the positive aspects working on this unit? What helps you...?
- What do you do to stay-coping strategies do you use? What strategies in the existing literature and the findings.
- Recommendations: What ideas do you have for improving care on this unit?

CONCLUSION / IMPLICATIONS

This study explored how nurses felt about working on this unique unit and revealed their experience of moral distress. There was resonance between themes in the existing literature and the findings.

➢ Supporting nurses through educational programs and specialty curricula is essential to nurses’ professional growth and development

➢ It is important to develop a balance between nature, the innate nature of the nurses as professionals, and nurture, the professional work environment within which they contribute their work

➢ Educational strategies are needed that broaden and deepen the professional nurses’ depth-of-field perspective

➢ Approaches are also needed to understand the patients’ and families’ perspectives to reduce the depth-of-field dissimilarity

➢ Clinical nursing interventions could be designed whereby nurses would work together to empower clinical nurses to consider and reflect on improving their ethical practice

ACKNOWLEDGEMENTS:

➢ The nurses who participated in this study

➢ Tom Smith, Chief Nursing Officer, Maimonides Medical Center

REFERENCES


