Introducing Palliative Care Education for Critical Care Nurses to Reduce Moral Distress

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Moral distress in intensive care unit (ICU) nurses is a major phenomenon recently being discussed in nursing literature. Moral distress negatively impacts the nursing workforce as a leading cause of job dissatisfaction, turnover, and burnout.

At Piedmont Atlanta Hospital (PAH), the Critical Care Nursing Shared Governance (NSG) council began a focused discussion around moral distress yielding alarming results. PAH has a case mix index ranking top 10 in the country and ranking as the top community hospital for acuity nationwide.

The three ICUs at PAH collaborated on this project to educate and bring awareness to clinicians about the existing Palliative Care program as an intervention for moral distress.

INTRODUCTION

- There was consistency for high frequency and level of disturbance for similar items on the MDS-R for all three ICUs.
- Analysis of survey results yielded high levels of frequency and moral disturbance across all ICUs with questions related to EOL discussions receiving highest marks.
- A two-day Palliative Care Forum with guest speaker Dr. Sandra Gomez, MD, FAAHPM, was conducted in order to help re-educate clinicians regarding the Palliative Care program and misconceptions associated with Palliative Care.
- End-of-Life Nursing Education Consortium (ELNEC) courses were also organized to help improve clinician communication with patients and families to facilitate end of life discussions.

METHODS

- The validated Moral Distress Scale-Revised (MDS-R) tool measures level as well as frequency of moral distress. In response to these results, the NSG council did extensive research on how to respond to moral distress. Evidence suggests initiating palliative care earlier during hospital course, education to bedside clinicians regarding end-of-life (EOL) care, and rebranding Palliative Care to Supportive Medicine in order to reduce stigma.
- This tool was distributed throughout all three ICUs to bedside RNs. A total of 88 valid surveys were utilized to compile qualitative data representing 31% of PAH ICU RNs.

RESULTS/INTERVENTIONS

- Restructuring the Palliative Care team resources, as well as a rebranding to Supportive Medicine, will further support early access for clinicians and patients to utilize these valuable services.
- A validated clinical assessment tool for early intervention will be utilized by the ICU bedside RN.
- Additional post intervention data, including post MDS-R, will be gathered to determine effectiveness of interventions in combating moral distress in ICU nurses.

NEXT STEPS

Best Care Possible

Curative Care

Hospice

Palliative Care

Death and Bereavement Care

Medical/Surgical ICU (Mean Per Item)

Cardiovascular ICU (Mean Per Item)

Cardiac ICU (Mean Per Item)