

Routine Debriefing Sessions Decreased Moral Distress Scale Among Critical Care Nurse

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Introduction

Topic

- Moral distress occurs when clinicians perceive a violation of their personal and professional beliefs, values, and duties
- Intensive care unit (ICU) Nurses' moral distress scores were higher than physicians' and advanced practice providers'

Problem

- No standardized approach to address critical care nurses' moral distress
- High turnover rate among critical care nurses
- No current routine debriefing sessions at current clinical settings

Team

- Registered Nurses
- Clinical Coordinator
- ICU managers
- Palliative care coordinator

Aim

- To decrease moral distress scores by 10% from baseline by three months in critical care nurses.

Methods

Methods:

- Survey: The survey consists of 7 demographic items, and 21 MDS-R items for pre-post
- Education: Seventeen-minute evidence-based moral distress education is delivered via Zoom over four weeks period
- Debriefing sessions: Two fifteen-minute debriefing sessions
- Participants: Registered nurses ages greater than 18 years who work in critical care units
- Data Collection: Demographics, Revised moral distress scale (MDS-R)
- Measurement: Revised moral distress scale (MDS-R)
- Data Analysis: Descriptive statistics, Wilcoxon Signed Rank test, Pre and Post revised moral distress scale (MDS-R) scores

Results

Demographic Characteristics of Participants (N=45)

Age	Participants (N)	Percentage (%)
18-24	6	13
25-34	18	40
35-55	12	27
45-54	6	13
55-64	2	4
Above 64	1	2
Gender	Participants (N)	Percentage (%)
Man	5	31
Woman	40	69
Other	0	0
Years of critical care experience	Participants (N)	Percentage (%)
Less than 1 year	1	2
1 year to less than 2 years	10	22
2 years to less than 5 years	5	11
5 years to less than 10 years	18	40
10 years or more	11	24

Top items level of moral distress: Pre and Post

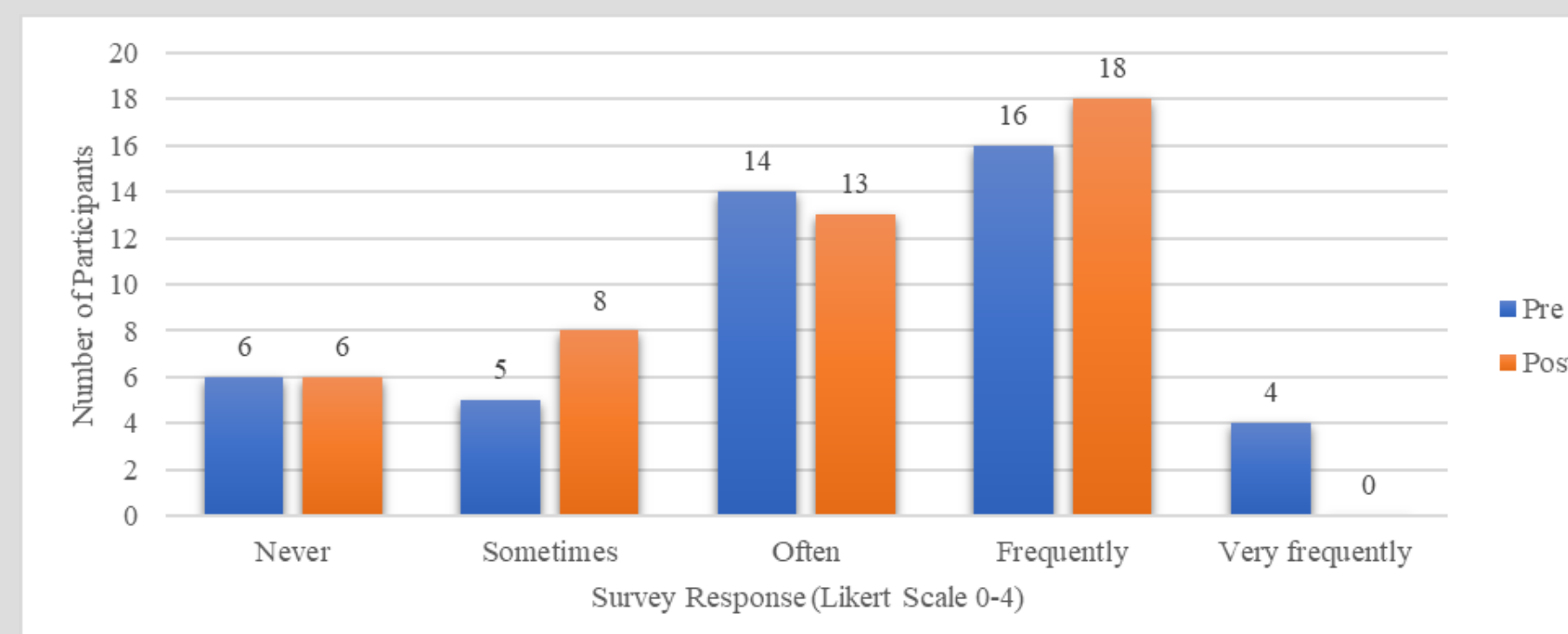


Figure 1

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

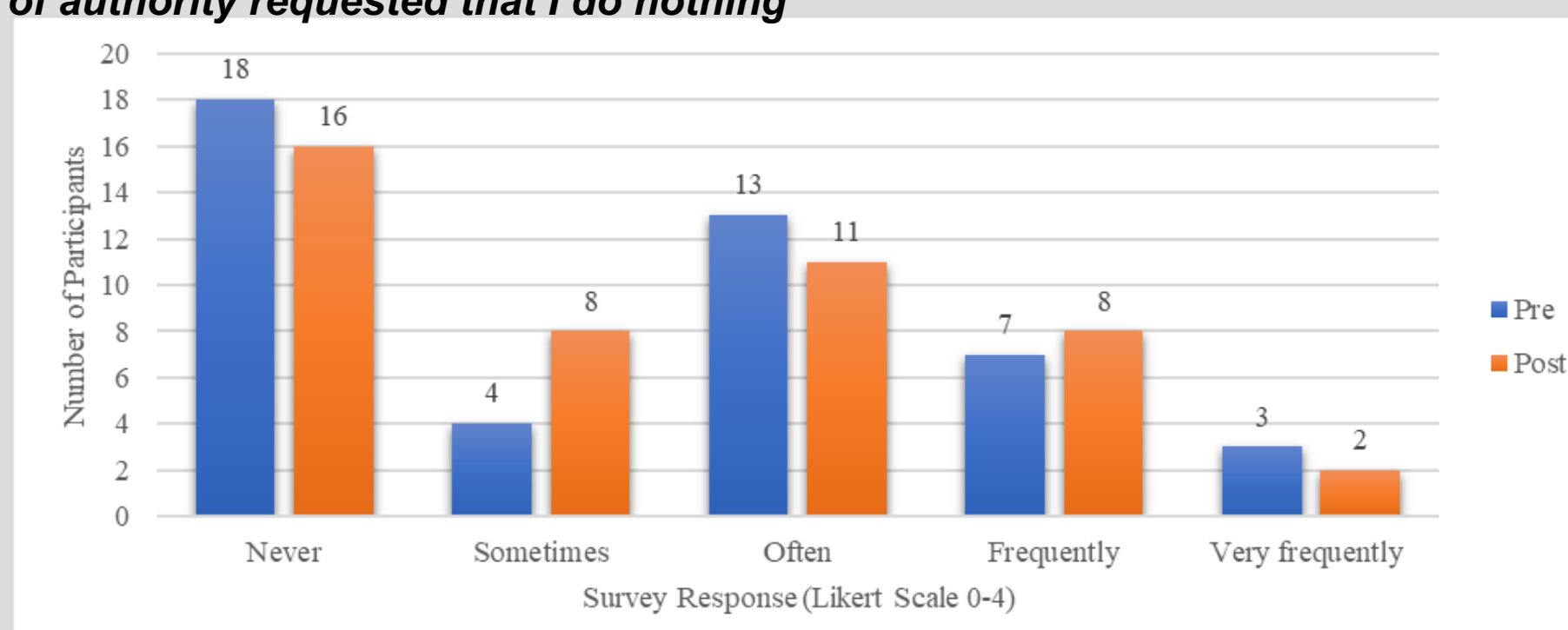


Figure 2

Ignore situations in which patients have not been given adequate information to insure informed consent

Implications for Practice

- Routine debriefing sessions were associated with a significant decrease in moral distress severity among critical care nurses surveyed
- This project demonstrates that routine debriefing sessions and the MDS-R scale are effective tools to increase moral distress awareness
- Implementation of moral distress education with routine debriefing sessions decreases the MES-R scores among nurses within the critical care practice
- Promotion of implementation of moral distress education with routine debriefing sessions is advisable to further improve moral distress in critical care
- The use of the MDS-R scale is a key element to address critical care nurses' moral distress
- A recommendation for implementing routine debriefing session is that additional training or support is needed on how to discuss end-of-life care topics

Limitations

- Small sample size
- No control for confounding variables (medications, psychosocial support, concurrent counseling)

References

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2. Lamiani, G., Setti, I., Barlaschini, L., Vegni, E., & Argentero, P. (2017). Measuring Moral Distress Among Critical Care Clinicians: Validation and Psychometric Properties of the Italian Moral Distress Scale-Revised. *Critical Care Medicine*, 45(3), 430–437. <https://doi.org/10.1097/CCM.0000000000002187>