Impact of Palliative Education on ICU Nurses’ Moral Distress

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Background/Significance

Close to half of all Americans that die in a hospital, spend time in a critical care unit within the last few days of their life (O’Mahony et al., 2010). 1 in 5 Americans die in an ICU (Angus et al., 2004). Critical care nurses receive specialized training in critical care pathology, & technology but not in emotional preparedness. Medical advancements in critical care have lacked concurrent advancements in communication skills between medical providers and families, leaving nurses in the midst of these complicated situations feeling unempowered and frustrated (Bach, et al., 2009)

Targeted Education to equip nurses to care for patients at end-of-life may lead to:

- Decreased Moral distress
- Increased Nurse satisfaction
- Overall improvement in perception of the dying process by both the nurse and family (Zomorodi, & Bowen, 2010; Kirchhoff & Kowalkowski, 2010)

Results

Pre-palliative care education (PCE) MDS-R scores (M=123, SD= 47) and post PCE scores (M= 86, SD= 47), t(18) = 3.81, p = .001, with participants having lower levels of MD after attending PCE with 44.7% of the variance explained (partial eta squared = .447). The improvement in scores was sustained at 6 months (M= 86, SD = 32), t(16) = 3.6, p=.003

Significance/Conclusions

- *Nurse education on end-of-life may help to improve patient care by: making nurses more aware of the importance of addressing patients’ symptoms, & emotional needs, improving communication, and making the care more patient-centered. Increased nurses involvement at EOL may lead to increased sense of empowerment and satisfaction.
- *With a better understanding of ways to diminish moral distress in ICU nurses, leaders will be better equipped to work towards nurse satisfaction and retention.

Palliative care has been shown to:

1) Prolong life, 2) Increase QOL, 3) Decrease depression (Temel et al. 2010)


Now it may show to decrease nurses’: Moral distress & Burnout?

Increased Job Satisfaction & Retention = Happy RNs & Cost Savings

AIMS

To determine if attending palliative care education is associated with a decreased incidence of moral distress as measure by the Moral Distress Scale (MDS-R)

Description of Change

A single center, prospective, repeated-measure, survey design to evaluate the effectiveness of palliative education and consults on pre and post education scoring of moral distress.

Multiple 4 hour PC classes developed by interdisciplinary team of RN, MD, SW, & APRN based on ELNEC framework

Validity

Tool | Description | Reliability
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MDS-R | 21 question, 5 point Likert scale looking at frequency and level of disturbance. | 88% inter-rater agreement

Cronbach’s alpha = 0.97-0.82

References

