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Nursing Ethics Huddles to Decrease Moral Distress among Nurses in the Intensive Care Unit?

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Short Summary

Moral distress is a major concern among nurses. It can lead to emotional suffering and work dissatisfaction as well as negatively affecting patient care. This article outlines the results of a project aimed at developing and implementing nursing ethics huddles for ICU nurses and to evaluate the impact of these huddles on moral distress and on clinical ethics knowledge, work satisfaction and patient care. The project was conducted among ICU nurses working in an 800 bed academic medical center, and the results are based on questionnaires focusing on the research subjects' perception of the effect of the nursing ethics huddles on their work satisfaction and on patient care.

Background and Method

Moral distress (MD) is described as emotions that are felt in situations where the person knows the right action to take, but finds themselves constrained from taking that action due to institutional or internal obstacles. MD may be caused by many factors, including poor interprofessional communication, actions that prolong the patient's death, violation of the patient's autonomy, and concerns about the benefits of specific medical interventions.

Nursing ethics huddles are closed confidential small-group meetings, where the nurses have the opportunity to discuss ethically troubling cases. The goal of the nursing ethics huddles project described in this paper was to provide an environment where nurses can find new ways to deal with morally challenging situations in a professional and positive way. The project was based on the idea that nursing huddles can help build resilience towards MD by providing an opportunity to share experiences around difficult cases, which may promote better understanding of one's own and others' perspectives and contribute to personal growth as well as improve evaluation of conflicts. The authors used Alvita K Nathaniel's Theory of Moral Reckoning to guide the nursing ethics huddles process.

¹ Chiafery M.C., Hopkins, P. Norton, S.A. and Hodges Shaw, M. (2018). Nursing Ethics Huddles to Decrease Moral Distress among Nurses in the Intensive Care Unit, *The Journal of Clinical Ethics*, Vol. 29 (3):217- 226-.

An eight step model for clinical consultation developed by Rhodes and Alfandre was applied to provide structure for the nursing ethics huddles. This included collection of data, identification of ethical principles, discussion around conflicts and information gaps, determination of the ethical question, pinpointing the priority among the identified principles, determining the need for further information evaluating the outcome and deciding the steps to take to address the concerns (see page 220)

32 nurses from three ICU units within the same hospital, participated in six nursing ethics huddles over a period of two months. Questionnaires were used to gather qualitative information about each participant in terms of their baseline level of moral distress and their moral distress level prior to and after the ethics huddle sessions. Furthermore, the participants' ethics knowledge attainment was assessed by using open-ended short-answer questionnaires. The number of participants varied at the different parts of the study.

Key Findings

Participants reported that they felt better able to cope with difficult issues and better equipped to work with others to implement change. Of the 30 participants who reported baseline MD scores, 68% responded that they experienced a decrease in MD after having participated in the nursing ethics huddles.

A small subgroup of participants reported a higher level of MD after having participated in the nursing ethics huddles. The authors speculate that this result might be due to moral residue (i.e. MD from past cases that the person hasn't been able to deal with) coming to the surface as a result of the individual's coping mechanism being broken down in the nursing ethics huddles, as they start to reflect on past experiences.

Limitations

The authors identify the small number of participants as well as the fact that those who participated in the nursing ethics huddles were a self-selected group with an interest in ethics as limitations of this study. Another potential limitation is time constraints experienced by the participating ICU nurses, which may have impacted the number of responses to the questionnaires as well as the level of detail provided. Last but not least, previous interactions between the facilitator and some of the participants may also have resulted in participant bias.

Conclusion:

Despite the small sample of participants, the study indicated that participation in nursing ethics huddles can significantly reduce moral distress and contribute to increase clinical ethics knowledge. The authors encourage other institutions to explore the use of nursing ethics huddles or similar interventions to help ICU nurses cope with ethically challenging situations.