A Grounded Theory of Moral Distress among Emergency Nurses

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Introduction

- PhD study of Moral Distress among Emergency Nurses
- Little known about subject in this setting
- Existing theory did not explain phenomenon
- Desire to find out ‘what is going on?’
Introduction

- Increased work loads
- Diminishing resources
- Staff shortages
- Targets/Key Performance Indicators
- Patient Overcrowding
Introduction

- Job dissatisfaction, burnout, increased turnover and lower staff retention (Corley et al, 2001).
- Moral Distress (Jameton, 1984)
- Paucity of studies examining moral distress in emergency departments.
“Moral Distress is when the nurse knows the right thing to do but institutional constraints make it nearly impossible to do”

(Jameton, 1984)
Results

- The main concern of Emergency Nurses was balancing competing demands of admitted patients and emergency patients.

- Balancing overcrowding with maintaining patient flow
Results

- Adaptive Competence
- Sliding Scale of clinical practice which ranges from Role Fulfilment to Rationing Care.
- The default position is Compromising Caring.
- Rationing Care leads to frustration and moral distress.
Temporary Solutioning

- Stretching
- Nurses extend the scope of their practice to include additional tasks in response to overcrowding and long waiting times.
- Includes venepuncture, cannulation, catheterisation, discharge from triage.
Temporary Solutioning

- Stepping up a gear
- Nurses increase their work rate in response to overcrowding.
- Includes clearing large numbers of patients by identifying patients for RAT (Rapid Assessment and Treatment)
- ‘Shoulder to the Wheel’
- Skipping breaks / working late etc.
Role fulfilment

“..it's about providing some good and providing that knowledge and skills that I have built up over the last 13–14 years in the ED, using those skills to ultimately make people lives better and nurse them to health again.”

“Yes, it is a stressful environment but I think that's probably part of the buzz of here. Like, if you're in Resus, you get someone in. There's the adrenaline rush of that and you're ultimately looking for a good goal of getting the patient out of the department alive if you can. It is a stressful environment but I love it.”
Compromising Caring involves continuous patient observation, priority setting and maintaining safety.

It is a response to overcrowding and poor patient conditions.

Compromising Caring has an intuitive element where the nurse pre-empts problems before the event.
Compromising Caring also involves covering patients or taking responsibility for a colleague's patients for a period of time.

Compromising Caring may involve moving patients to a closer proximity to the nurse to allow for greater observation and to maintain safety.
Rationing Care

- This describes the process by which nurses cope when demands become unsustainable. The nurses have to cut back on caring.
- This process consists of reducing the amount of time spent with patients, inattentive listening, avoiding eye contact, prioritising the sickest patients and focusing on core caring at the expense of the quality of care.
Rationing Care

- “You come across patients that nobody has spoken to them in four hours. They haven't gotten pain relief. They haven't been turned. It happens way more often and you know it shouldn't happen.”
  
  Staff Nurse 2

- “You don't physically get the chance to or you think I'll go back to that man in a second and sort it out. Then someone drags you in for something else or an emergency comes in and you're pulled in with that and an hour or two hours can pass from something simple you were going to do that might take two minutes. It doesn’t get done and then the patient is moved. Just a lot of little stuff gets missed.”
  
  Staff Nurse 7
Discussion

- Emergency nurses adapt their competence by Stepping Back care or by Temporary Solutioning in response to changing clinical demands.

- Stepping Back care causes poor quality care, moral distress and burnout.

- Temporary Solutioning is a process to positively respond to increased demands.
Emergency Nurses strive to balance the competing demands of overcrowding and maintaining patient flow.

This leads to compromising caring which involves stepping back care.

When care is compromised to the extent that it is rationed it leads to a cycle of frustration and moral distress.

Moral distress has been linked to poor quality care, burnout and high turnover.
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- References available on request