An Inpatient Surgical Oncology Unit's Experience With Moral Distress: Part II

Nicole Pelton, RN, BSN, Susan Bohnenkamp, RN, MS, ACNS-BC, CCM, Pamela G. Reed, PhD, RN, FAAN, and Cindy J. Rishel, PhD, RN, OCN®

The purpose of this article is to describe approaches used to alleviate nurse moral distress on a surgical oncology unit and challenges faced when addressing the complex factors that contributed to that moral distress. Moral distress clinical unit survey results identified two themes contributing to nurse staff distress: inadequate staffing (either unsafe staffing ratios or incompetent nursing or physician staff) and physician-ordered patient care that was inappropriate or ineffective for patients (e.g., inadequate pain management). A complete discussion of the problem of nurse moral distress on this surgical oncology unit and the subsequent unit survey can be found in Bohnenkamp, Pelton, Reed, and Rishel (2015).

After assessing the results of the unit survey, a group that included the unit manager, clinical leaders, chief nursing officer, clinical nurse specialist, and an attending physician investigated relevant nursing literature to determine appropriate courses of action. Although ample discussion of moral distress has taken place, relatively few studies have outlined effective interventions (Hamric, 2012). Group members then met to discuss approaches to decrease moral distress. Based on the results of the survey, members of this group planned methods to increase communication between physicians and nursing staff, provide education about the dying process and stress management, and offer therapies and education regarding self-care management.

Communication

Oncology care is complex. Cancer care teams, comprised of members from various healthcare disciplines, may complicate the process of care delivery by not communicating fully with one another. Important care issues may be misinterpreted or misunderstood, resulting in distress for team members. Interprofessional team meetings to discuss the plan of care and concerns (e.g., ethical issues, case scenarios, pain management) may be helpful in achieving transparency and improving patient, professional, and organizational outcomes (Mobley, Rady, Verheijde, Patel, & Larson, 2007; Sirilla, 2014).

To address perceived concerns with interprofessional communication, a retreat was organized that encouraged physicians and nurses to discuss ways to improve team member communication. During the retreat, participants deliberated about key words to communicate a nurse's discomfort with a physician's plan of care. A "time out" would be called when anyone said the key word, and a care conference would be initiated. The physicians also presented information about decision making with various disease processes, which helped unit nurses to more fully appreciate physician knowledge and steps in the process and to discuss how they, as nurses, could contribute their knowledge and experience. In addition, participants worked in interprofessional groups to discuss and develop solutions to common stressors on the unit. The open forum allowed the team to begin establishing interprofessional bonding and to open new channels of communication.

Education

Developing a plan for education regarding ethics, death and dying, and coping strategies can benefit nurses by increasing their self-confidence in their knowledge about the end of life and their awareness of moral distress (Sirilla, 2014). Initiating education during orientation was recommended to ensure that all nurses would be aware of the signs and consequences of moral distress (Sirilla, 2014). In addition, monthly educational sessions were offered on various topics (e.g., ethics, death and dying, pain management, communication, self-care). Staff members who attended the unit retreat were provided with education regarding interprofessionalism, emotional de-escalation, and critical incident management. Another result of the partnering of team members at the retreat was the creation of an interprofessional journal club. Physicians, nurses, and pharmacists now meet bimonthly to discuss evidence-based research about specific topics of interest (e.g., palliative care). This partnering not only provides educational opportunities but also enhances communication among team members.

Self-Care Management

Self-care is a pivotal strategy used by individuals to effectively alleviate moral distress. If oncology nurses are to remain healthy and able to care for patients and families, implementing effective self-care strategies is a must. These strategies include recognizing personal signs of moral distress, searching for appropriate interventions, and maintaining a balance between work and life (Sirilla, 2014). An expert in self-care was recruited to