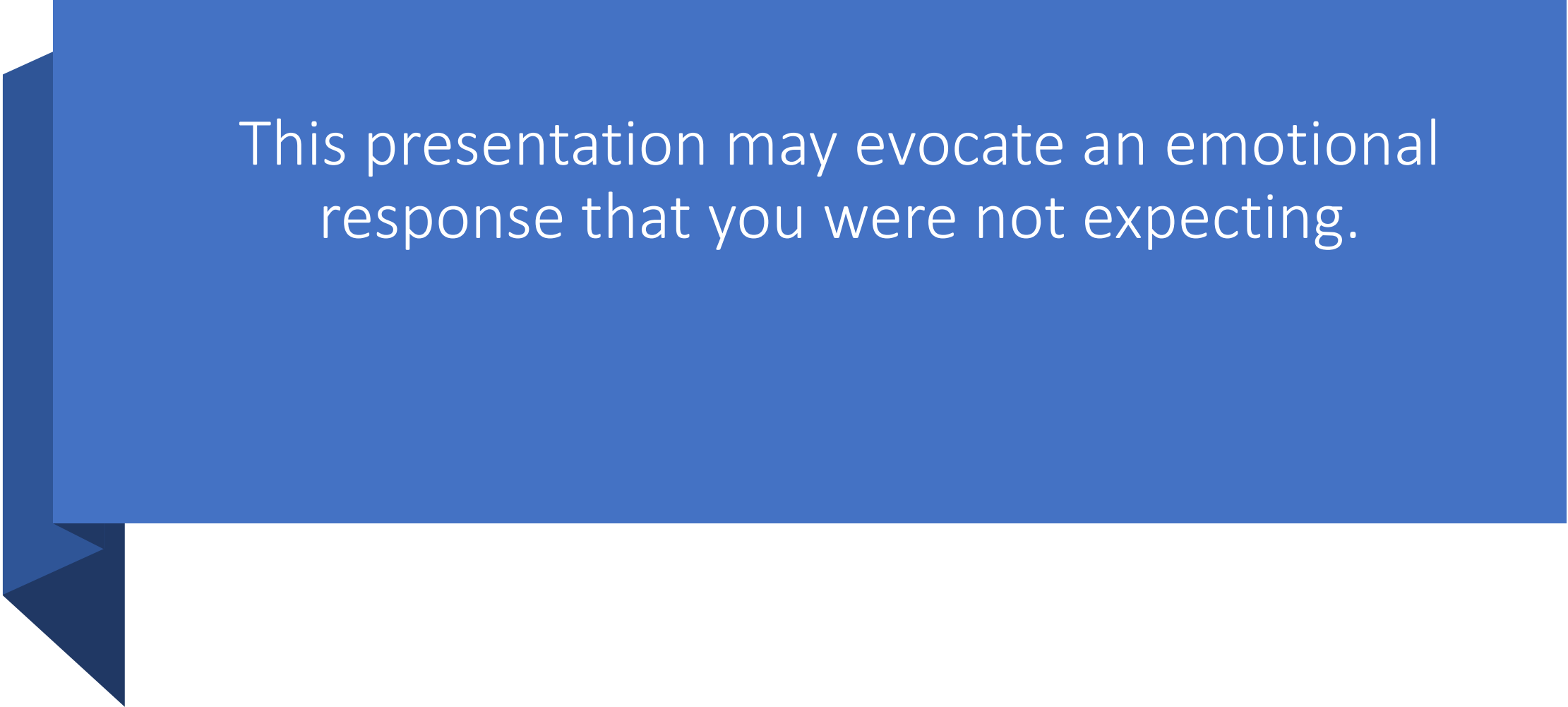




# Moral Injury in ICU The role of the PNA.

Emma Long

A blue speech bubble graphic with a white text box inside. The bubble has a dark blue shadow on the left side, giving it a 3D effect. The text is centered within the white box.

This presentation may evoke an emotional response that you were not expecting.



# What is Moral Injury?

"when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action"  
(Jameton 1984)



As a continuum  
and is individual

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Many of us will have experienced at some point in our career the moral challenge of witnessing behaviors that we would consider wrong.



- Coronavirus is feared public health crisis as governments say it is new
- UK death toll rises to 20,000 as 200,000 more are hospitalized
- British schools to stay open as European nations close theirs



- Lockdown choice Britain can 'have the best' as virus is 12 weeks
- China will have a surge without any new Covid-19 cases
- First British police begin official trial for coronavirus cases
- But health officials warn it's vital to keep avoiding gatherings



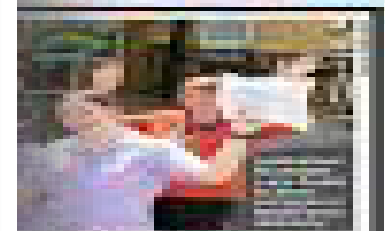
- First Minister issues stark warning as social distancing measures are announced
- Blanket school closures edge closer as number of positive cases jumps again



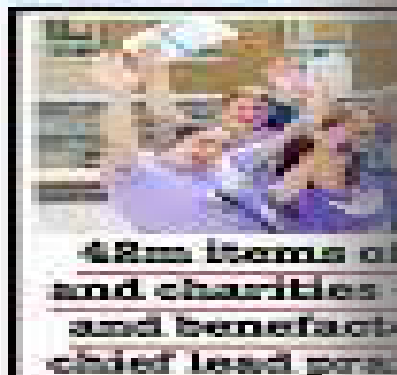


**#clapforourcarers**

I'M JOINING THE NATION IN SAYING THANKS TO OUR KEY WORKERS THIS THURSDAY AT 8 PM



care homes nervous readers over and 6133



£2m items of aid and charities and benefactors chief lead praise for 'historic' Mail Force campaign

# HOW YOU MADE BRITAIN PROUD



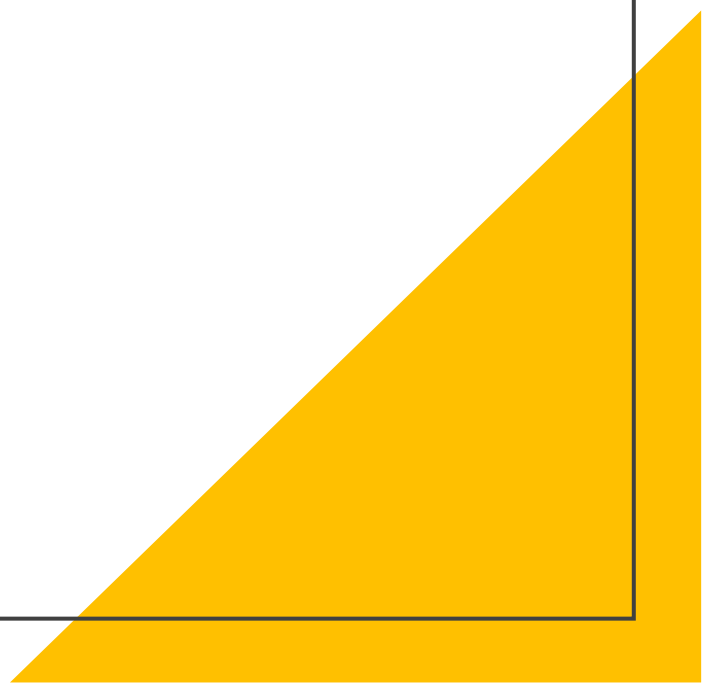
## WE WILL GET THROUGH THIS BUT LIFE WILL CHANGE

Minister issues warning as distancing measures are announced

Blanket school closures edge closer as number of positive cases jumps again







# Growth

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“unexpected growth that people report in the aftermath of traumatic life events”.

(Tedeschi and Calhoun 1995)



# Example from Practice

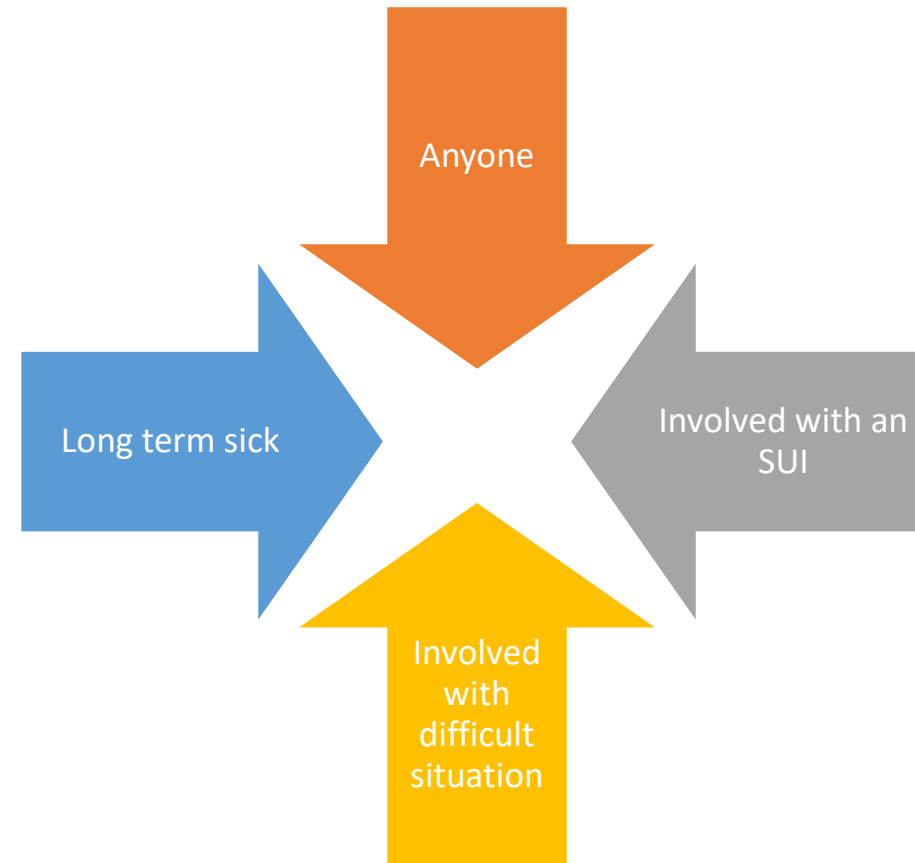


Due to time constraint  
of the course data is  
from 6 people



Data was collected in  
May/June 2021

# Who did I approach.



# Moral Distress Scale Revised (MDS-R)

	Frequency					Level of Disturbance				
	Never		Very frequently			None		Great extent		
	0	1	2	3	4	0	1	2	3	4
1. Provide less than optimal care due to pressures from administrators or insurers to reduce costs.										
2. Witness healthcare providers giving "false hope" to a patient or family.										
3. Follow the family's wishes to continue life support even though I believe it is not in the best interest of the patient.										
4. Initiate extensive life-saving actions when I think they only prolong death.										
5. Follow the family's request not to discuss death with a dying patient who asks about dying.										
6. Carry out the physician's orders for what I consider to be unnecessary tests and treatments.										
7. Continue to participate in care for a hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support.										
8. Avoid taking action when I learn that a physician or nurse colleague has made a medical error and does not report it.										
9. Assist a physician who, in my opinion, is providing incompetent care.										
10. Be required to care for patients I don't feel qualified to care for.										
11. Witness medical students perform painful procedures on patients solely to increase their skill.										
12. Provide care that does not relieve the patient's suffering because the physician fears that increasing the dose of pain medication will cause death.										
13. Follow the physician's request not to discuss the patient's prognosis with the patient or family.										
14. Increase the dose of sedatives/opiates for an unconscious patient that I believe could hasten the patient's death.										
15. 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.										
16. Follow the family's wishes for the patient's care when I do not agree with them, but do so because of fears of a lawsuit.										
17. Work with nurses or other healthcare providers who are not as competent as the patient care requires.										
18. Witness diminished patient care quality due to poor team communication.										
19. Ignore situations in which patients have not been given adequate information to insure informed consent.										
20. Watch patient care suffer because of a lack of provider continuity.										
21. Work with levels of nurse or other care provider staffing that I consider unsafe.										
If there are other situations in which you have felt moral distress, please write them and score them here:										

Have you ever left or considered quitting a clinical position because of your moral distress with the way patient care was handled at your institution?

No, I've never considered quitting or left a position \_\_\_\_\_

Yes, I considered quitting but did not leave \_\_\_\_\_

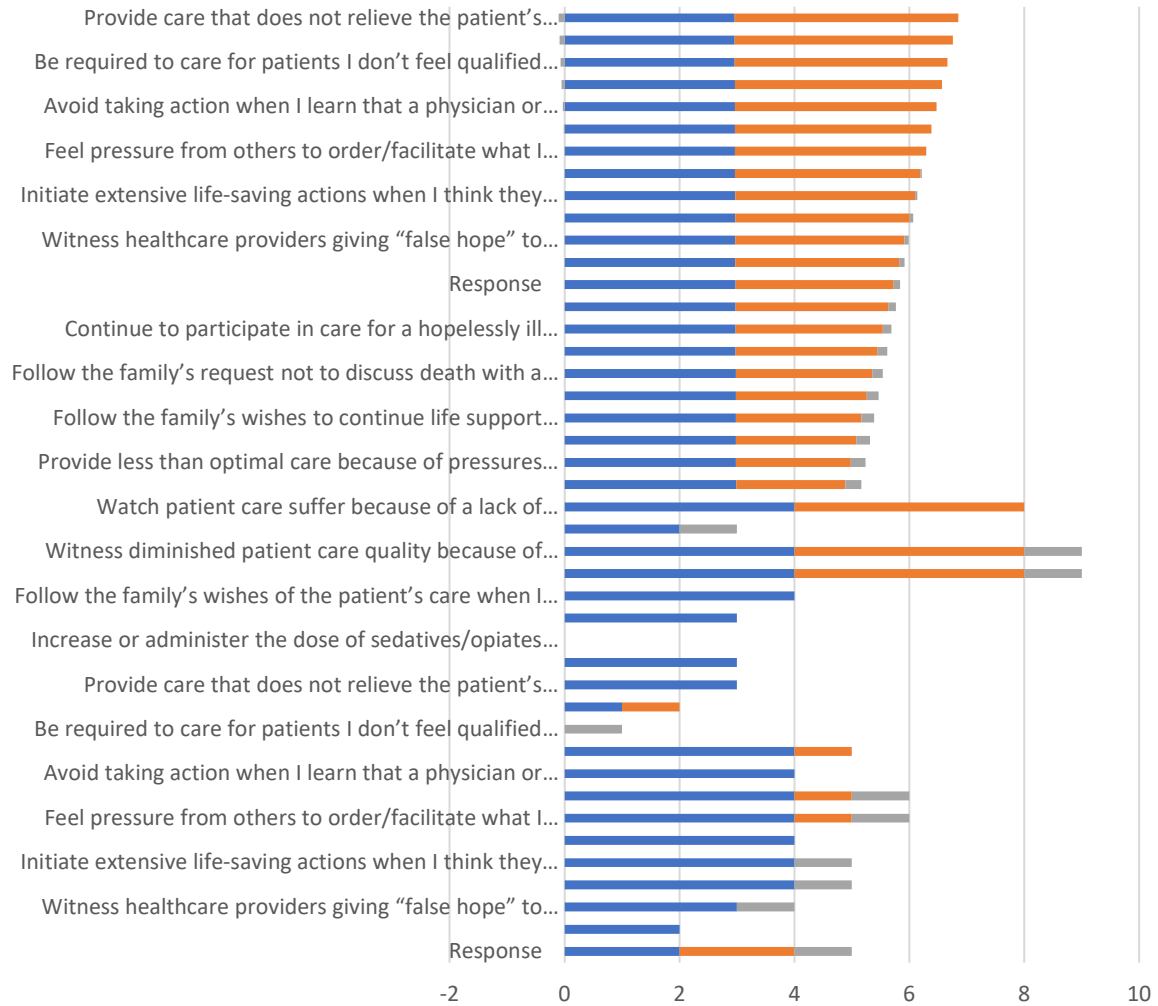
Yes, I left a position \_\_\_\_\_

Are you considering leaving your position now? Yes No

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## Moral Distress:



- Orange line is average scores of the participants pre RCS.
- The Blue is 24hours post RCS.

# Implications for Practice.

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Longer and large cohort is needed to really understand the effects of RCS on reducing moral distress in the ICU is currently ongoing.

RCS is now offered to new starters, students on the introduction to ICU course, the ICU course, band 6 pathway, team days, weekly online drop-in sessions and adhoc as needed.





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"One day you'll look back and  
realise how hard it was, and just  
how well you did."