

MORAL DISTRESS (NURSES): STRATEGIES IN EMERGENCY DEPARTMENT SETTINGS

04/03/2020

Author

Lucylynn Lizarondo, PhD, MPhysio, MPsyCh

Question

What is the best available evidence regarding the strategies used by nurses in emergency departments to cope with moral distress?

Clinical Bottom Line

Moral distress is widely reported in the nursing literature, specifically for nurses working in critical care settings.¹ Emerging evidence suggests that nurses in an emergency department (ED) can also experience moral distress due to the fast-paced environment, high acuity, overcrowding and the complexity and unpredictability of patient presentations that require very quick decisions.¹ Moral distress can lead to physical and psychological problems that can ultimately impact on patient care and the healthcare organization in general.^{1,2} It is therefore important that ED nurses are equipped with coping strategies that can help them alleviate moral distress.

- In a qualitative study involving nurses from different EDs, nurses indicated that group debriefings may be beneficial for some but not all staff when dealing with moral distress. One recurring theme in the study was about having the time to talk about distressing incidents and asking for help from other nurses. However, this was not always possible for someone in the middle of their shift. The study concluded that moral distress is a problem for ED nurses and that moral distress in this environment has unique characteristics that need to be considered when providing interventions.¹ (Level 3)
- A qualitative study indicated that ED nurses apply adaptive and maladaptive coping that includes both constructive and destructive reactions to moral distress. Participants acknowledged using maladaptive coping strategies such as the use of alcohol, medication and food. Adaptive coping mechanisms included exercise, counseling, staff debriefings and stress management.² (Level 3)
- A cross-sectional study identified the following as the most frequently reported coping mechanisms (as measured by the Coping Orientation to Problems Experienced [COPE] Inventory) used by ED nurses: positive reframing and growth (i.e. reframing the stressor in positive terms), planning (i.e. thinking about dealing with the problem), social support (i.e. seeking advice from others), active coping (i.e. taking steps to eliminate the problem), emotional social support (i.e. seeking sympathy from others) and acceptance (i.e. learning to accept the problem). A positive relationship between moral distress and the following coping subscales in COPE inventory was observed: mental disengagement (i.e. distracting self from thinking about the problem), ventilation of emotion (i.e. wanting to express feelings), denial, behavioral disengagement (i.e. giving up trying to deal with the problem), substance abuse, acceptance, and suppression of competing activity (i.e. focusing only on the problem) and humor.³ (Level 4)

Characteristics of the Evidence

This evidence summary is based on a structured search of the literature and selected evidence-based health care databases. The evidence in this summary comes from:

- A qualitative study involving eight ED nurses.¹
- A qualitative study involving 17 ED nurses.²
- A cross-sectional study involving 198 ED nurses.³

Best Practice Recommendations

- Nurses in the ED should receive training that allows them to develop skills in stress management and adaptive coping strategies. (Grade B)
- Nurses who experience moral distress should be offered counselling, stress debriefing and access to other stress management interventions. (Grade B)

References

1. Robinson R, Stinson CK. Moral distress: a qualitative study of emergency nurses. *Dimens Crit Care Nurs*. 2016; 35(4):235-240.
2. Wolf L, Perhats C, Delao A, Moon M, Clark P, Zavotsky K, et al. "It's a burden you carry": Describing moral distress in emergency nursing. *J Emerg Nurs*. 2016; 42(1):37-46.
3. Zavostsky K, Chan G. Exploring the relationship among moral distress, coping and the practice environment in emergency department nurses. *Adv Emerg Nurs J*. 2016; 38(2):133-146.

The author declares no conflicts of interest in accordance with International Committee of Medical Journal Editors (ICMJE) standards.

How to cite: Lizarondo L. Evidence Summary. Moral Distress (Nurses): Strategies in Emergency Department Settings. The Joanna Briggs Institute EBP Database, JBI@Ovid. 2020; JBI23873.

For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. *Worldviews Evid Based Nurs*. 2015;12(3):131-8.

Note: The information contained in this Evidence Summary must only be used by people who have the appropriate expertise in the field to which the information relates. The applicability of any information must be established before relying on it. While care has been taken to ensure that this Evidence Summary summarizes available research and expert consensus, any loss, damage, cost or expense or liability suffered or incurred as a result of reliance on this information (whether arising in contract, negligence, or otherwise) is, to the extent permitted by law, excluded.

Copyright © 2020 The Joanna Briggs Institute licensed for use by the corporate member during the term of membership.