

CLINICAL NURSE ENGAGEMENT IN EVERYDAY ETHICAL DELIBERATIONS ABOUT CRITICALLY ILL CARDIAC MEDICAL AND SURGICAL PATIENTS

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BACKGROUND

The Heart Center Intensive Care Unit (HCICU) at Massachusetts General Hospital is comprised of the cardiac intensive care unit (CICU) and cardiac surgical intensive care unit (CSICU). Nurses from both ICUs voiced moral distress about decision making regarding candidate selection for transplantation and mechanical circulatory support (MCS) as well as continuing life sustaining treatment for patients receiving prolonged MCS and other life sustaining treatments when recovery is not promising. CICU and CSICU nurses seek to enhance their engagement in ethical deliberations about the benefits and burdens of life sustaining treatment for critically ill cardiac patients, as well as increase education and participation in cardiac transplant and MCS interprofessional deliberations where decisions are made about eligibility.



PURPOSE

The purposes of this study are:

- to enhance and affirm clinical nurse awareness and participation in the processes that allow for ethical deliberation regarding patient cases, along with processes that evaluate patient candidacy for cardiac transplant and MCS.
- to increase clinical nurse knowledge and appreciation for the multiple factors that are considered in decision making for cardiac transplant and MCS
- to provide nurses with an increased sense of moral agency in the care of patients receiving prolonged life sustaining treatment, including but not limited to cardiac transplant and MCS

RESEARCH QUESTIONS

1. What is the impact of enhancing existing unit interprofessional collaborative forums for ethical deliberation about challenging clinical cases on clinical nurse moral distress, ethics self-efficacy and perception of the ethical environment?
2. Does clinical nurse education and engagement in structures and processes that evaluate patient candidacy for cardiac transplant and MCS impact moral distress, ethics self-efficacy and perception of the ethical environment?
3. Does clinical nurse education about processes that evaluate patient candidacy for cardiac transplant and MCS impact clinical nurses' experiences in their practice?

METHODS

Pre and Post Surveys administered through REDCap

- Olson's Hospital Ethical Climate Survey SF (HECS) which is a 16-item scale (5-point Likert scale) designed to assess nurses' perceptions of the ethical climate of their workplace
- Measure of Moral Distress Health Care Professionals Scale (MMD-HP) which is a 27-item questionnaire that measures frequency and intensity of moral distress experienced in specific clinical situations. With Dr. Hamric's permission, we added an item about caring for patients on MCS who are hopelessly ill
- Ethics Self Efficacy Scale which was developed by nurse researchers at UCLA Medical Center. The survey originally had 15 items and is based on Bandura's template for constructing self-efficacy scales. With permission, we adapted some aspects of the tool to practice in Heart Center ICU
- Post Intervention Focus Groups will be led by a PhD medical sociologist to learn nurses' experience and perception of impact with the intervention

NURSE PARTICIPANT DEMOGRAPHICS Pre-intervention Surveys

Variable	N (%)
Age	
20-35 years	57 (66.3)
36-50 years	12 (14.0)
51+ years	17 (19.8)
Education	
RN Associate Degree	2 (2.3)
RN Diploma	3 (3.5)
RN BSN	77 (89.5)
RN MSN	3 (3.5)
Other	1 (1.2)
Years of Practice as RN	
<5 years	24 (27.9)
5-10 years	31 (36.0)
11-15 years	5 (5.8)
16-25 years	9 (10.5)
25+ years	17 (19.8)
Years of Practice as ICU RN	
<5 years	43 (50)
5-10 years	13 (15.1)
11-15 years	6 (7.0)
16-25 years	11 (12.8)
25+ years	13 (15.1)
Location	
Ellison 9	45 (52.3)
Blake 8	41 (47.7)

PRACTICE INTERVENTION

Transplant Education and Participation:

- Formalized process to ensure a minimum of one clinical nurse can attend the weekly Transplant Multidisciplinary Deliberation Meeting and the weekly VAD Multidisciplinary Discussion and Deliberation Meeting.
- Formalized presentation/discussion to occur on units (CICU, CSICU) that describe the decision making and regulatory processes utilized by the multidisciplinary transplant team to discuss care management of the MCS/transplant patient

Educational strategies:

- Social work mini talks
- Dissemination and summary of professional literature
- Attending physicians, fellows, residents, NPs, CNSs, SWs, Chaplains and Allied health professionals invited to reflect upon cases and ethical implications of practice specialties

Enhancements to existing ICU processes:

- Ethics Rounds
- Long Term Care Rounds

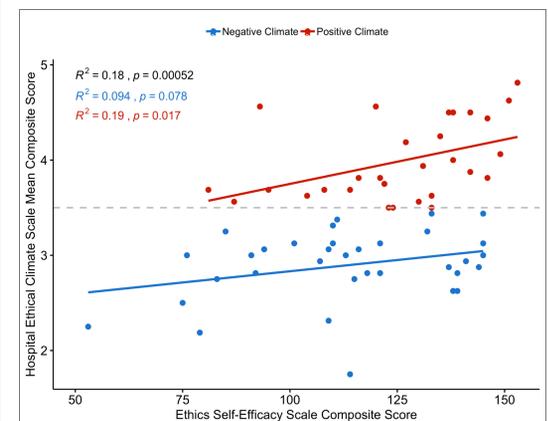
PRELIMINARY FINDINGS Measure of Moral Distress Health Professional Pre-surveys

Items rated as most frequently causing moral distress:

Rank	Ques. #	Question
1 (Highest)	mmd5	Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it.
2	mmd2	Follow the family's insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient.
3	mmd1	Witness healthcare providers giving "false hope" to a patient or family.
4	mmd19	Have excessive documentation requirements that compromise patient care.
5 (Lowest)	mmd28	Continue to participate in care for a hopelessly ill person who is being sustained on mechanical cardiac support, when no one will make a decision to withdraw support.

Items rated as most disturbing:

Rank	Ques. #	Question
1 (Highest)	mmd5	Continue to provide aggressive treatment for a person who is most likely to die regardless of this treatment when no one will make a decision to withdraw it.
2	mmd28	Continue to participate in care for a hopelessly ill person who is being sustained on mechanical cardiac support, when no one will make a decision to withdraw support.
3	mmd1	Witness healthcare providers giving "false hope" to a patient or family.
4	mmd2	Follow the family's insistence to continue aggressive treatment even though I believe it is not in the best interest of the patient.
5 (Lowest)	mmd8	Participate in care that causes unnecessary suffering or does not adequately relieve pain or symptoms.



Hypothesis: A high degree of self-efficacy would be associated with and a positive perception of ethical climate.

There is a significant and positive relationship between self-efficacy scores and rating of ethical climate. Note the within group variances between the negative climate group and positive climate group.

N = 63 who completed both surveys