An Evaluation of Unit-Based Ethics Conversations

Lucia D. Wocial, PhD, RN • Maureen Hancock, MSN, RN
Patricia D. Bledsoe, MEd, MSW, LCSW • Amy R. Chamness, BA • Paul R. Helft, MD

ABSTRACT

Unit-based ethics conversations (UBECs) provide nurses with an opportunity for meaningful conversation about the ethical issues they face in routine clinical practice. The goal of the program is to increase participants' abilities and confidence in dealing with ethically challenging situations. This article reviews results from a formal evaluation of UBECs at one organization. The results of this evaluation suggest the UBEC program provides a transformational ethics experience for nurses.

The role of nurses as caregiver keeps them in close proximity to patients on a near-constant basis. This close proximity reinforces the advocate role nurses are expected to play. Many factors conspire to limit nurses' opportunity to take time to reflect on the emotional burden they bear in providing care to patients, particularly in ethically challenging situations. Additionally, some research suggests that nurses face significant challenges to their values and to their ability to voice ethical concerns to members of the healthcare team.[1]

Unit-based ethics conversations (UBECs) is a program that seeks to create an environment with morally open space where reflective dialogue and experiential narratives are encouraged and to increase participants' abilities and confidence in dealing with ethically challenging situations. UBEC began in May 2005 and have grown from 4 offerings in 1 year to more than 70 in 2009. Unsolicited comments from participants reinforced the perception that UBECs were having a positive effect on participants. The

Author Affiliations: Charles Warren Fairbanks Center for Medical Ethics and Clarian Health (Dr Wocial and Mss Hancock, Bledsoe, and Chamness), Indiana University School of Medicine (Dr Helft), Indiana University School of Nursing (Dr Wocial and Ms Hancock), and Division of Hematology/Oncology, Department of Medicine, Indiana University Melvin and Bren Simon Cancer Center, Indianapolis (Dr Helft).
Supported in part by the Richard M. Fairbanks Foundation, Indianapolis, Indiana, and the Methodist Health Foundation, Indianapolis, Indiana.
Corresponding author: Lucia D. Wocial, PhD, RN, Charles Warren Fairbanks Center for Medical Ethics, Methodist Hospital, Room 130, Marguerite Lilly Noyes Pavilion, 1800 N Capitol Ave, Indianapolis, IN 46202 (lwocial@clarian.org).

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facilitators kept track of topics discussed and determined that common ethical experiences cross cut different nursing units and practice areas.

In early 2009, we conducted a formal evaluation of the UBEC program. This evaluation was designed to assess the nature and extent of effects on individual nurses who attend UBECs. The specific aims of the evaluation were to (1) evaluate nurses' perceptions of the UBEC, (2) describe the experience of nurses who participate in UBEC, and (3) gain a qualitative understanding of the ways in which UBECs affect participants' ability to manage ethically challenging situations.

Hospital Environment

Clarian Health operates the 3 downtown Indianapolis hospitals as a single hospital under Indiana law. The 3 hospitals are united in a single mission, vision, and core values. The central campus hospitals include 867 adult beds and 420 pediatric beds.

Clarian endorses the Synergy Model for Patient Care, commissioned by the American Association of Critical-Care Nurses. In the synergy model, ethics in nursing practice is operationalized as advocacy. Advocacy demands that the nurse serve as a moral agent in identifying and helping resolve ethical and clinical concerns. In 2004, Clarian Health hospitals became Indiana's first Magnet Hospital System and achieved Magnet redesignation in 2009. The ethics resources at Clarian, including the UBEC program, were identified as exemplars for quality of care and consultation during the redesignation.

Theoretical Framework

Sharing stories is a powerful strategy for reflecting on practice. Many authors identify storytelling in one form or another as a powerful intervention to help nurses manage troubling ethical situations.[2–5] The sharing of personal narratives and stories creates the capacity for developing ethical knowledge in nursing.[6]

Moral agency is the capacity for voluntary, purposeful actions, which one recognizes as influencing the well-being of others.[7] Storch et al[8] found that the sharing of stories had the effect of energizing and mobilizing participants to address problems in their practice including constraints on their moral agency. Discussion provides an opportunity to improve moral reasoning by sharing impressions and discovering if there is a genuine clash of values or a lack of understanding due to failures in communication. Participating in facilitated discussions is an opportunity for nurses to learn to appreciate diverse moral perspectives and become fluent in the language of bioethics, skills nurses must develop to represent and be an advocate for patients in the decision-making circle.[5]

Understanding ethical principles is not sufficient for nurses to be effective advocates for patients or to help nurses manage their own moral distress when facing ethically challenging situations. Nurses who are intimately involved in the care of patients feel ethics in a personal way, sometimes via uncomfortable and intense emotions. Experiencing these emotions can hinder people from entering into ethical discussion and make it hard to pursue the course one thinks is the right one. Nurses must learn to reason through deep emotions as they grapple with ethically challenging situations in patient care.[9] These intense emotions are often the first sign of moral distress. Moral distress occurs when one knows the correct thing to do, but circumstances prevent or constrain the individual from doing the right thing.[10]

Being comfortable with one's own values empowers one to tap into moral courage and act on moral distress in a positive way. Nurses who experience ethically challenging situations and use the language of ethics to describe what they are feeling and what they are hoping to achieve will be more effective in their role as an individual moral agent. Gordon and Hamric[11] found that advocacy for patients served as a framework through which nurses could interpret and respond to moral dilemmas.

Format of UBECs

Literature suggests that nurses are more likely to utilize ethics resources if they are unit based.[11–13] Unit-based ethics conversations are nursing unit specific and take place on the nursing unit. The focus of UBEC as an intervention is on the participants' needs, not the patients or situations that comprise the content of the discussion. A more complete description of the UBEC program has been previously published.[14]

At the beginning of each UBEC, the facilitator invites attendees to tell stories about any ethically challenging situations they may have experienced. Having attendees tell their own stories helps them connect the learning that is experienced in UBECs to relevant life experiences, which facilitates learning in adults. The facilitator aims to create a safe atmosphere in which participants feel they may express concerns, receive and give feedback, and reflect on their experiences. The facilitator keeps the discussion grounded in ethics questions that are uncovered from the cases brought forth from attendees. The facilitator's expertise in clinical ethics is essential to bring to light key values differences and guide discussion to the ethics concepts and issues embedded within participants' stories.

Methods

The evaluation project described here was reviewed and approved by the institutional review board for our organization. Nurses who worked on units where UBECs had been available as a regular occurrence for at least 6 months were invited to complete a short evaluative survey of the

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program. Nurses (direct and nondirect patient care providers) were all invited to participate. E-mail invitations containing a link to a short online survey were sent from a research assistant. The UBEC Attendee Survey asked respondents to provide demographic information, including whether they had ever attended a UBEC on their unit. Nurses who indicated they had attended at least 1 UBEC were asked additional questions in the survey and given the opportunity to participate in a focus group about their UBEC experience.

The UBEC Attendee Survey was developed using standard questions for program evaluation. The questions for the focus group were developed after reviewing relevant literature. The nurse ethicist (L.D.W.) for Clarian led the focus group discussions. The aim of the focus group discussions was to draw out participants' impressions of participating in the UBEC. Two separate focus groups met. Focus group sessions were audiotape recorded and professionally transcribed to facilitate qualitative analysis. Using an inductive strategy, 2 of the authors reviewed and independently coded the transcripts to identify relevant themes. The authors then collaborated to achieve consensus on the meaning of themes and codes identified from focus group transcripts and written open-ended narrative comments from the electronic surveys.

Results

Of the 593 nurses who were sent e-mail invitations, 149 replied, yielding a 25% response rate. Survey respondents represented 6 different nursing units from our 3 urban, tertiary-care hospitals. The patient populations represented on these 6 units included oncology and 4 different critical care populations: adult, neurology, pediatric, and neonatal. The respondents were roughly divided in half between nurses who care for pediatric (48%) and adult (52%) populations. Nearly all the respondents (90%) were direct caregivers. The remaining 10% included nurses in formal management or education positions. One respondent was a social worker, and 1 respondent did not identify his/her role.

There were no significant differences on any reported measure when respondents were divided into critical care and oncology practice groups and compared, or divided into pediatric and adult nursing practice groups and compared. The most often reported reason for attending a UBEC was to participate in open discussion. Of all survey respondents, only 40 (27%) had requested a formal ethics consultation in the past; 27 (67.5%) of those had attended a UBEC.

Sixty-four of the survey respondents (42.9%) indicated they had attended a UBEC. Extrapolation of this proportion to the number of known nurses working on the participating units suggests that, at a minimum, 11% of staff nurses on the surveyed units had attended a UBEC. Table 1 describes the demographic details of respondents to the survey.

Survey Responses

Overall, the survey responses were positive. All but 3 respondents (2%) indicated they felt it was somewhat (30%) or very (68%) important to have an opportunity to discuss ethical issues encountered in clinical practice. Despite the fact that the objective is not identified to the attendees in writing at the time of a UBEC, when provided the objective at the time of the survey, 88% of attendees who responded to this survey stated this objective was met when they attended UBECs. Most UBEC attendees (71%) felt their expectations were met when they attended a UBEC. A majority (86%) stated the UBEC helped them to address ethical issues they faced in their clinical practice, and 67% stated they felt better able to manage ethically challenging situations after attending UBECs. Table 2 provides a summary of responses from respondents who indicated they had attended a UBEC.

A review of attendees' open-ended responses about the UBEC revealed several significant findings. Respondents identified 4 typical topics of discussion at the UBEC: issues related to informed consent, nonbeneficial treatment, communication challenges, and tensions between nurses and physicians. These topics were consistent with the notes about UBEC discussions kept by Fairbanks Center for Medical Ethics (FCME) faculty facilitators. Attendees articulated things that were helpful about the UBEC, which can be grouped into 4 broad categories: (1) giving voice, "It helped to have someone put it into words I could not"; (2) gaining insight, "I appreciate being able to hear other people's points of view and seeing how they've processed their decisions"; (3) having a safe space for discussion, "a safe environment with no authority gradient"; and (4) validation, "knowing that other nurses/staff feel the same way I do."

When asked what was not helpful about the UBECs, attendees identified 2 key things: having no resolution to a case discussed and lack of interdisciplinary participation. The most frequent suggestion for improving the UBECs related to changing the schedule so that UBECs were offered to include nurses who worked evenings, nights, and weekends. When respondents identified barriers to attending UBECs, the most frequent reasons given related to patient load (time away from patient care) and scheduling (night shift or time of day UBEC was offered).

Focus Group Responses

Of the 64 respondents who indicated they had attended at least 1 UBEC, 15 expressed a desire to participate in a focus group. Eight respondents were able to attend the focus groups due to scheduling challenges. Focus group participants included 5 staff nurses, 1 nurse educator, 1 social worker, and 1 nurse manager. One of the significant things the focus group discussions revealed was that attendees were confused about the variety of ethics resources available within the organization. A number of focus group participants used the terms *ethics committee*, UBEC, and *ethics consultation* interchangeably. This confusion contributed to diverse expectations for UBECs.

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TABLE 1
Survey Respondent Demographics

		All Respondents (N = 149)	UBEC Attendees (n = 64)
Sex	Female	141 (94.6%)	58 (90.6%)
	Male	7 (4.7%)	6 (9.4%)
	Unknown	1 (.7%)	0
Age, y	20–30	41 (27.5%)	16 (25%)
	31–40	30 (20.1%)	11 (17.2%)
	41–50	48 (32.2%)	21 (32.8%)
	51–60	25 (16.8%)	12 (18.8%)
	>60	5 (3.4%)	4 (6.3%)
Years in nursing	<2	25 (16.8%)	5 (7.8%)
	2–5	23 (15.4%)	9 (14.1%)
	5–15	38 (25.5%)	15 (23.4%)
	15–20	18 (12.1%)	10 (15.6%)
	20–25	21 (14.1%)	11 (17.2%)
	25–35	21 (14.1%)	13 (20.3%)
	>35	3 (2.0%)	1 (1.6%)
Education	Diploma	9 (6.0%)	3 (4.7%)
	AD	32 (21.5%)	12 (18.8%)
	BSN	95 (63.8%)	39 (60.9%)
	Other[a]	13 (8.7%)	10 (15.6%)
Previous ethics education	Yes	102 (68.5%)	41 (64.1%)
	No	46 (30.1%)	23 (35.9%)
	Unknown	1 (0.6%)	0
Position	Bedside nurse	134 (89.9%)	51 (79.7%)
	Management	8 (53.7%)	8 (12.5%)
	Other	6 (4.0%)	5 (7.8%)
Requested ethics assistance in the past	Yes	40 (26.8%)	27 (42.2%)
	No	107 (71.8%)	37 (57.8%)
	Unknown	2 (1.3%)	0

Abbreviation: AD, Associates degree; UBEC, unit-based ethics conversation.
[a]Includes advanced degrees in nursing and other disciplines.

Focus Group Findings

Although open-ended survey responses were helpful, focus group discussions provided more depth in understanding the meaning behind written narrative responses. Conversations in the focus groups provided some key insights and recapitulated some of the comments from the written survey:

> **Benefits of a neutral facilitator:**
> . . .having the opportunity to have a neutral person there to kind of facilitate the discussion, because when it's all just the people involved in the situations, it's harder to see other points because you have your own view of things.

> **Conversations moving to the bedside:**
> Some of these conversations were never happening at the bedside or even happening period, . . .and I think these conversations have opened up the line of communication with physicians around ethical concerns. It has made it OK to talk about not just in the UBEC but on the unit.

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TABLE 2
Unit-Based Ethics Conversation Attendee Survey[a] (n = 64)

	Yes	No
Did the session meet its intended objective?	56 (87.5%)	6 (9.4%)
Were your expectations met?	46 (71.9%)	13 (20.3%)
Did you have the opportunity to discuss (tell a story) about a challenging situation in your nursing practice?	47 (73.4%)	16 (25%)
Did the UBEC you attended help you to address ethical issues in your practice?	55 (85.9%)	8 (12.5%)
Would you recommend UBECs to a peer?	60 (93.8%)	3 (4.7%)
Should the UBEC be continued?	61 (95.3%)	3 (4.7%)
As a result of attending UBEC, do you feel better able to manage ethically challenging situations?	43 (67.2%)	18 (28.1%)

Abbreviation: UBEC, unit-based ethics conversation.
[a]When percentages do not total 100%, it is due to missing data.

> Everyday integration of ethics into clinical discussions:
> I think the most valuable piece of it is because we are having these discussions on a regular basis; it's becoming a more normal part of our practice rather than when something feels wrong. It's integrated ethics into what we do. It helps people think about that [ethics] on a regular basis and know that they have somewhere to come to talk about these issues.

> Improved skills in addressing ethically challenging situations:
> With some of the conversations happening in the unit, it may be kind of a role-modeling thing [speaking about people who have come to UBEC and their influence on those who have not come].

> Better understanding of ethics concepts and principles:
> I have a much greater understanding of [ethics] terminology and much better knowledge of its purpose.... Things aren't black and white as I grew up thinking.... I think that people that have more experience with these situations and are more willing to talk about them and listen, I think is the key part of it [the UBEC success]. I think people are more open, and it's not my right to impose what I think on anybody else.

> Gain an appreciation for other's perspective:
> I think it's helpful that you find out that others have kind of the same concerns you do. That you're not alone in your concern over, ''is this the right thing to do or the wrong thing to do,'' and it's nice to find out that... we're all thinking the same thing so we can kind of think it through together.

These comments suggest attendees have increased their confidence in ethically challenging situations, and the conversations during UBEC are diffusing out to the nursing units and happening at the bedside in a constructive way. Participants did not always use the label ''moral distress,'' but their comments suggest they experience it and the UBECs help to address it.

> Identify a strategy to deal with moral distress:
> I have worked for [hospital X] for many years and I left N [clinical area] and came back twice, and I think I had to leave both times when I felt like I was doing things to the patients and not for them and feeling helpless in changing that situation at all. Both times, was the time I had to leave and get away from it, so I think a group like this is very helpful to talk it out and put the concerns on the table.

Discussion

Conducting UBECs takes time and flexibility. Having an individual who has dedicated time for this program and a working knowledge of ethics and skills in group facilitation is essential for building trust with nurses. The facilitator has to graciously accommodate if the UBEC is cancelled at the last minute, but have available time to be flexible in rescheduling. The FCME faculty feel strongly that nursing leadership on any given nursing unit must invite or, at the very least, participate in organizing UBECs on the nursing unit. Imposing UBECs on a nursing unit might create a perception that a unit ''needs'' the UBEC because they are somehow not able to manage ethically challenging situations on their own and risks reinforcing an archaic and unfortunate stereotype that the ''ethics police'' will take over when people cannot do it themselves. Involving nursing leaders in arranging the details of the UBEC (room, time, invitations, and posting fliers) helps demonstrate their support and creates ownership in the success of the program. This obvious involvement from unit-based nurse leaders is essential for staff nurses to perceive that their leadership is supporting their moral courage.[2]

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The facilitator for UBECs must be someone who can minimize authority gradients and create an environment where participants feel safe to express themselves freely. The facilitator must remain neutral and be skilled in facilitating emotionally charged conversations, particularly when negative emotions such as blaming and hostility toward other members of the caregiving team or a patient's family member surface during the discussion. Sometimes advocacy is portrayed in a negative light, such as when a staff member presents a sense of self-righteousness in attempts to advocate on a patient's behalf. Unit-based ethics conversation provide an opportunity to openly address the impact of such behaviors on the care of patients, explore differing values in a group setting, and redirect energies in more positive ways.

Nurses' moral distress has been reported in the literature for more than 20 years.[15] There is a growing body of work detailing the impact of moral distress on nurses related to physical and emotional effects,[16,17] burnout and leaving a job,[4,18,19] and consequently on patient care.[20–22] The authors believe UBECs have a positive impact on moral distress but did not explicitly ask about it for this project because of challenges in measuring moral distress as it relates specifically to attendance at a UBEC.

By design, the central intention of the UBEC program is to create an open environment where participants share experiences of ethically challenging aspects of patient care and practice. However, we believe that UBECs also serve educational purposes, as participants learn both from facilitators and from each other, especially novice nurses from expert nurses. The educational aspect of UBECs is discrete because the opportunity for participants to expand their knowledge is disguised as an informal conversation. It is striking to note that respondents to the general survey who attended UBECs were $1\frac{1}{2}$ times more likely to report having requested a formal ethics consultation in the past when compared with respondents who had not attended UBECs. This finding supports the notion that ethics education—formal or informal—correlates to a greater sense of moral agency.[23] Even though the UBEC program is similar to a program aimed at fostering moral agency described by Jurchak and Pennington,[24] it is not clear from our analysis of this UBEC program evaluation whether participation in UBECs leads nurses to act on their moral agency, or if those who are more likely to act on their sense of moral agency are more likely to attend a UBEC.

Planned Changes for the Program

Comments from participants have led to some planned changes to the UBEC program. We will add real-time evaluations of the sessions to the program. We will begin using a standard process for the UBECs, including a scripted introduction, explicitly stating objective (discussion not action), introductions of the participants, and a scripted closing to include a summary of the ethics concepts discussed (include generalizability to other cases when possible). We are actively recruiting new nursing units to participate in the program and working to increase the overall percentage of nurses who attend by shifting days and times of day the UBECs are offered on units. We are exploring continuing education credit approval for the standing conversation. Finally, the nurse ethicist will create a didactic presentation that outlines the different ethics resources available at the institution specifically defining the different outcomes and processes to expect. UBECs met the needs of survey respondents who felt it is important to have the opportunity to discuss ethically challenging issues.

Limitations

Our evaluation should be interpreted in light of several limitations. It is not clear if the UBECs are attended regularly by a select few or by large numbers as the need arises. Although the current program is now facilitated almost exclusively by the nurse ethicist, initially UBECs were facilitated by FCME faculty who are not nurses (P.R.H. and P.D.B.). Thus, the early experiences of attendees may have been affected by response to the individual facilitator's profession or style of group facilitation. This program evaluation does not provide evidence for changes in nurses' behaviors regarding how they manage ethically challenging situations. Certainly, the self-report of participants suggests there is an impact on behavior, but the self-selection bias inherent in voluntary participation in a project such as this one cannot be ignored. Finally, we cannot exclude the possibility that the focus group results were affected by the presence of the primary UBEC facilitator, who also led the focus groups.

Implications for Practice and Research

A program such as UBEC provides organizations the opportunity to promote ethical practice by actively addressing the ethical challenges faced by nurses within the organization and supporting those nurses as they endeavor to maintain high ethical standards in the care they provide to patients. The availability of UBECs is consistent with a culture that supports ethical practice.[25] In the future, the authors plan to conduct research to determine in a measurable way if participation in the UBEC program experience fosters a decrease in moral distress. It is also important to investigate whether participation in UBECs leads to improved communication skills, particularly in ethically challenging situations.

Conclusion

Facilitated ethics conversations in the form of UBECs provide the opportunity to develop essential communication and reasoning skills around ethically challenging

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situations. Unit-based ethics conversation discussion may be informal, but the structured reflection on ethics concepts embedded in the stories appears to us to be the primary mechanism for participants to explore their own values in light of the values of other members of the caregiving team. Unit-based ethics conversations have empowered those who attend to actively engage in discussions about ethically challenging cases, not just during UBECs but in real time, at the bedside with other members of the caregiving team, not just nurses. Unit-based ethics conversations may facilitate the development of moral agency of participants and empower them to take action as advocates for their patients even during ethically challenging situations. Unit-based ethics conversations thus may provide an opportunity for a transformational ethics experience. After completion of the evaluation of the UBEC program, the authors conclude that the UBEC program is a worthwhile investment in personnel time and likely supports nurses in their delivery of quality patient care.

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