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MORAL DISTRESS IN A NEONATAL WARD: WHAT DO NURSES TELL?

A. Martin-Perdiz, M.E. Ponsell-Vicens

*Department of Nursing and Physiotherapy,
University of the Balearic Islands, Palma de
Mallorca, Spain*

Moral distress, is the inability of a moral agent to act according to his or her core values and perceived obligations due to internal and external constraints (Jameton, 1984).

The purpose of this study is to assess if neonatal nurses endure moral distress and what the causes might be.

Six nurses were interviewed using qualitative methods. Informed consent was obtained.

Categories:

1. Nursing subordination to physicians in their daily work.

1.1. Lack of coordination under emergency situations: *Nobody was doing the right thing and all there was chaos (...)*

1.2. Lack of information regarding the patient's condition: *The parents get the idea that you do not have a clue.*

1.3. Little respect for the nurse's criteria: *They don't take into account that we are several people and the baby is the priority (...).*

1.4. Physicians decide over nursing care: *They prescribe kangaroo (...) they prescribe everything.*

2. Disagreements between physicians and nurses regarding palliative care.

2.1. Nurses feel excluded: *Decisions are all made by doctors.*

2.2. Lack of consensus: *I think that in that case palliative care was the best option and we didn't do it because of the pediatricians, and we couldn't endure it.*

2.3. Gut feelings: *Powerlessness, anger, anger of seeing that you are fighting for something that is senseless.*

Nurses named several factors that could act as a defence against moral distress: loving the NICU,

good work relations between the nursing team, and the leadership of the nursing supervisor.

To summarize, several are the causes of moral distress but some defence factors exist.

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ENCOURAGING THE FAMILY IN DYING INFANTS: A CONCEPT FOR TERMINAL CARE OF INFANTS AND CHILDREN

S. Keller, C. Banholzer

*Paediatric and Neonatal Intensive Care Unit,
University Children's Hospital and University of
Bern, Bern, Switzerland*

Along with the medical and technical intensive care supply it is very important for our unit to provide competent attendance to dying patients and their families. In our team we have a huge repertoire of ways to accompany the dying child and it's family. As yet no written policy or guideline exists and therefore the value of this experience for teaching is limited. That's why we aim to develop a reference work for terminal care of children and their families.

The know-how within the unit is collected by use of questionnaires, team events, daily feedback rounds and feedback from parents. Expert knowledge is added by two nurses, specially trained in the support of the grieving process and from an interdisciplinary team consisting of pastoral care, psychiatry, social services and funeral services. Scientific literature supplements the experiences and the expert knowledge.

The concept is essentially based on personal experience and expert knowledge with the main focus on practical issues such as "Support of the grieving family" and "Care of the dying child". Although there is an extensive list of literature covering this topic, only few publications show concrete recommendations related to practice.

Feedback from affected families show that our approach is supportive in their grieving process. This confirms that we cover the family's needs with our work. We plan to implement our concept by the end of this year by means of teaching sessions and workshops. A first evaluation will be performed one year after implementation.