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Title: Ought Healthcare Organizations Support the Empowerment of Nurses in the Development of Care Decisions at the End of Life?

Abstract:

Healthcare organizations should support nurse's contributions to the care decisions of patients, by eliminating the minimization of nurse input by physicians which creates ethical dilemmas that need to be addressed to decrease moral distress, burnout, disengagement, and intention to leave. Literature supports a team approach as evidence based best practice yet poor nurse-physician collaboration is still associated with moral and ethical distress, influencing intention to leave as a result of the minimization of nurses in the decision-making process by physicians regarding care and treatment interventions. Nurses feel unempowered and unheard. Lack of empowerment in nursing, to have one's voice (and the patient's) heard, limits the nurse's ability to advocate for patients related to expressed wishes (autonomy) and benefit (beneficence) which leads to moral distress, decreased quality of death and dying, decreased job satisfaction, and intention to leave. Vulnerability increases with nurses because they are concurrently equipped with education, experience and knowledge that may impact patient care, but have very little decision-making power (Beukes, 2016). Traditional patient care has an identified hierarchical structure that limits the empowerment of nurses in the discussion and planning. Physicians are primarily responsible for the care of the patient. Historically, nurses have had little ability to collaborate with physicians, especially in complex cases where relational autonomy may be challenged. Most of the time spent with patients and families is by nurse caregivers. The care relationships established by nurses create a morally problematic situation where there is little integration of this relationship into the care decisions at end-of-life (Beukes, 2016; Karanikola & Mpouzika, 2018; Khan, Jackson, Stayt, & Walthall, 2019).