

# Moral Agents on the NICU Stage

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**Target Article:** Peter Barr (2022) Moral distress and burnout in NICU Nurses, *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 51, 461-449.  
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The target article (Barr, 2022) brings the reader to a theatre in which the NICU is on stage. There's a cast of characters, including neonatologists, surgeons, cardiologists, nurses, therapists, and parents. Despite their shared purpose -- to provide care for the babies -- collisions occur on this stage, within and between the different specialties and interests represented by each group.

Continuing with our theatre metaphor, Peter Barr's research aims the spotlight on the NICU nurses. They are the essential protagonists, whose central roles are played while providing continuous, 24/7 care to the babies and serving as the interface with parents. The nurses' role is crucially important and can be exceedingly difficult to play. Indeed, we learn that NICU nurses are the players most vulnerable to *moral distress* and *burnout*. Yes, this is a morality play!

If there were a script or a Playbill, morals and ethics would pervade the lines. Everyone in the cast is a moral being. Each brings a personal moral code to the shared stage. We would note that the stage is part of a larger theatre in which actors, numerous creative specialists, stagehands and administrators all perform according to standards traceable to ethical codes and moral foundations. With so many players and priorities, it is inevitable that some situations evoke different and conflicting -- but ethically based responses. Hence, *moral dilemmas* arise. When such dilemmas

go unresolved, accumulate, and re-occur, moral distress can emerge. Like other forms of stress, it can become toxic. (Barr's definition focuses on institutional barriers to human action, but we recognize both institutional barriers and differences between individuals, are all morally driven.)

In addition to moral distress, *burnout* occurs. There are instruments to measure burnout. Barr used one with which he distinguished among three dimensions of burnout: Demoralization, Exhaustion, and Loss of Motive. Barr has been sleuthing around emotional, personal, and moral dimensions of the NICU.<sup>1,2,3</sup> His studies in Australia and by others in Italy and the U.S. have documented moral distress and burnout in NICU nurses. Such effects are more prevalent and damaging to nurses than to other NICU professionals. Overall, we see the deep questions unfold: how does the provision of life-saving and loving care become harmful to a professional provider's physical and mental health? Here, the plot thickens, becoming both drama and a detective story.

Methodologically, Barr's (2022) work is "state-of-the-art". He collected survey data from a cohort of nurses in six, Level 3 and Level 4 NICUs in New South Wales, Australia. There were 142 respondents, representing 24% of those eligible to participate in a standardized and validated written survey called the pediatric Moral Distress Scale (MDS-R), along with another scaling instrument aptly named

the Burnout Measure (BM). In all, there were some 38 survey items, each answered with 5 – 7 "levels" or weightings. Thus, each respondent provided a large set of values. The combined mass was voluminous and complex. Barr then applied a series of computer-based analyses that addressed the statistical associations among the various survey elements.

Table 1 shows examples of events selected by Barr that could conflict with a nurse's morals or professionalism and lead to moral distress. Think of each descriptor as an item in one of the surveys. Then note the three dimensions of care: Futile, Compromised, and Untruthful Care. They were used as "factors" and appear as headings in Table 1. Each factor was tested for its association with each kind of event. You can understand a factor's meaning from the items beneath each one. Before the factor analysis is completed, each kind of event is examined in relation to each of the factors. The strength of these many associations are analyzed by calculating "regressions" which examine whether one variable changes systematically in relation to changes in another. When strong relations are found this way, it helps identify significant associations. This is a statistical method that can reduce a large and unwieldy set of numbers into a smaller set of "factors" which, can bring helpful order and clarification to an otherwise bewildering set of results.

In the Australian hospitals, about

one-third of the nurses witnessed forms of compromised care. Reports of futile care were fewer, from about 20% of respondents. Factor analysis revealed that moral distress from compromised care was more intense than from futile care and was associated with various forms of burnout, whereas futile care was associated with exhaustion. Untruthful care was reported much less frequently (5% of respondents) but it predicted burnout demoralization.

Using the methods of factor analysis, Barr quantified a spectrum of emotions and perceptions that were affected by NICU procedures and, in turn, could affect the efficacy of their work with babies, families, and colleagues. In the target article, Barr elevates the analyses over that in past work, revealing a “multi-dimensional” structure to each of the factors. This is partly the “art” of the “science”. Barr (2022) is advancing the field. He sees practical value in improving our understanding of the causes of moral distress. Each step of improved understanding is a piece of evidence that can help identify precise changes can be enacted to reduce moral distress.

When ethicists analyze a situation or evaluate a phenomenon, they often apply specialized conceptual tools. These tools enable them to organize their perceptions, to see patterns embedded in complex systems and identify the components that might be at play. Sometimes the goal is to make interpretations, judgements, or draw conclusions. Other times, the outcome is to pose key questions but leave it to others to answer them.

Complex, interactive systems, such as a NICU, are often analyzed with the concept of “agency”. All the players in a NICU are “agents”, i.e., someone who can influence others and events, or be influenced by them. Nurses are arguably the major agents

<b>Futile Care</b>
<ul style="list-style-type: none"><li>• Initiate extensive life-saving intervention when it seems clear it will only prolong infant's death</li><li>• Follow parents' wishes to continue life support even though it is not in infant's best interest;</li><li>• Witness parents' receiving 'false hope' from doctors or nurses</li><li>• Help maintain hopelessly ill infant on ventilator because no one makes decision to turn it off</li></ul>
<b>Compromised Care</b>
<ul style="list-style-type: none"><li>• Witness poor care quality due to poor communication among team</li><li>• Work with inadequate levels (of competence or numbers) of staffing</li><li>• Witness repeated unsuccessful performance of painful procedures on babies</li><li>• Assist a doctor who is providing incompetent care</li></ul>
<b>Untruthful Care</b>
<ul style="list-style-type: none"><li>• Parents not given sufficient information to ensure informed consent</li><li>• Follow parents' unwise choice of care due to fear of litigation</li><li>• Avoid action when staff colleague fails to report a medical error</li><li>• Take no action about an ethical breach due to pressure not to report it</li></ul>

in the NICU, at least in the sense that they spend more time interacting with, and directly treating the babies. In addition, they are responsible for relating with and teaching the families. Yet, the nurses' agency is constrained by that of the parents and physicians. This may help bring into focus some sources of their moral dilemmas.

Barr eloquently noted that “NICUs are ethically complex settings staffed by nurses with different personal strengths and vulnerabilities” (p.447). Consistent with this, but more pointedly, is that *nurses are moral agents*. But there is a problem of balance within the constraints of their agency.

The NICU nurses' responsibilities are enormous in scope and importance. Their authority, however, is not proportionate to their responsibilities. This is apparent from the elements listed in Table 1.

There is urgent need to understand the phenomena of moral distress, burnout and agency. If nurses suffer moral distress and moral distress leads to burnout, then we must address human suffering that arises in the service of others. If such suffering can be removed, mitigated, or prevented – it would be both ethical and practical to do so. It should be done.

A NIDCAP perspective brought to the entirety of the issues raised by the

target article and this commentary would surely assert that the key elements include *the family unit* and the nurses. These agents must be brought to center stage. Similarly, through NIDCAP observations and reports, the critical relations in the dynamic agency between nurses and parents would be in the limelight. Physician-nurse relations and the crafting of responsibility-authority balance would be next

to explore. These extrapolations imply systems change which, handled with ethical care, can facilitate the healthy evolution of NICU culture and practices.

#### References

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