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Ethical decision-making climate in the ICU: Theoretical framework and validation of a self-assessment tool

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Context: Literature depicts differences in ethical decision making (EDM) between countries and intensive care units.

Objectives: To better conceptualize EDM climate in the ICU and to validate a tool to assess EDM climates.

Methods: Using a modified Delphi method, we built a theoretical framework and a self-assessment instrument consisting of 35-statements. This EDM climate questionnaire (EDMCQ) was developed to capture three EDM domains in health care: interdisciplinary collaboration and communication; leadership by physicians and ethical environment. This instrument was subsequently validated among clinicians working in 68 adult ICUs in 13 European countries and the United States. Exploratory and confirmatory factor analysis was used to determine the structure of the EDM climate as perceived by clinicians.

Results: Of 3610 nurses and 1137 physicians providing ICU bedside care, 2275 (63.1%) and 717 (62.9%) participated respectively. Statistical analyses revealed that a shortened 32-item version of the EDMCQ-scale provides a factorial valid measurement of seven facets of the extent to which clinicians perceive an EDM climate: self-reflective and empowering leadership by physicians, practice and culture of open interdisciplinary reflection, culture of not avoiding end-of-life decisions, culture of mutual respect within the interdisciplinary team, active involvement of nurses in end-of-life care and decision-making, active decision-making by physicians, practice and culture of ethical awareness.

Conclusions: The 32-item version of the EDMCQ might enrich the ethical decision-making climate measurement, clinicians' behaviour and the performance of health care organizations. This instrument offers opportunities to develop tailored ICU team interventions.

Biography

Bo Van den Bulcke works as a Psychologist in the ICU, Ghent University Hospital. Her expertise in understanding psychological consequences of an ICU stay for patients and families has expanded her interest to improve team work. Also the ICU staff should focus on better communication, especially in ethical decision-making. This instrument could help teams to focus on different aspects to improve quality of communication and thus safety of the ICU patients. This instrument is built with experts in intensive care, geriatrics and communication.

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