

Moral Distress – Lecture guide

Moral Distress - Definitions

- Moral distress was first recognized among nurses, but it is not just a nursing issue. It has been identified among nearly all healthcare professionals including physicians
- When individuals make moral judgments about the right course of action to take in a situation, and they are unable to carry it out, they may experience moral distress. In short, they know what the right thing is to do, but they are unable to do it; or they do what they believe is wrong. (McCarthy and Deady, 2008; Austin et al, 2008)
- Moral distress may also occur when one knows the correct action to take but feels powerless to take that action.
- The constraints on action can be internal or external, and the distress can be initial or reactive.
- Ironically, dealing with moral distress can cause more moral distress

Moral Distress

- Studies have shown that:
 - 1 in 3 nurses experienced moral distress
 - In one study, half of nurses left their units, workplace or the field of nursing altogether.
 - 47% of healthcare professionals have reported acting against their conscience
 - A multidisciplinary study found that “all disciplines experienced moderate to high levels of moral distress” (n=323)
 - The multidisciplinary study demonstrated “a correlation with actual moral distress and either past experiences of leaving a job and/or intentions to leave a current job.” (Allen et al, 2013)

How far do one’s obligation reach?

- Barriers to fulfilling one’s obligations?
 - Institutional, professional, legal, systemic?
- Evidence shows that the frequency and intensity of moral distress in health professionals may be increasing.
 - Might this be the case in your own setting? Why?

Does experiencing Moral Distress depend on being a GOOD professional?

A “good” professional:

- Knows what and how something matters to the patient and how diseases changes their lived-experiences
- Is Trustworthy
- Is Attuned and skillful in intervening in ways that matters to the patient
- Is Attentive but not over involved and willing to be with the patient that suffers
- Takes responsibility for their choices and actions

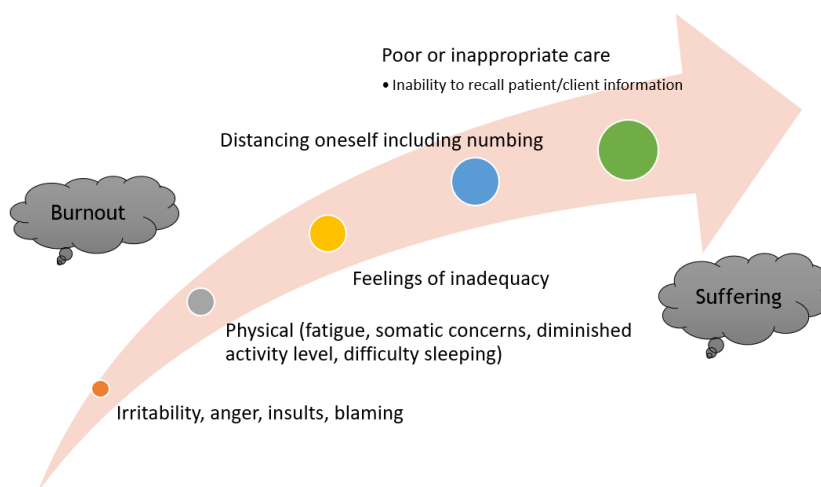
So, does experiencing moral distress depend on being a “good” professional? Will “good” professionals not experience moral distress?

The reality is, all health-care professionals are at risk of experiencing moral distress!

Clinical sources of moral distress:

- Continuing to provide life support even when it is not in the best interest of the patient
- Insufficient communication about end-of-life care between patients, family and health care providers
- Inappropriate use of healthcare resources
- Inadequate staffing or staff that are not adequately trained to provide the required care
- Inadequate pain relief provided to patients
- False hope given to patients and families

Symptoms



What Moral Distress is Not

- Being a witness of life’s tragedies related to sickness
- Being part of the unbearable weight of life/death decision-making
- Uncertainty
- Dilemmas with mutually inconsistent courses of action
- **Is it Guilt?**

Barriers to Addressing Moral Distress

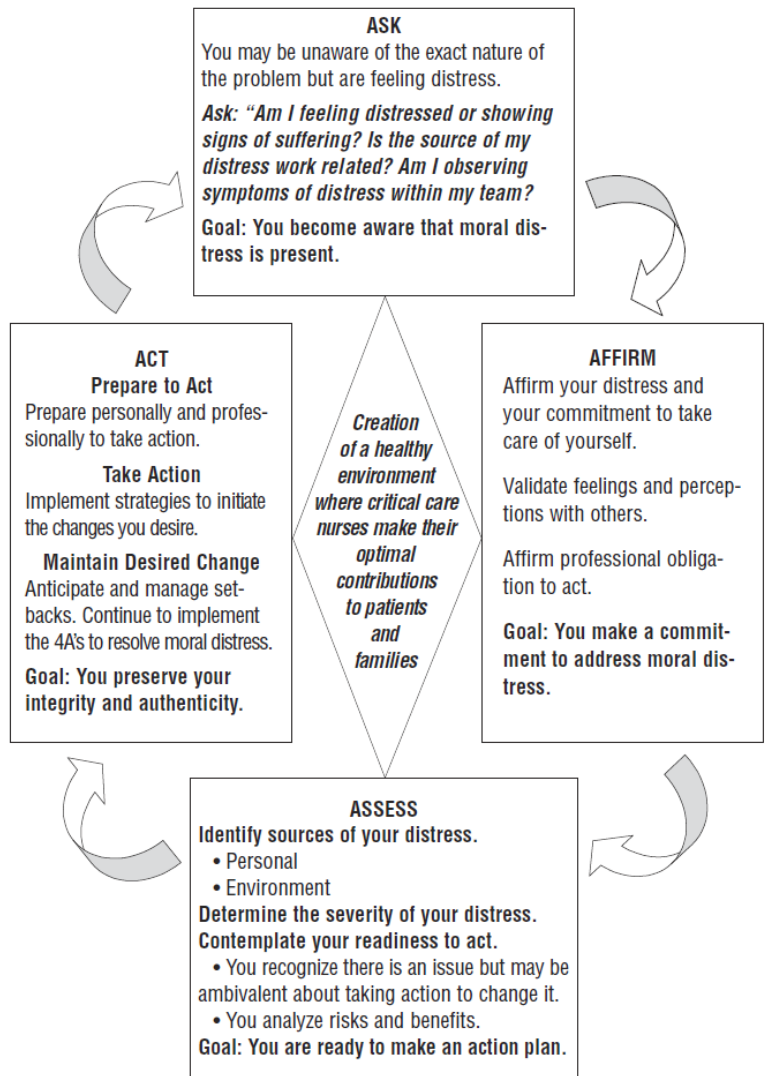
- Lack of awareness, skills, or confidence
- Institutional obstacles, including lack of Administrative Support, policy and procedure limits
- Power imbalances

Addressing Moral Distress: The 4A’s Approach

One approach to addressing moral distress from the American Association of Critical-Care Nurses (AACN) is called the **4A’s to Rise Above Moral Distress**.

The four steps to this approach are as follows:

1. Ask – Am I feeling distressed?
Look for:
 - a. Physical signs of suffering, such as fatigue, headaches, impaired sleep
 - b. Emotional Signs of suffering such as anger, fear, anxiety.
 - c. Behavioral signs of suffering such as addictive behaviour (drinking, drugs), controlling behaviour (a need to be right), erosion of relationships.
2. Affirm – Affirm your distress, validate feelings and perceptions



with others. Affirm your professional responsibility to act.

3. Assess –
 - a. Assess the situation, the source of distress
 - b. Determine the severity of distress – is it the right time to act?
 - c. Contemplate your readiness to act – How important is it to you to try to change the situation? Risks and benefits to acting?
4. Act – Here you will prepare to act, take action, and maintain the desired change.
 - a. *Prepare* by developing a self-care plan, identify sources of support, and investigate outside resources for guidance.
 - b. *Take action* by implementing strategies to initiate the changes you desire (e.g. involve patients in care decisions, consult with other services such as Social Work, identify leaders who may provide support).
 - c. *Maintain the desired change* by anticipating and managing set-backs, and continuing to implement actions required to make change. (AACN, 2006)

Addressing Moral Distress: Solutions?

Consider: What are your expectations?

- Personal?
- Professional?
- Institutional?
- Community?
- Society?

Where to go from here?

- Recognize moral distress for what it is – Build on the opportunity
- Work on strategies to improve communication
- Create safe places to talk about ethical issues – System-wide approach
- Importance nursing leaders - Seek formal and informal support
- Empower yourself/others to have moral courage

What is Moral Courage?

- Moral courage involves the willingness to speak out and do what is right when challenges might lead us to act in some other way
- Moral courage is a “virtue” – it’s having the right response or attitude toward fears and apprehensions
- It can be displayed by raising concerns, advocating for patients, speaking with colleagues, providing feedback to the organization, etc.

- At the same time, organizations need to support these virtues by themselves demonstrating moral courage (i.e. through policies, leaders, practices, culture, etc).
- Moral courage is considered to be the pinnacle of ethical behavior; it requires a steadfast commitment to fundamental ethical principles despite potential risks, such as threats to reputation, shame, emotional anxiety, isolation from colleagues, retaliation and loss of employment.
- At times it may cause emotional anxiety and social isolation. The CNO Practice Standard on Ethics can assist in these scenarios.

Barriers to Showing Moral Courage Can Include

- Organizational culture
- Lack of concern by colleagues
- Groupthink
- Preference for redefining unethical actions as acceptable

Remember

- It is not realistic to eliminate moral distress – we can only reduce frequency and intensity.
- A certain level of moral distress is inherent in any profession – we need to be able to manage it and understand it.
- It may be helpful to go through the process of addressing moral distress even if it doesn't change the situation – it can be helpful to feel like you've *tried* to do something (due diligence).

References

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