



MORAL DISTRESS

ETHICS ISSUE QUICK REFERENCE

Updated October 2017

Moral Distress

- Pain or anguish resulting when you know the right thing to do, but are prevented from doing it
- Can come from situations that compromise moral integrity
- Can have negative effects
- Can become a springboard for action

The Issue

There are countless examples of ethically troubling situations in health care:

- Making decisions on behalf of someone who is not capable of making their own, especially when their preferences are not known, or it's not possible to achieve them
- Supporting the choices of someone who is capable, but is making decisions that do not seem to be in their best interests, or that you disagree with
- Providing necessary or life-sustaining care, or assigning staff to provide such care for someone who exhibits racist or abusive behaviour
- Workloads that create difficult choices about how to allocate time and staff resources—a sense of being unable to do everything because of time constraints
- Situations where professional obligations, such as duty to care, conflict with personal values, such as a belief in the sanctity of life.
- Knowing that important trust relationships are at risk when, for example, it is necessary to call Child Protection or report that a client is a risk to someone else.

These kinds of dilemmas can be emotional and result in long-standing moral distress.

Moral Distress is the pain or anguish affecting mind, body and relationships in response to a situation in which a person:

- Is aware of a moral problem,
- Acknowledges moral responsibility, and
- Makes a moral judgment about the correct action, but
- Is unable to take the correct action, or prevent an incorrect action, as a result of real or perceived constraints.

In other words, it is a situation where you know the right thing to do, but are somehow prevented from doing it.

Moral Residue comes after moral distress. It is what remains when in the face of moral distress we have compromised ourselves or allowed ourselves to be compromised. These times are very painful because they threaten or sometimes betray deeply held and cherished beliefs and values.

A Crescendo Effect occurs after repeated situations of moral distress. Each time, the level of moral residue rises. This can be because morally distressing problems tend to be similar over time. New situations remind providers of their powerlessness in past situations, and crescendo builds. Eventually, a breaking point may occur, where the individual must do something to address the problem.



For more information, see reference list on page 4.



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Recognizing Moral Distress

Moral distress can arise from any situation that compromises moral integrity. Signs and symptoms can include:

- A sense of powerlessness
- Feelings of frustration and anger
- Feeling belittled, unimportant, or unintelligent
- Hesitance to speak openly about the situation
- Feelings of shame and isolation
- Physical symptoms such as headaches, upset stomach
- Burnout

The inability to act morally produces negative feelings and which result in attempts to restore emotional stability. This is sometimes done through avoidance, acting out, or other coping mechanisms.

Causes of Moral Distress

Moral distress can be triggered by different kinds of situations or events. They fall into three broad categories:

- *Clinical situations* such as unnecessary treatment, inadequate informed consent, treatment not deemed to be in the patients' best interest, or confidentiality issues.
- *Internal or personal factors* such as self-doubt, personal history, fear of losing one's job, anxiety about creating conflict, lack of confidence.
- *Environmental factors* such as inadequate staffing/resources, incompetent caregivers, interdisciplinary conflict and lack of time.
- *External constraints* such as power imbalances between members of the healthcare team, poor communication, pressure to reduce costs, fear of legal action, lack of administrative support, and hospital policies that conflict with patient care needs.

Effects of Moral Distress

Moral distress, and especially a build-up of moral residue can result in

- Anger
- Frustration
- Lack of motivation
- Compassion fatigue
- Burnout
- Disengagement from work, colleagues and patients
- Job retention
- Horizontal violence
- Patient care gaps

But it can also become a springboard for action. Many positive changes can come from difficult situations. However, it takes moral courage and good support. Resources and strategies to support action can be found on Page 3.



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Strategies for Responding to Moral Distress

Realistically, not all situations can be resolved. However, negative effects of moral distress can sometimes be minimized by improving communication skills and regulating our emotional responses to situations. Uncertainty can be reduced through education on ethical principles and theories, and systematic approaches to problem solving. Resources such as ethics committees and Employee Assistance Programs can also be helpful.

The American Association of Critical Care Nurses created a 4-step framework to identify moral distress and initiate change. The tool can be found at http://www.aacn.org/WD/Practice/Docs/4As_to_Rise_Above_Moral_Distress.pdf, and is useful for any health care provider (not just nurses!) who are struggling with moral distress.

Several authors have discussed other strategies for addressing moral distress. Their suggestions are compiled in Table 1.0. While this is not an exhaustive list, these strategies can be adapted to any workplace setting. It is not necessary to complete every strategy; rather, try those that might work best for your situation.

The University of Kentucky has created the Moral Distress Education Project, a free online course that can be done alone or with a group. It consists of three modules of video clips featuring a number of experts in moral distress. It can be found at www.cecentral.com/moraldistress.

Table 1.0

Strategy	Implementation
Speak up!	Identify the problem, gather the facts, and voice your opinion as much as possible.
Be deliberate	Know who you need to speak with and what you need to speak about.
Be accountable	Sometimes, our actions are not ideal. Be ready to accept the consequences.
Build support networks	Find colleagues who support you or who support acting to address moral distress. Speak with one authoritative voice.
Focus on changes in the work environment	Focusing on the work environment will be more productive than focusing on an individual patient. Remember, similar problems tend to occur over and over. It's not usually the patient, but the system, that needs changing.
Participate in ethics education	Attend forums and discussions about moral distress. Learn all you can.
Make it interdisciplinary	Many causes of moral distress are interdisciplinary. Multiple views and collaboration are needed to improve a system, especially a complex one, such as a hospital unit.
Find root causes	What are the common causes of moral distress in your unit? Target those.
Develop policies	Develop policies to encourage open discussion, interdisciplinary collaboration, and the initiation of ethics consultations.
Arrange a workshop	Staff training to recognize moral distress, identify barriers to change, and create a plan for action.

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