How Moral Distress Impacts our Practice

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In the Tradition of Kinsman Conferences—this is a workshop!

- Small group work to help us
  - Describe the issues
  - Identify contributing factors
  - Brainstorm ideas we can take back to our institutions
Objectives

• Describe moral distress and significant features of the clinical situation
• Identify contributing factors to your experience of moral distress
• Describe what you experienced as helpful, or not helpful
• List potential organizational responses directed towards moral distress
Moral distress is
• part of our practice,
• an individual response to a situation.
• The key is recognizing it when it occurs
• intervening when appropriate.
Moral distress occurs when--

- Clinician knows the correct ethical action to be taken but
- Constrained by
  - Organizational
  - Legal
  - Personal
  - Power differentials
Sources of Moral Distress

• Clinical situation
• Personal internal factors
• External factors
May occur in any area of our practice

- Decisions related to end of life
- Discharge planning
- Vaccinations
- Staffing
- Work force reduction
- Treatments/procedures
It matters because:

• When we act in a way that we know is not ethical—
  – We may damage our personal or professional integrity
  – The impact is cumulative
  – It is our personal and professional integrity which is the foundation of our practice and society’s trust in us
Individual Exercise

- Think about a patient or situation in your practice which caused you moral distress.
- Contributing factors?
- What did you experience as helpful or not?
- Organizational approaches you may have found helpful would like to suggest?
Small group exercise

- Divide into groups of 2-3 individuals—select recorder, and reporter

- Each describe the situation you reflected upon including
  - Key clinical aspect
  - Contributing factors
  - Impact on you as individual, as professional
  - What you found helpful, or not
  - Recommended organizational approaches

- Report out to bigger group—summary
Small group exercise time—20 minutes
Small group reports
Take home thoughts??
Types of moral problems

Moral distress  Moral uncertainty

Moral dilemma

All associated with emotional response, though emotional response can occur without any of the above. Moral distress is considered more powerful than emotional distress.
CONCLUSION

• Addressing moral distress requires making changes.
  – Personal & organizational actions in response to moral distress vary based on situation
  – The change process occurs in stages and is cyclic in nature, meaning that the stages in the cycle may need to be repeated before success is achieved
More slides with more information
Emotional Distress

- a highly unpleasant emotional reaction (as anguish, humiliation, or fury) which results from another's conduct
- called also *emotional harm, mental anguish, mental distress, mental suffering*
Moral Uncertainty

- Occurs when the clinician does not know the ethically correct course, but feels a nagging uncertainty, a sense that something is not quite right.

- Arises when you are unsure whether there is an ethical dilemma, or unable to identify which principles/values are involved.
Moral Dilemma

• Occurs when two or more opposing actions can be equally justified and the agent is unable to carry out both actions faces a dilemma in choosing which ethical course to follow. It is impossible to choose an action without some form of loss by not taking the other course.

  – 2 or more “good” options
  – No “good” options—choosing the least “bad” option
Sources of Moral Distress

• Clinical situation
• Personal internal factors
• External factors
Initial Moral Distress

• When clinician first encounters the situation “this is wrong”
• Frustration, anxiety, guilt, compromised integrity
Reactive Moral Distress

• Feelings related to inability or failure to act on the initial distress.

  – Chose not to act

  – Chose to act -
    • Common responses: “What was I thinking?” or “I knew better than that.”
Moral Residue

- Distressed feelings that linger long after the situation if the caregiver feels regret or believes that she behaved unethically or betrayed important values.
Impact of Moral Distress

- Personal
- Organizational
- Quality of patient care
How moral distress may affect me

• Physically withdraw from the bedside
• Lose capacity for caring
• Avoid patient contact
• Experience physical and psychological problems
• Fail to give comprehensive care
• Leave the profession altogether
AFFECT THE WORKPLACE?

Clinicians may “experience” the following:

• Poor communication
• Lack of trust
• Defensiveness
• Lack of collaboration across disciplines
• High turnover rates
Ask • Affirm • Assess • Act

The 4A’s to

Rise Above Moral Distress
ASK — identify moral distress is present

- Am I feeling distressed?  
  Showing signs of suffering?
- Is the source work related?
- Am I observing signs of distress with in my team?
- Do we all have a common knowledge base?
- Is there information which might alter my distress?

?? How do you know you are distressed??
AFFIRM-commitment to address moral distress

- Affirm your distress
- Commit to take care of yourself
- Validate perceptions with other team members
- Affirm professional obligation to act

?? How do you take care of yourself??
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?? How do you take care of yourself??
**ACT**--Preserve integrity and authenticity

- Prepare for action
- Take Action
- Anticipate setbacks
- Maintain change
- Reevaluate
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