

# WHEN OUR HANDS ARE TIED: MORAL DISTRESS IN NURSING

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## DISCLOSURE

- We have no conflicts of interest to disclose.

## OBJECTIVES

- Defining Moral Distress
- Recognizing signs and symptoms of Moral Distress
- Developing Reflective Practice
- Increasing Moral Agency
- Learning about resources to assist with moral distress and increase resiliency

## “Moral Distress”: 3 definitions

1. “Moral distress occurs when you act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity.”

- \*American Association of Critical-Care Nurses, Moral Distress position statement, accessed October 13, 2014, [www.aacn.org/moraldistress](http://www.aacn.org/moraldistress)

## Moral Distress: 3 definitions

2. “The pain or anguish affecting the mind, body, or relationships in response to a situation in which the person is aware of a moral problem, acknowledged moral responsibility, and makes a moral judgment about the correct action, yet as a result of real or perceived constraints, participates in moral wrongdoing.”

ANA 2008

## Moral Distress: 3 definitions

3. Ensues when clinicians recognize ethical conflicts and their responsibility to respond to them but are unable to translate their moral choices into ethically grounded action that preserves integrity.

- \*\*Rushton C, Kurtz M. Moral Distress and You: Supporting Ethical Practice and Moral Resilience in Nursing, Silver Springs, MD; American Nurses Association; 2015

## Your stories

- Which patient or case comes to mind?
- What still lingers for you?
- Do you have regrets, guilt, anger, sadness about this case?

## Research indicates primary sources of moral distress include:

- Overly aggressive medical treatment which increased the burden of suffering
- Inappropriate utilization of healthcare resources
- Inaccurate/incomplete information presented to patients/families
- Disparate patient care goals within the care team or between the care team and patient's family ( Gutierrez, 2005)

## Results of moral distress

- Reluctance to come to work
- Requesting not to care for patients
- Decreased interaction with patients and families
- Burnout/turnover
- Diminished employee engagement

## Results of moral distress

- Hesitation to communicate with the physician
- Lack of collaboration
- Angry, resentful, frustrated, sorrowful, powerless
- Effects on self worth, personal and professional relationships
- Spiritual suffering, loss of meaning/loss of faith

## Narrative of Disempowerment, Despair and Hopelessness

The dilemma:

- Narrative of hopelessness contributes to creation of culture where interventions are only partially effective  
(Moral distress undermines ability to act)
- **However**, moral distress can lead to positive change *creating an environment where nurses can make a difference for patients and families*. (Howard, 2014)

## Reflective Nursing Practice

Becoming aware of your narrative enables increased choices for responding to moral distress.

In patient care situations which lead to moral distress:

1. What are your default beliefs and behaviors?
2. How well does that work for you?
3. Is there something you would like to do instead?

## Developing Moral Agency

Increased moral agency is correlated to decreased moral distress.

Moral Agency is “an individual’s ability to make a moral judgement based on a commonly held notion of right and wrong and to be held accountable for their actions.”

(Traudt, et al, 2016)

## Characteristics of Moral Agency

- Seeking knowledge and understanding of your own moral values (personal and professional)
  - Seeking understanding of your emotions and how your emotions influence your actions
  - Accepting responsibility for your own professional knowledge and skill
  - Self-directed capacity or choice to act
  - Willing to explore and discuss with others (utilize peer support and consultation)
  - Advocacy, e.g. with family on behalf of patient or care team on behalf of family
- (Traudt, et al, 2016)

## A Process for Moral Agency: 4 A's

### ASK:

- Am I feeling distressed or showing signs of suffering?
- Is the source of my distress work related?
- Am I observing signs of distress within my team?

- May appear as anger and anxiety toward obstacles or conflict with others about important values. May present as questioning the goals of care for the patient.
- Symptoms can be physical, emotional, spiritual, behavioral.

GOAL: Become aware.

## A Process for Moral Agency: 4 A's

### AFFIRM:

- Affirm your distress and commitment to take care of yourself
- Validate feelings and perceptions with others
- Affirm professional obligations- open communication preserving integrity

GOAL: Make a commitment to address moral distress.



## A Process for Moral Agency: 4 A's

### ASSESS:

➤ identify the sources and severity of distress on all involved

- Self-awareness, critical reflection and honest appraisal of impact of distress
- Evaluating whether they have the skills and abilities to effect change
- How nurses can become more viable agents of change (plan for self-care and external support and guidance)

GOAL: You are ready to make an action plan.

## A Process for Moral Agency: 4 A's

### • ACT:

➤ initiate specific actions that address the source of distress

- Answer to Key Questions can help to define the direction for action
- Anticipate set-backs and resistance and need for coping measures
- Self-awareness and self-care are critical for maintaining long-term health of individual nurses and also help create a healthier work environment.

GOAL: You preserve your integrity and authenticity.

## Key Questions to Ask When Applying the 4 A's Model

- To whom do I have obligations (e.g., patient, family, healthcare team, institution)?
- What is possible for me to do to address the source of my distress?
- What is the extent of my responsibility?
- When others are not meeting their responsibilities, what is the extent of my responsibility to compensate for their omissions?

## Key Questions to Ask When Applying the 4 A's Model

- What personal risks are healthcare professionals obligated to take for patients? For their professions? For themselves?
- When I assist others who are making decisions, and the decisions prove harmful to patients, to what extent do I share the responsibility?
- What risk(s) am I willing to take to advocate for what I believe is right?
- What knowledge, skills or resource do I need to be able to act with integrity?

Rushton, 2006

## Nursing Code of Ethics:

“Caring for ourselves as well as we care for our patients”

### Self-Care

- What one or two practices work well for you?
- What is one thing you could do (or not do) to care for yourself better?

## Additional Resources for Moral Distress

- Debriefings (CISD or defusings)
- Ethics Consultations
- Leader/EAP/Spiritual Care Rounding
- Schwartz Rounds
- 1:1 counseling with EAP/Spiritual Care
- Resiliency Training / Mindfulness

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