



### *Moral Distress and Moral Resilience*

Nurses encounter many situations in their work place that can cause moral distress. Moral distress is defined by an inability to act in alignment with one's moral values and is characterized by feeling powerless and victimized, experiencing burnout, and experiencing physical symptoms. These characteristics of moral distress may ultimately cause the nurse to leave the nursing profession.

### **Sources of Moral Distress**

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

### *Reference*

“Understanding and Addressing Moral Distress,” Epstein & Delgado, Nursing World, Sept. 30, 2010

### **Approaches To Address And Reduce Moral Distress**

*Ask* - Review the definition and symptoms of moral distress and ask yourself whether what you are feeling is moral distress. Are your colleagues exhibiting signs of moral distress?

*Affirm* - Affirm your feelings about the issues. What aspect of your moral integrity is being threatened?

*Assess* - Begin to put some facts together. What is the source of your distress? What do you think is the “right action” and why is it so? What is being done currently and why? Who are the players?

*Act* - Create a plan for action and implement it. Think about potential pitfalls and strategies to get around these.

### **Other Strategies to Reduce Moral Distress**

- Speak up
- Be deliberate

- Be accountable
- Build support network
- Focus on changes in the work environment
- Participate in Moral Distress education and make it interdisciplinary
- Find the root cause
- Develop policies

#### *References:*

American Association of Critical Care Nurses (AACN) from AACN Ethics Work Group. (2004). *The 4 A's to Rise above moral distress*. Aliso Viejo, CA: AACN.

Epstein, E.G., Delgado, S., (Sept 30, 2010) "Understanding and Addressing Moral Distress" *OJIN: The Online Journal of Issues in Nursing* Vol. 15, No. 3, Manuscript 1.

### **Moral Distress at Work**

Have you thought about situations that have caused you moral distress in your nursing profession? Surely you have had many experiences that have tested your moral strength. Some examples of situations in healthcare that can cause moral distress were listed in the first email for October's theme of moral distress and moral resilience. The use of the 4 A's to address and reduce moral distress were noted in last week's email. This week we will include an example of moral distress and how to create moral resilience using the 4 A's.

Jamie is an oncology nurse on a very busy oncology unit in a large hospital. She had been happily working on her unit for 3 years but has just noticed that she has been feeling sick to her stomach, hasn't been sleeping well, and has become very anxious. She didn't want to come to work any longer and wasn't sure if she even wanted to be a nurse. She noticed she was experiencing symptoms of nurse burnout.

It all came to a head for Jamie when one of her regular patients, Mrs. Smith, had passed away very suddenly. Unfortunately, patient deaths occurred frequently on her oncology unit, but this death hurt Jamie personally. Since oncology patients are frequently in the oncology units for long periods of time, sometimes for weeks, the nurses tend to form a strong therapeutic relationship with them. Mrs. Smith had been one of Jamie's regular patients for the past year and with whom she had formed a strong therapeutic relationship.

Mrs. Smith was a 46-year-old mother of 2 sons, both in their late teens, and a wife of 23 years to a loving attentive husband. Even though Mrs. Smith had a fantastic prognosis and was expected to "beat" her cancer, she developed sepsis after becoming immunocompromised while undergoing chemotherapy treatments. It was a shock for everyone when Mrs. Smith became so suddenly ill, and her prognosis changed quickly. She wasn't going to live; death was eminent.

Mrs. Smith's husband and sons were in denial to the situation, and they were against initiating a palliative care protocol. Mrs. Smith's family believed palliative care would hasten Mrs. Smith's death, and it would mean they were "giving up." But a palliative care protocol was ordered by the doctor; however, every time Jamie attempted to administer comfort care to Mrs. Smith the family would argue with her. The situation was very distressing as Jamie could not render

appropriate nursing care to her dying patient, and she was also struggling with her own emotions to the situation as well. Mrs. Smith died quickly, and Jamie felt guilty. She felt guilty for not administering appropriate comfort care to her patient, and she felt guilty for not being able to appropriately grieve for her patient's death. Mrs. Smith's death motivated Jamie to make a change in her nursing career before it was too late. Jamie used the 4 A's to address and treat her moral distress.

1. **Ask:** Jamie asked herself if she was feeling morally distressed. Leading up to Mrs. Smith's death, Jamie had been experiencing physical symptoms such as fatigue and upset stomach, plus she was frequently anxious. While Mrs. Smith was dying, Jamie was feeling frustrated and angry. When Mrs. Smith died, Jamie felt guilty and sad. Jamie felt she could not appropriately grieve. Jamie concluded that yes, she was morally distressed.
2. **Affirm:** Jamie concluded that she was experiencing moral distress, and she reported her distress to her nurse manager and her coworkers. She also reported that she was determined to personally and professionally address her moral distress.
3. **Assess:** Jamie thought about her professional role as an oncology nurse and what was causing her distress. Overall, it was generally distressing to her when she was not able to appropriately grieve her patients' deaths.

In fact, she felt that none of the nurses could appropriately grieve any death that took place on the unit. The unit was very busy, and nurse grief was never discussed.

Regarding Mrs. Smith's situation, Jamie was distressed by Mrs. Smith's family's inability to understand the illness trajectory, and their denial to her impending death which caused them emotional and spiritual distress. This in turn, caused a delay of appropriate care to the patient. Jamie did not want Mrs. Smith to suffer, but the family made it difficult for her to render comfort care.

Jamie did a self-assessment to determine her readiness to act and scored (4-5) on the Readiness to Act Barometer: Feeling distress and definitely ready for action. To complete this self-assessment, click [here](#) and see page 5.

4. **Act:** Jamie was prepared to act to make a change personally and professionally to make her and her coworkers morally resilient. She made personal changes to her life to address her physical, emotional, and spiritual distress. She focused on self-care. She then worked with her nurse manager and coworkers to initiate a change professionally.

Jamie realized that her work environment was not conducive to acknowledging and allowing the nurses to experience healthy grief. Nurses do grieve patient deaths and poor patient outcomes. It is normal and natural to experience grief in these situations. With the help from a hospital chaplain and grief counselor, Jamie was able to institute a grief program for nurses. All the oncology nurses were expected to participate in the program, and the program facilitator had an "open door" policy meaning that any nurse can seek grief counseling any time he or she felt the need.

Jamie also realized that in the hustle and bustle of an average work day on the oncology unit, the nurses couldn't adequately offer education to patients and their families concerning palliative

care. Jamie was able to arrange for a palliative care specialist to come to the floor on a regular basis to speak with the patients and their loved ones regarding palliative care. Jamie felt Mrs. Smith's case would have had a better outcome if the patient and family were educated on palliative care from the beginning of her admission. The palliative care specialist is responsible for giving the staff on the oncology unit in-services related to all aspects of palliative care (mind, body and spirit) as well.

**Conclusion:** Jamie made a personal and professional commitment to stay aware and accountable to maintaining moral resilience. Since she acted to change her moral distress, she is now feeling morally resilient.

Are you morally resilient? If not, try using the 4 A's to initiate a change.

### **Moral Resilience**

Moral resilience is an evolving concept that may help nurses and other health care providers to respond to moral distress and other clinical challenges. In the article, *Building Moral Resilience to Neutralize Moral Distress*, the author, Cynda Hylton Rushton, PhD, RN, FAAN, defines moral resilience as "the capacity of a person to sustain, restore or deepen their integrity in response to moral complexity, confusion, distress, or setbacks. It's founded on our self-knowledge and commitment to our values and intentions."

Here is a list of characteristics of those who are morally resilient:

- *Rebounding*- the nurse bounces back and moves on after adversity.
- *Reintegration*- the nurse desires to return to a normal routine in an improved way after experiencing moral distress.
- *High Expectancy/Self Determination*- the nurse has a sense of purpose in life and an internal belief that the nurse will persevere no matter what.
- *Positive Relationships/Social Support*- the nurse has positive relationships with supportive peers/friends/loved ones.
- *Flexibility*- the nurse has the ability to "roll with the punches" by being accepting and having an easy temperament.
- *Having a Sense of Humor*- the nurse has a sense of humor
- *Self-Esteem/Self-Efficacy*- the nurse has confidence in oneself and one's ability to succeed and obtain self-made goals.

Resilient people employ transformational coping strategies of understanding and contextualizing the circumstances of the situation. They see the reality of the culture in which they work and sometimes must take an action that does not support the cultural norm. They couple this with situation-focused problem solving to reframe the event in terms of a challenge over which they have some level of control.

Here are some ways to increase moral resilience:

- Define or refine your moral compass
- Define a personal code of ethics
- Work on self-awareness

- Develop self-regulation
- Seek outside help, engage with others, and locate a morally resilient mentor

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Hylton Rushton, C. (2016). Building moral resilience to neutralize moral distress. *American Nurse Today*, 11(10). Retrieved from

<https://www.americannursetoday.com/building-moral-resilience-neutralize-moral-distress/>