Moral Distress in the Advanced Practice Nurse: Is there a better way?

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Objectives & Outline

- Analyze moral distress as experienced in the APN in relationship to caregiver conscience formation
  - 1. Definitions, prevalence, & APN examples;
  - 2. Predisposing Conditions, Barriers, & RN Data;
  - 3. APN qualitative and quantitative data;
  - 4. Is there a Better Way?
- Investigate strategies to moving from moral distress toward moral courage via “presence” and “advocacy”.
- Foster dialogue regarding how ethical decisions are made when there is a conflict of values

Living in a World of Competing Ideals

Ethics Defined:

- The branch of philosophy that investigates ideals in living (a good life) and morally correct conduct (right actions).

Jameton’s typology of moral/ethical conflict: Uncertainty, Dilemma, Distress

- ‘Moral distress’ exists when people know the right thing to do but constraints make it impossible to pursue the right course of action.
Advanced Practice Moral Distress
Representative Scenarios

- **Acute care NP:** RR, a PVS pt. continues to receive dialysis for 3 mo. However, the nephrologist doesn’t have the courage to stop; bedside RN’s plead with her to stop torturing this pt. – “I feel I have much more moral distress now, then I did as RN”.

- **Family NP:** “I encounter situations in which I am unable to provide treatment I feel is appropriate because the patient has little or no means of payment.”

- **CNS:** “I want to be a role model to help nurses to stand up and say “this isn’t right, this needs to be addressed.” However, after many times of trying and receiving negative results from the paternalistic medical culture, I am no longer willing to go there.”

- **CNM:** “As I deliver a ‘crack baby,’ I question whether I could have influenced the mom to stop? I also worry about sending the baby home to that environment.”

Why use the concept “Distress”

It is more acceptable and less stigmatizing than “psychiatric,” “psychosocial,” or “emotional”

- Sounds “normal” and less embarrassing
- Can be defined and measured by self-report

Definition of Distress*

- Distress is a multi-factorial unpleasant emotional experience of a psychological (cognitive, behavioral, emotional), social, and/or spiritual nature that may interfere with one’s ability to cope effectively with _____“X”______
- (you fill in the blank from your practice)

Distress (continued)

- Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

Values Defined

- “Values are the part of the organizing center of human experience that enables us to have a frame of orientation and meaning-- as we arrange our time, make choices about relative goods (e.g. money vs. family), determine the pattern of our relationships, and appropriate the pain and the joy of the appreciable world”
- Conscience formation & Our “Beingness”

Jameton’s typology of moral/ethical conflict: Uncertainty, Dilemma, Distress

- ‘Moral uncertainty’ is when people are unsure what moral principles or values apply to a situation.
- It is the beginning stage of “it feels wrong, but I am not exactly sure why” (a “gut” reaction)
Ethical Dilemmas & Differing Values

- An ethical dilemma exists when there is more than one feasible correct action and each course of action is preferred by at least one individual or entity. Preferences among the possibilities are based upon value differences.
- Values differ among patients, APN, MD's, Researchers, RN's, Chaplains, Hospitals, families, government agencies & insurance companies.

Ethical Conflict as a Pre-cursers to Distress

- Moral (ethical) conflict is defined as a situation involving a clash of moral values within the practitioner, among practitioners, and/or between practitioners and patients, concerning what is the morally right action to take, or a situation in which the duties and obligations of health professionals were unclear.

Prevalence of Moral Distress

- Increasing prevalence in literature especially in neonatal & ICU & nursing administration. Why?
- IN 2004: 13 doctoral dissertations, 26 MSN theses & 28 "articles"
- Topics include: end of life care causing harm/torture, poor use of resources, avoiding bad news?, Unable to admit defeat? Is the physician using the patient to his/her own end? (especially true in research)
- Are nurses theoretical and philosophical backgrounds different from the medical profession?


Six articles which address moral distress and moral courage from a broad perspective ranging from that of bedside nursing (creating a therapeutic milieu), to nursing leadership and administration, to nursing education, providing along the way foundational concepts requisite to understanding moral courage.

The authors champion the concept of moral courage- to stand up for patients' existential needs. They describe both individual and organizational factors to consider in the quest for maintaining a healthy work environment by establishing a morally courageous work force.

Attentiveness to Others (& You)

- Ethical awareness: the ability to recognize an ethical tension, understand the patient's situation as being vulnerable and appreciate the ethical implications of the outcomes of decision made on behalf of the individual (Lützén; 2000).
Predisposing factors re moral distress: decisions that have major implications:
- question of capacity,
- extended hospital stay,
- interdisciplinary conflict,
- failure to negotiate and reach consensus re goals of care,
- patient or family perceive interdisciplinary team as controlling,
- team perceives patient/family as demanding,

Predisposing factors re moral distress: decisions that have major implications
- patient may be misinformed re life-sustaining treatments,
- family requests for aggressive care in terminal patients based on their interpretation of the patient's wishes,
- denial of insurance coverage of benefits that prevents the provision of needed treatment or services,
- conflict between patient autonomy to make choices and the principle of non maleficence.

Survey of Ethical Climate
1215 Randomly selected RN's & SW's in 4 Regions reported they felt:
- Powerless (32%) and overwhelmed (35%) with ethical issues in the workplace
- Frustrated (53%) and fatigued (40%) when they cannot resolve ethical issues
- Black nurses were 3.21 x more likely than whites to want to leave their position.

Keeping Nurses:
- Being respected & a valued member of the team was reported most often as the strongest influence on nurses' decision to stay. (75%)
- Followed by: Scheduling (65%) & Identification with the mission (57%)

ANA CODE OF ETHICS
- Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process.

Ulrich, Social Science & Medicine 7/07
MANAGING OBLIGATIONS

- Conveys the values and obligations regulating the conduct of nurses in relation to their patients, colleagues, communities, and the nursing profession.
- Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making process.

Clinical Examples of Nurse as Existential Advocate for Patient

- Existential advocacy denotes that nurses assist individuals to authentically exercise their freedom of self-determination. Authenticity implies reaching decisions which are truly one’s own, decisions that express all that one believes important about oneself and the world, within the entire complexity of one’s values. (Gadow)

Proximity to the Patient

- Perils of proximity: a spatiotemporal analysis of moral distress and moral ambiguity.
- The physical nearness, or proximity, inherent in the nurse–patient relationship has been central in the discipline as definitive of the nature of nursing and its moral ideals.
- Clearly, this nearness is in service to those in need of care. This proximity, however, is not unproblematic because it contributes to two of the most prolonged difficulties, both for individual nurses and the discipline of nursing—moral distress and moral ambiguity.

Barriers to doing or knowing what is right:

- lack of power,
- knowledge, or
- understanding to act on moral convictions (internal);
- lack of time or administrative support to address ethical issues or
- varying perspectives among members of the team.

Moral distress of the Advanced Practice Nurse

- Interviewed 24 Advanced Practice Nurses
  - 11 Clinical Nurse Specialists
  - 11 Nurse Practitioners
    - 1 GNP, 3 FNP, 3 Acute Care, 1 Women’s Health, 2 Palliative Care
  - 2 Nurse Midwives-(also many email responses)
- Average interview ~ 60 minutes
Interview Questions

- Background: Type of nursing:
- Current role:
- What is moral distress mean:
- Example as an RN:
- Does it mean something different to an advanced practice nurse?
- Example as a APN:

Interview Questions (cont.)

- End of life
  - Acting against your personal morals and standards
  - Ordering too many tests or procedures
- Patient care issues:
  - Staffing patterns
  - Abuse situations
  - Allocation of resources
  - Managed care
  - Unsafe environments

Interview Questions (cont.)

- Human rights issues;
  - Restraints (especially chemical)
  - Advance directives
  - Protecting patient rights & dignity
- Can you talk about ideals in living?
  Or Quality of life considerations
- Barriers: why do we not do what is right? Internal? External?
- Patient mis-information and/or TRUE informed consent!

Interview Questions (cont.)

- Do you see (or experience) the suffering of moral distress?
- Do any of these terms speak to you?
  - Moral character-, Moral courage –
  - Moral virtue-, Moral wisdom–
  - Moral perception-, Moral sensitivity-
  - Moral imagination-,Moral integrity-
  - Ethical competence-
- Open Discussion

CNS Results

- Role
- Distress Examples
- Other Discussion
- Representative Quotes

CNM Results

- Role
- Distress Examples
- Other Discussion
- Representative Quotes
NP Results

- Role
- Distress Examples
- Other Discussion
- Representative Quotes

Nurse Anesthetists
(Literature)*

- Random sample of 800 CRNA
- Data supports that CRNA do experience moderate levels of moral distress
- Reported feelings of frustration, anger, guilt, and powerlessness
- Experienced physical symptoms in response to ethical dilemmas
- Powerless in dealing with MD’s
- Considered leaving nursing or changing location

Table 1 (Laabs, C., (2007). Primary care nurse practitioners’ integrity when faced with moral conflict. Nursing Ethics. 14(6). 795-809.)

Demographic Characteristics of Respondents (n=71)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty area of NP practice</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>28 (39)</td>
</tr>
<tr>
<td>Adult</td>
<td>21 (30)</td>
</tr>
<tr>
<td>Geriatric</td>
<td>10 (14)</td>
</tr>
<tr>
<td>Pediatric</td>
<td>7 (10)</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>5 (7)</td>
</tr>
<tr>
<td>Second specialty area of practice</td>
<td>12 (17)</td>
</tr>
<tr>
<td>Practice setting</td>
<td></td>
</tr>
<tr>
<td>Community-based primary care clinic</td>
<td>34 (48)</td>
</tr>
<tr>
<td>Private physician office</td>
<td>14 (20)</td>
</tr>
<tr>
<td>Health Maintenance Organization</td>
<td>6 (9)</td>
</tr>
<tr>
<td>School Health</td>
<td>3 (4)</td>
</tr>
<tr>
<td>College Health</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Other</td>
<td>12 (17)</td>
</tr>
<tr>
<td>Second NP practice setting</td>
<td>12 (17)</td>
</tr>
</tbody>
</table>

Table 2

Frequency of Issues Encountered by NPs in Primary Care (n=71)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Never n (%)</th>
<th>Rarely n (%)</th>
<th>Occasionally n (%)</th>
<th>Commonly n (%)</th>
<th>No Answer n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure to see patients</td>
<td>13 (18)</td>
<td>22 (31)</td>
<td>26 (37)</td>
<td>10 (14)</td>
<td>0</td>
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<tr>
<td>Patient unable to pay</td>
<td>16 (23)</td>
<td>18 (25)</td>
<td>20 (28)</td>
<td>10 (14)</td>
<td>0</td>
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<tr>
<td>Disagreement plan of care</td>
<td>32 (45)</td>
<td>37 (52)</td>
<td>25 (35)</td>
<td>5 (7)</td>
<td>0</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>26 (37)</td>
<td>26 (37)</td>
<td>14 (20)</td>
<td>4 (6)</td>
<td>0</td>
</tr>
<tr>
<td>Patient refuses treatment</td>
<td>8 (11)</td>
<td>29 (41)</td>
<td>46 (65)</td>
<td>7 (10)</td>
<td>0</td>
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<tr>
<td>Patient withheld info.</td>
<td>37 (52)</td>
<td>38 (53)</td>
<td>9 (13)</td>
<td>1 (1)</td>
<td>0</td>
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<tr>
<td>Patient abuses agencies</td>
<td>35 (49)</td>
<td>34 (48)</td>
<td>16 (23)</td>
<td>4 (6)</td>
<td>0</td>
</tr>
<tr>
<td>Policy, procedure, and personal values</td>
<td>27 (38)</td>
<td>19 (27)</td>
<td>11 (15)</td>
<td>4 (6)</td>
<td>0</td>
</tr>
<tr>
<td>Advance directives</td>
<td>97 (67)</td>
<td>7 (10)</td>
<td>4 (6)</td>
<td>3 (4)</td>
<td>0</td>
</tr>
<tr>
<td>Genetic testing</td>
<td>67 (94)</td>
<td>3 (4)</td>
<td>1 (1)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>MD collaboration</td>
<td>16 (23)</td>
<td>20 (28)</td>
<td>21 (30)</td>
<td>7 (10)</td>
<td>2 (3)</td>
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<td>Pressure to prescribe</td>
<td>61 (86)</td>
<td>4 (6)</td>
<td>2 (3)</td>
<td>3 (4)</td>
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<tr>
<td>Inappropriate patient</td>
<td>6 (9)</td>
<td>26 (39)</td>
<td>26 (39)</td>
<td>7 (10)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Referrals</td>
<td>97 (67)</td>
<td>7 (10)</td>
<td>4 (6)</td>
<td>3 (4)</td>
<td>0</td>
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<tr>
<td>Billing fee rules</td>
<td>23 (33)</td>
<td>23 (33)</td>
<td>22 (31)</td>
<td>9 (13)</td>
<td>0</td>
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<tr>
<td>Physician not informed</td>
<td>15 (21)</td>
<td>26 (37)</td>
<td>25 (36)</td>
<td>5 (7)</td>
<td>0</td>
</tr>
<tr>
<td>Clinical decisions by others</td>
<td>17 (24)</td>
<td>21 (30)</td>
<td>10 (14)</td>
<td>14 (20)</td>
<td>0</td>
</tr>
<tr>
<td>Total respondents</td>
<td>438 (61)</td>
<td>318 (44)</td>
<td>290 (40)</td>
<td>83 (11)</td>
<td>8 (1)</td>
</tr>
</tbody>
</table>

Other Ethical Issues that NPs Describe as Distressful

- Conflict between parent and minor regarding termination of pregnancy
- Failure of providers to educate their patients
- Lack of DNR orders for outside the hospital such as in schools
- Surrogates not honoring patient’s advance directives
- Ethics consults called in too late to be helpful
- Misrepresentation of medical assistants as registered nurses
- Refilling meds for other providers when NP disagrees with plan of care
- Impaired physician
- Physician signing off PA or NP notes without reading them
- Competition between MDs and NPs for patients where is overabundance of providers

Other Ethical Issues that NPs Describe as Distressful

- Physician findings ways to get more money from Medicare
- Insurance not paying for necessary services
- Insurance drug formularies that excessively restrict medication
- Patient abuse of insurance such as Medicaid for minor complaints
- Need to tailor patient care based on what insurance company will pay for
- Prejudice of others toward care of the poor and minorities
- Allocation of costly resources
- Lack of state aid to help pay for abortions
- NP care not available to all (i.e., other groups limiting NP practice)
- Lack of access to health care on local and global levels
- Providing expensive health care to the undocumented
The issue encountered with the greatest frequency was patient refusal of appropriate treatment.*

(*KI comment ---ACO implications of “non-compliant” or “non-adherent” patients may have huge moral distress in the future )

### Highlights of NP Study Results
- patients' lack of access to health care,
- restrictive insurance and drug formularies,
- allocation of resources,
- rights of minors and parents,
- abortion, and
- competition between physicians and NP's for patients.

### Levels of Distress for NPs Who Indicated Encountering Issue (n=71)

<table>
<thead>
<tr>
<th>Issue and Number Encountering</th>
<th>Distress</th>
<th>Medium</th>
<th>High</th>
<th>No Answ.</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure to see patients</td>
<td>69 (96)</td>
<td>23 (32)</td>
<td>17 (24)</td>
<td>9 (13)</td>
<td>10 (14)</td>
</tr>
<tr>
<td>Change with plan of care</td>
<td>8 (11)</td>
<td>32 (44)</td>
<td>13 (18)</td>
<td>9 (13)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>4 (7)</td>
<td>15 (21)</td>
<td>8 (11)</td>
<td>0 (0)</td>
<td>8 (12)</td>
</tr>
<tr>
<td>Refusal abuse, agencies</td>
<td>36 (51)</td>
<td>19 (26)</td>
<td>7 (10)</td>
<td>3 (4)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Inappropriate patient decisions</td>
<td>23 (32)</td>
<td>14 (19)</td>
<td>7 (10)</td>
<td>3 (4)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Advance directives</td>
<td>7 (10)</td>
<td>4 (5)</td>
<td>2 (3)</td>
<td>8 (11)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Medical treatment</td>
<td>1 (1)</td>
<td>3 (4)</td>
<td>5 (7)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>NP Collaboration</td>
<td>5 (7)</td>
<td>19 (27)</td>
<td>20 (28)</td>
<td>7 (10)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Inadequate info.</td>
<td>10 (14)</td>
<td>8 (11)</td>
<td>3 (4)</td>
<td>2 (3)</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Pressure with patients</td>
<td>40 (56)</td>
<td>15 (21)</td>
<td>16 (22)</td>
<td>7 (10)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>Total</td>
<td>117 (100)</td>
<td>139 (15)</td>
<td>154 (17)</td>
<td>93 (25)</td>
<td>17 (2)</td>
</tr>
</tbody>
</table>

### Table 5 Types of Moral Problems Experienced by NPs Who Reported Distress (n=71)

<table>
<thead>
<tr>
<th>Issue and Number Reporting Distress</th>
<th>Moral</th>
<th>Medium</th>
<th>High</th>
<th>No Answ.</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>Pressure to see patients</td>
<td>69</td>
<td>23</td>
<td>17</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Change with plan of care</td>
<td>8</td>
<td>32</td>
<td>13</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>4</td>
<td>15</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Refusal abuse, agencies</td>
<td>36</td>
<td>19</td>
<td>7</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Inappropriate patient decisions</td>
<td>23</td>
<td>14</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Advance directives</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Medical treatment</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NP Collaboration</td>
<td>5</td>
<td>19</td>
<td>20</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Inadequate info.</td>
<td>10</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pressure with patients</td>
<td>40</td>
<td>15</td>
<td>16</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>117</td>
<td>139</td>
<td>154</td>
<td>93</td>
<td>17</td>
</tr>
</tbody>
</table>

### Primary Care NP response options include:

(a) “I am not sure what is the right thing to do” (moral uncertainty)

(b) “Multiple courses of action exist but none is clearly satisfactory” (moral dilemma)

(c) “I know the right thing to do but external constraints make it hard for me to do it” (moral distress)

(d) “Others are acting unethically and I can’t do much about the behavior of others” (moral outrage)

(e) “Other” in which respondents were invited to explain what that meant for them

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* Regardless of type of moral problem, those NPs who reported encountering ethical issues and distress expressed frustration and powerlessness.

As a result, some changed jobs and even contemplated leaving advanced practice.

Nurses Alienation from Self

- When I first graduated I couldn't wait to get out there and be not just a good nurse but a great nurse, I really thought I would make a difference in the lives of my patients ... I have really changed what I think of myself as a nurse. I am definitely not the kind of nurse that I wanted to be. But right now I am too burned out to expend the energy that becoming a 'great' nurse takes.

Loss of Ideals

- Because persons have a strong need to be the kind of persons they believe themselves to be, the awareness that one is not living up to one's values and principles causes tremendous grief and distress (Epstein 1989, Higgins 1989). Coping with the loss of ideals requires that one justify why one no longer does what once was valued.
- Rationalization is an important aspect of this stage. Rationalization is defined as a form of self-deception in which persons provide themselves with good reasons for their actions (Allport 1982).

Experiential Moral Distress

"Physical or emotional suffering that is experienced when constraints (internal or external) prevent one from following the course of action that one believes is right."

Moral Distress and Suffering

- Moral distress causes suffering
- Suffering occurs when a person's integrity and sense of self are threatened
- Common responses to suffering:
  - Physical (i.e., fatigue, headaches, impaired sleep)
  - Emotional (i.e., anger, fear, guilt, anxiety, depression)
  - Behavioral (i.e., apathy, avoidance, depersonalization of patients)
  - Spiritual (i.e., loss of meaning, loss of faith)

Is there a better way?

- Moral Courage
- Enhanced Nursing Presence
- Superior Self Care
- Serenity Prayer
- Moral Comfort

ASK – Common Responses to Suffering

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td>Anger</td>
</tr>
<tr>
<td>Exhaution</td>
<td>Confused</td>
</tr>
<tr>
<td>Lethargy</td>
<td>Guilt</td>
</tr>
<tr>
<td>Appetite</td>
<td>Sadness</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Shame</td>
</tr>
<tr>
<td>Weight loss</td>
<td>Depression</td>
</tr>
<tr>
<td>Sensitivity to Stress</td>
<td>Diseased</td>
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<table>
<thead>
<tr>
<th>Behavioral</th>
<th>Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictive behavior</td>
<td>Loss of meaning</td>
</tr>
<tr>
<td>Alcohol, drugs, gambling, food, etc.</td>
<td>Crisis of faith</td>
</tr>
<tr>
<td>Contributing behaviors</td>
<td>Loss of control</td>
</tr>
<tr>
<td>The need to be &quot;right,&quot; judgmental, critical</td>
<td>Loss of self-worth</td>
</tr>
<tr>
<td>Offender behaviors</td>
<td>Bereaved/divorced/illness</td>
</tr>
<tr>
<td>Taking aggression out on others who often have less authority</td>
<td>Bereaved/divorced/illness</td>
</tr>
<tr>
<td>Boundary violations</td>
<td>Bereaved/divorced/illness</td>
</tr>
<tr>
<td>Over-involvement with patients, families</td>
<td>Bereaved/divorced/illness</td>
</tr>
<tr>
<td>Under-involvement or disengagement in patient care situations</td>
<td>Bereaved/divorced/illness</td>
</tr>
</tbody>
</table>

GOAL: You become aware that moral distress is present.
The importance of seeing...

- Clearing the lens to self and others.
- The first step is to really see what is present (both obvious and things which are deeper) and then describe it to self & others.
- This is antithetical to apathy.
  - If the doors of perception were cleansed, then everyone would see things as they are.
    - William Blake

Am I guilty of “silence”?

- Our lives begin to end the day we become silent about the things that matter.
  - Martin Luther King

From Concern to Courage

- “A great leader’s courage to fulfill his vision comes from passion, not position.”
  - John Maxwell
- “Courage is not the absence of fear, but rather the judgment that something else is more important than fear.”
  - Ambrose Redmoon

WHAT IS MORAL COURAGE?

- Moral courage is the ability to overcome fear and stand up for one’s core values and ethical obligations.
- It is the willingness to speak out and do that which is right in the face of forces that would rather have you act in some other way.
- Therefore, moral courage includes experiencing fear, and still acting from core professional values and obligations.
- What is required of the professional is to put principles into action.

COURAGE TO BE MORAL REQUIRES: (CODE)

- Obligations to honor (What is the right thing to do?)
- Danger to manage (What do I need to handle my fear and uncertainty?)
- Expression and action (What action is needed to meet my obligations to the patient and to maintain my integrity?)
  - Strategies Necessary for Moral Courage”, 2010 Lachman

ASK: Identify feelings

- Determine what is going on—especially when triggered by “they do not get it” type comments
- Ask, Am I feeling distressed or showing signs of suffering?
- Is the source of my distress work related?
- Is the distress related to the health care team?
Affirm: Validate feelings

- Affirm your distress and your commitment to take care of yourself
- Affirm professional obligation to act.
- Make a commitment to address moral distress.
- REMEMBER: IN THE NURSING CODE: THE INHERENT WORTH, DIGNITY AND HUMAN RIGHTS OF EVERY INDIVIDUAL (that means you, not just patients)

Assess: Professional Judgment Call

- Identify sources and severity of moral distress
- Requires self-awareness, critical reflection and honest appraisal of distress on all those involved.
- Address barriers, reduce risks & maximize strengths.

ACT: Nursing Interventions

- Implement strategies to initiate the changes you desire
- The goal is to preserve your integrity and AUTHENTICITY (THE REAL YOU, WHEN YOUR “INSIDE” MATCHES YOUR “OUTSIDE”)
  - Rushton: AACN Advanced Critical Care, June, 2005

Knowing the right thing to do comes from “therapeutic presence” “Healing During Existential Moments: The “Art” of Nursing Presence” (Iseminger & Levitt)

Therapeutic Relationships

- Provider-Patient relationship is the vehicle through which the work of healing is accomplished and generally requires a physical nearness between patient and nurse.
- Knowledge of the Other solicits a response!
Feelings of moral distress may affect nurses’ ability to care for patients, causing feelings of negativity, discomfort and burnout. (Corley)

Students and novice nurses experience moral uncertainty when they see differences between what they learn in school and what is practiced.

All benefited from speaking to mentors & supportive colleagues (participative governing– “giving a voice to what you feel”).

Utilize ethics committees & ethics consults.

**Serenity Prayer**

God, grant me the serenity to accept the things I cannot change,
Courage to change the things I can,
And wisdom to know the difference.

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**Review & Conclusion:**

- Working definition of moral distress as “the psychological disequilibrium or painful feelings that result from recognizing the ethically appropriate action, but failing to take that action due to institutional obstacles such as lack of time, lack of supervisory support, exercise of medical power, institutional policy or other limits.”


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Review & applicability to you?

- Have you felt as though you knew the ethically appropriate action to take, but are unable to act upon it.
- You acted in a manner contrary to your personal and professional values (which undermines your integrity and authenticity).

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“All too often we leave the workplace bone tired and soul weary, trying to shake off the sticky residue of moral distress, that awful realization that we could not give patients the care they deserved.”

Thomas (2004)

“A ship is safe in harbor, but that's not what ships are for.” William Shedd
Mathematical Moral Action

- Ethical Sensitivity +
- Contextual knowing +
- Guarded Confidence (humility) +
- Existential advocacy +
- Moral courage
- X Compassion = Correct Action

"Moral Comfort" (i.e. Wellbeing)

"Courage doesn't always roar. Sometimes courage is the quiet voice at the end of the day saying, "I will try again tomorrow."

Benediction: 1 Thessalonians 5:23

- May the God of Peace make you whole and holy, and may you be kept fit in spirit, soul and body.
- Wholeness: free of alienation from self, complete; Spirit: the vital principle and animating force within living things; Soul: the psyche, the immaterial unique part of a person, the "ME"ness

Thank you for your time

- I am collecting personal moral distress stories, comments &/or questions.
- Please email me at: Kaisemin@stvincent.org