Alberta Health Services

CLINICAL ethics

ETHICS BRIEFS

UNPACKING MORAL DISTRESS: AN INTRODUCTION & DEBRIEFING TOOL

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CONTENTS

Introduction to Moral Distress

WHAT IS MORAL DISTRESS?

Moral distress is, in essence, the feeling of being morally compromised. This feeling is the result of a situation in which a health care provider feels they know the right thing to do, but are unable to follow through on this action. This feeling often appears alongside intense emotions of guilt, shame, and self-doubt over one's capabilities as a health care provider.

> **Moral distress:** *the psycho-emotional-physiological responses of an individual who feels unable to act in a way that they believe to be consistent with deeply held ethical values, principles or moral commitments because of institutional or other constraints.*[1]

1 McCarthy, J., & Monteverde, S. (2018). The Standard Account of Moral Distress and Why We Should Keep It. HEC Forum. doi: 10.1007/s10730-018-9349-4

Experiences of distress can vary in intensity and timing:

- **Mild Distress**

  Distress may not always be severe. Through frequent exposure to small and repeating events, a feeling of mild distress may arise or accumulate. (E.g., when a health care provider is repeatedly subjected to minor slights by a senior colleague but chooses not to say anything due to fear of negative consequences for the care of their patients. Each incident is minor in isolation, but there is a cumulative effect for the health care provider.)

- **Delayed Distress**

  Distress can occur in phases. An individual may not experience distress at the time of an event or decision, but may later come to feel that they were compromised or prevented from doing the right thing and suffer distress as a result. (E.g., in an emergency situation, the need for urgent action may limit an individual's ability to fully assess the impact of their actions.)

Moral values play an important part in the work of health care, and since people may have different values, value-based disagreements cannot always be avoided. Sometimes these disagreements will prevent a health care provider from being able to do what they feel is right in a given situation, which is why moral distress will always be an occupational hazard for health care workers. Most health care providers will experience moral distress at some point in their practice.

> **The feeling of moral distress is not always a sign of a fundamental ethical problem, but can be an important signal of the health care provider's deep sense of moral responsibility in a particular situation.**

The cause of a morally distressing situation might not be easily identifiable. For many health care providers, the feeling of moral distress may simply show up as a "gut feeling" that something is off. These feelings should not be ignored, but caution should be used to differentiate moral distress from other forms of distress, which lack the essential ethical component of moral distress.

WHAT MORAL DISTRESS IS NOT

There are many other experiences that are not strictly moral distress, but which have moral dimensions and may be equally distressing:

- **Moral Uncertainty**
  Distress that arises when a health care provider knows that there is a conflict between principles or obligations that they ought to uphold, but is unclear which action is the most justified (e.g., a conflict between respecting patient wishes and protecting that patient from foreseeable harm).

- **Dilemma**
  Distress that arises in scenarios where there is no clear "right" course of action available to the health care provider. The decision forces the health care provider to make a choice between two important moral obligations (e.g., the discomfort that may arise in trying to determine the least bad option available for a patient's care).

- **Bad Moral Luck**
  Distress that arises in situations where a provider acted in a way that was morally justified, but because of a negative outcome, the provider feels morally compromised (e.g., encouraging a patient to follow through with a life-saving medication which they later use to overdose).

- **Distress by Association**
  Distress that arises from the sense of being morally compromised due to one's relationship with another person or connection to membership of a group that has acted immorally, negligently, or has brought about a morally regrettable outcome.

Other experiences, such as burnout and compassion fatigue, may accompany moral distress and may require additional supports. Burnout is the experience of over-exposure to chronic workplace stress. Compassion fatigue (sometimes called 'empathy fatigue') is experienced by those exposed to a 'cumulative' level of trauma, leading to a decrease in a caregiver's ability to feel and care for others over time. These experiences can have serious physical, emotional and social impacts that require support. See Additional Resources for more information on available supports.

WHY IS IT IMPORTANT TO DEAL WITH MORAL DISTRESS?

If left unaddressed, moral distress can accumulate and lead to negative emotional-physiological-psychological effects for the health care provider. The term "moral residue" (exemplified in Figure 1)[2] describes a lingering feeling that persists after a morally distressing situation has passed but has not been addressed. The health care provider feels that they have seriously compromised themselves or allowed others to be compromised, but has left the concern unsettled. This results in the health care provider feeling that they have suffered a loss of integrity. This lingering feeling may grow with repeated exposure to morally distressing events and can result in an intensifying of the symptoms of moral distress with each subsequent exposure. Even if the current situation is less challenging in comparison to others experienced in the past, each new exposure may evoke stronger reactions due to a recall of previous morally distressing situations. Left unaddressed, moral distress can lead to emotional or physical symptoms, conflict among colleagues/teams, staff turnover, and negative downstream effects on patient care.

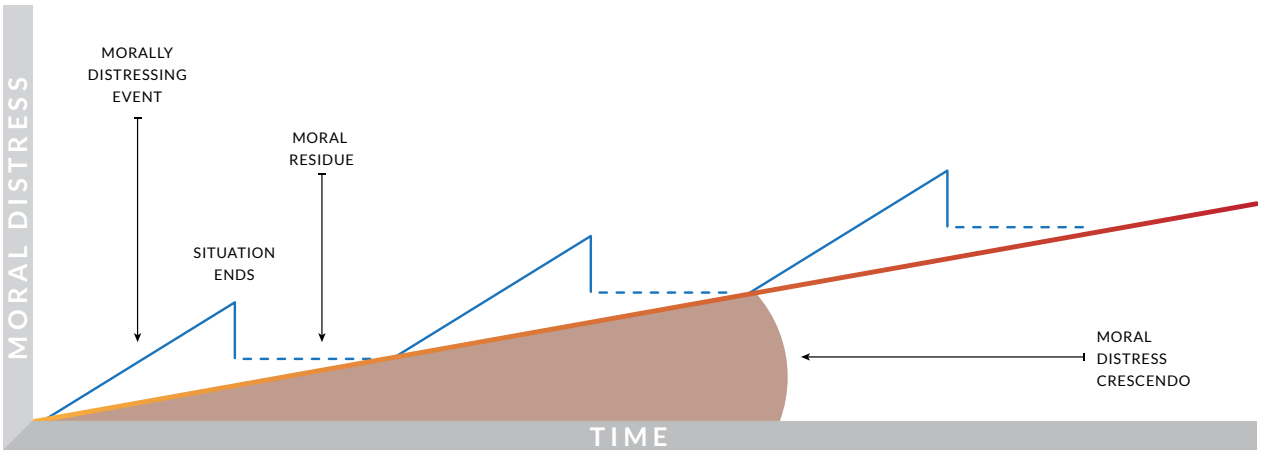

Figure 1. Moral residue building after unaddressed feelings of moral distress

2 Epstein, E. G., & Hamric, A. B. (2009). Moral Distress, Moral Residue, and the Crescendo Effect. The Journal of Clinical Ethics, 20(4), 330-342

WHAT CAN HEALTH CARE PROVIDERS DO TO WORK THROUGH FEELINGS OF MORAL DISTRESS

In morally distressing situations, health care providers often feel burdened by the weight of their responsibility to protect patient well-being, but may also feel constrained from sufficiently addressing the underlying issue. Constraints to action can be internal (e.g., perceived lack of experience, lack of confidence, feelings of powerlessness) or external (e.g., time constraints, organizational policies, lack of administrative support, team dynamics).

Helping health care providers to explore the potential courses of action that are available to them within their professional scope, and to empower individuals to use their moral agency, are possible remedies for the sense of powerlessness that often feeds into the feeling of moral distress. There is no one approach that will ease the moral distress felt by health care providers in every situation.

The **Moral Distress Debriefing Tool**[3] is one option that can support individuals or groups to explore and address their experience of moral distress. From there, individuals can take steps to explore the causes of distress, in order to mitigate or minimize distress now and in the future.

ADDITIONAL RESOURCES

There are many additional resources available to help support staff and physicians through morally distressing situations beyond the Moral Distress Debriefing Tool. The following list of resources may also help to explore the values conflicts and options available to dissolve distress:

- Develop healthy self-care practices and coping mechanisms to help decompress from working within a stressful environment with support from **Resilience, Wellness and Mental Health Resource Guide** and **AHS Health & Wellness**;
- Discuss feelings and experiences of moral distress with trusted colleagues or managers to help work towards a solution to the root causes of the distress. Often, the situation that causes moral distress for one health care provider is also shared among multiple team members;
- Connect with the **Clinical Ethics Service** for a confidential discussion about a distressing scenario, and explore the value tensions that are causing the distress;
- Schedule a debrief session with the **Clinical Ethics Service** to facilitate a team or unit-wide discussion to explore a difficult patient case; or
- Access **Employee & Family Assistance Program** (EFAP) to be connected with other psycho-social support services. Your college or professional association may also offer similar supports

3 This tool is adapted from the AE-SPA tool developed by Fraser Health Ethics Services, and the Moral Distress Map developed by Dudzinski (2016).

NOTE TO LEADERS

This Moral Distress Debriefing Tool can be used by health leaders (e.g., managers, practice leads, etc.) to support staff in reviewing complex or difficult circumstances. Leaders should only take on this role if they have familiarized themselves with the process, and are comfortable supporting others to consider the questions outlined within the tool. This tool is intended for leaders to use with their own teams; we discourage leaders from facilitating moral distress reviews with other groups.

There may be circumstances when it would be advisable to seek support from the Clinical Ethics Service to facilitate the review. This includes scenarios where:

- The case involves significant conflicts in key values;
- There is strong disagreement among team members;
- You, as the leader, would prefer to participate in the review rather than lead it;
- It has been determined that the debrief would be more productive without leadership present, or without formal leadership directing the conversation; or
- You simply would prefer the support of a Clinical Ethicist, either to plan or to facilitate the review.

A review using the Moral Distress Debriefing Tool may not always be sufficient or appropriate. This may include circumstances where there has been a serious adverse event, or where staff are experiencing (or are at risk of experiencing) significant emotional or psychological trauma. Other AHS resources, such as the Employee and Family Assistance Program (EFAP) or Critical Incident Stress Management support (if available) may be more suitable.

For support in working through this tool, or for help in working through particularly complex situations, please contact the AHS Clinical Ethics Service (e-mail: **clinicalethics@ahs.ca**, central intake: 1-855-943-2821). Other resources for coping with the experience of moral distress are listed **above**.

Moral Distress Debriefing Tool - completed example

Summary of the situation

(Use this space to write out the distressing experience, note key ideas or even doodle)

I recommended to my patient's son that the patient needs some pain medication, but the son has declined the medication and now it appears that the patient is suffering

In relation to the situation described above, consider the following questions:

Step 1: How are you feeling emotionally? Are you noticing any physical impacts?

Emotional Impact	Physical Impact
I feel angry	I feel tension in my back
I feel disappointed in myself	I have a headache

Step 2: What action(s) do/did you feel prevented from doing?

Actions you were prevented from doing
I was not able to provide my patient with sufficient analgesic to manage her pain.
I was not able to convince my patient's son about the importance of the analgesic.

Step 3: What were the main barriers to action? Were they internal or external?

Internal (personal) Barriers to Action	External (others) Barriers to Action
I didn't have the courage to raise my concern to the attending physician during the meeting	The patient's son would not agree to give his mother pain medication
I feel I don't have the conversational skills to convey my concerns to the patient's son	

Step 4: What is important to you that you feel has been compromised? Why are these things important?

Important things that have been compromised	Why is this important?
I have lost the sense that I am a strong advocate for my patients	It is important that I am an advocate because my patients rely on me for this
I have lost the sense that I can prevent suffering for my patient	This is central to my role to ensure my patients feel as comfortable as possible, especially when they are sick

Step 5: What values, obligations, or professional responsibilities are at the core of the situation? Are they in conflict?

Important thing which conflicts...	...with this other important thing
Keeping my patient comfortable	Respecting my patient's wishes as conveyed through their substitute decision-maker
Being a strong advocate for my patient	Maintaining good relationships with my colleagues

Step 6: What is important to you that has not been compromised and that you have control over?

Important things I can control
I still have control over how I can keep my patient comfortable in other ways
I have control over maintaining a positive rapport with my patient's son
I have control over providing excellent nursing care throughout my shift

Step 7: What actions can you take to reduce your ***symptoms*** of moral distress?

Actions
I can use simple meditation techniques.
I can make time for exercise in the evening.

Step 8: What actions can you take to address the ***source*** of the moral distress?

Actions
I will tell my charge nurse about my concern regarding this patient
I can look for resources about substitute decision-making to determine how it works with our clinical recommendations
I can share my concerns with the medical resident

Step 9: What resources or relationships will be necessary to help you follow through on these actions?

Resource/relationship	How will you get access to these?
My spouse	I will make time to discuss my work challenges and how I need their support
My charge nurse	I can request a short conversation with them
The resident	I can ask for a few minutes when she's rounding

Step 10: What is your plan of action?

Plan moving forward
I will approach my charge nurse to discuss this issue at the beginning of my next shift
Tonight I will tell my spouse that I've had challenges at work, and ask for their support to give me time to take a short walk a few evenings a week

Step 11: What is your strategy if you encounter any setbacks to your plan of action?

Strategies in case of a setback
If my spouse is busy, ask my neighbor to look after my kids so I can take a walk
Escalate my concerns to a manager or the attending physician
Call clinical ethics for support

Moral Distress Debriefing Tool

Summary of the situation

(Use this space to write out the distressing experience, note key ideas or even doodle)

In relation to the situation described above, consider the following questions:

Step 1: How are you feeling emotionally? Are you noticing any physical impacts?

Emotional Impact	Physical Impact

Step 2: What action(s) do/did you feel prevented from doing?

Actions you were prevented from doing

Step 3: What were the main barriers to action? Were they internal or external?

Internal (personal) Barriers to Action	External (others) Barriers to Action

Step 4: What is important to you that you feel has been compromised? Why are these things important?

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Step 5: What values, obligations, or professional responsibilities are at the core of the situation? Are they in conflict?

Important thing which conflicts...	...with this other important thing

Step 6: What is important to you that has not been compromised and that you have control over?

Important things I can control

Step 7: What actions can you take to reduce your symptoms of moral distress?

Actions

Step 8: What actions can you take to address the source of the moral distress?

Actions

Step 9: What resources or relationships will be necessary or helpful to follow through on these actions?

Resource/relationship	How will you get access to these?

Step 10: What is your plan of action?

Plan moving forward

Step 11: What is your strategy if you encounter any setbacks to your plan of action?

Strategies in case of a setback

For support in working through difficult or complex ethical issues, please contact the AHS Clinical Ethics Service at 1-855-943-2821.

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