Addressing Moral Distress and Stress

When we feel pressure at work to act in ways that conflict with our personal or professional values, the result can be moral distress. This distress is especially prevalent in health care, where life-and-death decisions, ethical dilemmas and highly charged interactions are the norm rather than the exception. It's important for clinicians, especially those in emergency and critical care, to be aware of the sources of moral distress and its effects, and to arm themselves with strategies to prevent such situations from threatening their health and their careers.

Sources of Moral Distress

Research identifies several common sources of moral distress, according to the Online Journal of Issues in Nursing, including:

- Continued life support that's not in the patient's best interest
- Inadequate communication about end-of-life care between providers and patients and families
- Inappropriate use of health care resources
- Inadequate staffing or staff not adequately trained to provide care
- Inadequate pain relief for patients
- False hope given to patients and families

Dangers of Moral Distress

Moral distress is regularly identified as a major stressor for health care professionals who may feel powerless to speak up about ethical conflicts, let alone take action to resolve them. The American Association of Critical-Care Nurses (AACN) warns that allowing such conflicts to continue unaddressed can have dire effects on nurses' health and well-being, their professional development and advancement, and the practice of health care in general.

In the workplace, moral distress can mean:

- Poor communication
- Lack of trust
- High turnover rates
- Defensiveness and lack of collaboration across disciplines.

For caregivers, the results can be:

- Stress, anxiety and depression
- Frustration, anger and burnout
- Feeling belittled, unimportant, and even isolated because others don't appear to recognize the same ethical conflicts
- Avoidance of patient contact
- Loss of empathy
- Poor performance reviews
- Leaving the profession entirely.

Taking on Moral Distress

The AACN offers a toolkit (www.aacn.org/wd/practice/docs/4as_to_rise_above_moral_distress.pdf) called the 4As to Rise Above Moral Distress, the kit offers clear steps—**ASK**, **AFFIRM**, **ASSESS**, **ACT**— for addressing the issue.

> **ASK:** You may be unaware of the exact nature of the problem but are feeling distress. The goal of this stage is to clarify whether moral distress is present and, if so, identify the cause.
>
> **AFFIRM:** Affirm your distress and professional obligation to act. Validate your feelings and perceptions with others then commit to taking action.

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ASSESS: Identify the sources and the severity of the distress. Determine whether you are ready to act and, if so, form a plan of action.

ACT: Prepare personally and professionally to take action, whether individually or through a committee, nursing council or similar body. Implement strategies to initiate the needed changes. Anticipate and manage setbacks. Maintain the improvements.

Further Strategies

The following chart from the Online Journal of Issues in Nursing offers a synopsis of other strategies identified by nurse educators for reducing moral distress.

Strategy	Implementation
Speak up	Identify the problem, gather the facts and voice your opinion.
Be deliberate	Know who you need to speak with and know what you need to speak about.
Be accountable	Sometimes our actions are not quite right. Be ready to accept the consequences, should things not turn out the way you had planned.
Build support networks	Find colleagues who support you or who support acting to address moral distress. Speak with one authoritative voice.
Focus on changes in the work environment	Focusing on the work environment will be more productive than focusing on an individual patient. Remember, similar problems tend to occur over and over. It's not usually the patient, but the system, that needs changing.
Participate in moral distress education	Attend forums and discussions about moral distress. Learn all you can about it.
Make it interdisciplinary	Many causes of moral distress are interdisciplinary. Nursing alone cannot change the work environment. Multiple views and collaboration are needed to improve a system, especially a complex one such as a hospital unit.
Find root causes	What are the common causes of moral distress in your unit? Target those.
Develop policies	Develop policies to encourage open discussion, interdisciplinary collaboration and the initiation of ethics consultations.
Design a workshop	Train nursing staff to recognize moral distress, identify barriers to change and create a plan for action.

Adapted by Elizabeth G. Epstein, PhD, RN, and Sarah Delgado, MSN, RN ACNP-BC, from: Hamric, A. B., Davis, W. S., & Childress, M. D. (2006). Moral distress in health care professionals. Pharos, 69(1), 16-23.; Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. Journal of Clinical Ethics, 20(4), 330-342.

Your Employee Assistance Program Can Help

Nursing leaders warn that some moral distress is probably inevitable in the health care workplace. That doesn't make dealing with the conflict, stress and anxiety any easier. Your Employee Assistance Program can help. Call today to talk with our credentialed, caring clinicians about your personal concerns. They can work with you over the phone or refer you to a counselor or other resources in your community for further help. The service is

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Resource

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. American Association of Critical-Care Nurses (www.aacn.org)

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