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Moral Distress: Cowardly Lion to Courageous Action

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Moral Distress: Cowardly Lion to Courageous Action

Frances Johnson DNP, RN, NNP-BC

Disclosure

- I have nothing to disclose

Objectives

1. Define moral distress, integrity, and courage.
2. Explore moral, legal, and ethical concepts that lead to moral distress.
3. Identify how moral courage can be expressed in the health care setting.

Sigma Theta Tau

- Founded on three core values
  - Storge – Love
  - Tharos – Courage
  - Tima – Honor
Moral Distress

- Initial: frustration, anger and anxiety due to
- Reactive: due to failure to address initial distress
  - Jameton (1993)
- Failure to pursue “right” course of action due to
- Response: Feel that cherished beliefs are violated.
  - Webster & Baylis (2000)

Integrity defined ...

- The quality of being honest and fair
- Firm adherence to a code of especially moral values
- The state of being complete or whole
Moral Distress

“Moral distress is 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,
- acknowledges moral responsibility,
- and makes a moral judgment about the correct action;
- yet as a result of real or perceived constraints, participates in perceived moral wrongdoing.”

[ANA, 2002]

Clinical Causes of Moral Distress

Nurses’ lack of power in healthcare systems had greater impact on the moral distress intensity of African-American nurses than nurses of other ethnicities or races.


Moral Distress

Nurses with a bachelor’s or higher degree experienced a higher intensity of moral distress when confronted with situations of medical futility than did nurses with an associate degree.


Moral Distress

Moral distress intensity increased with accumulated years of nursing experience and years of stay in current position.


Mr. Jones


Mr. Jones


Mr. Jones

ANA Code of Ethics

- Code Defines Nurses Obligations for Patient Safety
- “the nurse promotes, advocates for and strives to protect the health, safety and rights of the patient”
- “acquiescing and accepting unsafe or inappropriate practices... is equivalent to condoning unsafe practice”

Ethical Components of Moral Distress

- Obligations of self
- Obligations of others
- Boundaries
- Risks and benefits of action
- Critical Thinking and Response
  - Knowledge
  - Anticipation
  - Management
  - Action

Causes of Moral Distress

<table>
<thead>
<tr>
<th>Internal Constraints</th>
<th>External Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Assertiveness</td>
<td>Inadequate staffing</td>
</tr>
<tr>
<td>Self-doubt</td>
<td>Hierarchies within the healthcare system</td>
</tr>
<tr>
<td>Socialization to follow orders</td>
<td>Lack of collegial relationships</td>
</tr>
<tr>
<td>Perceived powerlessness</td>
<td>Lack of administrative support</td>
</tr>
<tr>
<td>Lack of understanding of the full situation</td>
<td>Policies and priorities that conflict with care needs</td>
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<tr>
<td></td>
<td>Compromised care due to pressure to reduce costs</td>
</tr>
<tr>
<td></td>
<td>Fear of litigation</td>
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</tbody>
</table>

Moral Uncertainty

- Arises when you are unsure whether there is an ethical dilemma, or if you assume there is an ethical dilemma, then you are unsure which principles or values to apply.

Vulnerability

- Sharing an unpopular opinion,
- Standing up for oneself or others
- Being accountable,
- Admitting uncertainty,

Shame

- A killer of innovation
- Fear of ridicule or belittling
- Often used to control others
Disengagement

- Shame becomes Fear
- Fear becomes Risk Aversion
- Risk Aversion kills Innovation
- Leads to unsafe patient care

Moral Residue

- Nurses continue to experience moral distress even after the situation has passed.
- The cumulative effects of unresolved moral distress results in ‘moral residue.’

Moral Certitude vs Integrity

- Moral Certitude
  - Morally certain
  - A very firm belief based on an inner conviction.

- Moral Integrity
  - Complete or Undivided
  - Professional with good work
  - Person of character
Helen Keller

“Security is mostly a superstition. It does not exist in nature nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing.”

Personal Risk Taking

- Consciously and freely chosen
- Upholds principles
- Courageous action upholds principles.
- Key to attaining expert practice
- Enhances clinical and professional development

Theodore Roosevelt

“Far better it is to dare mighty things, to win glorious triumphs, even though checkered by failure, than to take rank with those poor spirits who neither enjoy much nor suffer much, because they live in the gray twilight that knows not victory nor defeat.”

Moral Courage

- Steadfast commitment to fundamental ethical principles
- Potential risks, threats to reputation, shame, emotional anxiety, isolation from colleagues, retaliation, and loss of employment
- Murray, (2010)

Moral Courage

- A desired response to physical danger,
- Commitment to stand up for/act upon one’s ethical beliefs
- Essential virtue
  - Clancy, 2003; Day, 2007; Lachman, 2009;

Moral Courage

- Moral courage is a highly esteemed trait displayed by individuals, who, despite adversity and personal risk, decide to act upon their ethical values to help others during difficult ethical dilemmas.
  - Lachman, 2009; Seilerka & Baguizi, 2007
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.

Inhibitors of Moral Courage

- Organizational culture
- Compromise
- Unwillingness
- Indifference
- Apathy
- Group think
- Redefining behavior

Buildng Moral Courage

- Define your core values
- Analyze every choice you make
- Work on building integrity

Managing Danger

- Calm the inner fear, so it does not paralyze professional judgment
- Reframe the thought process
- Assess the risk in the consequences flowing from the possible alternatives

Facilitative Approach

- Listen and acknowledge
- Reframe in context
- Name the constraints
- Formulate assessment and seek validation
- Respect the unit's culture and protect the caregiver's integrity
- Empower staff
- Prioritize the identified strategies

Murray, J.S. (2010)
Murray, J.S. (2010)
Epstein and Delgado, (2010)
4 A’s Rise Above Moral Distress

**Ask**
- Become aware of moral distress is present
- “Am I or any members of my team, feeling symptoms or showing signs of suffering?
- Have coworkers, friends or family members noticed these signs and behaviors in me?

**Affirm**
- Focus in on commitment to care for self
- Emphasis is on professional responsibility for the creation of a healthy work environment
- Validate feelings and perceptions of others
- Make a commitment to address moral distress

**Assess**
- Identifying source(s) of moral distress
- Determine severity
- Be ready to make an action plan

**Act**
- Creating and implementing an action plan
- “Big Picture” strategies
  - Caring for self is of utmost importance
  - Being an advocate for patients
  - Identifying and working with leader in your unit
  - Anticipating and managing setbacks
  - Continuously re-evaluating
- Preserve integrity and authenticity

**Physical**
**Emotional**
**Behavioral**
**Spiritual**
Early Discharge

When residents were not interacting appropriately with pediatric patients, risking psychological harm, I discussed this with the chief and arranged education. I advised our team that in identifying this issue, relationships might become strained, but we had an obligation to our patients to address this problem. I often used the mantra "I am doing the right thing for the right reason" stating it over and over in my head to help me stay the course and follow through with my convictions. As feared, the residents and even an attending physician demonstrated passive aggressive behavior towards us. The care of the children did improve, however, and we knew we had made the right call.

Dobos (2015)