

Understanding and Responding to Moral Distress

Setting the Stage

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Welcome to the 2019 NSHEN annual conference. After encountering significant technological challenges with past attempts to present the conference as an online broadcast, we have decided to post pre-recorded videos along with resources to support further discussion. Please use the feedback survey to let us know whether this format effectively meets your needs.

For those of you in Nova Scotia, NSHEN is happy to provide a half-day follow up workshop on moral distress, which will provide an opportunity to discuss cases and probe some of the questions raised by the video presentations in more detail. Contact Krista at krista.mleczkoskerry@iwk.nshealth.ca to make the requisite arrangements; NSHEN will cover costs for hosting the workshop although participants will need to be able to cover travel expenses.

What is moral distress?

The presenters will address this in much greater detail but for now, moral distress can be defined as an experience of physical and emotional discomfort that arises when someone is prevented, by external or internal factors, from acting in a way that they have determined to be morally or ethically appropriate. This experience is correlated with high rates of burnout, reduced job satisfaction, greater absenteeism, and increasing staff turnover.

We all have grounds to be concerned about moral distress, since it affects the ability of health care professionals to provide care and the ability of health care systems to achieve their objectives. Both of these have consequences for the quality of care that patients and their loved ones receive.

Given the complexity of modern health care and the degree to which values are implicated in decisions throughout the health care system, moral distress seems inevitable. The important ethical question, then, is what we do in light of this fact.

Values and moral distress:

When we talk about moral distress, some of the key values that are raised in these discussions include:

- **Justice** - who is bearing costs (broadly construed to include human resources, financial resources, materials, and emotional labour) in the health care system? Are these costs fairly distributed? Are scarce and valuable resources perceived as going to waste?
- **Non-maleficence** - how is patient care potentially negatively affected by moral distress? How is provider well-being affected?
- **Relationships** - how does moral distress affect relationships in the health care system including relationships between colleagues, between providers and patients, between

providers and patients' loved ones, and between patients and their loved ones? How does moral distress affect trust in the health care system as a whole?

- **Sustainability** - how does moral distress affect the ability of the health care system to function?
- **Accountability** - what is an organization's responsibility to its employees and contractors with regard to moral distress?

Context and moral distress:

It is also important to be attentive to the way that the experience of moral distress can differ between individuals in the same context as well as between individuals in different contexts.

Key contextual features can include:

- Ability to act and alter the situation
- Relationships with colleagues
- The perceived cause of the moral distress
- An individual's professional role
- The organizational structure in which an individual practices

Initial Reflections:

Before you begin watching the videos, feel free to reflect briefly on the following questions:

- What are the values that you would identify as being central to your experiences of moral distress?
- Which situations cause you most moral distress?
- How do you manage your moral distress?