Reflections on Moral Wellness as Functioning and Resilience

When healthcare professionals face ethically challenging situations that undermine their commitment to care for their patients and their community, they are emotionally affected as well as motivated to act in heroic ways.

Emotions signal the values they are pursuing; care, solidarity, social justice, etc., they get angry, frustrated, sad, distressed, but also brave and courageous, inspired, joyous in incremental victories they achieve.

All emotions are manifestations/expressions of moral wellness. We feel pleasure when experiences align with our value commitments and pain when it is difficult to achieve what matters to us.

Although we avoid pain, when it comes to our values experiencing pain is actually compatible with moral wellness and even resilience. Moral pain is just a symptom and a helpful symptom to indicate something is wrong in our moral environment. The remedy is not to remove the symptom of pain (although we need to provide first aid to alleviate some of the pain and prevent chronic moral pain that can lead to something worse). The real remedy is to address the cause of moral pain in the environment and improve the moral climate of the place of work and in the relationships where one is situated. Doing an inventory of all relevant values and allowing one to temporarily grieve for the losses while re-affirming pursuit of the values still within ones control.

Persistence of bad moral climate such as the continuation of injustices, unfairness and moral violations can also lead to chronic moral pain. Moral wellness enables a person to persist despite the harsh moral climate and so the real solution is to continue to revalidate ones value commitments and pursue reform of the environment. This should be done while offering "ethics first aid" through moral distress debriefings that decompress the emotional tensions while strengthening and validating the moral commitments of the distressed individual.

Understanding Moral Wellness as Dynamic Experiences

Moral wellness are experiences where we are able to align our actions and the events that we have control over to be consistent with what should matter most for us and the communities we are part of.

- We need to specify different general understandings of what we should value (e.g. outcome-based, duty-based and/or virtue-based understandings of moral value). These specifying needs to occur in situations where decisions are required. Healthcare professionals who experience moral distress and are inspiringly resilient in holding on to their values embody these specifications.
- Moral wellness is not static and so it can be understood less as a state of being but rather of experiences of free agency or situations where we can act deliberately to pursue what

- should matter to us.
- Values are both learned and subject to critical scrutiny with regards their impact to stakeholders. What we value may be harmful to us and our communities and so we need to recalibrate our understanding of these values; why we hold them, what biases led us to them and why it is not good to perpetuate them. Systemic racism and colonial values are examples of these harmful values. We should constantly ask ourselves how the pursuit of these values could further destroy our moral wellness.
- Moral wellness is situated in specific contexts and is inherently relational. It is experienced in our relationships with others. It is also relational in a reflexive sense as we discover our relationship with ourselves and learn to self-care.

Suggested readings

- Lützén, K., & Ewalds-Kvist, B. (2013). Moral distress and its interconnection with moral sensitivity and moral resilience: viewed from the philosophy of Viktor E. Frankl. *Journal of bioethical inquiry*, 10(3), 317-324.
- Rushton, C. H. (2017). Cultivating moral resilience. *AJN The American Journal of Nursing*, 117(2), S11-S15.
- Lachman, V. D. (2016). Moral resilience: managing and preventing moral distress and moral residue. *Medsurg Nursing*, 25(2), 121-125.
- Holtz, H., Heinze, K., & Rushton, C. (2018). Interprofessionals' definitions of moral resilience. *Journal of Clinical Nursing*, 27(3-4), e488-e494.
- Young, P. D., & Rushton, C. H. (2017). A concept analysis of moral resilience. *Nursing Outlook*, 65(5), 579-587.
- Rushton, C. H. (2016). Moral resilience: a capacity for navigating moral distress in critical care. AACN advanced critical care, 27(1), 111-119.
- Stutzer, K., & Bylone, M. (2018). Building moral resilience. Critical Care Nurse, 38(1), 77-89.
- Delgado, J., Siow, S., de Groot, J., McLane, B., & Hedlin, M. (2021). Towards collective moral resilience: the potential of communities of practice during the COVID-19 pandemic and beyond. *Journal of Medical Ethics*, 47(6), 374-382.
- Gujral, H., Rushton, C. H., & Rosa, W. E. (2020). Action steps toward a culture of moral resilience in the face of COVID-19. *Journal of psychosocial nursing and mental health services*, 58(7), 2-4.
- Sala Defilippis, T. M., Curtis, K., & Gallagher, A. (2019). Conceptualising moral resilience for nursing practice. *Nursing Inquiry*, 26(3), e12291.
- Gibson, E., Duke, G., & Alfred, D. (2020). Exploring the relationships among moral distress, moral courage, and moral resilience in undergraduate nursing students. *Journal of Nursing Education*, 59(7), 392-395.
- Antonsdottir, I., Rushton, C. H., Nelson, K. E., Heinze, K. E., Swoboda, S. M., & Hanson, G. C. (2022). Burnout and moral resilience in interdisciplinary healthcare professionals. *Journal of clinical nursing*, 31(1-2), 196-208.