SHATTER THE SILENCE...START THE DISCUSSION: MORAL DISTRESS IN CRITICAL CARE

Dynamics
2013

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Overview

- Introduction
- What Is Meant By Ethics
- Relevant Concepts - Moral Distress/Residue
- Impact of Moral Distress
- Strategies
What is meant by ‘ethics’?

Ethics is basically about the ways we do, and should, treat each other.

Ethics involves a systematic investigation of our values and actions.
Ethics involves...

Thinking about values

What are values?

“Things we think are important for their own sake.” (Jiwani 2001)
Ethics involves…

Thinking about values

Three ways values can influence our decisions:

1. Values **frame** the problem
2. Values **supply** alternatives
3. Values **direct** judgments
Ethics involves...

Thinking about values

- Personal values
- Professional values
- Organizational values
- Societal values
Helpful distinctions

- Moral uncertainty
- Moral dilemma
- Moral distress
  - Moral residue
Have you ever...

- Not known what you should do in a particular situation?
- Been unsure about what values or principles apply?

- Moral uncertainty
  - Considering values can help to clarifying the question and relevant features of the issue.
Have you ever...

- Been in the situation where two or more values seem relevant and they support different, even inconsistent, courses of action?

- Moral dilemma
  - Considering values can help to reveal general and specific obligations/responsibilities. This can help in determining a course of action that is “more right.”
Have you ever...

- Known what you should do, but internal or external constraints, make it nearly impossible to do it?

- Moral distress
  - Considering values can help in creating/revising policies and making institutional changes that support ethical actions.
Moral Distress

- Values & perceived personal & professional obligations are in conflict with what is happening

- A "perceived violation of one's core values and duties, concurrent with a feeling of being constrained from taking ethically appropriate action"
  
  (Epstein & Hamric, 2009)

- A threat to one’s moral integrity
Causes of Moral Distress

- Three Root Causes
  - Clinical Situations
  - Internal Constraints
  - External Constraints

Hamric, Borchers & Epstein, 2012
Moral Distress – Clinical Situations

- Providing unnecessary / futile treatment
- Prolonging dying process through aggressive treatment
- Provision of inadequate pain relief
- Working with others not as competent as care requires
- Lack of consensus about treatment plan
- Providing false hope
- Disregard for patient's wishes

Hamric, Borchers & Epstein, 2012
Moral Distress – Internal Constraints

- Lack of assertiveness
- Self doubt
- Socialization to follow orders
- Perceived powerlessness or fear
- Lack of understanding of the full situation
- Anxiety about creating conflict

Hamric, Borchers & Epstein, 2012
Moral Distress – External Constraints

- Differing professional perspectives
- Inadequate communication among team members
- Lack of collegial relationships
- Hierarchies within the healthcare system
- Lack of administrative support
- Policies & priorities that conflict with care needs
- Fear of litigation
- Compromising care due to pressures to reduce costs
- Inadequate staffing

Hamric, Borchers & Epstein, 2012
Moral residue “is that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised.”

Webster & Baylis, 2000
Crescendo effect

Note: This applies to unaddressed moral distress

Epstein & Hamric, 2009
Impact of Moral Distress

- Impact on the Individual
  - Physical
  - Emotional

- Impact on the Workplace & Patient Care
Impact on the Individual

**Physical**
- Sweating
- Trembling
- Gastrointestinal upset
- Insomnia
- Nightmares
- Headaches

**Emotional**
- Anger/Frustration
- Sadness/Tearfulness
- Guilt/Shame
- Anxiety
- Withdrawal
- Powerlessness
- Diminished coping
- Low self-esteem
- Loss of personal integrity

Impact on the Workplace & Patient Care

- Burnout
- Absenteeism
- High turnover rates & attrition
- Withdrawal from the moral connectedness of patient care
- Reduced quality of care, including poor pain management
- Diminished team trust
- Diminished organizational trust
Moral Distress as a Multidisciplinary Issue

- Factors that may impact multidisciplinary experience
  - Professional values
  - Responsibility to deliver care with limited input into designing
  - Responsibility for care decisions
  - Proximity to the bedside
  - Frequency of exposure

- Comfort with physician as decision maker
What can help?

Greatest Hits

When you're feeling stressed out, it helps to make a nice hot cup of tea and spill it in the lap of whoever's bugging you.
What can help?
What can help? – Personal Strategies

- Self Awareness - stress influences/reactions & examine and clarify your own values
- Self Care/Resiliency

AACN, 2005; Hamric, Davis & Childress, (2006)
What can help? – Professional Strategies

- Strive to understand the values of others
- Provide a forum for discussion/debriefing
- Collaboratively establish goals of care
- Use, as appropriate, decision making frameworks
- Discuss, develop and/or revise relevant policies and practices

Boyle, Miller & Forbes-Thompson, 2005; CCHSA, 2007; Puntillo & McAdam, 2006
What can help? – Organizational Strategies

Focus on desired changes in the work environment that preserve moral integrity (Ethical climate):

- Create “moral space” - leaders help set the tone
- Moral and social structures (corporate/commercial values, hierarchies)
- Safe environment that supports ethical action
- Ethics Education
- Control over practice environment (work load/staffing improvements)
- Address burnout/compassion fatigue
- Proactive and responsive ethics support

Austin, 2012; Badger & O’Connor, 2006; Bell & Breslin, 2008; Lützén and Kvist, 2012; Pauly et al., 2009; Schulter et al., 2008
“Our lives begin to end the day we become silent about things that matter”

Martin Luther King, Jr.
Acknowledgement