

Moral Distress in Healthcare

John Dossetor Health Ethics Centre
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POLL - What is your primary interest in this topic?

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Outline

- Review of moral distress and related concepts
- Strategies and advice
- Resources offered
- Highlights of our work within AHS
- Lessons learned

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Moral Distress as an Occupational Hazard



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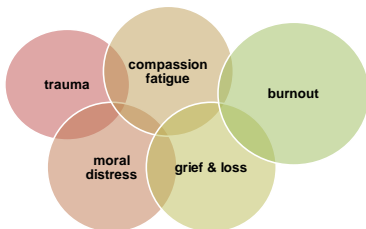
Definitions



- **Moral distress:**
 - the psycho-emotional-physiological responses of an individual who feels unable to act in a way that they believe to be consistent with deeply held ethical values, principles or moral commitments because of institutional or other constraints (McCarthy, 2018)
- **Moral injury:**
 - the harm one suffers on violation (as a result of their own or others' actions) of a deeply held moral belief (Litz BT, Kerig OK, 2019)

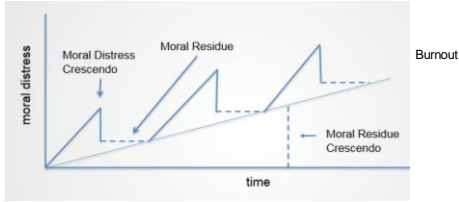
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Inter-related concepts



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Moral Distress and Burnout



The Crescendo Effect

(Epstein & Hamric 2009)

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A closer look at constraints



Internal

- Feeling powerless
- Lack of information
- Fear of disrupting relationships

External

- Competing demands
- Conflicting responsibilities
- Organizational or external decisions



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Key values tension



- Individual vs population
- Acute vs chronic
- Symptom vs cause
- Focused vs comprehensive
- Provider well-being vs public good



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What does moral distress feel like?



A **dis-integration** or **disconnection** between values and action.

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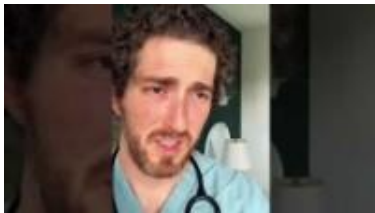
Consequences



- Emotional
- Psychological
- Spiritual
- Physical
- Social
- For patient care
- For one's professional role

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Framing of moral distress or burnout as an individual deficit

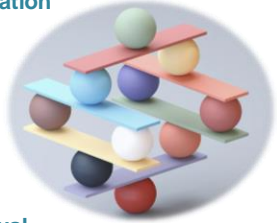


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Multi-level responses



Organization



Team

Individual



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Unpacking the Values = What is important?



- Why did we think we ought to have done something?
- What is the value we were not able to live up to?

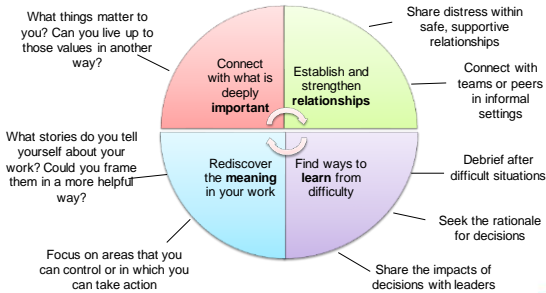




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Strategies: Realign actions with values





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Strategies for leaders




- Acknowledge and validate distress
- Explore underlying values
- Help others to find meaning in their work
- Be open to hearing the impacts; share rationale for decisions
- Create opportunities to learn
- Team reviews, debriefs, informal interactions

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Organizational Conditions to Prevent and Mitigate Moral Distress




- Supportive relationships between leaders at all levels
- Practice of sharing the rationale for decisions / policies
- Openness to hear impacts and consider alternatives / changes
- Recognize existence and impact of moral distress
- Training for managers to respond to distress
- Normalize discussion of ethical issues at all levels

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Highlights of our work within AHS



- 80+ Sessions in past ~ 4years
 - Support for both direct care providers and leaders
 - Broad range of disciplinary groups
 - Reactive vs anticipatory education
- Display tables at site-wide events
- AHS-wide survey
- Organizational debrief to implement strategies
- Resource Development
 - Ethics Brief
 - Literature Review, Debriefing Tool and QA project
 - Resource Guide

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Moral distress debriefing tool & Resource Guide



- To explore an event/situation causing moral distress
- For individual or team use
- Self-guided or facilitated by a Clinical Ethicist
- clinicaethics@ahs.ca

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Lessons Learned



- Format (education + Q&A)
- Preparation
- Timing
- Being proactive
- Knowing when not to proceed
- Being realistic

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Discussion

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References



Day P, Lawson J, Mantri S, *et al*. **Physician moral injury in the context of moral, ethical and legal codes.** *Journal of Medical Ethics.* 2022; 48: 746-752.

Epstein EG, Hamric AB. **Moral distress, moral residue, and the crescendo effect.** *The Journal of clinical ethics.* 2009 Dec 1;20(4):330-42.

Jameton, A. (1984). **Nursing practice: The ethical issues.** Englewood Cliffs: Prentice Hall.

Litz BT, Kerig PK. **Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications.** *Journal of Traumatic Stress.* 2019 Jun;32(3):341-9.

McCarthy J, Monteverde S. **The Standard Account of Moral Distress and Why We Should Keep It.** *HEC Forum* 30, 319–328 (2018). <https://doi.org/10.1007/s10730-018-9349-4>
