

Occupational & Critical Incident Stress Management Services (OCISM)

Moving from Moral Distress to Moral Resilience

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YOUR HEALTH AND SAFETY... OUR PRIORITY.

Understanding Moral Distress

Moral Suffering

- Moral suffering occurs when nurses are exposed to pain and suffering on an everyday basis.
- Has its roots in our concern for others and our intention to bring about beneficial outcomes, to relieve the pain and suffering of others, or to rectify an injustice.
- Not being able to do this in every instance may be considered “part of the job,” but it is seen as the “cost of caring” and can lead to moral suffering.
- Usually over situations or experiences that provoke confusion/uncertainty, or that do not turn out as hoped.
- Can arise intermittently or over long periods of time

Rushton (2018) / Papazoglou, Chopko 2017

*Often healthcare professionals **are unsure about what is the morally right way to proceed** given the current situation.*

Understanding Moral Distress

Moral distress

- Occurs when someone knows “the right thing to do” but constraints, conflicts, dilemmas or uncertainty make it nearly impossible to pursue the right course of action.
- Examples include:
 - institutional constraints,
 - lack of power,
 - lack of resources or support,
 - legal limits,
 - when nurses disagree with a course of action that has been chosen by family, member(s) of a medical team,
 - inability to complete basic nursing function/role.
- This will impact their **sense of personal integrity**
 - feel their beliefs, values and perceived obligations are incompatible with the needs and prevailing views of the work environment. (i.e.; perceived or real impediments to acting in the best interest of a patient/client) (Epstein, Delgado 2010)



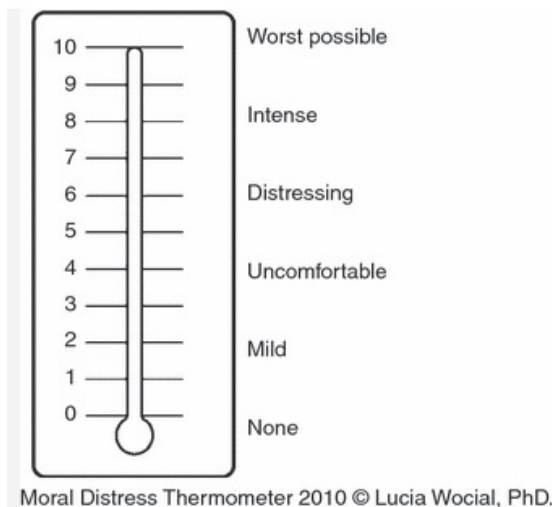
NSO Managing Moral Distress

Canadian Community Health Nurses Study 2022

Baxter et.al.

Community Health Nurses of Canada

- Promoting health equity is a moral aim and standard of community health nursing and CHNs have a moral commitment to address inequities.
- Moral distress in community health nursing practice has received little attention in literature.
- Canadian Community Health Nurses Study 2022 (Baxter et.al)
 - Total of 200 participants were asked to rate their level of moral distress using the Moral Distress Thermometer (MDT)
 - 82% reported moral distress
 - 75% of those identified the source as of moral distress was rooted in existing health inequities
 - 90% experiencing higher levels than pre-pandemic



Canadian Community Health Nurses Study 2022

Baxter et.al.

COVID-19 Pandemic Constraints

Key constraints impacted the ability to provide necessary interventions to priority populations:

- Limited resources
- Reactive responses
- Heavy workload
- Redeployment /Abrupt changes

Canadian Community Health Nurses Study 2022

Baxter et.al.

Sources of Moral Distress

- The inability to act in accordance with their moral judgment generated feelings of moral distress and were grouped as follows:
 - Unmet Needs
 - Negative Impact of Public Health Measures – “Do No Harm”
 - One Size Doesn’t Fit All
 - Threats to Quality Care
 - Futility – It’s Never Enough
 - Constantly Changing and Uncertain Landscape

Canadian Community Health Nurses Study 2022

Baxter et.al.

Compounding Factors that Increased Moral Distress

- Pre-pandemic system constraints
- Leaders, managers not available
- Poor communications, miscommunications and timeliness
- Exposure to anger, denial, criticism and distress
- Personal and family issues, their own families being affected by covid
- Safety of the work environment (PPE)

Shifting the Paradigm

Kolbe & Melo-Martin raise the question as to what should the focus should be: **moral distress or moral resilience.**

- Argument made that moral distress is a critical part of nursing practice.
- The goals should be to create moral resilience.

This led the American Nurses Association (ANA) shifting toward enhancing moral resilience.

- Self-care as an ethical requirement for nursing care and practice.

“the nurse owes the same duties to self as to others.”

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Interventions and Supports

Individual Interventions

- Most of the research focused on clinical individual interventions around coping skills and resilience
- Focus of interventions should be on acceptance, self-compassion, self-forgiveness and, where appropriate and feasible, on making amends.
- Emphasis on spiritual dimensions such as making meaning and recognizing purpose.

Organizational Interventions

- Social support particularly from the supervisor is key.
- Education of staff and training of supervisors in appropriate communications and intervention techniques.
- Safety (*physical and psychological*) is a key component .

****Note the Canada Labour Code has shifted to looking at both physical and psychological hazards in the workplace for its investigations.***

Strategies to Support Moral Resilience

- **Protection from Moral Distress**
 - Staff feel supported in doing their work in a manner consistent with their personal and professional values
 - Provide staff with psychological support following critical incidents.
 - Provide staff with education & training, particularly when errors occur in the course of their work.
 - Provide NIC with skills to identify and resolve conflicts around moral distress.
- **Support for Moral Resilience and Self Care**
 - Staff are actively supported in caring for their own psychological health and safety.
 - Provide staff with access to tools which enhance their capacity for psychological self-care
 - Provide workshops in psychological self-care and resilience.
- **Organizational interventions**
 - Staff see demonstrated support and commitment from senior leadership and management
 - Senior staff more visible and increased presence in the field
 - Provide NIC's and Nurse Managers with training in moral resilience
 - Adopt the ANA protocol making self care a priority in practice
 - Investments in training & education

ANA MORAL RESILIENCE

While nurses have responsibility for their own practice, cultivating meaningful and sustainable change is only possible when organizations and individual nurses align their efforts to create a culture that supports ethical practice and fosters individual moral resilience.

ANA Call to Action (2018)



Questions

Comments

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National Standard of Canada for Psychological Health and Safety in the Workplace, 2013
Mental Health Commission of Canada / HealthcareCAN, 2018

- www.healthcarecan.ca
- www.caringforhealthcareworkers.com - “Actions by Factor”

Health inequities and moral distress among community health nurses during the COVID-19 pandemic. Baxter, C., Schofield, R., Betker, C., Currie, G., Fillion, F., Gauley, P., Tao, M., Taylor, MA. The Canadian Journal of Critical Care Nursing Discourse, 4(2). pp.42-55

Exploring Moral Resilience - Toward a Culture of Ethical practice – A Call to Action. Developed by The American Nurses Association Professional Issues Panel on Moral Resilience

- [ana-call-to-action--exploring-moral-resilience-final.pdf \(nursingworld.org\)](http://ana-call-to-action--exploring-moral-resilience-final.pdf)