Moral Distress in Nursing

Florence Nightingale undoubtedly experienced “moral distress” when caring for her patients beginning in 1855, and the issue still exists today. In fact, the impact of significant improvements in the quality of health care and the advent of life-sustaining treatments and procedures in medicine have made moral distress more prevalent than ever. Moral distress occurs when the nurse knows the ethically appropriate action, but is hindered in some way from taking that action. Nurses may feel powerless to speak up on behalf of their patient because they fear they might lose their job, or they may have self-doubt or lack confidence. Nursing research demonstrates that the triggers are individualized and variable, and have proven that repeated experiences of moral distress causes nurses to leave their position or the profession itself. Moral distress also occurs when personal values and responsibilities are in conflict with those of the patient’s, the patient’s family, the physician or the organization. Situations that may cause moral distress often are unique for each individual nurse; however, some commonalities are noted for the nursing profession in general:

- pain relief that is not appropriate or adequate for a patient
- poor communication about end of life care or the choices available for end-of-life care
- persistent life support measures for the terminally ill
- unacceptable use of medical resources
- inadequate staffing or the utilization of staff who are not competent to provide care for certain patients

Contemplate the following situation...Your patient is a 91 year old man with severe dementia who is admitted with pneumonia. His quality of life has deteriorated to the point where he no longer recognizes family, is nonverbal, bedfast and requires tube feedings. His family insists that he be intubated and placed on a ventilator. Sound familiar?

Moral distress can cause feelings of sadness, frustration and even emotional pain for nurses. So what can we do to alleviate some of this angst? The American Academy of Critical Care Nurses has established a process called The 4 A’s: Ask, Affirm, Assess & Act. The AACN suggests that each nurse “Ask” themselves if what they are experiencing is truly moral distress, to “Affirm” their feelings about the situation, to “Access” the facts and try to establish the source of their moral distress, and to determine what the correct action may be to “Act” by developing an action plan to address the situation.

References:

Strategies to Address Moral Distress

- Communicate your concerns, but not until you have specifically identified the problem and have collected the facts.
- Be aware of who you need to talk to and plan what you want to discuss.
- Recognize that the results of your efforts may not be what you want them to be.
- Create support systems with your colleagues.
- Seek co-workers who support you and who will promote addressing moral distress in your shared environment.
- Concentrate on improving the work environment rather than each individual patient. Look at the system and the repetition of problems.
- Learn all you can about moral distress.
- Read articles, attend conferences if you are able.
- Address moral distress in your facility using a multidisciplinary team.
- Foster collaboration among departments.