The Cost of Caring: Recognizing & Reducing Moral Distress

Julia Taylor, MD MA
Assistant Professor of Pediatrics
Certified Healthcare Ethics Consultant (HEC-C)
Chair, Ethics Committee
Center for Health Humanities & Ethics
University of Virginia School of Medicine
jft4p@Virginia.edu

UVA Health
SCHOOL OF MEDICINE

The New York Times

Opinion

The Ethical Mess of Our Health Care System

FIRST OPINION

Moral injury and burnout in medicine: a year of lessons learned

By WENDY DEAN and SIMON G. TALBOT / JULY 26, 2019

Why Are Nurses Leaving The Profession?

Deborah Chiaravalloti - 04/08/19

NAVIGATING AGING

Even Doctors Can't Navigate Our 'Broken Health Care System'

Health

Health-care system causing rampant burnout among doctors, nurses

As many as half of all clinicians suffer from the problem, creating risks to patients, malpractice claims and absenteeism, study finds.

Recognizing & Reducing Moral Distress

- **Define Key Concepts**
  - Moral Distress
  - Moral Community
  - Ethical Climate
- **Recognize the Impact of Moral Distress**
- **Identify Strategies for Reducing Moral Distress**

Disclosures

No financial or commercial relationships to disclose.

Case #1

AJ is a 13 yo M with recurrent osteosarcoma admitted for chemotherapy which confers a significant risk for infertility.

His parents believe that he might refuse treatment altogether if he learns that his fertility might be impacted, and they have asked their son's primary oncologist not to tell him about the possibility of infertility.

Case #1

AJ's bedside nurse is reviewing his orders and notices that the typical referral to a fertility specialist & semen collection have not been placed. He pages the resident to ask her to place the forgotten orders.

Who might experience moral distress?

Case #2

You return home from an amazing Oncofertility conference convinced that a fertility navigator will allow equitable access to fertility-related care for your patients.

Your department chair refuses to budget for the position.

You know that many patients and families in your institution are not receiving adequate fertility counseling but you feel helpless to make a change.

Is this moral distress?

Moral Distress: Definition & Key Components

“When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.” (Jameton 1993)

Moral Distress: Definition & Key Components

“When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.” (Jameton 1993)

“When professional standards of care (e.g., avoiding inappropriate treatment, minimizing unnecessary suffering, telling the truth) are impossible to carry out.” (Bosslet 2015; Piers 2012)

Moral Distress: Definition & Key Components

"When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action." (Jameton 1993)

"When professional standards of care (e.g., avoiding inappropriate treatment, minimizing unnecessary suffering, telling the truth) are impossible to carry out." (Bosslet 2015; Piers 2012)

"Occurs when a provider believes she/he is doing something …wrong and has little power to change the situation." (Epstein 2019)

Moral Distress: Definition & Key Components

"When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action." (Jameton 1993)

"When professional standards of care (e.g., avoiding inappropriate treatment, minimizing unnecessary suffering, telling the truth) are impossible to carry out." (Bosslet 2015; Piers 2012)

"Occurs when a provider believes she/he is doing something …wrong and has little power to change the situation." (Epstein 2019)

- Wrongdoing/ complicity in wrongdoing associated with professional values
- Lack of voice/power

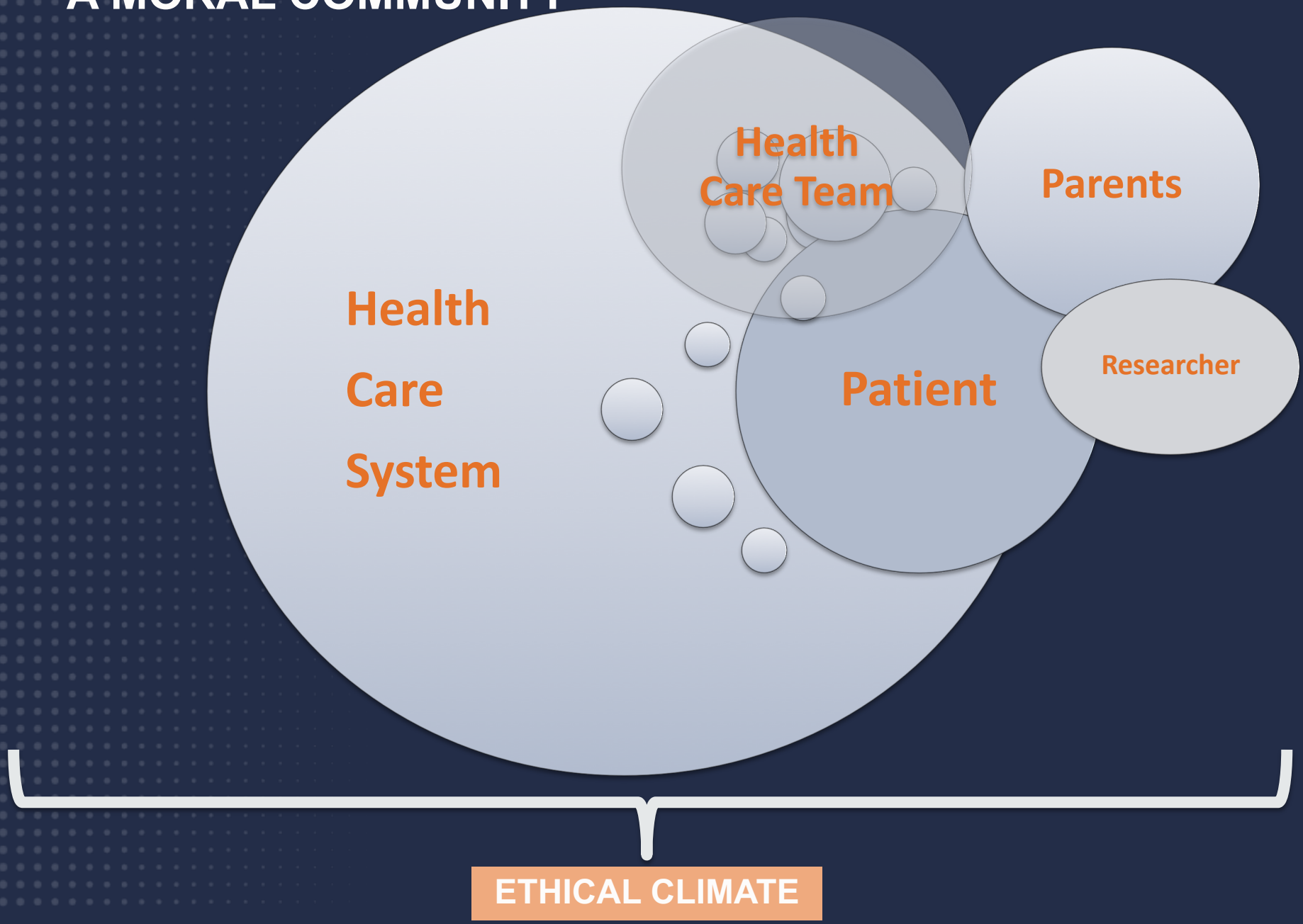
Moral Distress: What it is NOT

- Conscientious Objection
- Uncertainty / Ethical Dilemma
- Emotional distress: feelings of sadness, frustration, anger

Moral Distress: What it is NOT

- **Secondary Traumatic Stress/ Compassion Fatigue**
- **Always shared equally among team members**
  - Factors/ Root Causes
  - Roles within a Moral Community

A MORAL COMMUNITY



A MORAL COMMUNITY

- Non-random group engaged in reciprocal and positive social interaction, often with a common moral purpose (DiNorcia 2002)
- Ethical Climate: the implicit and explicit values that drive health care delivery and shape the workplaces in which care is delivered (Rodney 2006)
    - Can either perpetuate or work to eliminate the experience of moral distress

Moral Distress: Root Causes

Patient

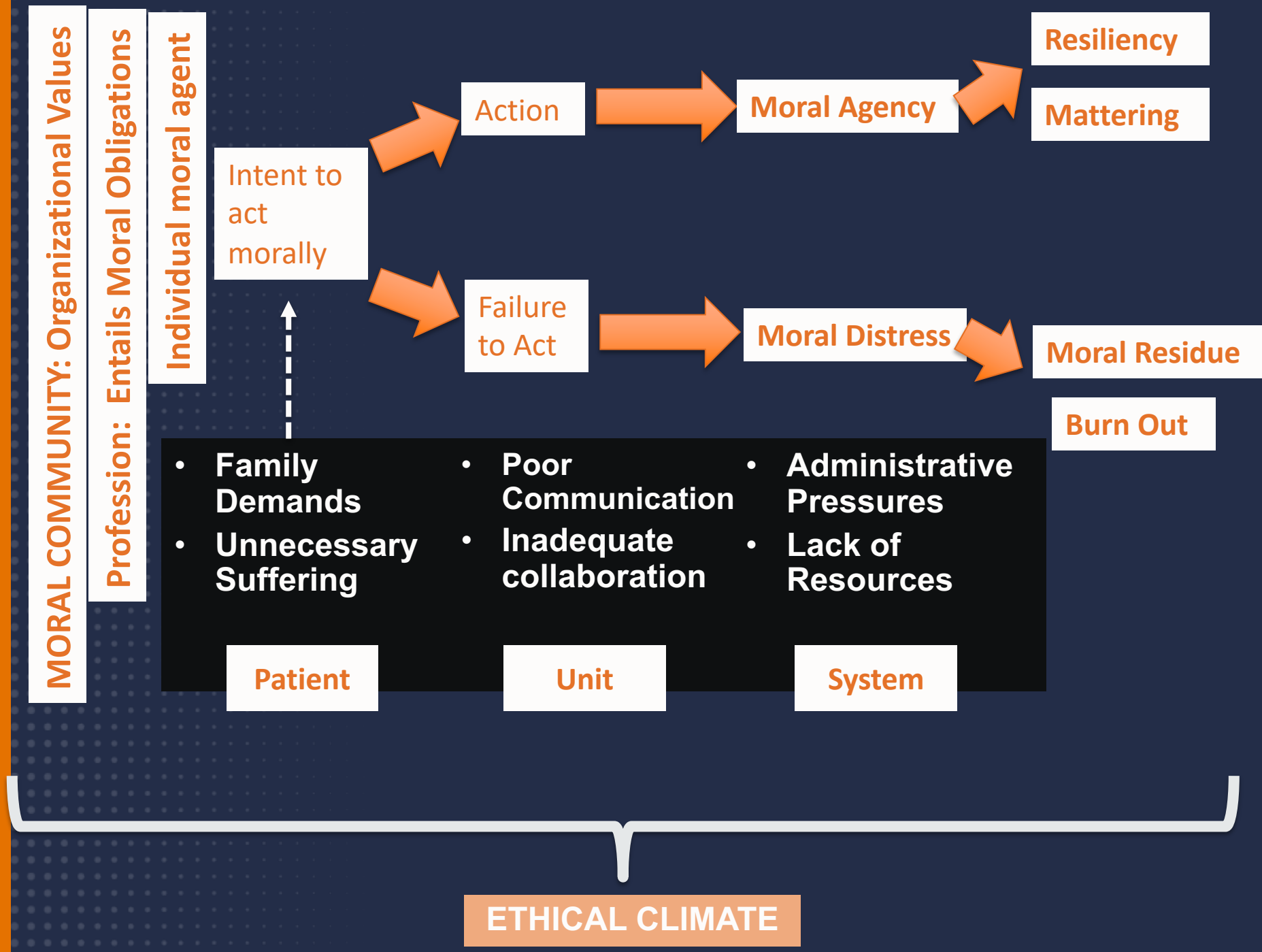
- Demands for overly aggressive treatment
- Unnecessary suffering

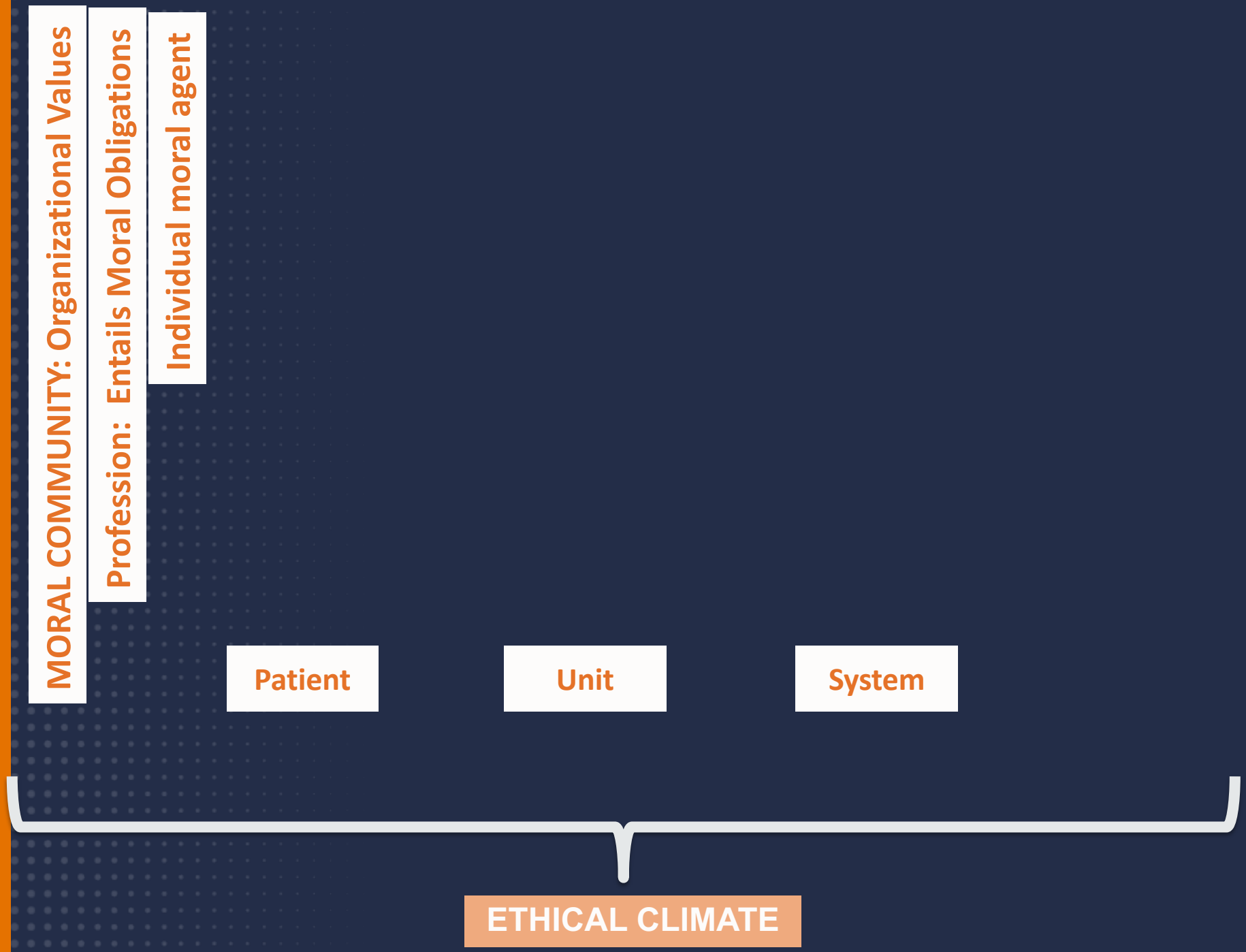
Unit

- Poor communication/ Inadequate collaboration
- Being bullied by colleagues

System

- Chronic understaffing/ Lack of resources
- Pressure from administrators to reduce costs


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
Individual moral agent
Intent to act morally
Action
Moral Agency
Resiliency
Mattering
Failure to Act
Moral Distress
Moral Residue
Burn Out
Family Demands
Unnecessary Suffering
Poor Communication
Inadequate collaboration
Administrative Pressures
Lack of Resources
Patient
Unit
System
ETHICAL CLIMATE


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
Individual moral agent
Patient
Unit
System
ETHICAL CLIMATE

MORAL COMMUNITY: Organizational Values

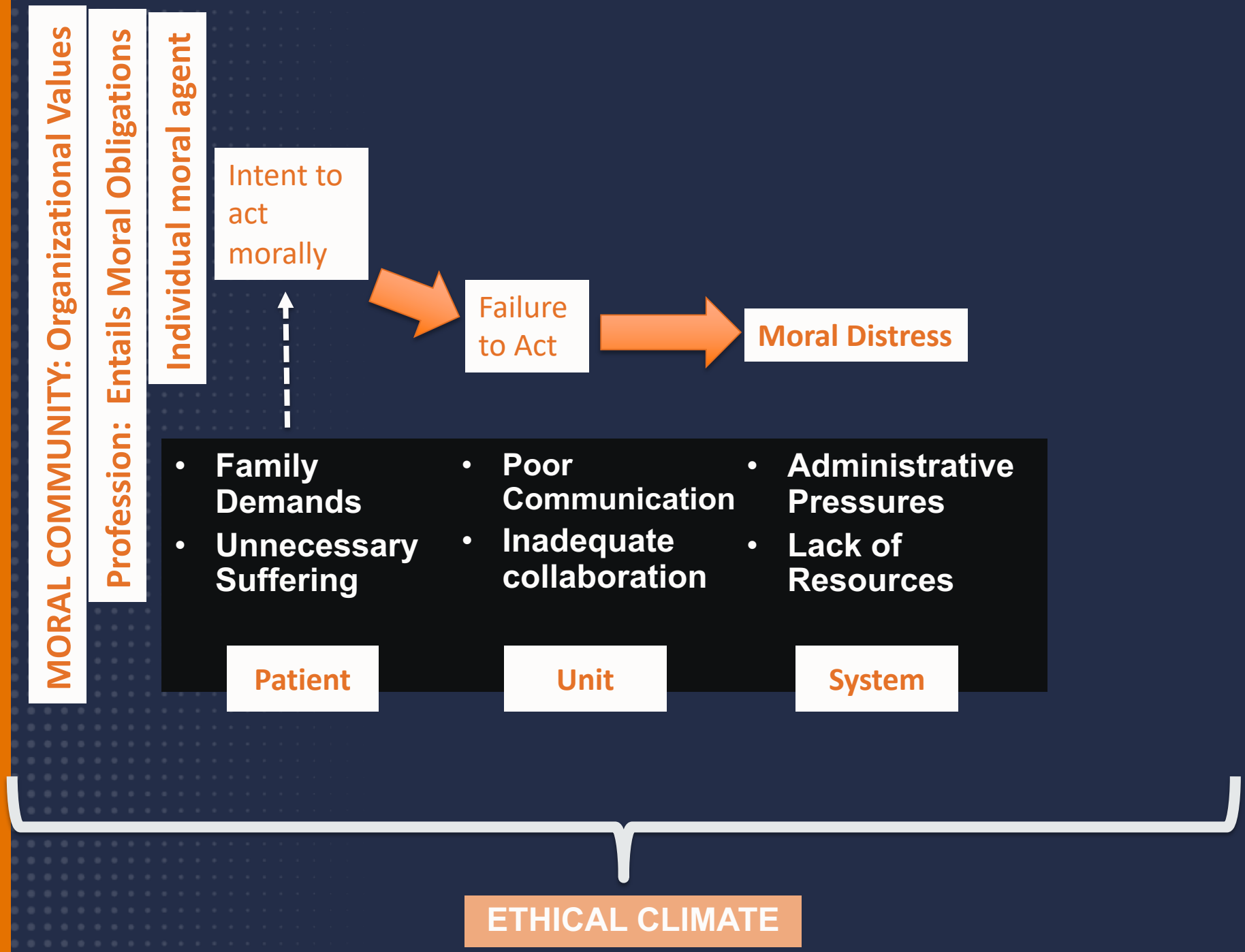
Profession: Entails Moral Obligations

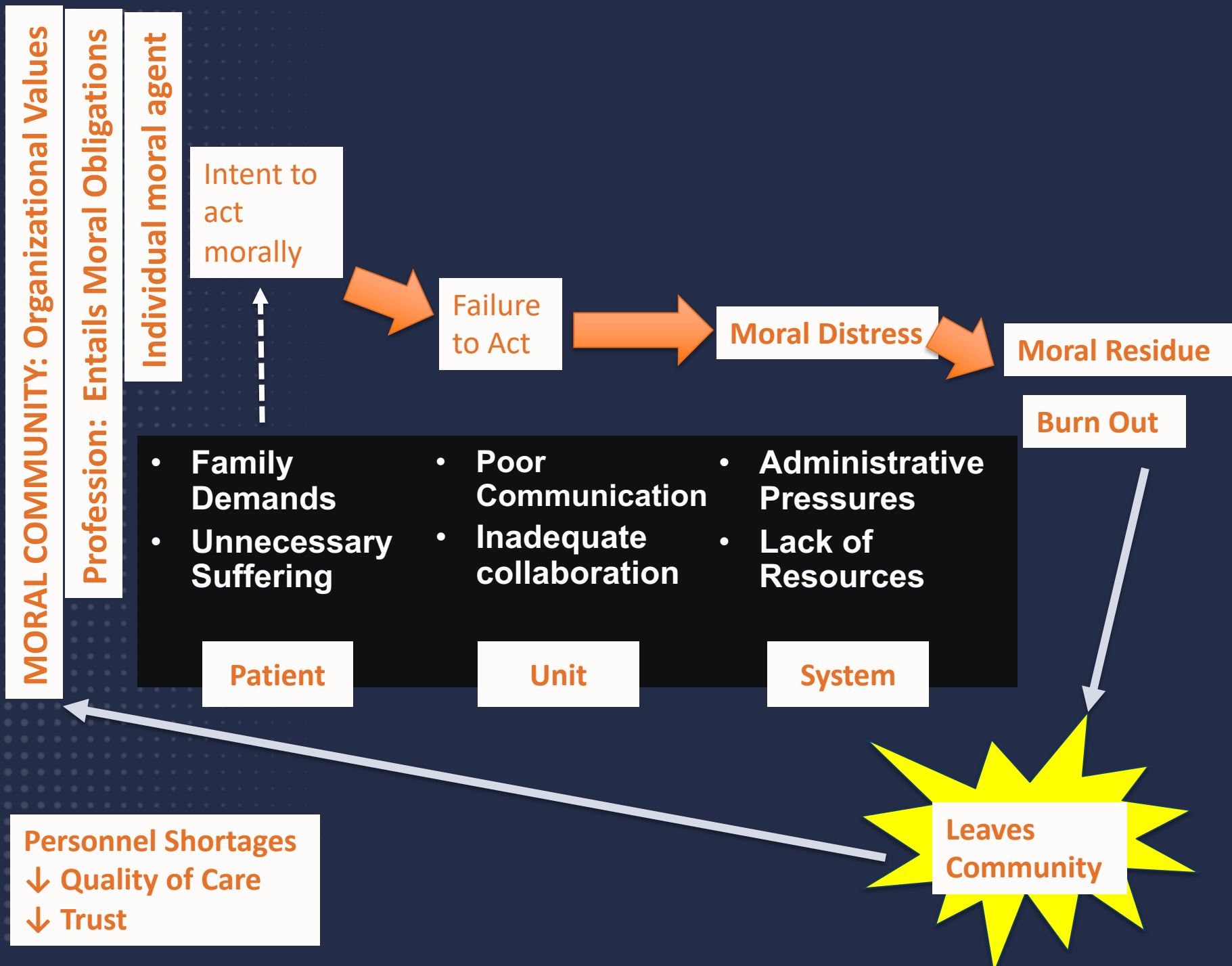
Individual moral agent

Intent to act morally

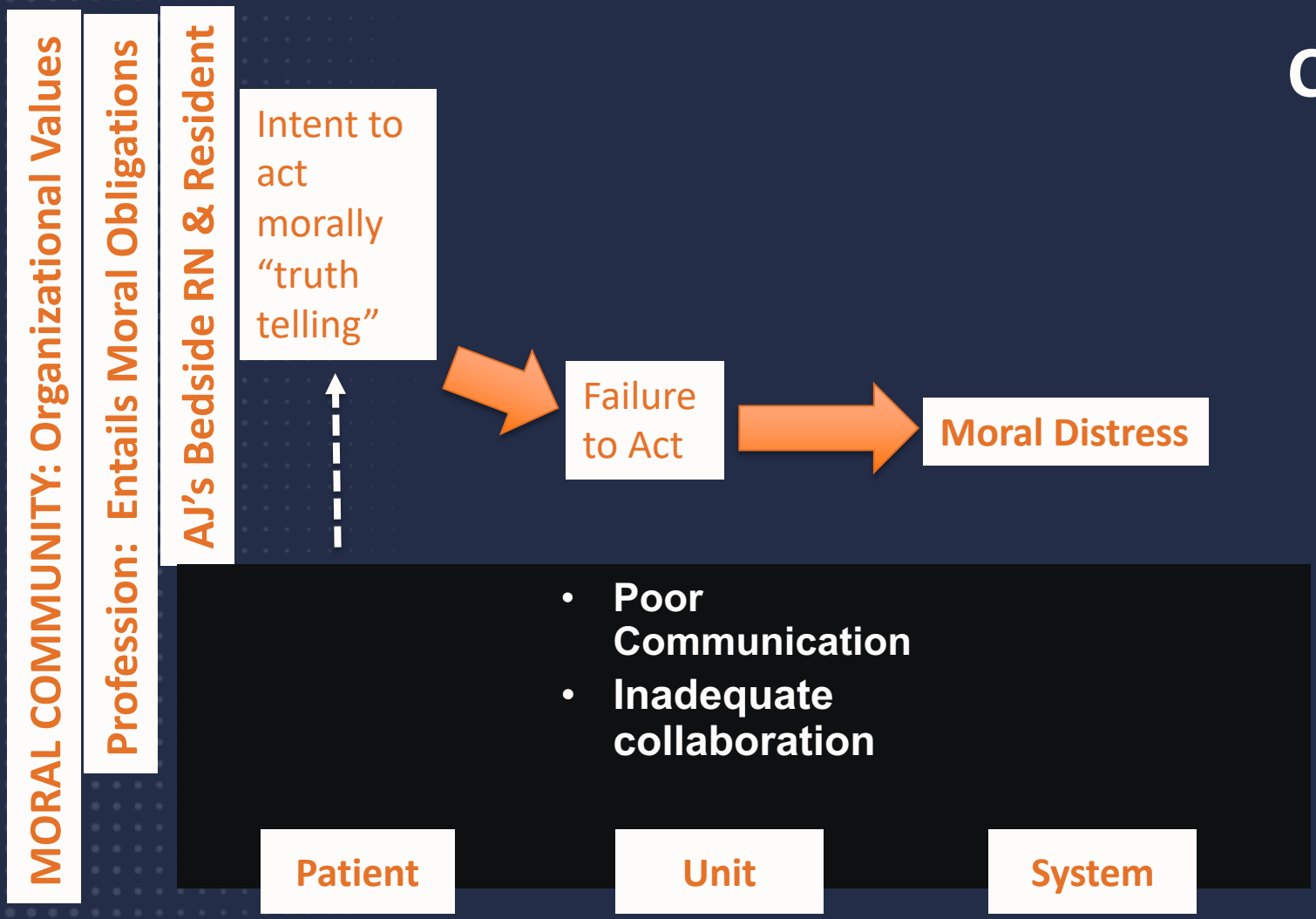
Patient	Unit	System
• Family Demands • Unnecessary Suffering	• Poor Communication • Inadequate collaboration	• Administrative Pressures • Lack of Resources

ETHICAL CLIMATE

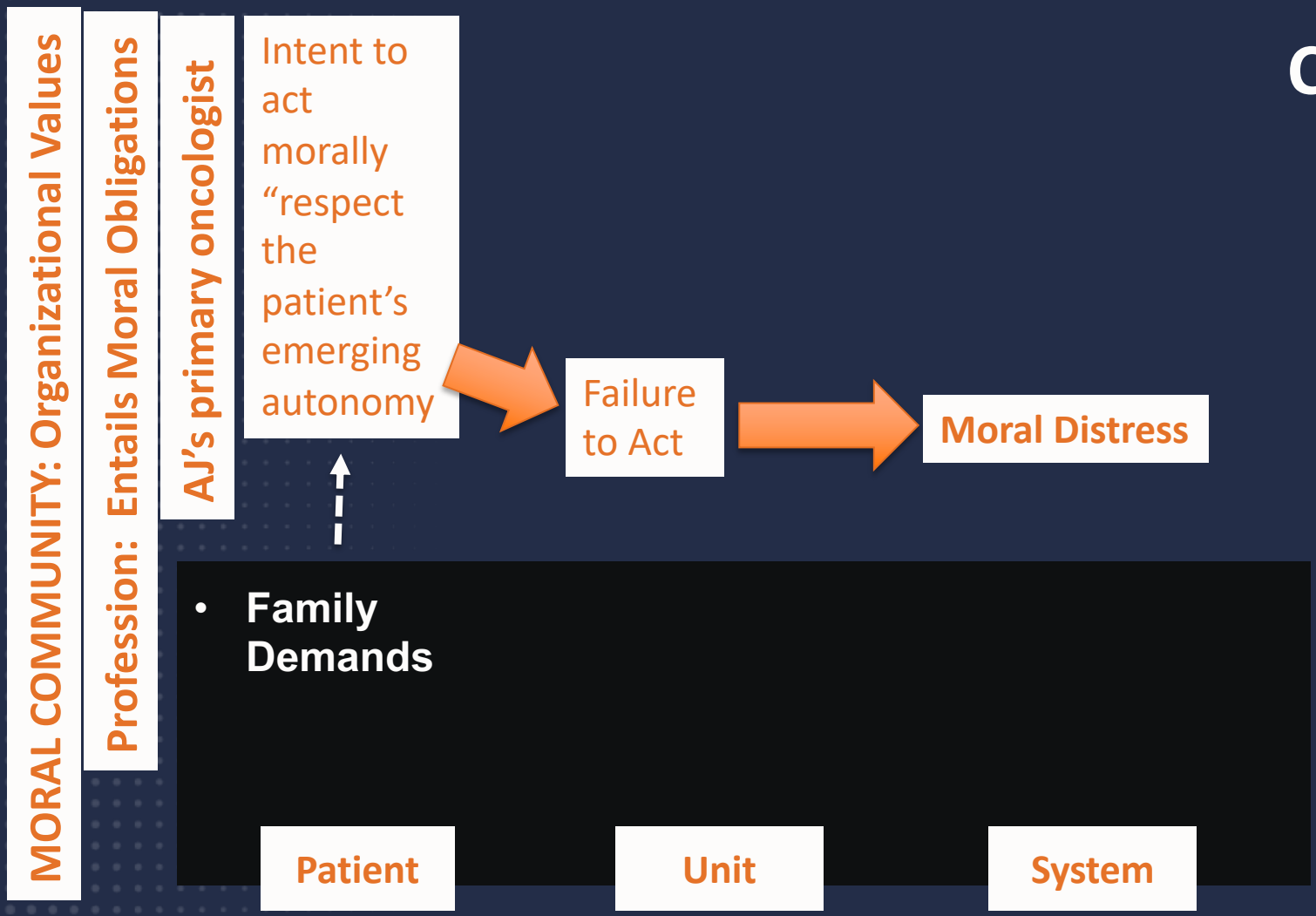

MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
Individual moral agent
Intent to act morally
Failure to Act
Moral Distress
Family Demands
Unnecessary Suffering
Poor Communication
Inadequate collaboration
Administrative Pressures
Lack of Resources
Patient
Unit
System
ETHICAL CLIMATE


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
Individual moral agent
Intent to act morally
Failure to Act
Moral Distress
Moral Residue
Burn Out
• Family Demands
• Unnecessary Suffering
• Poor Communication
• Inadequate collaboration
• Administrative Pressures
• Lack of Resources
Patient
Unit
System
Leaves Community
Personnel Shortages
↓ Quality of Care
↓ Trust

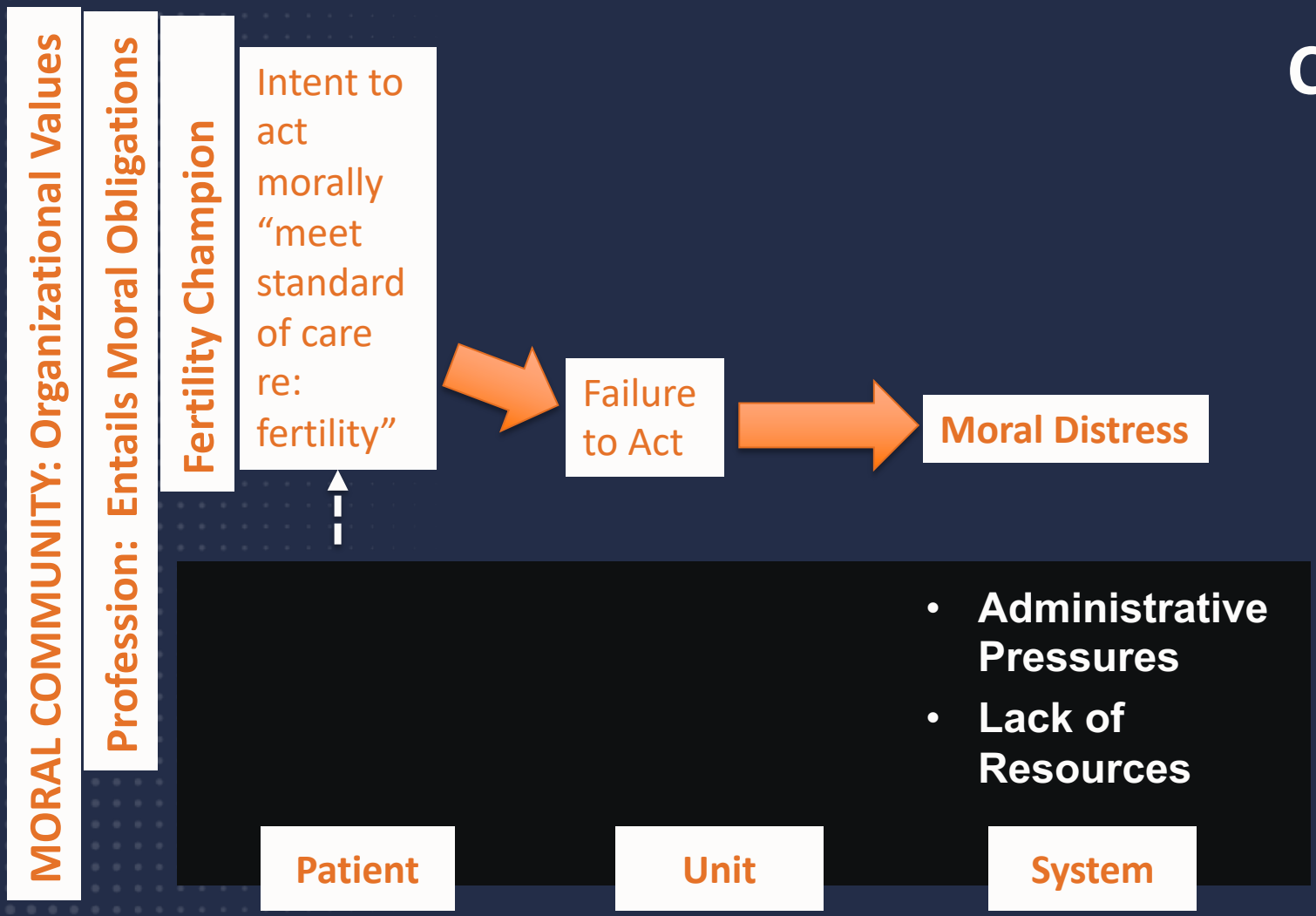
Case #1


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
AJ's Bedside RN & Resident
Intent to act morally "truth telling"
Failure to Act
Moral Distress
Poor Communication
Inadequate collaboration
Patient
Unit
System

Case #1


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
AJ's primary oncologist
Intent to act morally "respect the patient's emerging autonomy
Failure to Act
Moral Distress
• Family Demands
Patient
Unit
System

Case #2


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
Fertility Champion
Intent to act morally "meet standard of care re: fertility"
Failure to Act
Moral Distress
Administrative Pressures
Lack of Resources
Patient
Unit
System

The New York Times

Opinion

The Ethical Mess of Our Health Care System

FIRST OPINION

Moral injury and burnout in medicine: a year of lessons learned

By WENDY DEAN and SIMON G. TALBOT / JULY 26, 2019

Why Are Nurses Leaving The Profession?

Deborah Chiaravalloti - 04/08/19

NAVIGATING AGING

Even Doctors Can't Navigate Our 'Broken Health Care System'

Health

Health-care system causing rampant burnout among doctors, nurses

As many as half of all clinicians suffer from the problem, creating risks to patients, malpractice claims and absenteeism, study finds.

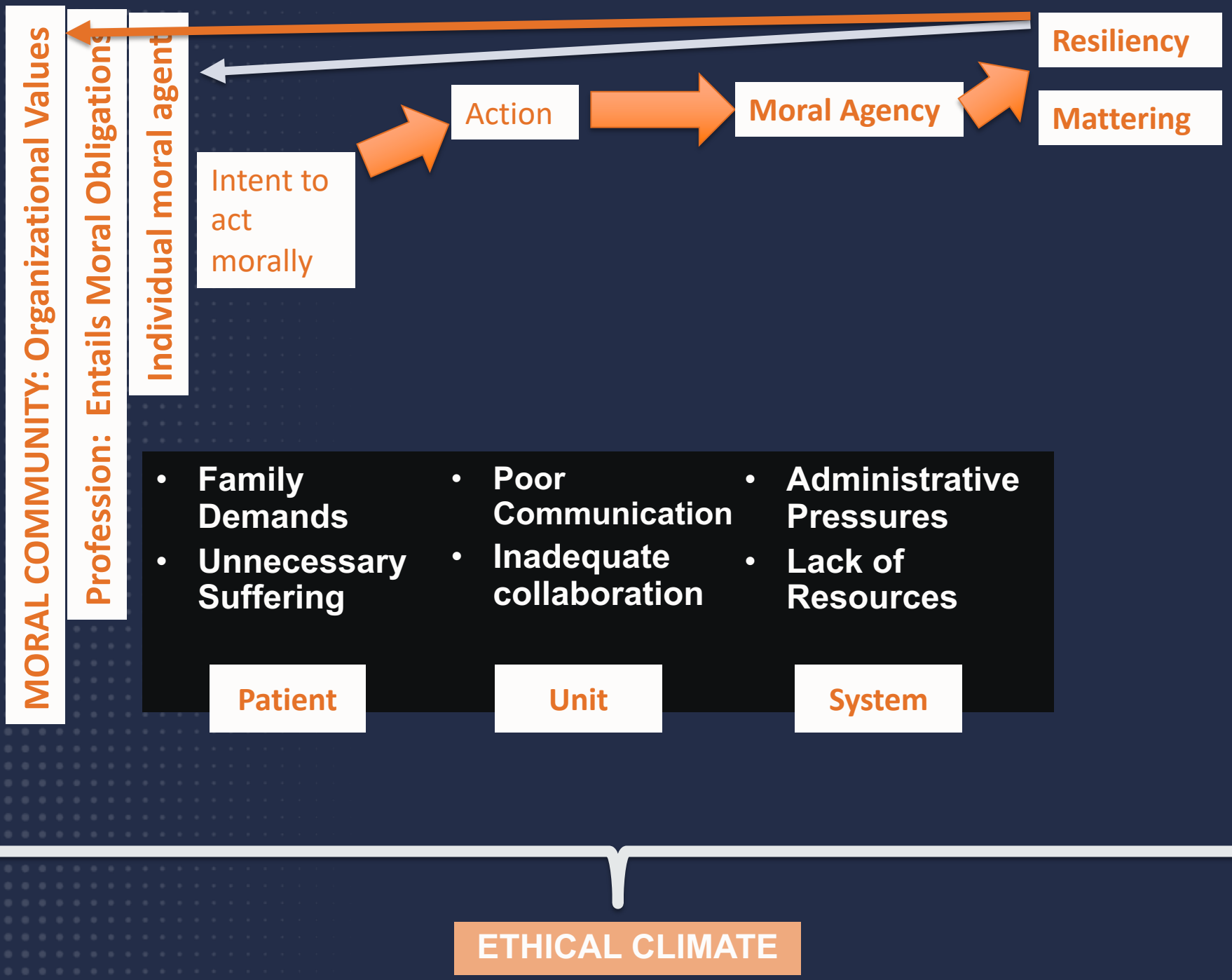
Moral Distress: Impact

- ↓ Job satisfaction/ Burn Out
- Intention to leave position / ↑ Turnover
- Loss of revenue ($88,000 per nurse, $1,000,000 per physician)
- ↓ Quality of teamwork
- ↓ Quality of care

ETHICAL CLIMATE

Moral Distress

- ALL HOPE IS NOT LOST…


MORAL COMMUNITY: Organizational Values
Profession: Entails Moral Obligations
Individual moral agent
Intent to act morally
Action
Moral Agency
Resiliency
Mattering
• Family Demands
• Unnecessary Suffering
• Poor Communication
• Inadequate collaboration
• Administrative Pressures
• Lack of Resources
Patient
Unit
System
ETHICAL CLIMATE

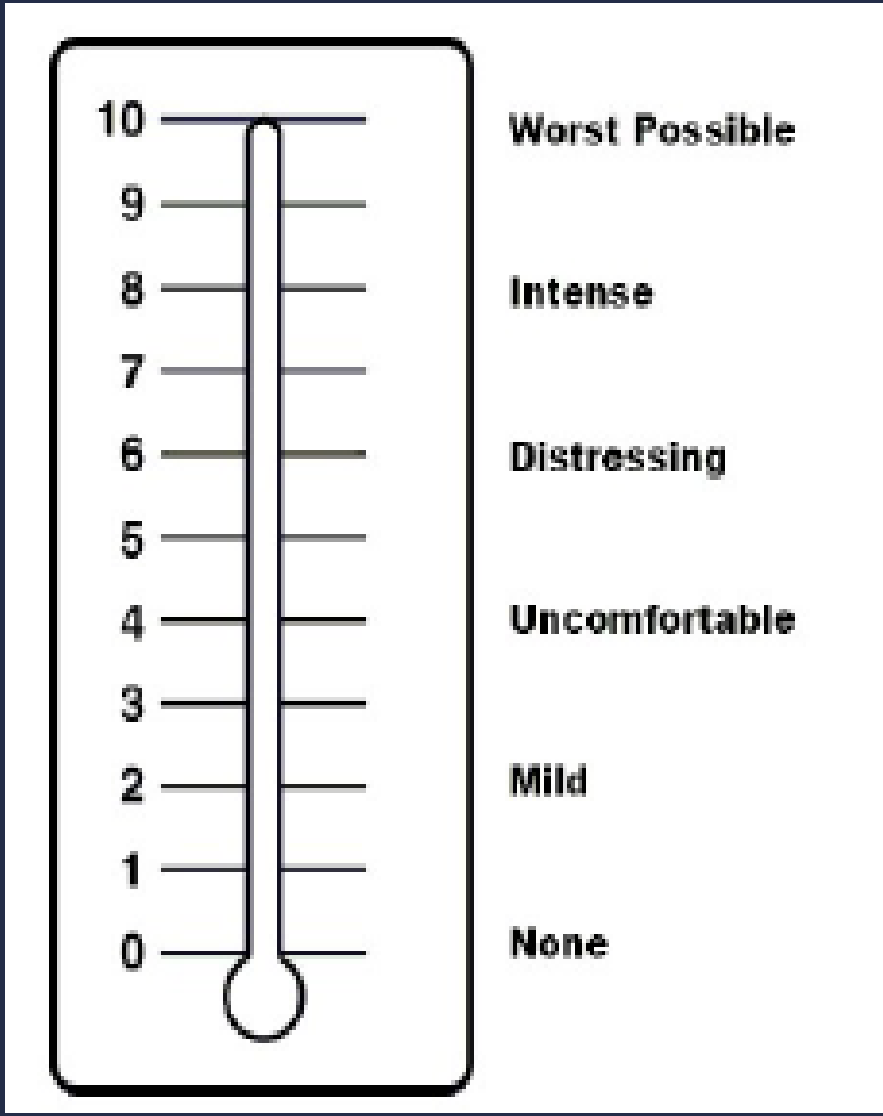
Moral Distress: Strategies to Identify & Reduce

- **Identifying**
  - Moral Distress
  - Root Causes
  - Ethical Climate

- **Reducing**
  - Individual
    - Ethics Education/ Moral Empowerment
  - Unit
    - Moral Distress Consultation/ UBEC/ Preventative Ethics/ PEACE Rounds
  - System
    - Policy Development

Moral Distress: Identifying

- Moral Distress Thermometer (Wocial 2013)
- **Circle the # that best describes how much moral distress you have been experiencing related to work in the past week including today**



Moral Distress: Identifying

- Measure of Moral Distress for Healthcare Professionals (MMD-HP) (Epstein 2019)
  - 27 items
  - Presence, Intensity, Root Causes
  - Pediatric, Adult, ICU, LTCH

If there are other situations in which you have felt moral distress, please write and score them here:			

Have you ever left or considered leaving a clinical position due to moral distress?

- ☐ No, I have never considered leaving or left a position.
- ☐ Yes, I considered leaving but did not leave.
- ☐ Yes, I left a position.

Are you considering leaving your position now due to moral distress?

- ☐ Yes
- ☐ No

Moral Distress: Identifying

Hospital Ethical Climate Survey- 26 items (Olson 1998)

- **Unit/ Team**
  - "Physicians ask nurses about their opinion about treatment decisions"
  - "Safe patient care is provided in my area"
- **Patients**
  - "The patient's wishes are respected"
- **System/Hospital**
  - "Hospital Policies help me with difficult patient care issues"

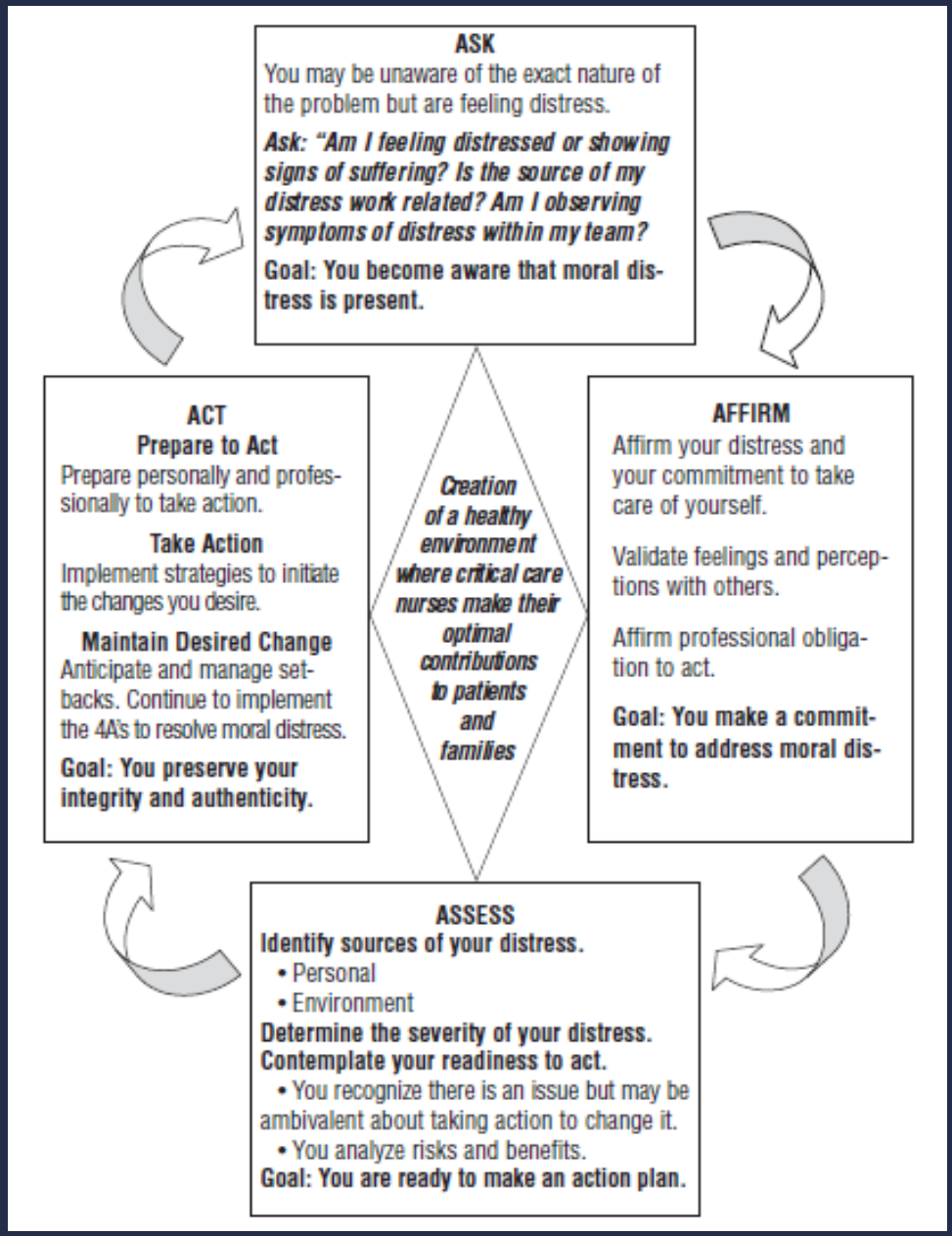
Moral Distress: Strategies to Identify & Reduce

- **Identifying**
  - Moral Distress
  - Root Causes
  - Ethical Climate
- **Reducing**
  - Individual
    - Ethics Education/ Moral Empowerment
  - Unit
    - Moral Distress Consultation/ UBEC/ Preventative Ethics/ PEACE Rounds
  - System
    - Policy Development

Individual Level: Ethics Education/ Moral Empowerment

- Provides Education
- Access to Resources
- Communication Training
- Inter-professional Opportunities
- Develop Individual Action Plan

- 4 As (Rushton 2006)



Unit Level: PEACE

PEACE Rounds (Wocial 2017)

- Pediatric Ethics and Communication Excellence (PEACE) Rounds
- ↓LOS
- No impact on Moral Distress

Would you expect patient will survive ICU Stay?
Would you expect patient will survive hospital stay?

What are goals of care?

Are we on track for attaining these goals?
Intensivist 1? Yes/No
Intensivist 2? Yes/No
Nursing? Yes/No

Is all care team in agreement? Yes/No

Unit Level: Unit Based Ethics Conversations

(Helft 2009) (Wocial 2010)

- Scheduled, Inter-professional
- Forum for processing ethical issues
- Based on recent cases
- 86% helped them to address ethical issues they faced in their clinical practice
- 67% stated they felt better able to manage ethically challenging situations
- Opportunity: No resolution to a case discussed

Unit Level: Moral Distress Consultation

(Hamric 2017)

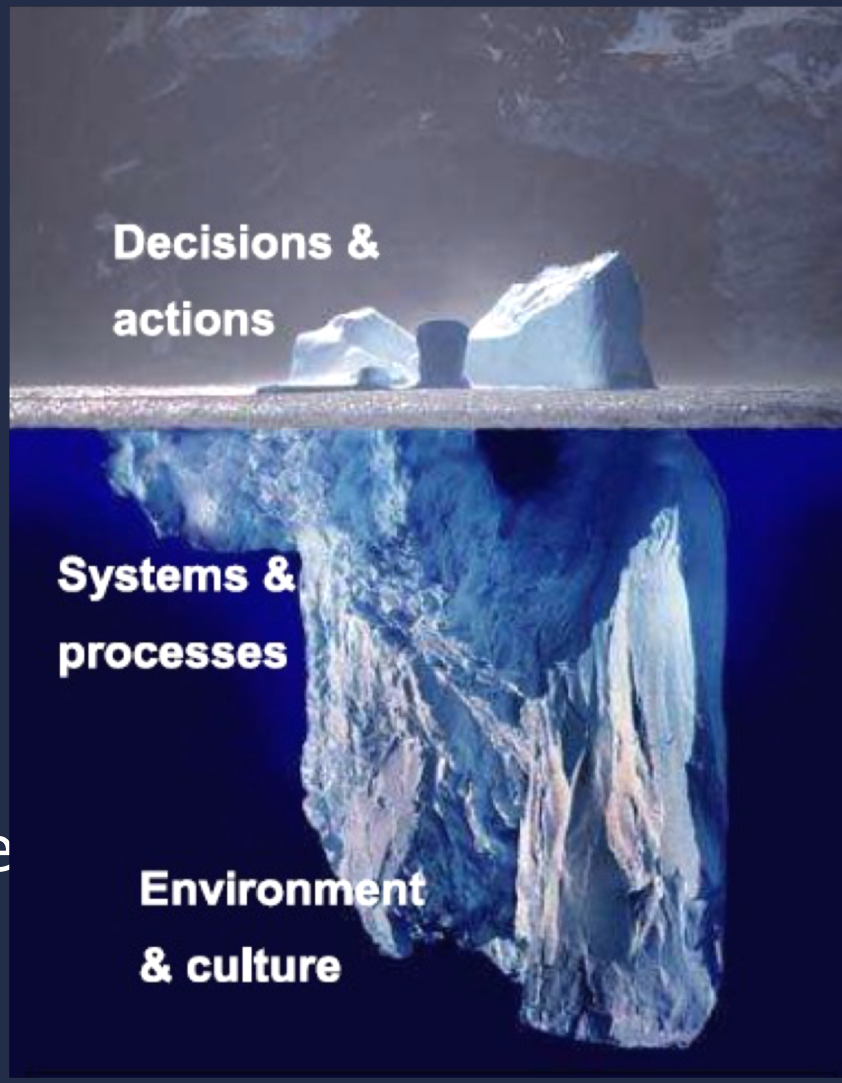
- Requested by Unit leadership or suggested by the ECS
- Trained facilitators, Open sessions, last 45-60 minutes
- Develop an action plan
- Anonymous reports on themes to Hospital Leadership

System Level: IntegratedEthics

(Fox 2010) (Foglia 2012)

Veterans Health Administration (VA)'s National Center for Ethics in Health Care

- Adapted QI approach:
  - **I**dentify an issue
  - **S**tudy the issue
  - **S**elect a strategy
  - **U**ndertake a plan **E**valuate and adjust **S**ustain and spread



System Level: Policy Development

Code Status Orders & Associated Treatment Plans

"*The Medical Center respects the rights of Health Care Team (Team) members to maintain their professional and ethical integrity.*"

All DNAR orders are part of the patient's goal-directed plan of care…

A: All Therapy but Do Not Attempt Resuscitation

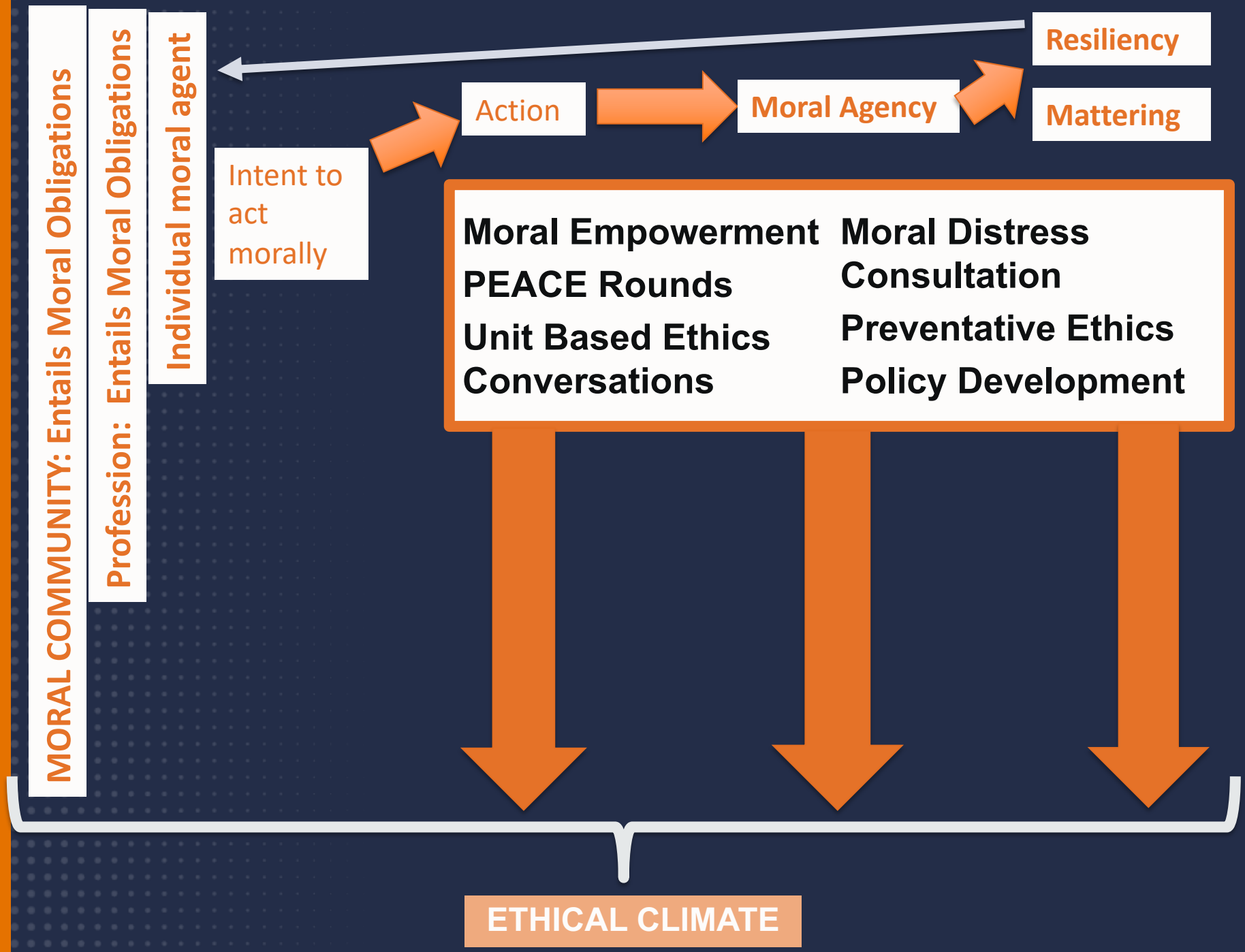
B: Non-Escalation of Therapy

C: Comfort Measures Only

System Level: Policy Development

Medically & Ethically Inappropriate Treatment is Not Required

"Virginia law does not require physicians (and by association the Team) to provide treatment that is determined to be medically and ethically inappropriate… Relief of pain is a basic human right…The Team shall not reduce or discontinue interventions to alleviate pain at the request of the patient's surrogate or any other person."


MORAL COMMUNITY: Entails Moral Obligations
Profession: Entails Moral Obligations
Individual moral agent
Intent to act morally
Action
Moral Agency
Resiliency
Mattering
Moral Empowerment
PEACE Rounds
Unit Based Ethics Conversations
Moral Distress Consultation
Preventative Ethics
Policy Development
ETHICAL CLIMATE

Recognizing & Reducing Moral Distress

We must

- Recognize that Moral Distress occurs when a provider believes she/he is doing something wrong and has little power to change the situation
- Understand the implications of moral distress for the individual and the moral community
- Apply this understanding by creating positive individual, unit, and system level changes

Acknowledgements

Elizabeth Epstein, PhD, RN, HEC-C, FAAN
Lucia D. Wocial, PhD, RN, FAAN
Mary Faith Marshall, Ph.D., FCCM

The Cost of Caring: Recognizing & Reducing Moral Distress

Julia Taylor, MD MA
Assistant Professor of Pediatrics
Certified Healthcare Ethics Consultant (HEC-C)
Chair, Ethics Committee
Center for Health Humanities & Ethics
University of Virginia School of Medicine
jft4p@Virginia.edu

UVA Health
SCHOOL OF MEDICINE

References

Aultman, J., and R. Wurzel. 2014. Recognizing and alleviating moral distress among obstetrics and gynecology residents. Journal of Graduate Medical Education 6 (3): 457–62.

Bosslet, G. T., T. M. Pope, G. D. Rubenfeld, B. Lo, R. D. Truog, C. H. Rushton, J. R. Curtis, D. W. Ford, M. Osborne, C. Misak, et al.; and American Thoracic Society ad hoc Committee on Futile and Potentially Inappropriate Treatment; American Thoracic Society; American Association for Critical Care Nurses; American College of Chest Physicians; European Society for Intensive Care Medicine; Society of Critical Care. 2015. An official ATS/AACN/ACCP/ESICM/SCCM policy statement: Responding to requests for potentially inappropriate treatments in intensive care units. American Journal of Respiratory and Critical Care Medicine 191 (11):1318–30.

Bruce, C. R., S. M. Miller, and J. L. Zimmerman. 2015. A qualitative study exploring moral distress in the ICU team: The importance of unit functionality and intrateam dynamics. Critical Care Medicine 43 (4):823–31.

Di Norcia, V. (2002). The knowledge economy and moral community. *Journal of Business Ethics*, *38*(1-2), 167-177.

Epstein, E. G., and A. B. Hamric. 2009. Moral distress, moral residue, and the crescendo effect. The Journal of Clinical Ethics 20 (4):330–42.

Epstein, E. G., Whitehead, P. B., Prompahakul, C., Thacker, L. R., & Hamric, A. B. (2019). Enhancing Understanding of Moral Distress: The Measure of Moral Distress for Health Care Professionals. *AJOB empirical bioethics*, *10*(2), 113-124.

Foglia, M. B., Fox, E., Chanko, B., & Bottrell, M. M. (2012). Preventive ethics: addressing ethics quality gaps on a systems level. *The Joint Commission Journal on Quality and Patient Safety*, *38*(3), 103-AP7.

Fox, E., Bottrell, M. M., Berkowitz, K. A., Chanko, B. L., Foglia, M. B., & Pearlman, R. A. (2010). IntegratedEthics: An innovative program to improve ethics quality in health care. *Innovation Journal*, *15*(2), 1-36.

Fumis, R. R. L., G. A. Junqueira Amarante, A. de Fátima Nascimento, and J. M. Vieira Junior. 2017. Moral distress and its contribution to the development of burnout syndrome among critical care providers. Annals of Intensive Care 7 (1):1–8.

Hamric, A. B., and E. G. Epstein. 2017. A health systemwide moral distress consultation service: Development and evaluation. HEC Forum 29 (2):127–43.

Helft, P. R., Bledsoe, P. D., Hancock, M., & Wocial, L. D. (2009). Facilitated ethics conversations: a novel program for managing moral distress in bedside nursing staff. *JONA'S healthcare law, ethics and regulation*, *11*(1), 27-33.

Jameton, A. 1993. Dilemmas of moral distress: Moral responsibility and nursing practice. AWHONN's Clinical Issues in Perinatal and Women's Health Nursing 4 (4): 542–51.

Larsons, C., K. Dryden-Palmer, C. Gibbons, and C. Parshhuram. 2017. Moral distress in PICU and neonatal ICU practitioners: A cross-sectional evaluation. Pediatric Critical Care Medicine 18 (8):318–26.

References

Neumann, J., L. Davis, and C. Jernigan. 2018. Methods to address moral distress experienced by stem cell transplantation nurses and build resiliency. Biology Blood Marrow Transplant 24 (3):S117–S8.

Olson, L. L. 1998. Hospital nurses' perceptions of the ethical climate of their work setting. Journal of Nursing Scholarship 30 (4):345–9.

Perni, S. 2017. Moral distress: A call to action. AMA Journal of Ethics 19 (6):533–6.

Piers, R. D., Van den Eynde, M. M. E. Steeman, P. Vlerick, D. D. Benoit, D. D., and N. J. Van Den Noortgate. 2012. End-of-life care of the geriatric patient and nurses' moral distress. Journal of the American Medical Directors Association 13 (1):80.e7–.e13.

Robertson, Eden G., Claire E. Wakefield, Joanne Shaw, Anne-Sophie Darlington, Brittany C. McGill, Richard J. Cohn, and Joanna E. Fardell. "Decision-Making in Childhood Cancer: Parents' and Adolescents' Views and Perceptions." Supportive Care in Cancer, March 18, 2019.

Rodney, P. P., Doane, G. H., Storch, J., & Varcoe, C. (2006). Toward a safer moral climate. *Canadian Nurse*, *102*(8).

Rushton, C. H. (2006). Defining and addressing moral distress tools for critical care nursing leaders. *AACN Advanced Critical Care*, *17*(2), 161-168.

Sauerland, J., K. Marotta, M. A. Peinemann, A. Berndt, and C. Robichaux. 2014. Assessing and addressing moral distress and ethical climate, part 1. Dimensions of Critical Care Nursing 33 (4):234–45.

Trotochaud, K., J. R. Coleman, N. Krawiecki, and C. McCracken. 2015. Moral distress in pediatric healthcare providers. Journal of Pediatric Nursing 30 (6):908–14.

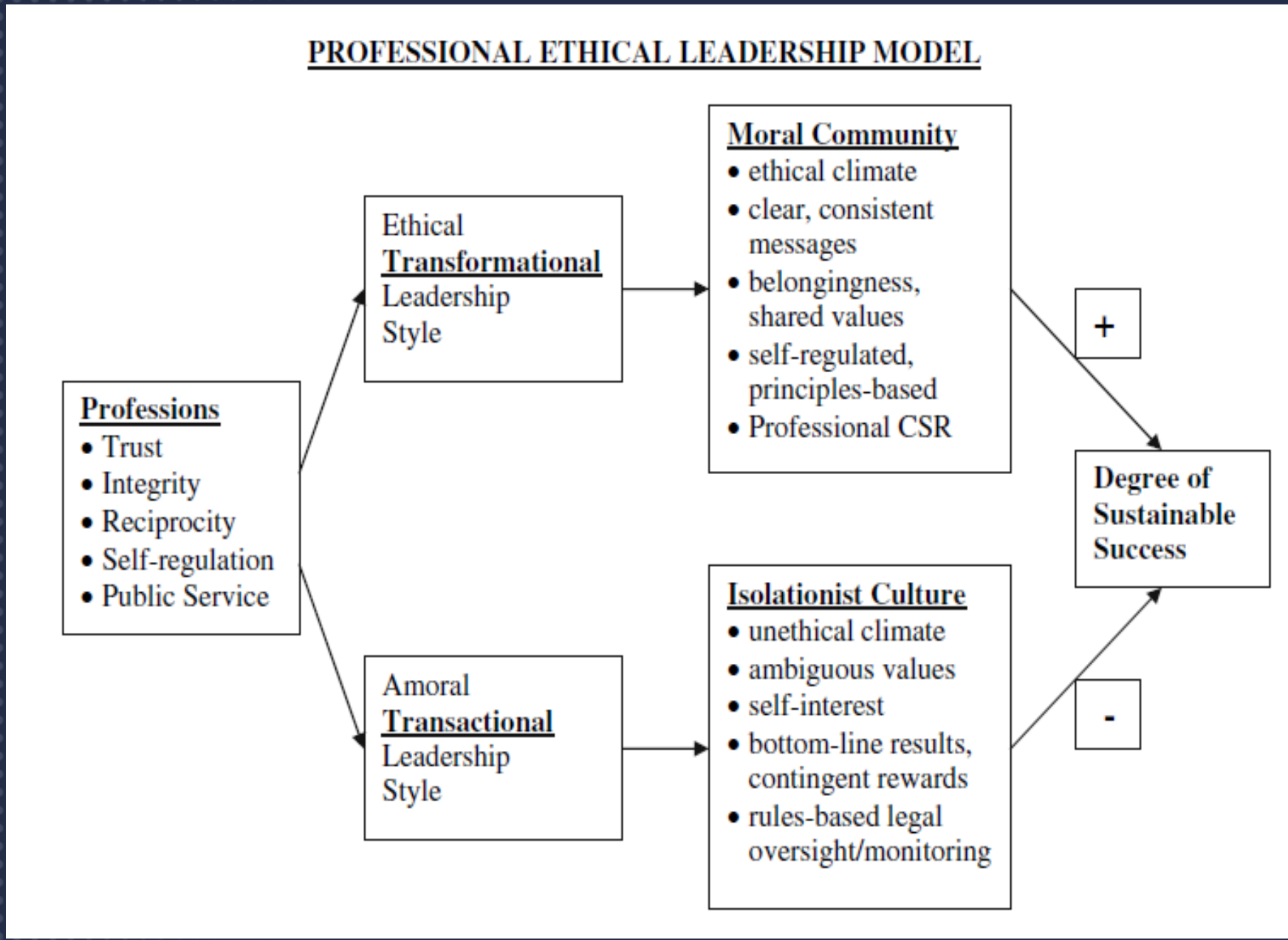
Wocial, L. D., Hancock, M., Bledsoe, P. D., Chamness, A. R., & Helft, P. R. (2010). An evaluation of unit-based ethics conversations. *JONA'S healthcare law, ethics and regulation*, *12*(2), 48-54.

Wocial, L. D., and M. T. Weaver. 2013. Development and psychometric testing of a new tool for detecting moral distress: The moral distress thermometer. Journal of Advanced Nursing 69 (1):167–74.

Wocial, L., Ackerman, V., Leland, B., Benneyworth, B., Patel, V., Tong, Y., & Nitu, M. (2017, March). Pediatric ethics and communication excellence (PEACE) rounds: decreasing moral distress and patient length of stay in the PICU. In *HEC forum* (Vol. 29, No. 1, pp. 75-91). Springer Netherlands.

Zavotsky, K. E., and G. Chan. 2016. Exploring the relationship among moral distress, coping, the practice environment in the emergency department nurses. Advanced Emergency Nursing Journal 38 (2):133–46.

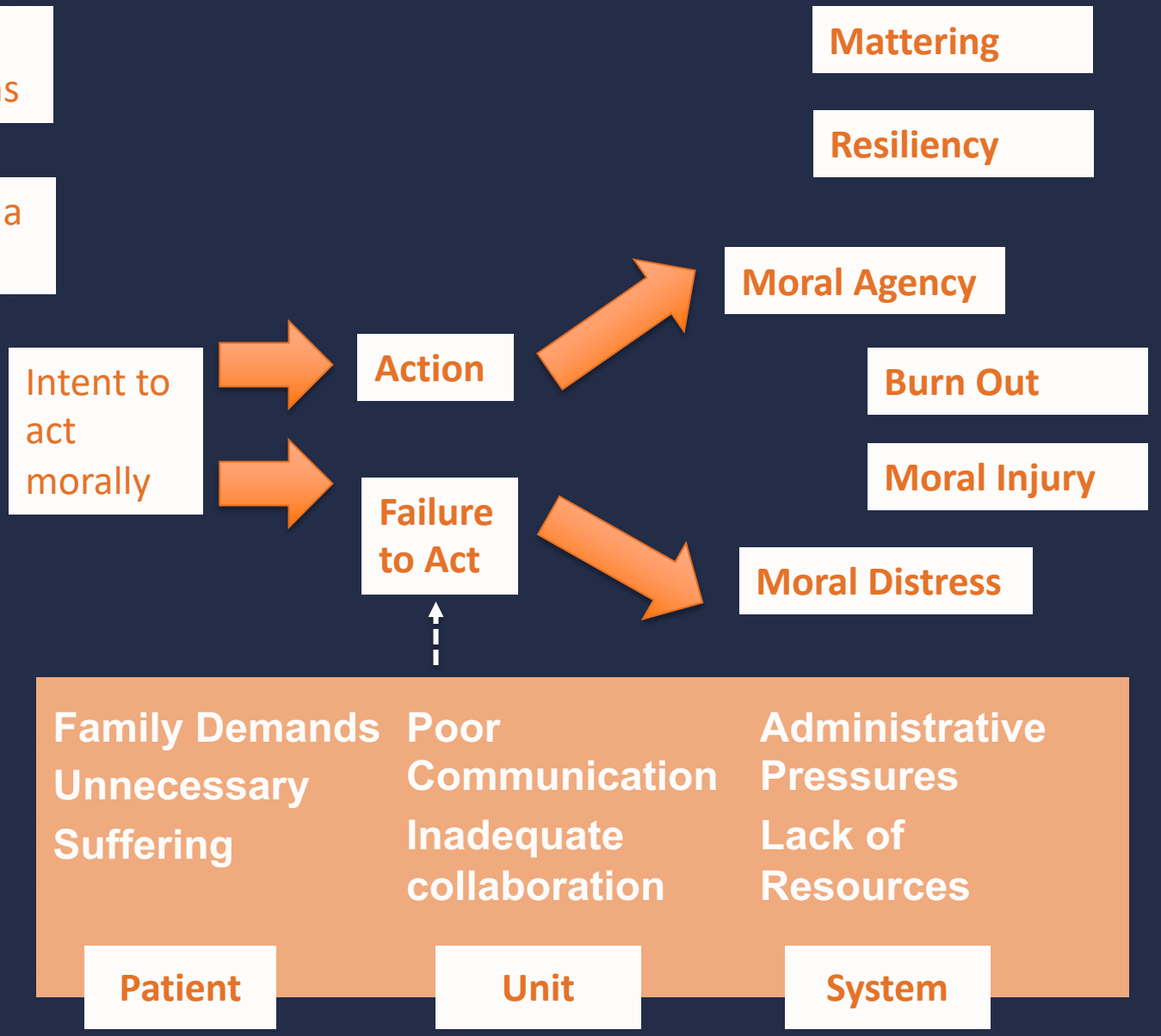
UVA Health
SCHOOL OF MEDICINE


PROFESSIONAL ETHICAL LEADERSHIP MODEL
Professions
• Trust
• Integrity
• Reciprocity
• Self-regulation
• Public Service
Ethical
Transformational
Leadership
Style
Amoral
Transactional
Leadership
Style
Moral Community
• ethical climate
• clear, consistent messages
• belongingness, shared values
• self-regulated, principles-based
• Professional CSR
Isolationist Culture
• unethical climate
• ambiguous values
• self-interest
• bottom-line results, contingent rewards
• rules-based legal oversight/monitoring
+
-
Degree of Sustainable Success

Profession Duties:
Entail Moral Obligations

Individual identifies as a moral agent

Moral Obligations:
Truth telling
Respect Autonomy
Provide Quality/Non-biased Care
Maximize Benefit
Reduce Suffering
Advocacy
Avoid Causing Harm



irst, moral distress occurs when a provider believes he is doing something ethically wrong and has little power to change the situation (Jameton 1993Jameton, A. 1993. Dilemmas of moral distress: Moral responsibility and nursing practice. *AWHONN's Clinical Issues in Perinatal and Women's Health Nursing* 4 (4):542–51.[PubMed] , [Google Scholar]; Hamric 2014Hamric, A. 2014. A case study of moral distress. *Journal of Hospice & Palliative* Nursing 16 (8):457–63. doi: 10.1097/NJH.0000000000000104.[Crossref], [Web of Science ®] , [Google Scholar]; Varcoe et al. 2012aVarcoe, C., Pauly, B., Webster, G., and Storch J.. 2012. Moral distress: Tensions as springboards for action. *HEC Forum : An Interdisciplinary Journal on Hospitals' Ethical and Legal Issues* 24 (1):51–62. doi: 10.1007/s10730-012-9180-2.[Crossref], [PubMed] , [Google Scholar]). This pressure to act unethically is the defining concept of the phenomenon. It separates those situations that are emotionally distressing or otherwise morally troubling (e.g., uncertainty) from those that threaten moral integrity

Moral distress, however, is the feeling that one has failed to act according to one's moral conviction. It strikes at one's integrity and threatens one's fulfilment of professional obligations to act in a patient's best interest.

However, though there may be reasonable disagreement about what constitutes the best interests of a patient, for the person experiencing moral distress with a sincere belief that they are not acting in the patient's best interests, the phenomenon of moral distress is still very real. Thus it does not take away from the argument that physicians can experience moral distress due to feeling constrained by parental wishes—even if another physician would not experience moral distress in this situation but only a sense of facing a dilemma.

Prentice, Trisha M., and Lynn Gillam. "Can the Ethical Best Practice of Shared Decision-Making Lead to Moral Distress?" Journal of Bioethical Inquiry 15, no. 2 (June 1, 2018): 259–68. https://doi.org/10.1007/s11673-018-9847-8.

Recognizing Moral Distress

MD
RN
MA
Genetic Counselors
PhD
SW
Other Health Professionals

Compassion Fatigue

Burn Out

Turn over

moral stress remains a statistically significant predictor of increased employee fatigue, decreased job satisfaction, and increased turnover intentions.

Moral distress is associated with clinician burnout (Fumis et al. 2017; Neumann et al. 2018; Sajjadi et al. 2017) and intention to leave a position (Allen et al. 2013Allen, R., T. Judkins-Cohn, R. deVelasco, E. Forges, R. Lee, L. Clark, and M. Procunier. 2013. Moral distress among healthcare professionals at a health system. *JONA'S Healthcare Law, Ethics and Regulation* 15 (3):111–8. doi: 10.1097/NHL.0b013e3182a1bf33.[Crossref], [PubMed] , [Google Scholar]; Dodek et al. 2016Dodek, P. M., H. Wong, M. Norena, N. Ayas, S. C. Reynolds, S. P. Keenan, A. B. Hamric, P. Rodney, M. Stewart, and L. Alden. 2016. Moral distress in intensive care unit professionals is associated with profession, age, and years of experience. *Journal of Critical Care* 31 (1):178–82. doi: 10.1016/j.jcrc.2015.10.011.[Crossref], [PubMed], [Web of Science ®] , [Google Scholar]; Hamric, Borchers and Epstein 2012Hamric, A. B., C. T. Borchers, and E. G. Epstein. 2012. Development and testing of an instrument to measure moral distress in healthcare professionals. *AJOB Primary Research* 3 (2):1–9. doi: 10.1080/21507716.2011.652337.[Taylor & Francis Online] , [Google Scholar]; Hamric and Blackhall 2007Hamric, A. B., and L. J. Blackhall. 2007. Nurse-physician perspectives on the care of dying patients in intensive care units: Collaboration, moral distress, and ethical climate. *Critical Care Medicine* 35 (2):422–9. doi: 10.1097/01.CCM.0000254722.50608.2D.[Crossref], [PubMed], [Web of Science ®] , [Google Scholar]; Hiler et al. 2018Hiler, C., R. Hickman, A. Reimer, and K. Wilson. 2018. Predictors of moral distress in a US sample of critical care nurses. *American Journal of Critical Care*: An Official Publication, American Association of Critical-Care Nurses 27 (1):59–67. doi: 10.4037/ajcc2018968.[Crossref], [PubMed], [Web of Science ®] , [Google Scholar]; Trautmann et al. 2015Trautmann, J., E. Epstein, V. Rovnyak, and V. Snyder. 2015. Relationships among moral distress, level of practice independence, and intent to leave of nurse practitioners in emergency departments: Results from a national survey. *Advanced Emergency Nursing Journal* 37 (2):134–45. doi: 10.1097/TME.0000000000000060.[Crossref], [PubMed], [Web of Science ®] , [Google Scholar]; Whitehead et al. 2015Whitehead, P. B., R. K. Herbertson, A. B. Hamric, E. G. Epstein, and J. M. Fisher. 2015. Moral distress among healthcare professionals: Report of an institution-wide survey. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing* 47(2):117–25. doi: 10.1111/jnu.12115.[Crossref], [PubMed], [Web of Science ®] , [Google Scholar])

DeTienne, K. B., Agle, B. R., Phillips, J. C., & Ingerson, M. C. (2012). The impact of moral stress compared to other stressors on employee fatigue, job satisfaction, and

Moral Distress: Fertility Preservation

Other frequently mentioned ethical dilemmas were as follows: workplace policies around PGT for variants of uncertain significance; workplace policies permitting patients to use embryos that tested positive for a familial mutation through PGT; workplace policies allowing patients to use embryos with mosaic test results; difficult couples' dynamics; and concerns around screening gamete donors, including notifying intended parents of disease risks for their donor-conceived children and making judgments about whether to recommend a donor. Several GCs felt personally conflicted about workplace policies permitting patients to test for the above variants or to use embryos with abnormal results; however, all who commented felt they still counseled patients non-directively and were able to utilize support resources to successfully counsel these patients.

Likes, Karina, Lauri Black, Jon Weil, Janine Bruce, Sylvia Bereknyei Merrell, Stephanie Bivona, and Kelly E. Ormond. "Challenges of Infertility Genetic Counseling: Impact on Counselors' Personal and Professional Lives." Journal of Genetic Counseling 28, no. 3 (2019): 626–40. https://doi.org/10.1002/jgc4.1106.

Forcing parents to take decisional priority in these scenarios may be unnecessary and result in moral distress for the HCPs—when the clinician is compelled to provide medical care that he/she does not believe is in the patients' best interests

”

A few participants commented they personally did not agree with some of the policies their places of work had related to these ethical dilemmas. One GC explored the possible consequences of voicing her concerns to supervisors. She described approaching her team about restricting certain practices and was unsuccessful, and she reflected on how this impacts her:

“

I have thought about what the implications would be to refuse to participate in those cases. And since I'm the only genetic counselor…it would be refusing the case as a whole…there would be huge, huge ramifications to just saying, “Sorry, I'm not going to do it”…the consequences of which would be me getting fired. So that's, that's really hard. (P 15, Has children, has not experienced infertility)

Reducing Moral Distress

PEACE rounds

Moral Distress Consultation

Moral Empowerment

Imbedded within palliative care programs are many interventions proposed to prevent or reduce moral distress, including provider ethics education (Kälvemark Sporrong, Arnetz, Hansson, Westerholm, & Höglund, 2007; Rogers et al., 2008); multidisciplinary collaboration and consensus building (Okah et al., 2012; Rice, Rady, Hamrick, Verheijde, & Pendergast, 2008); interdisciplinary provider, patient, and family conferences (Gutierrez, 2005; Rice et al., 2008); education strategies to manage moral distress (Beumer, 2005); and support for families (Gutierrez, 2005).

Moral Empowerment

The moral empowerment program used in this study included the steps designed by the researcher through employing Alvita K. Nathaniel's Theory of Moral Reckoning in Nursing[20] which were implemented in a 2-day workshop (6 h a day) for the experimental group. Moreover, using pamphlet, the symptoms of moral distress and its complications were taught to the control group during a 2-hsession. The Theory of Moral Reckoning has three stages: the stage of ease, the stage of resolution, and the stage of reflection (thought). If the person cannot deal with the first stage appropriately, he or she will be subject to moral conflict and, as a result, to moral distress. Thus, our interventions began from the resolution stage; however, it should be noted that in the strategies, the features mentioned in the stage of ease were also emphasized and employed as much as possible. In the present research, given the existing situation and the impossibility of intervening in issues such as organizational policies or, for instance, the workplace factors and like this, other implementable theoretical strategies were exploited. The steps of the moral empowerment program in this study were as follows:

Speech on the definition of moral distress and its symptoms by a medical ethics specialist based on the second stage of the theory (the stage of resolution), and presentation of the contents in the form of pamphlet to the subjects.

Identification of the adverse consequences of moral distress in nurses, nursing profession, and the quality of care.

Training strategies for overcoming moral distress in collaboration with the medical ethics specialist and psychiatric nursing specialist based on existing studies (with regard to the second stage of the theory: the stage of resolution) which includes the following.

Teaching the techniques useful in overcoming moral distress through using lecture, PowerPoint, group discussion; mentioning examples of nursing education and its ethical skills;[25,26] improving communication[27] and encouraging participation in an inter-professional environment;[28,29] asking for emotional support[30] as well as spiritual support[31] in the face of moral distress;[32] strengthening the problem-solving skill, self-expression and daring behavior; collective techniques such as plays and scenarios;[20] moral group meetings;[27] narration and storytelling methods such as discussing moral distress experiences as well as individual and professional approaches in dealing with it.[14]

Efforts to strengthen and apply strategies for dealing with moral distress under the directions of the researcher and through organizing small focused groups and sharing moral distress experiences in the form of a story (based on the third stage of Moral Reckoning Theory: the stage of reflection). To do so, the nurses were divided into five groups (six subjects in each group). Then, from the experiences provided by the nurses during their work experience, one experience was presented by the representative of each group. Then, after training on strategies effective for reducing moral distress in the workshop, each group was asked to offer some appropriate solutions to their experiences regarding moral distress and also solutions to minimize moral distress with regard to the scenarios given to them. The researcher corrected the solutions if required.

At the end of the workshop, pamphlets of the strategies for dealing with moral distress were provided to the nurses of the experimental group and a telegram group was designed for sharing the experiences of the nurses and providing a solution to them.

The control group also trained the symptoms and signs of moral distress and its complications in a 2-h session with the help of pamphlet. The moral distress questionnaire was completed 2 weeks later and 1 month after the workshop by nurses in the experimental and control groups.

Table 2. The mean score of moral distress in three times between control and experimental groups.

Time		Experimental group Mean ± SD	Control group Mean ± SD	Independent t-test t	Independent t-test p
Before the intervention		4.05 ± 2.26	4.12 ± 2.70	0.11	0.91
Two weeks after the intervention		3.38 ± 2.11	4.23 ± 2.70	1.36	0.18
One month after the intervention		2.64 ± 2.23	4.04 ± 2.54	2.26	0.03
Repeated-measures ANOVA	F	3.18	0.09		
	p	0.04	0.92		

SD: standard deviation; ANOVA: analysis of variance.

DOI: (10.1177/0969733018766576)

PEACE ROUNDS

PEACE Rounds Record

Patient Name:_____ Study ID_____

Date:_____

Diagnosis:_____

Developmental Level:_____

Discussion
Would you expect patient will survive ICU Stay? Yes/No Would you expect patient will survive hospital stay? Yes/No
What are goals of care?_____ _____ _____ Discuss lab needs:_____ Discuss Procedure needs:_____ Code Status:_____
Are we on track for attaining these goals? Intensivist 1? Yes/No Intensivist 2? Yes/No Nursing? Yes/No
Is all care team in agreement? Yes/No

Plan		
Action	Who will do:	By what date:

Moral Distress Workshop

Moral Distress Questionnaire

Shared experiences of moral distress

Definition of moral distress

Identification of signs and symptoms of moral distress

Identification of barriers that cause moral distress in the intensive care unit setting

Presentation of American Association of Critical-Care Nurses' 4As to rise above moral distress

Development of individual action plan

Development of unit action plans