

What is 'moral distress' in nursing and how should we respond to it?

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Jameton's definition of moral distress

"*Moral distress* arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action."

(Jameton 1984, p6).

Aims

- 1) To develop a theoretically robust conceptualisation of MD, which is meaningful in the context of UK nursing.

Objectives

Aim 1 will be met by addressing the following objectives:

- 1a) Carry out a systematic literature review and formulate a plausible working definition of moral distress.
- 1b) Using face-to-face, semi-structured interviews, obtain an in-depth understanding of UK nurses' experiences of moral distress, what they perceive to be causes of MD, how they feel it affects them, and how they can be supported.

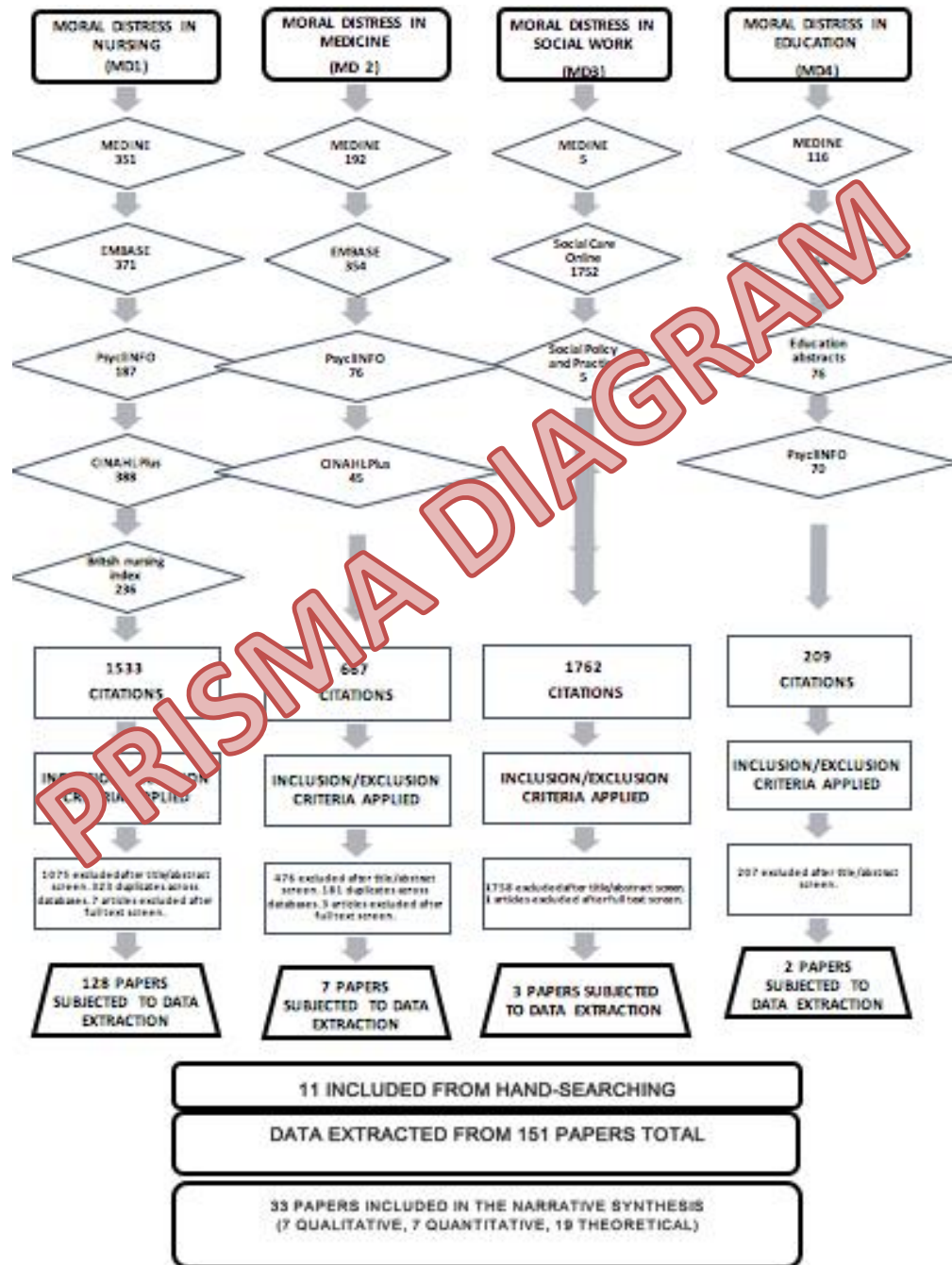
Aims

- 2) To develop recommendations for how MD ought to be conceptualized, recognized and responded to in a UK nursing context.

Objectives

Aim 2 will be met by addressing the following objectives:

- 2a) Refine the working definition of MD formulated in meeting objective (1a), informed by the empirical findings generated through meeting objective (1b).
- 2b) Conduct an ethical analysis that considers the most appropriate way to respond to MD in a UK nursing context.



"Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action."

(Jameton 1984, p6)

Jameton's definition:

1. Moral Judgement
2. Institutional Constraint
3. Desired outcome may or may not be achieved

"Moral distress is defined by the author as the psychological disequilibrium and negative feeling state experienced when a person makes a moral decision but does not follow through by performing the moral behavior indicated by that decision"

(Wilkinson 1987/88, p.16)

Wilkinson's definition:

1. Moral Judgement
2. Constraint
3. Psychological effects
3. Desired outcome not achieved

Moral Judgement and Moral Distress

“Moral uncertainty arises when one is unsure what moral principles or values apply, or even what the moral problem is”

(Jameton 1984, p.6).

“Moral dilemmas arise when two (or more) clear moral principles apply, but they support mutually inconsistent courses of action”

(Jameton 1984, p.6).

“An ‘umbrella category’ that could include the experience of anguish or suffering associated with facing a moral dilemma, moral uncertainty as well as certainty accompanied by constraint.”

Hanna 2004, p.76

“Moral distress is a psychological response to a morally challenging situations such as those of moral constraint or moral conflict, or both.”

Fourie 2015, p.97

“if moral agency is defined as the capacity to recognize, deliberate/reflect on, and act on moral responsibilities, in order to experience moral distress, an agent is required to possess at least some autonomy in recognizing and reflecting upon moral concerns. Yet on the other hand, an agent’s autonomy must be at least somewhat constrained in acting upon the very moral responsibilities he/she understands him/herself to have. This apparently irresolvable contradiction is moral distress.”

Peter and Liaschenko 2004, p.221

Moral Distress Literature

- (i) Accepted Jameton's account of MD as caused by an institutional constraint*
- (ii) Challenged 'constrained moral judgement'*
- (iii) Suggested adding other conditions required for moral distress*
- (iv) Added to these conditions a range of specific causes and effects*

Feminist Interpretive Phenomenology

“Phenomenology can provide the style for an analysis which retrieves and retains the immediate, vibrant, tangible, and compelling lived experience, and enables our understanding of the phenomena and meanings of this lived experience and situation; while feminist thought and analysis can expand and deepen phenomenological investigation by recalling and insisting on the importance of the lived context, and the multiple aspects, particularities, and dynamics of the social and cultural world, of social and political being in the world, and the necessity of a phenomenological analysis and framing of these phenomena.”

(Fisher 2010, p.94)

Data Analysis

1. Turning to the nature of lived experience
2. Investigating experience as we live it rather than as we conceptualise it
3. Reflecting on the essential themes which characterise the phenomenon
4. Describing the phenomenon through the art of writing and rewriting
5. Maintaining a strong and orientated relation to the phenomenon
6. Balancing the research context by considering parts and whole

UNCOVERING THEMES:

- *The wholistic or sententious approach* in which the whole text is read and the fundamental meaning of the text as a whole is captured.
- *The selective or highlighting approach* in which the data is read several times and the statements or phrases that are particularly revealing about the phenomenon will be highlighted.
- *The detailed reading or line-by-line approach* in which the text is read in detail and each sentence examined in terms of what it might reveal about the phenomenon.

Moral Judgement

“I felt I knew what the right thing was but having to wait on those decisions being made was hard.”

“His mum and dad have got divorced. They’ve lost their house because they couldn’t afford to pay for it because they both took so much time off because he was in the hospital. Erm, he had a twin brother who has dropped out of college and not got any qualifications because it’s torn his life apart. They’ve – both of his parents have lost their jobs, they’re on benefits, all because our consultants wanted to stop and the paediatric neuro team kept telling the family there was hope and our – wouldn’t allow for our team to withdraw because he was so young, and it has ripped their family to pieces, and he’s still in ITU, he’s still in HDU, he’s still got a trachie. He still can’t maintain his own airways. He’s not even well enough to go to a care home. Like he still needs level 2 care consistently.”

Moral Uncertainty

“I still felt guilty because I knew she didn’t want me to do it, and as I say we are taught from day one about autonomy and about capacity and consent, and I knew she had capacity and technically she was not giving me consent to suction her via her trache[ostomy] but it’s that very hard grey area of best interests, you know? I’m not allowed to just allow you to plug off, so it is difficult. It’s hard when you try to say right and wrong which is the difficult part of it but I knew I needed to do these things but it didn’t stop me from feeling guilty about it.”

Moral Uncertainty

“I say it is that very, very tough line of I know I am doing...I know I am doing practically the right thing here and legally the right thing here and all of those things but inside you're like ‘aaah’ this doesn't feel right because I don't think this is what they want.”

“I think it comes from experience. So if you had a fairly new nurse there, new to intensive care nurse, erm, who wasn't sure whether it was right or wrong, they would say, ‘They're the consultant. If they think that's what we're doing, that's what we're doing.’”

Withhold Judgement

“I just think that’s not what my job is. I’m not there to pass a judgement, or to, because that’s what I’d be doing, and who am I to say what’s right and what’s wrong.”

“I never feel comfortable doing it because I just...I...I think, its not my place to pass a judgement on anybody. And I think that’s what I would be doing, I’d be judging them as either right or wrong.”

Moral Conflict/Moral Dilemma

“this is why it’s so difficult to care for patients, because the nurses on the night shift might agree with the doctor and then the nurse who comes on the day shift might come on and say, ‘Wait. What are you doing? Why are you withdrawing on this patient?’ You know, or, ‘Why aren’t we withdrawing?’ or whatever, and might have a completely different view. The same as when your consultants swap over on Friday morning, the plan might have been, all week, ‘Okay, we’re gonna have family discussion on Friday.’ Erm, ‘we’re gonna discuss either a tracheostomy or withdrawal, that’s gonna be the plan.’ And then the consultants change over and the new consultant that comes on says, ‘No. I think we should try and extubate and see how they get on, and then we’ll think about a trachie,’ and, you know, because their moral judgment is completely different and the way they see each patients’ case is completely different.”

“the medical team came round and I was like, ‘So can I have a DNR?’ And they said, ‘Oh no, we’re going to put in another central line’. Erm, and I was a bit like, ‘Okay. Right. Obviously we’re both singing from two different hymn sheets’.”

Psychological Effects

“I just... and I can't bear it...I cannot bear it when we are continuously.... It's like you come in and your like, “Oh I hope that person has gone now” because I can't believe their still here and then it's a week later and you come back off your holiday and they are still there, they are still in the same situation and they've still got their tube [endotracheal tube] in and their still on Noradrenaline and their still on the filter. And you're like “Why!? Why!?” This is...it just feels wrong.”

Moral Responsibility

“I think sometimes we do things in ITU and we treat people and we forget that there is a human underneath all of this and they become a vessel. And, erm, because we can keep somebody going for such a long time with artificial means, all these things, and then you’re complicit in it because you’re carrying out these interventions. And that is something which is quite a difficult thing.”

“I, I think that it’s very easy for the doctors to come over and make a plan and then walk off, and they don’t think that the nurses are at the bed space for 12 hours and dealing with a family.”

Tentative Conclusions

- *The definition of moral distress needs to be broadened*
- *There needs to be a 'moral event' that is causally linked to 'psychological distress'*
- *Compounded by other factors such as constrained moral agency and conflicting moral responsibilities*

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