# Recognizing & Combating Moral Distress

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## INTRODUCTION

Moral Distress is a growing problem in healthcare. Unresolved moral distress has contributed to physical, physiological, emotional, and psychological health issues in the caring professions.

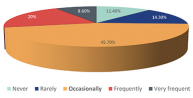
Research at one rural community hospital yielded the following sources of moral distress requiring attention: Team communication and perceived unsafe staffing (Whitten, 2019).

The purpose of this program is to introduce healthcare professionals to the concept of moral distress and provide them with the skills necessary to combat the morally distressing events in their everyday work environment. The need for this program emerged from a 2019 action research study that questioned the ways moral distress education can empower healthcare professionals at a rural community hospital to facilitate organizational changes that combat moral distress and nurture moral courage (Whitten, 2019). The action plan identified in the Whitten (2019) study outlined the need for a hospital-wide education program on the topic of moral distress.

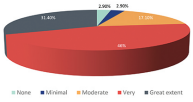
## PREVIOUS RESEARCH

**Whitten 2019**

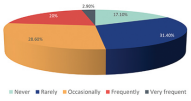
Inferior Team Communication (Frequency)



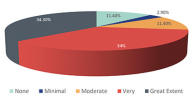

Inferior Team Communication (Level of Disturbance)




Witness Perceived Unsafe Staffing Levels (Frequency)




Witness Perceived Unsafe Staffing Levels (Level of Disturbance)




## OBJECTIVES

- **Learners will be able to define the basic concepts of moral distress and moral courage.**
- **Learners will be able to identify and describe sources of moral distress.**
- **Learners will analyze and evaluate case scenarios/presentations in a group setting.**

## METHODS

**PowerPoint**
- Definitions
- Internal/external constraints
- Sources of moral distress
- Signs effects of moral distress
- Crescendo effect
- Implications
- Moral Distress Project

**Case Presentations**
- Moral Distress Project video clips
- Group discussions/ analysis

**Post Education Quiz**
- Development of a post educational quiz
- Analyze data collected from quiz
- Formulate charts/graphs that illustrates objective outcomes

## ANTICIPATED RESULTS

**In what ways do health care professionals anticipate utilizing moral distress education to impact the moral climate of the organization?**

**Increase in health care professional awareness about moral distress.**

**Increase in health care professional ability to recognize sources of moral distress.**

**Ultimately the implementation of a Nuvance Health network wide moral distress curriculum**


## ACTION PLAN

Enhancing moral distress, and moral courage awareness in a consistently supportive milieu cultivates professional respect between members of multidisciplinary health care teams. Research has shown that successful multidisciplinary teams are characterized by open communication, respect, shared responsibility, acknowledgment, and discussion of conflict (O'Daniel & Rosenstein, 2008). This action plan endorses four stages in the development of professional regard: awareness, support, consistency, and respect (ASCR).

**AWARENESS**- involves introducing education and training on moral distress and the skills of moral courage.

**SUPPORT**- features implementation of specific policies, procedures, employee shadowing, debriefings, case discussions, and acknowledgment programs which provide supportive forums for open communication, collaboration, and modeling without fear of retaliation.

**CONSISTENCY**- For professionals to accept accountability there needs to be consistent policies, procedures, and guidelines. Administrators need to adhere to these guidelines that hold all professionals of the multidisciplinary team accountable. Administrators need to adhere to these guidelines so that all professionals (including physicians) are held to the same standard. Consistency will reinforce the organizational expectation of teamwork and open communication.

**RESPECT**-When **multidisciplinary** teams jointly participate in open communication and decision- making activities true collaboration becomes the standard (Wood, 2012) and collaboration demands respect. The organizational leadership delineates each team member's accountability for cooperation and how opposition to the collaborative effort will be managed. Genuinely interconnected teams hold each member of the highest esteem for their unique knowledge, skills, and abilities. As education, supportive systems, and consistency begin to merge in daily practice; the multidisciplinary health care team will assimilate to the shift in organizational culture. This positive shift in culture will then filter down to patients and families. Teams will respect the role each discipline has to play in the care of the patient and begin to function as a unified entity which enhances patient care outcomes and satisfaction.

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