

Nursing Practice and Moral Distress

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PICO: For nurses experiencing moral distress, is the moral distress map or the implementation of Schwartz Rounds the most effective coping mechanism.



Abstract

Objectives: The purpose of the research was to find how many newly graduated nurses and currently practicing nurses experience moral distress and burnout and what strategies are used to minimize this distress.

Background: In acute care settings it was been shown that there are high numbers of nurses that experience moral distress and burnout due to internal and external problems.

Methods: In this study multiple steps were used to fully compare each intervention and its efficacy in addressing moral distress through literature review and analysis.

Results: The Dudinski Moral Distress Map is more effective for clinicians in practice due to its structure and analysis.

Conclusion: The Dudinski Moral Distress Map is more effective for clinicians in practice due to its structure and analysis. The process of the moral distress map leads the user through steps that identify the cause and the course of action needed to correct the nurse's distress.

Introduction

Moral Distress is defined by the American Nurses Association (2015) as, "The condition of knowing the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible; threatens core values and moral integrity" (p. 44).

The Moral Distress Map is a structured analysis of a morally distressing situation that allows researchers and policy makers to gain further clarity regarding what can be done to correct moral distress (Morley, 2018).

Schwartz Rounds are programs that encourages staff to meet regularly and discuss honestly the social and emotional issues that they may face when caring for patients and families (Schwartz Rounds, n.d.).

Methods

In this study we have used multiple steps to fully compare each intervention and its efficacy in addressing moral distress through literature review and analysis. The steps taken to compare them are as follows:

1. Identifying tools used to mitigate moral distress
2. Understand the process and use of each tool
3. Identify strengths and weaknesses
4. Compare the strengths and weaknesses of each
5. Determine which tool is most effective.

Moral Distress

Moral distress is caused by an event that must arise in which the nurse recognizes a moral problem and believes she or he is responsible for their own actions in the situation (Shroeter, 2017). It can also be described as the inability of an ethical nurse to act according to his or her core values and obligations due to constraints faced in the healthcare system (Renata et al., 2017). Dorman and Bouchal (2020) discuss that burnouts and moral distress issues are being seen most abundantly in acute care and critical care units with intense topics like death. Wagner (2015) then recommends the development of interventions that would integrate into the high-stress environments like measurements of nurse distress, ethics committee, and debriefing.

Moral Distress Map

The moral distress map is used during case debriefing to identify and address the issues causing a practitioner's distress. On the survey are six questions designed to further explore the factors involved. It is commonly easier to form a more structured analysis after the distressing situation in a personal reflection. It is only then that researchers and policy makers can gain further clarity regarding what can be done to correct moral distress (Morley, 2018).

First the nurse must identify the emotions being experienced (Dudzinski, 2016). Next the source of the moral distress must be identified, whether it is internal or external. If internal conflict is causing moral distress it can be an opportunity to moral growth (Dudzinski, 2016). If external conflict is the cause, institutional action is most appropriate. The third step involves identifying what constraints are in place to taking action (Dudzinski, 2016). Again internal and external obstacles that keep a nurse from performing their obligations must be identified to further inform courses of action (Dudzinski, 2016). The fourth step is to identify conflicts in your responsibility, "Obligation X conflicts with responsibility Y" (Dudzinski, 2016). The fifth step is to plan actions that can be taken to either, to improve a patient's outcome, or to cope with your own moral distress (Dudzinski, 2016). Lastly the nurse must decide which action is best to take with regard to ethical and professional standpoints (Dudzinski, 2016).

Schwartz Rounds

The Schwartz Round Program is offered to healthcare providers as a regular scheduled meeting during their fast paced work lives to share and discuss honestly their social and emotional issues that they face when caring for patients and families (Schwartz Rounds, n.d.). It is similar to traditional medical round tables in a way that during that time healthcare professionals should be creating and discussing topics that are experienced in the clinical setting and discussing differing opinions. In contrast the healthcare personnel have the opportunity to share their emotions, experiences, and thoughts from topics from actual patient cases (Schwartz Rounds, n.d.). The session works as many diverse disciplines are listening to the brief presentation on a case or topic, and the participating caregivers are encouraged to speak about their own perspective of the case or broader interrelated issues (Schwartz Rounds, n.d.).

| | Emotion | Source | Constraint | Conflicting Responsibility | Possible Action | Plan/Action |
|------|---------|--------|------------|----------------------------|-----------------|-------------|
| Case | | | | | | |

Explanation: The horizontal lines represent a flowchart that starts from the emotion then the distress. Horizontal lines are the sources below. They can answer separately and then discuss as a group. In the entire process can be done together in a large group. Encourage responses to respond to the source of the emotion. Encourage the group to brainstorm the possible most possible responses and guide the group in examining the ethical team addressing moral distress.

Emotion: What emotion are you experiencing?
E.g. sadness, frustration, anger

Source: What context is the source of the moral distress?
E.g. inadequate staffing, working in an understaffed unit

Constraint: How do the internal and external constraints to taking action.
E.g. how do you feel the system, patient does not really fit services the need.

Conflicting Responsibility: Who is responsible?
E.g. insufficient resources, insufficient staff

Possible Action: What action could you take?
E.g. request resources for the problem, the case
To cope with your own moral distress

Plan/Action: What action should you take?

Figure 1. The Moral Distress Map. This figure illustrates the structure of the distress map (Dudzinski, 2016).

Evaluation & Analysis

The strengths of Dudzinski's moral distress map (2016) are mostly attributed to its structure and how it encourages a more in depth analysis of one's personal distress. Three sections are dedicated to finding the cause of the nurses distress. This provokes an acceptance of a nurse's responsibility, the second question on the distress map encourages moral growth in situations where the conflict is internal (Dudzinski, 2016). If there is an external distress factor, the institution should get involved. Another strength of this process is that it allows a nurse to explore the distress through conflicts in their responsibility and obligations. One of the last strengths is the last two processes are centered around plans of action. A weakness to this method was that it could be isolating, and may take more than debriefing sessions. The Schwartz Rounds was a good way of holding a debriefing session. Strengths for this method would be it was confidential and followed HIPPA laws, as well as created a support group for providers to talk about feelings they had. The weaknesses were they were only debriefing sessions, and did dive deep into the internal distress one may had been facing. It was a venting session for ones who wanted to participate.

Conclusion & Implications for Future Research

The Dudinski Moral Distress Map is more effective for clinicians in practice due to its structure and analysis. The process of the moral distress map leads the user through steps that identify the cause and the course of action needed to correct the nurse's distress. While the community aspect of the Schwartz Rounds can aid in the participants feeling of isolation. It does not give as much of a focus on the causes or the actions to correct the moral distress in occurrence. The open nature of the Schwartz Rounds is also a differing factor as the moral distress map is structured for one thing, to identify and correct the causes of moral distress. In the future if the research was continued we would have liked to dive further into the Dudzinski Moral Distress Map and Schwartz Rounds methods, and test each of the methods and compare their effectiveness. This way we are testing each intervention ourselves and not relying on others word.

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