

Moral Distress and Injury

What are moral distress and moral injury?


Healthcare is a limited resource, and so our staff work need to within various constraints. These include their own personal constraints (skills, time, experience), peer constraints (relationships, team dynamics) resource constraints (staffing, equipment, funding) and organisational constraints (such as policies and procedures). There are times when these constraints create a gap between the course of action we'd like to take (such as care we would like to deliver) and the course of action we are able to take.

The gap can create distress. We call this moral distress.

Moral distress is the powerful emotional reaction that occurs when you are certain about the ethically correct action to take but feel powerless to take that action due to varying constraints or indeed find yourself doing the wrong thing because of those constraints.

Moral distress is linked to a clinician's sense of responsibility especially the duty to advocate. Often ICU staff ask ***"did I do enough?"*** or ***"did I do the right thing?"***.

If you tend to be self-critical then you may find you are more likely to ask such questions of your practice.



"Did I do enough?"
"Did I do the right thing?"

When we act against our core values and moral code repeatedly this can result in harm to your conscience and sense of integrity.

We call this moral injury.

It can be experienced as disorientation, guilt, shame, anger and self-reproach.

Where there are questions and feelings of having failed in one's duty that are left unresolved, staff are vulnerable to developing symptoms similar to those seen in Post-Traumatic Stress Disorder (PTSD).

Mind the Gap

Research has examined the kind of issues that arise in healthcare that may lead to moral distress and have come up with three broad categories: issues of omission, commission, or betrayal.

Omission: when something is not done, missed, or a sense of having not done enough.

“I froze and could not help”

Commission: something happened that should not have happened, an error.

“I lost concentration and gave them the wrong dose”

Betrayal: a feeling of not being cared for or considered, or deliberate negligence.

“They lied to cover up their mistakes”

Where there are feelings of betrayal, the risk of moral distress leading to moral injury and psychological harm are greater.

“I froze and could not help”

“I lost concentration and gave them the wrong dose”

“They lied to cover up their mistakes”

Moral Distress in Intensive Care

Working in ICU comes with many rewards, but also with challenges. Many decisions actions are taken which occur within the complex context of these multiple constraints.

Examples of triggers for moral distress include:

- Drug errors
- Deaths in intensive care involving decisions about withholding and withdrawing treatment.
- Inability to provide patients with the level of care and resources they require.
- Being impacted by patient flow through the hospital, and concerns around timely admission and discharge
- Interactions between families and staff where there is disagreement about the best interests of the patient.
- Issues around capacity in intensive care which are not addressed by the organisation.

Recognising the impact of moral distress

It is important to be aware of moral distress in yourself and colleagues.

You may find yourself experiencing:

Feelings of anger, failure, guilt, disappointment, disgust at yourself or others.

Thoughts such as *'I'm a terrible person' 'I'm not doing my job well' 'I wasn't able to provide the care that the patient needed' 'I shouldn't have done that' or I should have stepped in' or I should have 'said something'.*

And/or you may begin to:

Feel angry at colleagues, managers, the government or authority figures.

Struggle to function at work.

Struggle to sleep well.

Find that problems develop at home and in relationships.

Have a think about what is going on for you – what is causing me to think and feel like this and where can I find help and support?

Recommendations for Self-Care in the event of experiencing morally distressing events

- ✓ Identify your 'go-to peer' who you would discuss the day with before going home.
- ✓ Acknowledge if you are morally troubled. There is a tendency or some people to bottle this up.
- ✓ Get to know your moral stressors/moral distress triggers. You may not know why you are troubled and talking to a trusted confidant can help you unpick what is bothering you, why this is important to you and what actions you can take to help.
- ✓ Get to know your preferred coping mechanism (healthy and not so healthy) and constructive ways to manage your moral stressors.
- ✓ It is important to reflect and discuss what your responsibilities are/were in a situation, what constraints you faced and what control you had over this.
- ✓ Think about what you did well in the circumstances and what you will do differently if it should arise again. What options are available to you. Find the most ethically acceptable solutions that work for you.
- ✓ Be wary about levels of self-criticism and self-blame and expecting more of yourself than is expected of your role and your level of knowledge and experience.
- ✓ Take opportunities to make sense of why decisions were made that you find troubling.
- ✓ Escalate concerns through your line management and other organisational processes.
- ✓ Take time to reflect on what you have learned and how you have grown in these times of adversity.
- ✓ Identify things that can help you to have control over your work and practice and that give you a sense of belonging.
- ✓ Access staff support services.
- ✓ Consider referring morally troubling cases to clinical ethics committees.
- ✓ Take time to look after yourself and take adequate rest periods.

Protecting yourself against the Impact of Moral Distress:

A clinician's self-determination at work influences the risk of moral distress.

Self-determination consists of three parts (1) **autonomy**, (2) **a sense of belonging**, and (3) **competence**.

Autonomy

People need to feel in control of their own behaviours, goals, work and decisions. Being able to take direct action and make real changes in patient care accordance with your core values.

However, there is a need to balance an individual need for autonomy with the autonomy needs and values of patients and that of your fellow colleagues. Being aware of your role and responsibilities (especially if new to a role or clinical environment), practising within legal, professional and clinical guidance and gaining knowledge, skills and experience in an area can help you to develop and exercise your clinical autonomy.

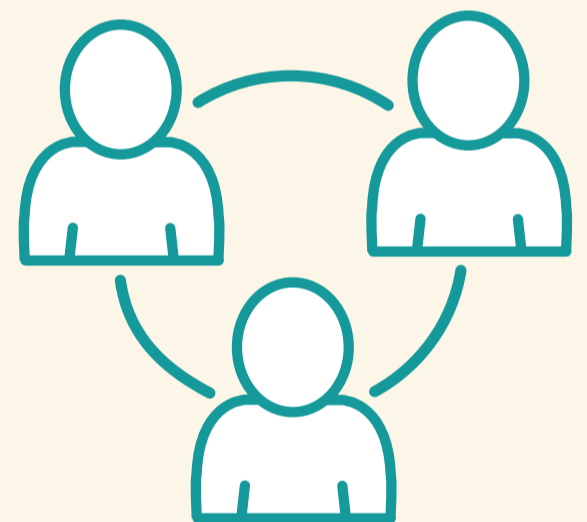
Remember that autonomy is also about being empowered to speak up, to agree or disagree with decisions and deciding whether to undertake (or declining to undertake) clinical practices which are not within your scope.



Belonging

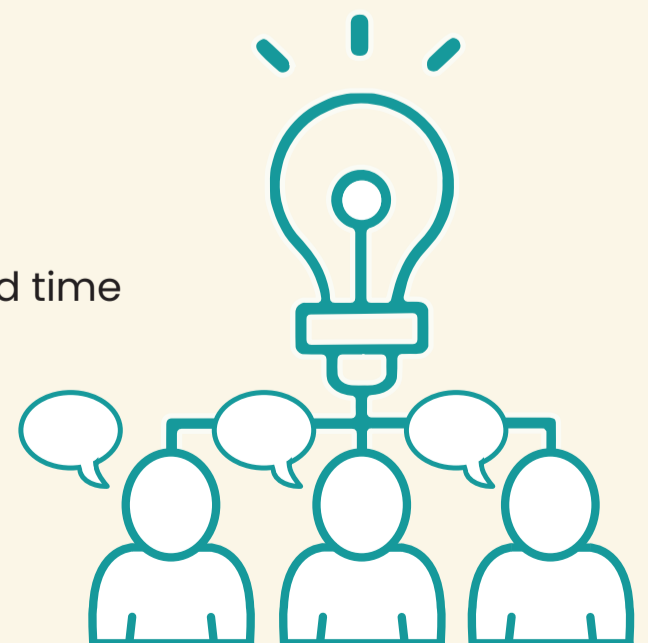
It is important to have connections with, and a sense of belonging to, a compassionate and supportive multidisciplinary team at work. These relationships are important for providing you with a sense of psychological safety and empowerment. Crucial to this is the opportunity to have open and transparent discussions and decision-making, questioning and understanding each other's perspective, escalating concerns and supporting people to do what they believe is the right thing.

Belonging is especially important to foster when taking up a new post in the critical care environment, along with during times of uncertainty and crisis such as redeployment during pandemics. These can be disorientating and difficult times where a welcoming and supportive environment and systems of support are required.



Competence

To be able to act autonomously it is important to act within your professional knowledge base and scope of practice. People need time and practice to gain mastery of tasks and to learn different skills. Reflecting and learning from practice experiences is also an important part of building competence. Building knowledge, skills and confidence in a supportive environment is essential for finding your "voice". It is essential to feel empowered to use your voice to express your views and to be able to advocate for patients, families, yourself and colleagues and to experience being heard in the workplace.



Protecting your team against the impacts of moral distress

- ✓ Provide preparation, orientation and induction to the intensive care environment and ongoing development opportunities to support staff to practice effectively.
- ✓ Recognise that the environment may be perceived as quite alien, frightening and challenging to staff new to the speciality.
- ✓ Provide staff with 'go-to peers'/mentors/opportunities for guided reflection.
- ✓ Create conditions for respectful multidisciplinary working.
- ✓ Use plain language when communicating- be honest
- ✓ Actively touch base with staff and monitor staff wellbeing by asking 'how are you?' every day.
- ✓ Team leaders can help staff make sense of morally challenging decisions being made by talking clearly and openly about such decisions.
- ✓ Involve staff in decisions about their work and patient care.
- ✓ Support staff to understand why different ways of working are required.
- ✓ Offer regular opportunities for listening to and communicating with staff.
- ✓ Provide safe spaces for staff to seek clarity, speak up and raise concerns.
- ✓ Monitor the ethical climate and culture of the environment and act swiftly to improve.
- ✓ Review and share learning.
- ✓ Ensure staff have adequate breaks and rest periods.
- ✓ Be aware of and look out for signs of moral distress in staff.
- ✓ Ensure staff know about and have access to support resources.

Team Work to protect against Moral Distress

- ✓ Work together to create a safe and supportive team and work environment.
- ✓ Be prepared to patiently share your knowledge and skills with new colleagues.
- ✓ Manage your expectations of new staff and redeployed staff and support them to manage the expectations they have of themselves.
- ✓ Have a dialogue with each other at the start of your shift and agree how you will work as a team for the shift.
- ✓ Pool your knowledge and skills to provide the care that patients need.
- ✓ Be prepared to learn new skills safely and practise within your developing scope.
- ✓ Empathise and check in with each other after tough decisions and events.
- ✓ Reach out to those who don't join these conversations.
- ✓ Notice the people who don't want to talk and keep an active eye on them – avoidance can be harmful but don't try to make people talk if they are not ready.
- ✓ Try to promote a helpful perspective: for example, 'that was awful, but we did the best we could to provide the best care we could, given the circumstances.'
- ✓ If someone is distressed following a difficult decision or work event be respectful and compassionate of their experience and perspective. Do not rush to label this response as negative and encourage staff to understand this is an understandable response to such a difficult situation.
- ✓ Be prepared to listen and to support colleagues to work through their emotions, to reflect and make sense of their experiences and to find their own solutions.
- ✓ Share experiences where appropriate.

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See our Thriving at Work hub for further support and resources:

www.ics.ac.uk/thrive