# Recognizing and Managing Moral Distress During the COVID-19 Pandemic:
# A Guide for Nurses

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# Objectives

- Describe the ethical frameworks that guide decision-making during a public health emergency, such as the COVID-19 pandemic.

- Recognize signs and symptoms of different types of moral distress.

- Identify resources available to support nurse experiencing moral distress.

# Shifting to a Community Focus

- Many nurses are used to working with individual patients and their families.

- Public health emergencies require us to shift our focus to care for the broader community and the public.

- This shift from patient-focused care to community-centered practice necessitates caring for patients in different ways.

- The standards of care that we are used to providing often change due to the increase in numbers of individuals needing care, increase in hospital admissions and strain on healthcare services and staff.

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# Ethical Commitments: Two Views

| DUTIES OF EVERYDAY CLINICAL ETHICS | DUTIES OF PUBLIC HEALTH ETHICS |
|---|---|
| • Non-abandonment: commitment to care for patients throughout their illnesses. <br> • Respect the rights, preferences & values of individual patients. <br> • Relieve suffering. | • Promote public safety. <br> • Protect community health. <br> • Fairly allocate limited resources relative to need. <br> • Recognize moral equality of all persons. <br> • Relieve suffering. |

# Shifting to a Community Focus

- Crisis standards of care may apply during extreme circumstances such as disasters, emergencies or pandemics such as COVID-19.

- When these standards apply, our ethical priorities have to be balanced between our everyday duties (e.g. respecting individual right & preferences) to public health ethics priorities (allocating resources relative to need & benefit).

- These standards require healthcare professionals to try and save as many lives as possible and use limited resources in a way that is fair.

# Shifting to a Community Focus

- The allocation of resources is usually guided by a triage protocol.
- Movement to crisis standards of care must be declared by healthcare institutions, ideally in collaboration with other healthcare professionals, policy-makers and the community (American Nurses Association, 2020).

- For more information on triage protocols, the following is a short blog with links:

https://blogs.bmj.com/medical-ethics/2020/03/25/covid-19-and-the-moral-community-a-nursing-ethics-perspective/

Difficult ethical decisions and experiences cause nurses & other healthcare professionals to experience **moral distress.**
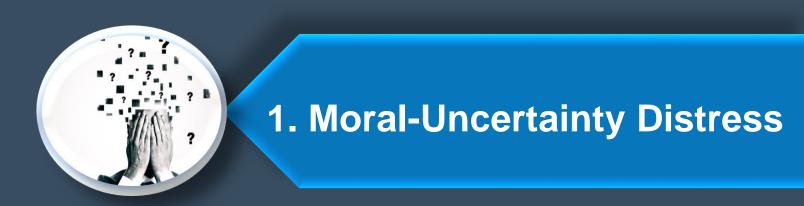
Moral distress is likely to be exacerbated due to the COVID-19 pandemic.

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Moral Distress is the experience of psychological distress that is causally related to a moral event.
(Morley et al. 2019)

There are five types of moral distress:

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**1. Moral-Uncertainty Distress**

Are you asking yourself or others:
- ➤ *"I feel torn about what we should do"*
- ➤ *"I don't know whether this is the right thing to do"*

You may be feeling:
- ➤ *Torn*
- ➤ *Conflicted*
- ➤ *Uncertain*
- ➤ *Frustrated*

(Morley et al., 2019)

## 2. Moral-Conflict Distress

Are you asking yourself or others:
- ➤ *"I feel like they don't understand my point of view"*
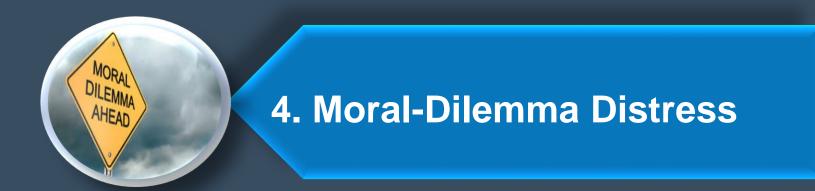- ➤ *"I feel like we have different moral perspectives"*

You may be feeling:
- ➤ *Conflicted*
- ➤ *Frustrated*
- ➤ *Angry*
- ➤ *Sad or upset*

(Morley et al., 2019)

# 3. Moral-Constraint Distress

Are you asking yourself or others:
- ➢ *"I feel like I'm not doing the right thing"*
- ➢ *"I feel like I am complicit in causing suffering"*

You may be feeling:
- ➢ *Angry*
- ➢ *Frustrated*
- ➢ *Sense of injustice*
- ➢ *Powerless*

(Morley et al., 2019)

## 4. Moral-Dilemma Distress

Are you asking yourself or others:
> *"I feel like I'm like I'm stuck between a rock and a hard place"*
> *"Both options seem to be equally bad"*

You may be feeling:
> *Torn*
> *Sense of injustice*
> *Sadness*
> *Guilt*
> *Regret*

(Morley et al., 2019)

**5. Moral-Tension Distress**

Are you asking yourself or others:

➤ *"I don't feel like I can talk to anyone about my beliefs"*

➤ *"Nobody wants to hear my opinion about this"*

You may be feeling:

➤ *Sadness*

➤ *Anger*

➤ *Frustration*

➤ *Powerlesssness*

(Morley et al., 2019)

Sub-types of Moral Distress

Moral-Constraint Distress

Moral-Tension Distress

Moral-Conflict Distress

Moral-Uncertainty Distress

Moral-Dilemma Distress

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It is important to distinguish between **moral distress** and **psychological distress.**

Although they can be interlinked, different approaches and repsonses are required to address the different experiences.

# Resource 1:
## 4 A's to Rise Above Moral Distress

The 4 A's to Rise above Moral Distress was developed by the American Academy of Critical Care Nurses Ethics Workgroup in 2004.

Link to original resource:
https://www.emergingrnleader.com/wp-content/uploads/2012/06/4As_to_Rise_Above_Moral_Distress.pdf

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# 4 A's to Rise Above Moral Distress

The authors suggest that addressing moral distress requires making changes which are cyclical and require re-evaluation.

They suggest going through 4 steps in order to:

1. Recognize an experience of moral distress

2. Affirm that experience (with self or others)

3. Assess your source of moral distress and

4. Identify an action to take to overcome your moral distress.

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# 4 A's to Rise Above Moral Distress

The authors suggest that addressing moral distress requires making changes which are cyclical and require re-evaluation.

*1. ASK:*

*"Am I feeling distressed or showing signs of suffering? Is the source of my distress work related?*

*Am I observing symptoms of distress within my team?*

**Goal: You become aware that moral distress is present.**

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# 4 A's to Rise Above Moral Distress

## 2. AFFIRM:

Affirm your distress and your commitment to take care of yourself.

Validate feelings and perceptions with others.

Affirm professional obligation to act.

**Goal: You make a commitment to address moral distress.**

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# 4 A's to Rise Above Moral Distress

## 3. ASSESS:

**Identify sources of your distress.**

• Personal

• Environment

**Determine the severity of your distress.**

**Contemplate your readiness to act.**

• You recognize there is an issue but may be ambivalent about taking action to change it.

• You analyze risks and benefits.

**Goal: You are ready to make an action plan.**

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# 4 A's to Rise Above Moral Distress

*4. ACT:*

**Prepare to Act**

• Prepare personally and professionally to take action.

**Take Action**

• Implement strategies to initiate the changes you desire.

**Maintain Desired Change**

• Anticipate and manage setbacks.

• Continue to implement the 4A's to resolve moral distress.

**Goal: You preserve your integrity and authenticity.**

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# 4 A's to Rise Above Moral Distress

*On the following slide, there is an example of a morally distressing scenario and how one might use the 4 A's to guide either self-reflection, paired or group reflection to explore the ethical issues.*

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## Ask

Nurse in the ICU had to care for two level 3 patients because of lack of staffing & the influx of patients. Patient 1's filter started alarming & looked like it might clot off. At the same time, patient 2's ventilator starts alarming.
- The nurse feels torn about what to do, conflicted and frustrated.
- In the moment, they make the decision to prioritize patient 2 because their Arterial Blood Gases have been terrible all night whereas patient 1's would likely be ok off filtration for a few hours. They ask them self whether they experienced moral distress.

## Affirm

- Even after making the decision about who to prioritize, the nurse continues to feel guilty, angry and frustrated.
- They affirms to them self the experience of moral distress.
- After the shift, they go to speak to the nurse-in-charge who affirms that this was a difficult moral choice to make which caused the nurse moral distress.
- The senior nurse listens, validates the emotions expressed & guides the nurses reflection & discourages expressions of self-blame.

## Assess

-The senior nurse affirms the decision in this instance to prioritize the patients airway.
-The nurse reflects upon the emotions & assesses that they experienced moral-uncertainty distress (they were uncertain about which individual to prioritize), moral-dilemma distress (guilt) & moral-constraint distress (anger that they had to make this choice in the first place, ICU should be 1:1 care).

## Act

-The nurse considers their environment & given the pandemic acknowledges that there is very little they can do to avoid these situations. They resolve not to blame them self or feel guilty.
- They decides to act by ask their nurse manager & CNS to provide an education session to help prepare the nursing team by brainstorming other similar scenarios that might occur so they feel prepared to make these decisions again in the future.

| **A**sk | **A**ffirm | **A**ssess | **A**ct |

# Resource 2:
## The Moral Distress Map

Developed by Dr. Denise Dudzinkski (2016): the Moral Distress Map is an exercise that can be completed individually or in a group, preferably a clinical ethicist or individual with ethics knowledge would help guide reflection and discussion of the ethical issues.

Link to journal article:
https://jme.bmj.com/content/42/5/321

# The Moral Distress Map

The following questions should guide reflection or discussion:

➢ Note: the questions in yellow are added by Morley to encourage considerations of others moral perspectives during reflection or discussion.

1. EMOTIONS- What emotions are you experiencing?

What emotions are others potentially experiencing or actually exhibiting?

1. SOURCE – What precisely is the source of your moral distress?

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# The Moral Distress Map

3. CONSTRAINTS- Are they any? Are they internal or external?
If they aren't any constraints present, what other type of moral distress might this be?

4. RESPONSIBILITIES – are you experiencing conflicting responsibilities? Personal vs. professional?
Might others in your team be experiencing conflicting responsibilities?

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# The Moral Distress Map

5. POSSIBLE ACTIONS – what are your available options?

6. FINAL ACTION – what is most ethically supportable final action?
   Why do you think that is most ethically justified?

| | Emotions/ Others Emotions | Source(s) | Constraints? Type of Moral Distress? | Conflicting Responsibilities | Possible Actions | Final Action |
|---|---|---|---|---|---|---|
| **Case**<br><br>**Nurse working in Accident & Emergency and experiencing moral distress after an older patient was intubated and transferred to the Intensive Care Unit rather than a young mother.** | **Nurse (self-reflection): Guilt Regret Sadness Anger Frustration**<br><br>**- Encourage consideration of others involved: A&E physician (considering emotions exhibited by others); Nursing colleague. Medical student. Physiotherapist Health Care Assistant,** | **- Guilt , regret sadness: feeling that the team were in an impossible position to decide; moral-dilemma distress.**<br><br>**- Anger & frustration: questioning why they should have to make these decisions; moral-constraint distress.** | **Moral-constraint distress & moral-dilemma distress both due to the COVID-19 pandemic and the need to allocate resources. Although one patient was younger, she had multiple co-morbidities that meant she likely would not have benefitted. Although the patient 2 was older, he did not have any co-morbidities and the team felt he could benefit from ventilation quicker.** | **Nurse felt conflicting responsibilities as they wanted to be able to save both of them & provide them both with the opportunity for invasive ventilation & ICU care. The nurse also has young children at home & so struggled from a personal perspective to rationalize and make sense of the decision.** | **With additional resources, they might have been able to give both patients an opportunity to benefit from intensive care. However, because of the strained resources, the team needed to prioritize based on clinical criteria & weighing of likely benefit. If they prioritized the younger patient based on age this would be discriminatory & if they considered her children this introduces considerations of social worth which is not ethical justified.** | **Ultimately, it seems the team may have made the most ethically justifiable decision but the experience still felt wrong. This resulted in moral-dilemma distress (due to feeling stuck between two equally bad options) & moral-constraint distress (forced to make these decisions due to lack of resources.** |

| | Emotions/ Others Emotions | Source(s) | Constraints? Type of Moral Distress? | Conflicting Responsibilities | Possible Actions | Final Action |
|---|---|---|---|---|---|---|
| **Case** | | | | | | |

# Resource 3:
## Clinical Ethics Committees

## Clinical Ethics Committees

*If you are experiencing any type of moral distress in relation to the ongoing care of a patient this might be an indication that you need to request clinical ethics support.*

Some Hospitals & NHS Trusts have a Clinical Ethics Committee that can review patient cases and provide advice and recommendations for complex or difficult cases.

*If you do not have access to a clinical ethics committee, you are advised to raise your concerns with your nurse-in-charge and your unit manager.*

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# Resource 3:
## Clinical Ethics Committees

In the United Kingdom, most Clinical Ethics Committees are registered with the UK Clinical Ethics Network: this network aims to facilitate communication between clinical ethics committees & promote the development of ethics support in the UK.

*Committees are listed here:*

*http://www.ukcen.net/committees/member_list*

*COVID-19 Resources:*

*http://www.ukcen.net/covid-19/article/COVID-19_Resources*

*http://wwwa.ukcen.net/uploads/docs/covid/2020_04_09_(2)_UKCEN_External_resources.pdf*

*https://www.nuffieldbioethics.org/publications/covid-19/covid-19-ethics-resources*

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# Resource 4:
## Guide for Unit Managers & Leaders

Pavlish et al.,(2016) developed an evidence-based model for leaders to address moral distress.

Morley has edited this for use in the United Kingdom and in more time-pressured environments so that unit managers and leaders can work through the steps more rapidly.

Link to journal article:
https://www.ncbi.nlm.nih.gov/pubmed/27214334

| | | |
|---|---|---|
| S | SEE IT, SEEK IT OUT | • Look out for ethical concerns or signs of moral distress.<br>• Inquire and **consider whether a referral to the Clinical Ethics Committee is indicated.** |
| U | UNDERSTAND IT | • Understand through active listening & be receptive to diverse perspective.<br>• Model a self-reflective process, be aware of your own biases, remember that ethics is not black & white, and avoid responding with correction/ rebuke. |
| P | PAY ATTENTION: ASSESS WORKPLACE CLIMATE | • Acknowledge ethical challenges & moral distress.<br>• Assess the unit climate, culture, tone & any power differentials between healthcare professionals.<br>• Explore and note repeated occurrences & problems.<br>• Assess professional risks of speaking up. |
| P | PROMOTE RECEPTIVE ENVIRONMENT & ENGAGEMENT | • Encourage & create spaces for moral dialogue.<br>• Encourage & role-model respectful communication across disciplines.<br>• Promote team-based dialogue & discussion when ethical issues arise. |
| O | OPEN OPPORTUNITES FOR DIALOGUE | • **Encourage debriefing with a clinical psychologist, chaplain or trusted senior nurse.**<br>• Utilize resources: bring team members to multidisciplinary meetings, invite bedside nurses to family meetings, participate in team discussion. |
| R | REFLECT, EVALUATE, REVISE | • Establish self-care as a custom, ask team members how they are doing & explore whether they need any additional support. |
| T | TRANSFORM ENVIRONMENT | • Acknowledge that the environment is necessarily changing, be transparent & ready to answer questions. **Communicate clearly the rationale for decisions made.**<br>• Utilize and apply the Royal College of Nursing Healthy Workplace Toolkit when possible. |

# Resources for Psychological Distress

- ***Royal College of Nursing Healthy Workplace Toolkit*** is divided into five domains, work-life balance, dignity at work, health and safety at work, job design and learning and development in the workplace. Link: https://www.rcn.org.uk/healthy-workplace/healthy-workplaces

- ***Employee Assistance Programs* ar**e available to support healthcare workers and are available at most Hospitals & NHS Trusts.

- ***NHS Mental Health Hotline*** is open 7am and 11pm every day, with a text service which runs 24/7. The phone number is 0300 131 7000, or staff can text "FRONTLINE" to 85258.

- ***Schwartz Rounds*** are structured forums where all staff can come together to discuss the emotional and psychologically distressing aspects of working in healthcare. Link: https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/about-schwartz-rounds/

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# Contact Information

- If you would like more information, to discuss any aspects of this slide deck or to arrange a virtual training session centered on using the resources to facilitate discussions to mitigate moral distress then contact:

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