Moral Distress in Nursing


AJN REPORTS

Moral Distress in Nursing

Coping with this rising concern in health care delivery systems.

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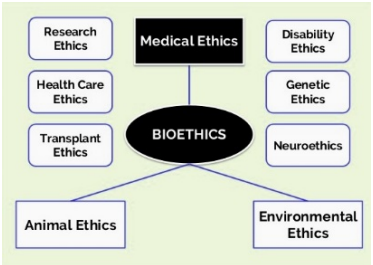
Bioethics – taking a broad view

- Studies the ways in which decisions in medicine and science touch upon our health and lives and upon our society and environment.
- A branch of Applied Ethics often requiring contribution from multiple disciplines including law, philosophy, theology, medicine, the life sciences, nursing and social science.
- Values at stake: human life, the dignity of the frail and elderly, just healthcare, bodily integrity and the ability to make reasonable decisions.



Adelaide Centre for Bioethics and Culture
http://www.bioethics.org.au/Resources/Bioethical%20Issues.html

The Bioethics Journal Club – not just reviewing papers and articles


professionalism

'Even now it makes me angry': health care students' professionalism dilemma narratives


SYMPOSIUM

A Reflection on Moral Distress in Nursing Together With a Current Application of the Concept

Andrew Jameton

The Students, Incidents and Themes

- A UK multi-centre study. 69 health care students provided 226 personal incident narratives. Themes analysed and associated negative emotion words counted.
- 9 linguistic themes analysed. E.g. Theme 3 on “Acts of resistance and compliance to authority and dominant health care cultures”; Theme 2 is on “Professional dilemmas”
- Subthemes within Theme 2 are relevant to understand of moral distress experienced by the students: ‘Student abuse’ / ‘Patient safety and dignity breaches by HCPs’ / ‘Patient safety and dignity breaches by health care students’ / ‘Challenging and whistleblowing dilemmas’ / Consent dilemmas’

Coping with a rising concern

- Anne B. Hamric, Professor in School of Nursing at Virginia Commonwealth University in Richmond was interviewed by the AJN.
- Instance of moral distress leaves behind ‘moral residue’ – a feeling of having compromised one’s values that lingers. When the situation recurs, the residue increase (‘crescendo effect’), often leading to a breaking point.
- Moral distress in health care can lead to poor patient care, diminished job satisfaction, greater burnout, higher attrition rate.
- End-of-life issues are often significant flash points for moral distress.
- Changing technology also a challenge (‘eHRs taking away patient care time.
- Nurses struggle with balancing the benefit of potential benefit of technologic advances with the burdent and intense side effects on patients
- Other sources of moral distress include providing inadequate care in order to reduce costs

Three points from a historical reflection by Andrew Jameton

The 2nd half of the paper applies the concept of moral distress to concern for environmental ethics in health care. The 1st half is a thoughtful reflection on nursing ethics and bioethics in recent decades.

- Bioethics/Medical ethics began to be offered to health professions students from the 80's – although labelled as 'medical' ethics, many more nurses enrolled in them than from medicine and other professions.
- The traditional concerns were in dilemmas of patient care. Case analyses chose physicians (often male) as foreground. Methods were analytical in nature. With more nursing students taking the courses and as feminist ethics arose, the focus and concerns shifted to nurse-patient relationship and nurse-physician relationship. Concerns tend to be more practical and more feeling. The burden of 'emotional labour' by nurses were also in focus.
- Primary concerns also expanded to dilemmas of institutional life – delegation, negotiation, managerial responsibility, fairness among employees.

Nursing ethics and nursing perspectives in bioethics: Further thoughts

- A forum for nurses to be in dialogue with other disciplines on ethical concerns and to contribute to discussions in broader bioethical topics (e.g. end of life care)?
- Identify focus and topics considered worthwhile for such evolving dialogue
- Case stories for sharing experiences and reflections in some depths

Thank you for your attention