SELF-CARE FOR HEALTH CARE PROVIDERS: MORAL DISTRESS

We all have times when we feel torn between what we think are the expectations of the organization, of society in general, or the workplace and our personal values. For example, when your own beliefs or moral compass indicate that you should take one action, but the workplace policy or culture prevents you from doing so. As a result, we may feel we are being required to compromise a core value because our actions are not aligned with our beliefs. If we are unable to reconcile those differing values, we can experience moral distress.

Moral distress affects many professionals across healthcare settings. It can be associated with burnout and it may lead to intent to leave a position. In the *Journal of Nursing Scholarship*, Whitehead et al published *Moral Distress Among Healthcare Professionals: Report of an Institution-Wide Survey (November 2014)*, findings showed that moral distress was present in all professional groups; however, nurses and others involved in direct patient care had significantly higher moral distress than those providing indirect care. The study also indicated that generally, physicians experienced lower levels of moral distress.

Watching patient care suffer due to lack of continuity and poor communication were the highest-ranked sources of moral distress for all professional groups, but the groups varied in other identified sources. Providers working in adult or intensive care unit (ICU) settings had higher levels of moral distress than did clinicians in pediatric or non-ICU settings. Providers who left or considered leaving a position had significantly higher moral distress levels than those who never considered leaving. Providers who had training in end-of-life care had higher average levels of moral distress than those without this training.

People struggling with Moral Distress may experience symptoms such as frustration, anger, exhaustion, powerlessness, isolation, and guilt. If the situation continues, reactions to situations of moral distress may get stronger, and may eventually interfere with your health, your behaviors with others, and in your ability to provide the quality and safety of care that patients deserve. Unresolved Moral Distress leads to Moral Residue. Moral Residue develops when you become morally numb and withdraw from involvement or go to the other extreme and behave aggressively in expressing your objections to the actions that conflict with your values. It may also be a factor in employee burnout, and may lead to people leaving their jobs, or even their profession.

**What can I do if I think a co-worker may be struggling with Moral Distress or Moral Residue?**

- Offer your support. You don’t need to agree with their value position, but acknowledge that we are often faced with situations where our personal values may not be reflected.

- Don’t assume that you know what underpins their moral distress, invite them to share their concern, and discuss the issues

- Be transparent – speak without fear of retribution, shaming and blaming
• Express how you value your co-worker as a person (even if you don’t share the same values) and affirm the differences in values

• Let them know that it is normal to experience moral distress

• And ensure that your co-worker knows about supports such as the Employee Assistance Program, spiritual care, or other resources that can help your co-worker explore and understand the reasons for their reaction, whether they can come to terms with the situation or whether they need to look for other paths that are in better alignment with their values.

• Understand that the values of Health PEI are there to support patients and staff

  ‣ Patients are the priority stakeholders
  ‣ The patient’s well-being trumps conflicting values of others
  ‣ Patient safety requires your personal safety (both physical and mental), so invest in your self-care

**Self care is not an indulgence**

It is also vital that we invest in our own self-care. It is an ethical imperative; without self-care you cannot meet your obligations and will be more prone to experiencing Moral Distress and Moral Residue.

**Remember:**

• You are not responsible for everyone or everything

• Look after your physical, intellectual, emotional & spiritual needs

• Take time for you & have fun!

Information on moral distress, moral residue and self-care were borrowed from a presentation by Dr. Tracy Trothen at an all-HPEI staff Clinical & Organizational Ethics Workshop presented on Oct. 31st, 2013.

For More information on Ethics and Moral Distress, visit the Toolkit section on the Health PEI Staff Resource Centre: [http://www.healthpei.ca/src](http://www.healthpei.ca/src)