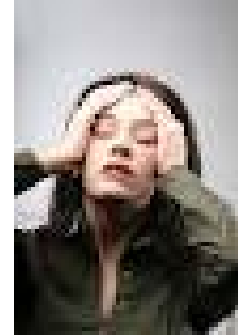


# Moral Distress: What is happening to me?

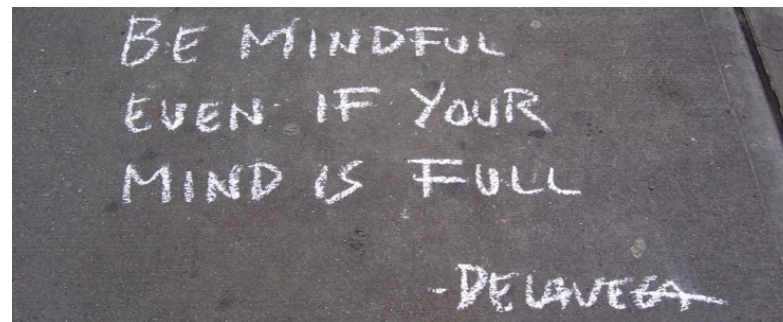


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September 24 2018

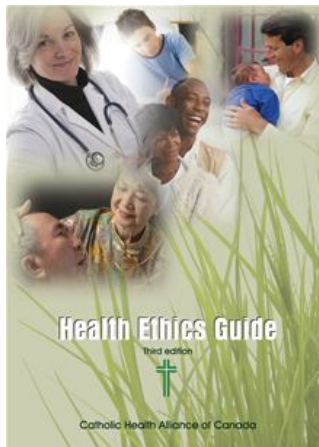
*Sharon Osvald, Lived Experience Facilitator,  
Behavioural Supports Ontario Provincial Coordinating Office,  
in partnership with brainXchange*

*Neil Elford, Director, Spiritual Health, Mission & Ethics  
Providence Care & Hotel Dieu Hospital (KHSC)*

- Understand Moral Distress
- Identify when I am experiencing moral distress and how to find healthy coping strategies



“The confidence that all of the conditions required for making an informed decision have been met beyond a reasonable doubt.”



*Health Ethics Guide (99)*  
*Catholic Health Alliance of Canada*

# Moral Distress: is it new?

- Various definitions in health literature
- Distinguished from psychological and/or emotional distress
- Affecting one's fundamental core beliefs and value system
- Prevalent across health care settings and most health care workers

# Understanding Moral Distress

- A perceived violation of one's core values and duties,
- Concurrent with a feeling of being constrained from taking ethically appropriate action
- A consequence of a challenge to one's moral integrity
- Individual feels constrained from taking an ethical action, but feels the action is required"

Epstein & Hamric (331)

- ❖ "when they are sure about what to do, but are unable to do it"

McCarthy, Deady (256)

# Moral Distress: Case 1

- Bill moved into LTC when his wife Grace was unable to manage his responsive behaviours.
- For the most part Bill is thriving in LTC, but lately Grace is noticing significant staff shortages especially on weekends and during holidays.
- Staff are working double shifts and then coming in again the next day. Grace is worried about their safety and the safety of the residents.
- Grace is tired, stressed and wants to take a break, but feels compelled to visit and to stay longer when visiting. She is afraid to leave Bill alone and is concerned that Bill, the other residents or staff are going to get hurt.

(thanks to Sharon Osvald, Lived Experience Facilitator for this case study)

# Case 1: Poll

Who is experiencing moral distress?

- a. Grace
- b. Bill
- c. LTCH weekend staff
- d. LTCH administration
- e. Other visiting family members
- f. The volunteer musical entertainment

# Moral Distress: Case 2

- Fred lives alone in his family farmhouse in a very rural area. Fred has Alzheimer's Disease. His sister Edna is his POA, they don't get along very well but she is his only living family member.
- Edna is very worried about Fred's safety and feels he should move. Fred feels he is doing fine and wants people to leave him alone.
- You are Fred's outreach nurse, and based on your assessment you find Fred competent and feel he can continue living at home.
- Home care has also assessed Fred, and had him sign LTCH application papers under immense pressure from Edna. Your calls to the home care coordinator went unanswered.
- You just found out Edna dropped Fred off at a LTCH. He doesn't know he is staying there, as Edna was the primary contact for the LTCH application and accepted the bed on Fred's behalf...even though he is capable and signed his own application.

(thanks to Kim Schryburt-Brown, Clinical Resource Project Consultant, Seniors Mental Health, Behavioural Support Services, Providence Care for this case study)



# Case 2: Poll

Who is experiencing moral distress?

- a. Edna
- b. Fred
- c. Outreach Nurse
- d. LTCH staff
- e. MRT Nurse
- f. Home Care/CCAC Care Coordinator



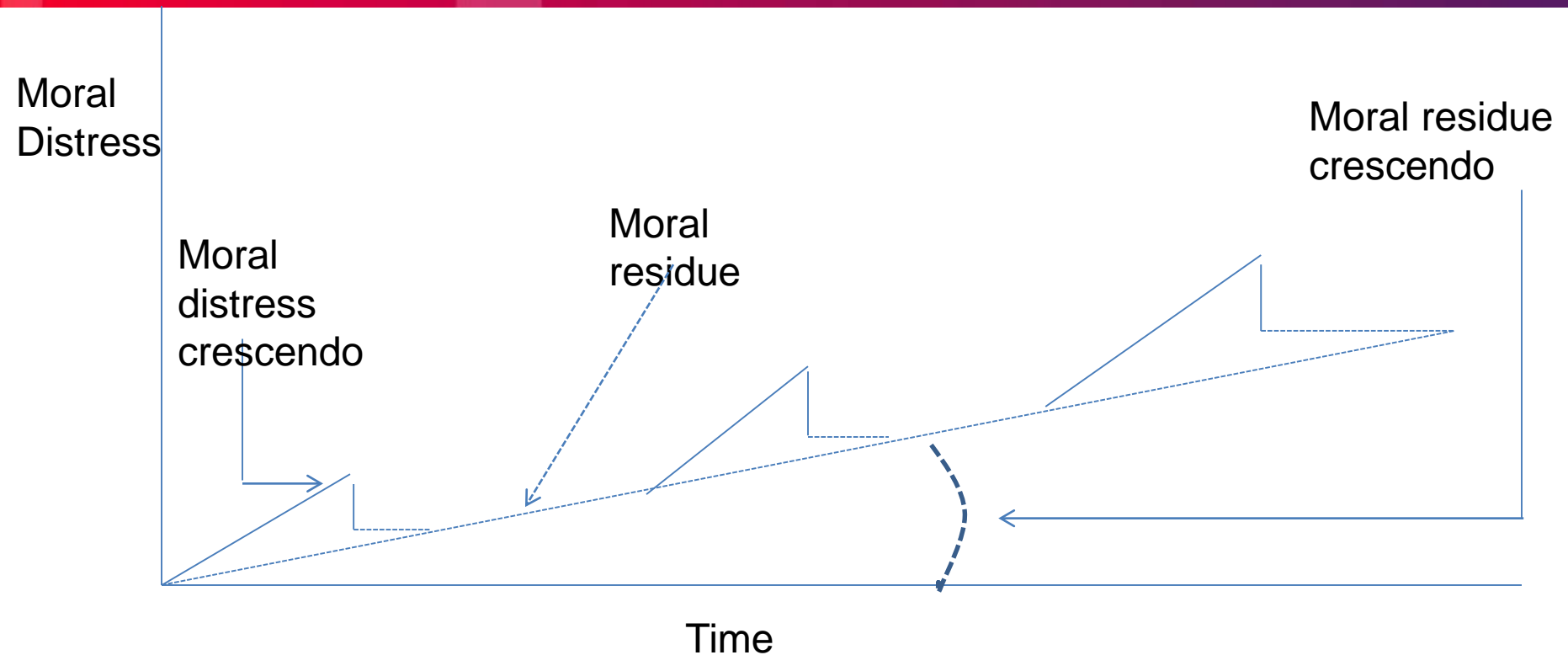
## Contributing Factors

- Unresolved moral distress
- Repetitive nature of the situations
- Prolonged immediacy
- Lack of organizational supports
- Nature of the culture of an organization

## Possible Crescendo Effects

- Inner integrity has been altered
- Gradual crescendo of unresolved moral residue
- Indicators
  - Numbing of sensitivity and withdrawal
  - Increased demoralization and negativity
  - Conscientious objections
  - Leave position and/or profession

# Moral Distress: Crescendo Effects



Solid lines indicate moral distress;  
dotted lines indicate moral residue

Epstein & Hamric (333)

# Healing of Self: Dealing with Moral Distress & Residue

## **My Core Values**

- What are my core personal and professional values which motivate me to be me and do what I do?

## **My Internal Signs of Moral Distress & Moral Residue**

- Examples may be strong emotional reactions, conflicted team relationships, decrease in motivation to care, numbing of moral sensitivity, conscientious objection, demoralized and want to leave a position, etc.

## **Situations in which I experience Moral Distress**

- In my Clinical Practice
- With my Team

## **Constraints contributing to my Moral Distress**

- Internal constraints
- Clinical root causes
- External constraints



## Ways to Mitigate My Moral Distress and Moral Residue

- What strategies works for me?
- Who can I ask for support or guidance?

# Summary

- Moral Distress arises when you know what to do but are unable to do
- Two cases studies to help us see how moral distress can occur
- Moral residue and crescendo effects happen inside us when we do not resolve our moral residue – unhealthy!
- Steps to identify and resolve one's moral residue



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