The CENTER for VICTIMS of TORTURE

Moral Distress

Definition

Moral distress occurs when healthcare workers in humanitarian settings recognize the appropriate action to take but are unable to act accordingly. Moral distress occurs when healthcare workers must act in ways that are contrary to their personal and professional values, thereby undermining their sense of personal integrity and authenticity.

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The scale and scope of humanitarian situations (including pandemics, natural disasters and wars) challenge the values, commitments and morals that are the foundation of healthcare and the professional identities and moral agency of health workers. In these situations, health workers are called upon to make impossible choices that cause conflict between their personal values and the realities of their situation. Potentially morally injurious events may arise from either action (for example, choosing to remove a patient from life-support equipment in order to provide another patient with care) or inaction (for example, failing to thoroughly sanitize due to a lack of supplies resulting in infection).

Moral choices are further complicated by the conflicting demands of work and families. By going to work each day they are not only putting themselves but also their families at risk, families that may include young children, elderly people and other higher risk individuals. Survivors guilt, a well-documented aspect of trauma response in military and other settings, manifest slightly differently in association with moral injury. Compounding the fear of getting sick is the potential for feeling guilty for surviving in the face of so much suffering and death.

Although the early theory underpinning Moral Distress comes largely from professional nurses working in relatively well-resourced contexts, more recent work focusing on the experience of health workers in humanitarian contexts draws on the work of military psychologists and the concept of Moral Injury. In the humanitarian setting both concepts resonate with the experience of many people who advocate for the needs of their patients on a daily basis in the face of overwhelming external stressors and constraints.

Signs & Symptoms

Physical	Emotional & Cognitive	Behavioral
• Exhaustion • Difficulty falling asleep • Difficulty staying asleep • Headaches • Heart palpitations • Difficulty breathing • Increased general health complaints	• Self-blame and guilt • Shame • Anger and frustration • Helplessness • Intrusive thoughts • Spiritual distress • Demoralization • Loss of sense of self-worth • Inability to forgive oneself	• Avoidance of aspects of the job, or work in general • Emotional withdrawal from patients • Social withdrawal from colleagues • Resigning from work and leaving the profession • Increased use of substances: alcohol and legal or illegal drugs

	• Loneliness • Depression • Survivor guilt	• Self-harming behaviors including suicide

Case Example

Vicente is a psychiatric nurse who is passionate about his work with elderly people suffering from Alzheimer's Disease and other forms of dementia. He knows he can make a difference, especially since the clinic where he works is in a poor neighborhood and is part of an underfunded health system in which few resources are made available for the elderly or for mental health care.

As is often the case, patients with dementia can become extremely agitated and even aggressive. He understands that sometimes, these patients need to be physically restrained for their own protection and for the protection of others in the vicinity. Although he doesn't like this part of his job, he clearly recognizes that such restraint is necessary and in the patients' best interest. For this reason, he is able to perform this part of his job with a clear conscience and his discomfort in the moment quickly passes as soon as the patient is sedated and calm.

What upsets Vicente much more is that at times his colleagues use bedsheets to keep patients in their chairs for many hours during the day, or in their beds at night. At times, he himself has resorted to this method of managing the people in his care and he feels ashamed of this. He believes that this kind of restraint is inappropriate, causes distress to patients, and he worries that it might even endanger the more physically frail patients as they try to free themselves.

Vicente raises this with his team supervisor who agrees with him but points out that they don't have enough staff to watch all the patients all the time, and that they haven't received sufficient medication to manage all the highly agitated clients chemically. He promises to take it up with the facility director. Sadly, over the six months nothing changes and the practice of restraining patients continues.

For months Vicente feels angry and frustrated every time he sees a patient struggling to free themselves and he starts to avoid going into the common patient area so he doesn't have to see this. He also avoids his colleagues and supervisor, especially those who most commonly use this practice or tie the sheets too tightly. He lies awake at night worrying about this problem, rehearsing angry conversations with his supervisor and the director, but ultimately feels helpless when he realizes that there isn't much that he or they can do to solve the problem. He is always tired, constantly irritable at work and at home, and pays less attention to his work. Gradually he feels himself withdrawing emotionally from his patients. He does his job but when they complain about the sheets, he pretends not to hear them. He always feels guilty when this happens but it helps him get through the day. One day, when an old-school friend offers Vicente a job, Vincente jumps at the opportunity, leaving behind the work that he was once so passionate about.

Vulnerability Factors

Research on moral distress among health workers in humanitarian contexts is limited. However, research from military and other healthcare contexts suggest the following risk factors for moral distress:

Ethical Climate	There is greater risk of moral distress in contexts where health workers believe that their managers and colleagues place insufficient importance on standards of patient care and ethical practice. When an organization's general ethical climate is perceived by staff to be lax, the risk of moral distress is greater.
Lack of Agency/Power	Moral distress is closely linked with agency, the capacity to advocate for patients and to ensure that their rights are protected. For this reason, health workers who witness patient suffering and death, but have little or no power to influence decisions feel greater moral distress. Who does and does not have the social power to influence decisions and policies varies greatly between contexts and between organizations. However, in many cases, greater power is located with some professionals (for example, doctors and psychiatrists), some roles (for example, senior administrators and managers), ex-patriate workers, white people, and men. Health workers who do not fall into these categories, might have less capacity to influence patient care and may be at greater risk of moral distress.
Age	Older health workers and workers who have more experience in their roles report moral distress more frequently, but the intensity of distress they describe is less than that described by their younger and less experienced colleagues. This suggests that some health workers find a sustainable compromise between the realities of their work contexts, and their personal and professional moralities. Less experienced colleagues may still be struggling with these internal conflicts and so report more intense distress as a result.
Patient Factors	Patient factors are also important predictors of moral distress. Health workers who work predominantly with children and young adults are at greater risk of moral distress, than those that work with geriatric populations. Risk of moral distress is also greatest when patients are experiencing a high level of suffering and little can be done to relieve their pain and distress.
Role of Blame	When health workers experience blame for poor health outcomes as expressed by patients, family members, colleagues, supervisors, members of the community, and on social or mainstream media, the risk of moral distress is greatly increased.

Prevention & Recovery

Organizational Practices

Responsibility for preventing and responding to moral distress in health workers lies in large part with the institutional structures within which these people work. Good practices include:

Organizational Culture	Facilitate the development of organizational culture that foregrounds ethical work and quality care

Supplies & Equipment	As humanitarian conditions allow, ensure that health workers have: • Medical supplies and equipment necessary to provide the appropriate services. • Equipment that they need to provide such services without increased risk to themselves and their families.
Protocols	Develop clear protocols for patient-care decision-making and responsibility, and ensure that: • Decision-making is appropriately shared • Decision-making protocols are communicated to, and understood, by all staff
Management Support	Managers should proactively: • Monitor adherence and correct departures from decision-making protocols • Manage conflict relating to patient-care decisions • Interrupt the expression of blame for patient outcomes outside of appropriate ethical channels • Provide positive reinforcement for adherence to protocols regardless of patient outcomes
Communication	Communicate frequently and transparently with staff about the current and future availability of medical supplies, equipment and protective equipment • When facing shortages in equipment and supplies, invite health worker participation in problem-solving and decision-making.
Emotional Support	Offer emotional support early and often to health-workers who have lost patients or colleagues.

Individual Practices:

Fundamental to creating a fulfilling career in healthcare in humanitarian settings is understanding and learning to manage moral distress. Here are some things that other health workers and the research suggest might be helpful:

Acceptance & Focusing on Positives	• Recognize and accept that compromise is an unavoidable part of work in humanitarian settings and that this can be extremely difficult. Note that this does not mean that you shouldn't advocate strongly on behalf of your patients or accept unethical practice from your colleagues. But it does mean accepting that not all things are possible in all situations. Allow this acceptance to become part of the values and principles that sustain you in your work. • Without avoiding or ignoring problems learn to focus your attention in ways that help you to be effective and healthy at work. One of the ways to do this is to make sure that you do the things you can do for patients to the absolute best of your ability. Sometimes going the extra mile in being kind to a patient can help us feel better about all the things that we may not be able to do for that person.

Collaboration, Cooperation & Support	• Work actively with team members, supervisors and managers to find solutions to the challenges that affect the quality care. When you are actively engaged in problem solving you are less likely to be impacted by moral distress. • Recognize that the challenges in providing health services in humanitarian settings with limited resources are complex and that problem-solving conversations can become conflictual. Work hard to remember that everyone wants the same positive outcomes and try to see the problem from the perspective of people whose role is different to yours. Proactively seek out more experienced colleagues and initiate conversations about moral distress. Find out how they think about these problems and cope with the negative feelings associated with moral distress. Such conversations serve the functions of (a) reducing your risk of moral distress and providing support, and (b) offering support and understanding to colleagues. • If you notice that the quality of your work or personal life is suffering because of issues of moral distress, reach out for professional support. It is always better to get help sooner than later.
Self-Care	• Continue to develop your self-awareness (for example through mindfulness and reflection practices) to deepen your conscious awareness of the internal moral conflicts that are causing your distress. • Seek out the guidance of spiritual leaders and mentors to help you make sense of the moral conflicts that are part of this work.

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