OCCUPATIONAL HEALTH AND SAFETY 2016

CODE MD

SOUNDING THE ALARM

Moral Distress, acknowledging the danger

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FOREWORD

Every era has its own set of problems and opportunities. At a time when austerity persists and the sustained rationalization of resources is combined with scientific and technological advances, the healthcare sector has become a veritable source of potential ethical problems, now more than ever. This special environment causes nurses, licensed practical nurses, respiratory therapists and clinical perfusionists to be exposed to the risk of suffering from a particular kind of distress: moral distress.

Indeed, as healthcare professionals, we are quite likely to find ourselves in delicate situations. We strive to care for our patients and their loved ones in the best way possible, to the best of our knowledge, expertise and judgment. However, this is sadly not always possible for reasons that are often out of our control. We work hard to avoid these kinds of morally ambiguous situations wherein patients' interests are not a priority and events transpire in ways that they ideally shouldn't. We want to avoid them because they collide with our personal and professional values.

Unfortunately, despite our best efforts, these situations do occur. Some healthcare professionals will succeed in playing their role despite these challenges, whereas others will suffer from them and they will find their integrity threatened, their psychological balance weakened and their health and safety compromised. The 2016 OHS Week is an opportunity to sensitize the members of the FIQ to this little known but very significant kind of suffering, but especially to give them the tools so that they can detect it and protect themselves from it.

Such as other dangers that exist in healthcare environments, certain emergencies require that we mobilize and centre ourselves on a code…

Code MD: sounding the alarm. Moral distress, acknowledging the danger!

Sylvain Allard, Patrice Dulmaine, Isabelle Groulx, David Lambert, Jean Louis Pelland and Céline Tranquille, members of the OHS Committee

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WHAT IS MORAL DISTRESS?

Regardless of the job title, age or work environment, all healthcare professional are likely to find themselves in delicate situations. One day or another, they are all at risk of feeling frustrated, powerless or uncomfortable under circumstances wherein things do not transpire the way they should.

Although it is easy to mistake for stress, anxiety or psychological distress, this feeling has its own precise name: moral distress.

This little known concept first showed up in the 1980s. It was originally defined by Andrew Jameton, an American philosopher and researcher, as follows:

"Moral distress occurs when one knows the right action to take or the right thing to do, but obstacles and organizational constraints prevent them from taking that action.[1]"

Mr. Jameton and other authors then went on to specify that moral distress stems from a negative feeling or psychological unbalance felt by the person who finds herself in a situation wherein what she has to do is not in line with her ideal vision of how it should be done.

The concept of moral distress takes on a particular meaning for nurses, licensed practical nurses, respiratory therapists and clinical perfusionists. Due to the position they hold and the roles they play in the healthcare network, they are untowardly well placed to witness – or worse, take part in – situations that are morally difficult or unacceptable to them. This is why they are at a high risk of suffering from moral distress.

During a visit to an elderly patient, Pierre-Luc assessed that her state had deteriorated a lot recently and that the time had come for her to leave her home. However, he knows that the processing of such requests is very long, in fact, far too long. He finds this frustrating, even after having attempted to accelerate the process.

Every healthcare professional can indeed find herself confronted with a wrenching situation. On the one hand, she advocates for the ideals and values that motivate her work. Along with her expertise and abilities, they guide her judgment and shape her opinion of what is or should be done in the interests of her patient. On the other hand, she is confronted with many institutional, organizational and professional constraints that can hinder her degree of latitude. Consequently, there is often barely any room for the professional to be able to provide the care and services she wishes she could in an ideal world.

The risk that a conflict could arise between what she deems is best for the patient under her responsibility and what is done in actuality is quite real.

"A person suffers from moral distress when they have the responsibility of taking an action and they feel responsible for the results of this action[2]."

Anne-Marie, who has been working for many years in a residential and long-term care centre (CHSLD), finds that her job is becoming increasingly difficult. She is always rushed and she cannot devote as much attention to the residents as she feels they need. She knows that their already limited autonomy will be compromised if they stay in bed too long and if they are not adequately stimulated. She wants to do more, but it is often impossible and she feels powerless.

MORAL DISTRESS, A QUESTION OF PERCEPTION?

Of course, each person perceives things in their own way depending on their experience and knowledge, but also on their personality, beliefs and values. These elements affect her judgment as well as the way in which she deals with these situations, and the characteristics and constraints of the environment in which she evolves daily.

Consciously or not, the healthcare professional will ask herself the following question: what should ideally be done for this patient? What would be in their best interests? If there is nothing preventing her from acting in accordance with her professional judgment and if she has not witnessed any situations to the contrary of these beliefs, her moral integrity will remain intact. However, the opposite situation will cause her to have a negative emotion, the feeling that her professional and personal integrity is threatened.

This is when moral distress occurs. Similarly to other types of risks in healthcare environments, it is essential for the healthcare professional to recognize the danger and to sound the alarm for her health and safety. She will have to find a solution, to use protection or adaptation strategies that will allow her to overcome this distress, because the most damaging effects of moral distress have been noticed when it lingers unaddressed for too long.

Integrity, which is primarily an ethical duty, is the well-being that a person feels when her values are respected and are in line with her actions, or when she knows she did the right thing, making her feel comfortable on a personal and professional level.

WHAT ARE THE CONSEQUENCES OF MORAL DISTRESS?

Moral distress takes on many forms and has various consequences. On an individual level, the healthcare professional finds herself in a situation that is morally challenging, causing her to feel anxious, frustrated, angry, sad, guilty, powerless, etc. She can also suffer from physical pain, such as headaches or insomnia. Moral distress therefore has a clear effect on health and can, in severe cases, even lead to depression or professional burnout.

Some very concerning impacts can also take on forms in the work environment: disengagement, absenteeism, personnel rollover, resignations or even abandonment of the profession.

Sadly, patients can also be affected. Indeed, a healthcare professional "suffering from moral distress could, as a defence mechanism, limit or even avoid contact with their patients to the point of overlooking their basic needs. Any exchanges with the patient or their loved ones are then limited to the bare minimum and avoiding strategies can then be used[3]."

Josiane feels uncomfortable. In the absence of clear directives and due to the family's insistence, the care team decided to reanimate a patient whose prognosis was quite gloomy. This decision goes against the personal and professional values for which she advocates. For patients in these situations, she believes in allowing them to die with dignity.

HOW TO PROTECT YOURSELF FROM MORAL DISTRESS?

Something that causes moral distress for one person might not have the same effect on someone else. Everyone is different; people have different reactions or emotional responses to situations, and they do not come to the same solutions to protect themselves either.

If the person finds herself in a morally difficult situation, the healthcare professional will try, if possible, to control it or to find a solution for it, or she will avoid it or work around it in order to preserve her integrity. This is what we call coping.

Coping means acting directly on the problem (to change the course of things or to increase the resources that would help you face it), the emotion (in order to influence the way you will react in the situation), or social support (in order to get help).

The coping strategy is efficient if it has the effect of eliminating or reducing the moral distress endured by the professional, therefore preserving her psychological and physical well-being. On the other hand, certain strategies, such as relentlessly trying to change an unchangeable situation, are inefficient and can lead to burnout or an even more serious level of distress.

If the person resorts to individual solutions to protect herself from moral distress, her ability to use these methods will also depend on the environment in which she works, meaning they necessarily have a very strong collective component, which is achieved through an ethical environment and organization of work.

So, what are the elements we need to bring forward in order to control the risk of suffering from moral distress?

- Be mindful of the development of abilities in matters of ethics as well as the ability to recognize moral distress and implement efficient adaptation strategies.
- Clarify, adopt and spread the applicable guidelines in certain delicate work contexts or situations with a high likelihood of ethical dilemmas.
- Use places and mechanisms that will allow us to share the difficult situations we endure or those that could arise, to verbalize our emotions, discuss ethical questions, etc. Ethics committees are a good example, but other forums could be used as well (intra- or

interdisciplinary meetings, meeting between the team and the family, etc.). Committees on care, as provided by the collective agreement, could also be pertinent in order to study the problems regarding the workload of healthcare professionals, as well as any question related directly to care.

- Call upon the local union team. Whether it be for building a case for the committee on care or supporting an initiative, it is important to talk about these issues with the union reps of your institution in order for them to be informed, but mostly for them to be an active part in the different actions that can be undertaken and for them to do the necessary follow-ups.

- Rely on team work. This is an essential protection factor against the risks regarding occupational health and safety, and moral distress is included in this.

- Refer to the Codes of Ethics more, which can often support your reflection and actions by clarifying the guidelines of professional responsibility.

- Express yourself. It is important to sensitize the managers to moral distress and to its causes and consequences. They must be better equipped to understand it so they can then activate the various mechanisms that will be able to address it.

Another very pertinent strategy that healthcare professionals cannot forego is to report the situations in which their conditions of practice do not allow them to offer safe, quality and humane care. This is what we call the culture of advocacy, a subject the FIQ holds dear. On its website, the Federation made a Safe Staffing Form available to its members, an online tool which is accessible at all times.

What is the culture of advocacy?

"It is a reaction of the healthcare professional defending the patient's interests when she notices the poor care given to them or when she realizes that the patient's rights have been violated or that their dignity has been trampled on. A culture of advocacy relies mostly on the professionals' code of ethics as well as their clinical leadership[4]."

By becoming the patient's voice and the defender of their interests, by sounding the alarm, the healthcare professional is also acting upon her own moral distress. She can reduce her anxiety by defending her patient and striving to protect them by reporting what she deems unacceptable.

HOW DOES THE FIQ ACT UPON THE FACTORS AND SITUATIONS THAN CAN LEAD TO MORAL DISTRESS FOR ITS MEMBERS?

In the many cases it defends and the many platforms it has, with the help of the local teams, the FIQ does not only act upon the factors and situations that can lead to moral distress for its members, but also upon the tools that could allow for its reduction. Here are a few examples:

- The priority it gives to the organization of work, which influences the context and content of the work of healthcare professionals, and also holds many of the determining elements regarding moral distress.
- The many interventions aimed at reporting the measures of austerity brought upon us by the government which have the effect of restricting spending in the public health sector, which amplifies the factors that can lead to moral distress.
- The steps undertaken to counter the burden of compulsory overtime and to address labour shortages.
- The measures undertaken for the healthcare professional-to-patient ratios to be implemented in Québec in order to improve the quality and safety of care, reduce the workload and renew the importance of human interactions in caregiving.
- Offering members a free accredited training session on the culture of advocacy, aimed at raising awareness of the role they can play in defending and promoting patients' rights and interests as well as the Safe Staffing Form available on its website.

Subjected to a hectic work pace, Annie is often worried. She is afraid of making mistakes or forgetting something. She doesn't even have the time to speak with the people she is providing care to. She can't shake the feeling that her patients deserve better than this!

The organization of work on his floor sometimes means that Marc is not able to distribute medication at the proper time. This could be damaging for his patients, but the discussions he had with his manager in order to change things have not been successful.

- Offering a free online training session recognized by the professional orders within the framework of the pilot project called "Ethics for patients and caregivers", aimed at understanding and recognizing moral distress and identifying solutions to counter it.

- The attention granted to what occurs at the local level, where many measures can be found to act upon moral distress (joint committees, local collective agreements, etc.).

- The 1-844-FIQ-AIDE helpline which, from August 24 to September 11, 2015, allowed the population, as well as many healthcare professionals, to confidentially report any unacceptable situations they were witness to in the healthcare network.

- Representations before the *Commission des finances publiques* (Public Finance Commission), in February 2016, in the context of Bill 87, *An Act to facilitate the disclosure of wrongdoings within public bodies*. Among the many comments the Federation made, it also highlighted the importance that healthcare professionals should be protected against reprisals from their employers if they report any unacceptable situations that could compromise the quality and safety of care for patients in their institution.

Sophie can't take it anymore! Too often, the emergency department overflows and she witnesses unacceptable situations. It is impossible to accept that the corridors are full of gurneys and patients waiting for hours on end without any privacy. It is impossible to have to choose between an elderly woman and a suffering child when they both clearly need treatment quickly. She tries not to think about it too much, but no matter, she feels like dropping everything!

Julie has been working in a neonatal unit for a short while and she is troubled to see the extent to which technology is able to push the limits of care. She believes that keeping a very premature baby on a respirator at all costs despite considerably low chances of survival is a morally questionable issue. She does not think that this is necessarily the best decision for them, but what can she do?

CONCLUSION

Healthcare professionals can be proud of the professional and personal values that guide them in accomplishing their work, day in and day out. However, it is unfortunate to learn that, too often, for reasons that are out of their control, they are forced to "push them aside" or ignore them because the institutional obstacles are too numerous and take precedence over what should ideally be done.

Once more, it is important to reiterate the essential contribution of nurses, licensed practical nurses, respiratory therapists and clinical perfusionists, the prime place they occupy in the healthcare network and the primordial role they play in care. It is thanks to their abilities, expertise, judgment and values that they are able to succeed. A work environment and organization of work that are ethical, healthy and safe are more than ever needed in an era where care is synonymous with austerity.

The problem with moral distress is that it runs the risk of expanding if we don't address it now, if we don't give ourselves the means to recognize it, if we do nothing to protect ourselves and especially to prevent it.

Even though it may be unrealistic to aim for its complete elimination, moral distress is nonetheless not a fatality. However, resolving this issue should never become the sole burden of healthcare professionals and their efficient individual protection strategies. To these individual responses we must add collective strategies that will give us the means to reduce or prevent moral distress. We will have to call upon the sensitivity of the deciders and managers in order for them to recognize what constitutes moral distress, what causes it, and especially the significant impact it can have. They must understand that, if healthcare professionals suffer, the patients will also suffer.

On countless occasions, the FIQ alerted its highest decision-making bodies, namely by invoking the desire that healthcare professionals have of offering quality, safe and humane care to the population, which is greatly deserving of it. In fact, the FIQ is now doing so again by taking advantage of the 2016 OHS Week to reaffirm that the moral distress suffered by its members represents a danger that we must recognize, for which we must sound the alarm!

NOTES

[1] *Free translation* – JAMETON, A. « Nursing pratice – The ethical issues », Englewood Cliffs (NJ), Prentice Hall, 1984, cité dans DORRIS, S. « La détresse morale. Comprendre la détresse morale des infirmières en milieux de soins pour pouvoir mieux y faire face. » *Perspective infirmière*, vol. 10, nº 5 (novembre/décembre 2013), p. 29.

[2] *Free translation* – SAINT-ARNAUD, J. *L'éthique de la santé. Guide pour une intégration de l'éthique dans les pratiques infirmières*, Montréal, Gaëtan Morin éditeur, 2009, p. 286.

[3] *Free translation* – DORRIS, S. « La détresse morale. Comprendre la détresse morale des infirmières en milieux de soins pour pouvoir mieux y faire face. » *Perspective infirmière*, vol. 10, nº 5 (novembre/décembre 2013), p. 30.

[4] FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC – FIQ. « The culture of advocacy », *FIQ en action*, vol. 27, nº 7, (septembre 2014), p. 3.

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The OHS Committee wishes to highlight the work of Ms. Sylvie Dorris, lecturer and teacher at the Université du Québec à Trois-Rivières *and at the* Collège de Maisonneuve. *Thanks to her collaboration with the FIQ in 2015 and all of her work on moral distress, Ms. Dorris was the inspiration for the selection of the theme for the 2016 OHS Week as well as the content of this brochure.*

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