

Our People Strategy Webinar

Let's Talk Moral Distress

Resource Guide

In this resource guide, you will find information and resources to help support your experience of moral distress, or help you support the moral distress of your colleagues and teams.

? What is Moral Distress?

Moral distress is an umbrella term for the stress responses (e.g., the physical, psychological, emotional, spiritual, or social/relational symptoms) healthcare workers may experience in relation to an event, decision, or patient case that challenges deeply held personal or professional values.



+ AHS' Commitment to Reducing Moral Distress



Our People Strategy 2.0 details AHS's commitment to taking care of the people who make up the organization's workforce. It focuses on how AHS is working to create a safe, healthy and inclusive workplace where people can bring their whole selves to work.

An important goal of Our People Strategy 2.0 is to increase psychological safety, mental health and wellness supports to help build a resilient workforce to deliver safe and efficient patient care.

Providing opportunities to talk about moral distress, and helping connect healthcare workers to supportive resources that can help address moral distress, is an important part of achieving that goal.



Webinar—Let’s Talk Moral Distress

Our People Strategy hosted a webinar on June 29, 2022, called **Let’s Talk Moral Distress**.

The webinar shared:

- Why values tensions distinguish moral distress from other stress-related responses
- Personal stories of moral distress experienced during the COVID-19 pandemic
- Why it is important to respond to feelings of moral distress, and work towards addressing its root causes
- An introduction to the [Moral Distress Debriefing Tool](#), which can help staff and teams unpack important values that might be contributing to the experience of moral distress
- Helpful strategies to lessen the impact of moral distress and ways to support one another

The full webinar recording is available on [Our People Strategy Insite page](#).

Hosted by Sean Chilton, Vice President, People, Health Professions and Information Technology

Webinar Presenters

Our Featured Storytellers



Karen Evans, LPN, BBA, CMA
Trainer, Safe Transfers Injury Protection Program

“Ethically complex situations and experiences of moral distress can become opportunities for growth, empowerment and increased moral resilience.” —*Rushton, et al., 2016*

Karen recommends reading: [Change the Conversation: Moral Distress Info Sheet](#)



Mark Joffe, MD FRCP(C)
VP and Medical Director, Cancer Care Alberta, Clinical Support Services, and Provincial Clinical Excellence

“How will we learn from this? How will we be better tomorrow?”

Mark recommends reading: [In Pursuit of PPE](#), by A.W. Arntstein, M.D.

Our Clinical Ethicists



Katherine Duthie, PhD, HEC-C
Royal Alexandra Hospital

“We may encounter many defeats, but we must not be defeated.”
—*Maya Angelou*

Katherine recommends reading: [How to Sit](#) by Thich Nhat Hanh



Victoria Seavilleklein, PhD, HEC-C
Central Zone

“You never know when a moment and a few sincere words can have an impact on a life.” —*Zig Ziglar*

Victoria recommends reading: [The Mindful Path to Self-Compassion](#) by Christopher Germer.



Colleen Torgunrud, BA (Soc/Psych), BSW, MA (Medical Ethics)
Edmonton Zone

“I can conceive of no greater loss than the loss of one’s self-respect.”
—*Mahatma Gandhi*

Colleen recommends reading: [The Power of Teamwork](#) by Brian Goldman, MD

Moral Distress

A common stress response to moral challenges in healthcare

The concept of moral distress was first introduced in the nursing literature, but healthcare workers across all disciplines and organizational positions can experience moral distress.

Healthcare is complex, and sometimes people working in healthcare are required to make difficult choices in situations where there are no clear answers in our policies, previous case examples, or best practice guidelines.

When this happens, healthcare workers must rely on a moral decision-making process to make difficult ethical choices. Moral decision-making relies on our personal and professional values, and reasonable people might disagree about which values should receive priority. This process can be stressful and may cause feelings of guilt or self-doubt for many different reasons, including:

- When a healthcare worker perceives they are unable to “do the right thing”.
- When a healthcare worker believes they are witnessing or causing suffering.
- When a healthcare worker feels they are unable to deliver high-quality healthcare services or live up to the values of patient and family centered care.
- When a healthcare worker is unable to find the services, supports, or resources required to meet a patient’s needs.
- When a healthcare worker is forced to prioritize certain core values over others or make compromising trade-offs.
- When a healthcare worker feels unsafe communicating their beliefs or values to others.

These are all examples of moral distress. It is the sense of powerlessness that healthcare workers experience when they are unable to live out their values.



Although it is fairly common for healthcare workers to experience moral distress at some point in their careers, not all individuals facing morally challenging situations will experience distress. The experience of moral distress, or the lack of experience of moral distress, does not mean anything is wrong with you as an individual. Whether a healthcare worker experiences moral distress, or how intensely the distress is felt, may depend on several factors, including:

- Past experiences with similarly distressing events.
- The value(s) being compromised.
- The ability of protective practices to minimize feelings of distress (e.g., self-care, moral resilience, self-reflection, etc.).
- The ability to engage with others to navigate the morally distressing event collectively.

Moral Distress and Values

What do we mean when we talk about ethics?

When we talk about values, we are speaking the language of ethics.

Ethics is the study of moral judgments, standards and moral behaviours. Part of the work of ethics involves thinking through how we come to believe that a rule or an action may be right or wrong, just or unjust; or the reasons we might think one course of action might be better or more justifiable than another.

To do that work, ethics requires us to identify and reflect upon certain values (or things that are important to us) that may be in conflict when we are making decisions that carry moral weight.





How is Moral Distress Different From Other Stress Responses?

When a person experiences stress it can show up in many unexpected ways, including negative impacts to their physical, emotional, psychological, social, or spiritual well-being.

These negative impacts can occur in response to many different types of stress. In fact, moral distress is often

misabeled as other forms of stress, including burnout or job dissatisfaction.

But each type of stress response has a different root cause. Learn more about the differences between these stress responses below.

Moral Distress

The root cause of moral distress is a compromise of a person's deeply held values.

Moral distress occurs when a person is constrained (or prevented) from acting in a way that aligns with their personal or professional values (e.g., what they think it means to be a good healthcare worker).

It often occurs alongside feelings of guilt or powerlessness because the individual perceives they are unable to change the situation in a way that would allow them to be consistent with their values. As a result, they may feel they have suffered a loss of integrity.

Recommended Resource: Morley G., et al. "[The Moral Distress Model: An empirically informed guide for moral distress interventions](#)". *Journal of Clinical Nursing*, 2021;31.

Compassion Fatigue

Compassion fatigue is the erosion of empathy, hope, or compassion associated with caregiver roles.

The root cause of compassion fatigue is the trauma experienced by those in helping professions who continuously witness tragedy, pain, or suffering.

Major symptoms include feeling hypersensitive or insensitive to the experiences of others, or feeling numb to one's surroundings.

Recommended Resource: Spicer, S. [Managing Compassion Fatigue is an Organizational Responsibility](#). *Vital Signs*, April 2018.



Burnout

The root cause of burnout is chronic workplace stress (e.g., unsustainable workload, lack of control over work, insufficient rewards for effort).

Major symptoms of burnout include exhaustion, negative feelings towards one's workplace or job, or reduced productivity at work.

Recommended Resources: AHS Scientific Advisory Group Evidence Summary and Recommendations [Managing and Preventing Healthcare Provider Burnout](#)

Moss, J. [The Burnout Epidemic: The rise of chronic stress and how we can fix it](#). Harvard Business Review Press, 2021.

Post-Traumatic Stress Disorder (PTSD)

PTSD is a psychological disorder that can occur in response to traumatic events (i.e., exposure to situations involving actual or threatened serious harm to oneself or others). There are four core symptoms of PTSD:

1. Intrusive thoughts (e.g., nightmares or flashbacks of traumatic event).
2. Avoidance of people, places, or activities that are reminders of the trauma.
3. Persistent negative thoughts or emotions (e.g., persistent anger, negative views of oneself or others).
4. Increased arousal (e.g., difficulty sleeping, feeling on guard, easily irritated).

Recommended Resource: Anxiety Canada [Helping Health Care Workers Cope with COVID-19-Related Trauma](#)

What Does Moral Distress Look Like?



The symptoms of moral distress may be expressed through negative impacts to a person’s physical, psychological, emotional, social, or spiritual well-being.

The experience of moral distress might look for feel different for everyone. Below are some examples of common stress-related symptoms to help you check-in with yourself, or your colleagues, when signs of stress may be occurring.



Physical

- Difficulty sleeping
- Fatigue or lethargy
- Headaches
- Sudden weight gain or loss
- More susceptible to illness (e.g., colds, flu)
- Physical pain or tension
- Gastrointestinal disturbances or food sensitivities

Emotional

- Anger
- Fear
- Guilt
- Shame
- Emotional overwhelm or outbursts
- Resentment
- Cynical attitudes or outlook
- Emotional shutdown or apathy

Psychological

- Brain fog
- Difficulty with cognitive tasks
- Forgetfulness
- Inflexible, black and white, or rigid thinking (e.g., the need to be “right”)
- Anxiety
- Depression
- Loss of self-worth

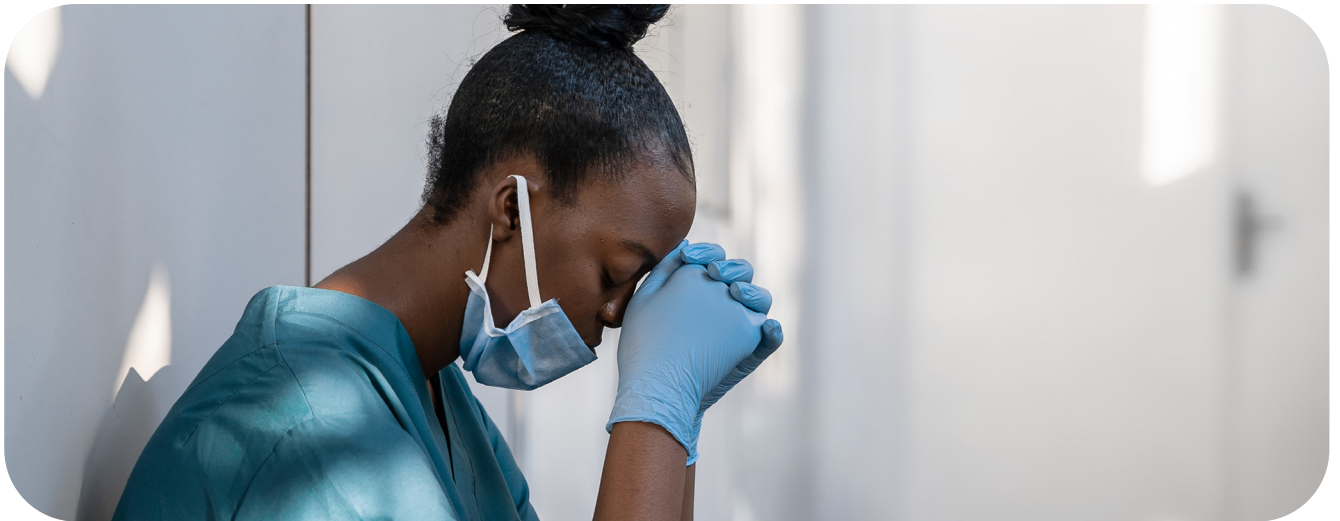


Social

- Self-isolation, disconnecting from the important people in our lives (e.g., colleagues, friends, family, community) or not maintaining important relationships
- Violating boundaries of other people (e.g., over-involvement or disengagement)
- Avoidance or indifference to people or social gatherings
- Increased aggressive attitudes or behaviours towards other people (e.g., “taking things out” on others, especially those who have less authority)
- De-personalizing or dehumanizing thoughts or attitudes
- Shaming others for their personal choices

Spiritual

- Loss or reduced sense of meaning
- Feelings of hopelessness
- Feelings of grief
- Crisis of faith or loss of faith
- Less motivation to engage in spiritual practices (e.g., prayer, meditation, worship)



COVID-19 and Moral Distress

Working in healthcare has always been complex, but the COVID-19 pandemic has created some unique challenges for healthcare workers and healthcare systems. Emergency scenarios, like pandemics, can exert a lot of pressure on workers and, at the same time, can also exacerbate underlying conflicts or unaddressed systemic issues. Some reasons the COVID-19 pandemic has contributed to moral distress include:

- Novel infection with rapidly evolving information, which challenges the evidence base we rely on to make informed choices.
- Rapidly changing policies or guidelines to keep current with evolving evidence and precautionary measures related to infection.
- The introduction of uncertainties around staff safety, patient safety, precautionary measures, or protective equipment, which can weigh heavily on staff, patients and families.
- A shift from focusing on the interests and healthcare needs of individual patients to prioritizing a community or population approach to decision making.
- Stretching staff and resources to cover the pandemic response, leading to disruptions in services, restriction of patient access to certain services or specialties, and staff working in unfamiliar settings.
- Exposing or worsening health inequalities experienced by socioeconomically disadvantaged populations, and the gaps in healthcare services required to address their needs.



For further reading

- Morley G., Sese D., Rajenram P, Horsburgh CC. "[Addressing caregiver moral distress during the COVID-19 pandemic](#)". Cleveland Clinic Journal of Medicine, 2020.
- Canadian Medical Association's [COVID-19 and Moral Distress](#)
- Suhkera J. et al. "[Structural Distress: Experiences of moral distress related to structural stigma during the COVID-19 pandemic.](#)" *Perspect Med Educ*, 2021; 10.
- Vittone S., Sotomayor CR. "[Moral Distress Entangled: Patients and Providers in the COVID-19 Era](#)". *HEC Forum*, 2021; vol. 33 (4).
- Anderson-Shaw LK, Zar FA. "[COVID-19, Moral Conflict, Distress, and Dying Alone](#)". *Bioethical Inquiry*, 2020.
- Hossain F., Clatty A. "[Self-care Strategies in Response to Nurses' Moral Injury during COVID-19 Pandemic](#)". *Nursing Ethics*, 2021; vol. 28(1).
- Spilg EG., et al. "[The New Frontline: Exploring the links between moral distress, moral resilience and mental health in healthcare workers during the COVID-19 Pandemic](#)". *BMC Psychiatry*, 2022; vol. 22 (19).



Take Action on Moral Distress

Taking action is the best way to respond to moral distress. Empowering healthcare workers to take action restores their moral agency, allows them to regain a sense of control over their work, and can reduce feelings of powerlessness that accompany moral distress.

It doesn't matter how big or small the action is. What matters most is that they create a plan about how to move forward and have some control over how to implement that plan.

Action to deal with moral distress may be directed towards two outcomes: taking steps towards addressing the source(s) of moral distress or taking steps towards addressing the symptom(s) caused by the experience of moral distress.

Ways that individuals, teams, and organizations can take action to prevent moral distress include creating ethical working environments, cultivating moral resilience, and communicating healthy personal boundaries.



Create Ethical Working Environments

There are certain features of working within healthcare organizations that may facilitate or constrain a healthcare worker in making moral decisions. These might include: organizational culture, policies, management support, power hierarchies, or workload responsibilities.

Healthcare leaders have a **responsibility** to create safe and supportive ethical working environments. **Ethical working environments** are spaces where constraints on moral decision-making are minimized, diversity of values is encouraged, and staff are empowered to raise and work through challenging moral situations collectively.

Cultivate Moral Resilience

Moral resilience involves being intentional about how to respond to ethical challenges in a way that preserves integrity and minimizes suffering. The concept of resilience can be applied to individuals, organizations, and communities.



Identify and Communicate Healthy Personal Boundaries

Boundaries are our own personal "rules of engagement" for safely and comfortably interacting with other people. Part of identifying personal boundaries includes getting clear about your self-worth, values, relationships, and the things that you are personally responsible for. **Setting** and communicating boundaries is an effective way to protect your well-being, physical space, time, and energy.





Responding to Moral Distress with Reflective Debriefing



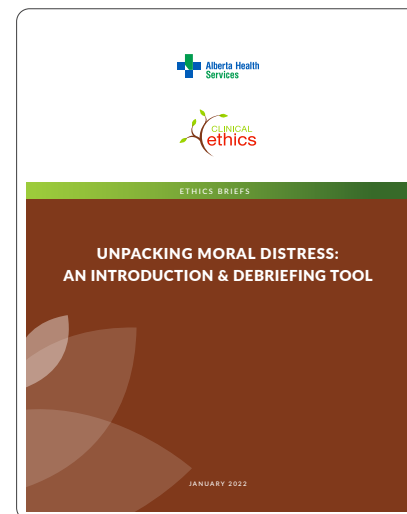
Moral Distress Debriefing Tool

Unpacking Moral Distress: An Introduction & Debriefing Tool is a resource created by the AHS Clinical Ethics Service to support staff through a critical reflection exercise. It can be used individually or by teams to identify and reflect upon the values that may be at the root of the morally distressing event.

The Moral Distress Debriefing Tool helps healthcare workers to explore their experience of moral distress by:

1. Checking-in with themselves to note what symptoms of moral distress they may be feeling.
2. Identifying what action(s) they feel prevented from taking.
3. Identifying the barriers (internal or external) that are preventing action.
4. Reflecting on the important things they believe have been compromised.
5. Reflecting on any important values, obligations, or professional responsibilities that may be relevant to the situation.
6. Considering whether they have control or influence over other important things.
7. Identifying available actions to address the symptom(s) of moral distress.

8. Identifying available actions to address the source(s) of moral distress.
9. Thinking about the supportive resources or relationships that may be helpful in taking action.
10. Developing a plan to move forward.
11. Identifying other strategies to use in case of a possible setback.



Moral Distress Reflective Debriefs

Reflective debriefs are an evidence-based approach to responding to moral distress. They provide a safe environment to explore and address challenging moral events, encourage perspective sharing among participants, and can lead to a better understanding of one's own values.

Read More: Morely G., Horsburgh CC. [Reflective Debriefs as a Response to Moral Distress: Case Study Examples](#). HEC Forum, January 2021.



Other Strategies & Supports

How Can the Clinical Ethics Service Help?

The **AHS Clinical Ethics Service** is a supportive resource available to help navigate ethical issues related to healthcare.

At its core, moral distress concerns our values (our understanding of what is important). If you believe that you or your team is experiencing moral distress, Clinical Ethicists can:

- Help identify and understand the experience of moral distress.
- Assist with unpacking the values or moral obligations that may be causing moral distress.
- Provide support in developing an action plan to mitigate your distress.

This support can be provided on a one-on-one basis, or within a group or team setting (e.g., facilitated conversation, reflective debrief session).

When it comes to ethical issues, there may be more than one ethically justified option for how to proceed in a given situation. Disagreements about ethical issues are often result of differences in how people are weighing and prioritizing values. By identifying and clarifying the values involved when people disagree, the Clinical Ethics Service encourages different perspectives to be heard in order to help facilitate a resolution. The Clinical Ethics Service does this by providing:

- Ethics consultation on patient care and organizational issues.
- Ethics debriefing sessions on past events or recurring challenges.
- Ethical review of policies or governance documents under development.
- Ethics education, rounds or workshops.
- Ethics support for AHS initiatives or committees.



Evidence-Based Recommendations for Leaders to Address Moral Distress

See and Seek Moral Distress:

- Look for the presence of ethical concerns or signs of moral distress.
- Consider whether an ethics consultation is appropriate.

Understand Moral Distress:

- Acknowledge and validate ethical concerns.
- Use motivational interviewing or active listening techniques to support conversations.
- Ask questions, and avoid responding with corrections or rebuttals.
- Be receptive to diverse perspectives and experiences.
- Model self-reflective practices.

Assess Workplace Culture:

- Acknowledge serious or recurring ethical challenges.
- Seek to minimize power differentials between team members.
- Assess the professional risks or challenges of speaking up.

Promote an Ethical Working Environment and Engage Team Members:

- Promote team-based discussions or debriefs when ethical issues arrive.
- Encourage and role-model respectful communication.

Create Opportunities for Conversations:

- Encourage and promote spaces for moral conversations: multidisciplinary meetings, clinical ethics education, reflective debrief sessions.
- Ask team members how they are doing and explore additional resources, supports, or work arrangements to meet their needs.

Adapted from Morley G. et al. "**Addressing Caregiver Moral Distress during the COVID-19 Pandemic**". Cleveland Clinic Journal of Medicine, 2020.



Anyone can contact the Clinical Ethics Service, including AHS staff, physicians, volunteers, patients or families.

For support in working through ethical issues, including moral distress, please contact us at 1-855-943-2821 or clinicaethics@ahs.ca



Learn More about Moral Distress

AHS Resources

Clinical Ethics Service Resources:

- [Unpacking Moral Distress: An Introduction & Debriefing Tool](#)
- [Ethics Brief: Considerations for COVID-19](#)
- [Ethics Brief: Infectious Disease Outbreaks and the Duty to Care](#)
- Previously recorded [Clinical Ethics Service presentations](#)

[Resilience, Wellness, and Mental Health Resource Guide](#)

[Crisis Management Services](#)

Change the conversation: [Moral Distress Info Sheet](#)

Our People Podcast: [Moral Distress](#)

[How to Support Someone Who May Be Struggling](#)

[Resources to Support Mental Health](#)

[AHS Ethics Framework](#)



A Good Listen

Solving Healthcare:

- [COVID-19: Recovering from Traumatic Stress and Rebuilding Connections](#)
- [Creating Resilience](#)
- [A Nursing Perspective on Futile Care and Moral Distress](#)

Solving Healthcare Wellness Minicast:

- [Stress Management, with Dr. Julie Foucher](#)

Well@Work:

- [Moral Distress](#)
- [Building Resilience Through Relationships](#)
- [Meaning Making](#)
- [Managing Uncertainty](#)
- [Mental Focusing During Times of Stress](#)
- [Cultivating Empathy for Others to Improve our Own Well-being](#)

CMPA—Practically Speaking: COVID-19: Physician Moral Distress

Matters of Engagement: Moral Distress in Engagement Professionals

Sound Mind: The personal cost of leading Canada's public health response to COVID-19

The Trauma Therapist Project: Beyond Self Care with Francoise Mathieu, M. Ed.

It's Been a Minute: The Power in Owning your 'Big Feelings'

AACN: Moral Distress in a Crisis: What, Why and How to Cope

Podcast or Perish: Episode018: Bernie Pauly

The Handoff: Making ethical decisions in the face of uncertainty

Conversations in Bioethics: Moral Distress

Learn More about Moral Distress *(Cont'd)*

Videos to Watch

TEDxPenn: [How 40 Seconds of Compassion Could Save a Life](#)

TEDxAdelphiUniversity, Anthony Guerne: [The effects of the suck it up culture \(PTSD in EMT\)](#)

TEDxNaperville, Dr. Ed Ellison: [Doctors in Distress: How do we save the lives of those who save lives?](#)

Canadian Association of Paediatric Health Centres: [Moral Distress: Insight from Stories in the PICU](#)

Penn Nursing: [The Many Facets of Moral Distress Across Healthcare Settings](#)

TEDxOshkosh: [Moral Injury on the Front Lines: Lessons from Healthcare](#)

Further Reading

University of Kentucky's Program for Bioethics [Moral Distress Education Project](#)

AACN's [4A's to Rise Above Moral Distress](#)

[Why Zebras Don't Get Ulcers](#) by Robert Sapolsky
Mindwell Canada

Dzeng E., Curtis JR. "[Understanding Ethical Climate, Moral Distress and Burnout: A novel tool and a conceptual framework](#)". *BMJ Quality Safety*, 2018; 27.

Helmers A., et al. "[Moral Distress: Developing Strategies from Experience](#)". *Nursing Ethics*, 2020; 27(4).

Fourie C. "[Moral Distress and Moral Conflict in Clinical Ethics](#)". *Bioethics*, 2015; 29(2).

Sabin JE. "[Using Moral Distress for Organizational Improvement](#)". *The Journal of Clinical Ethics*, 2017; 28(1).

Austin, W. "[Moral Distress and the Plight of Contemporary Health Professionals](#)". *HEC Forum*, 2012; 24.

Mitton C. et al. "[Moral Distress Among Health System Managers: Exploratory research in two British Columbia Health Authorities](#)". *Health Care Analysis*, 2011; 19.

Owens J et al. "[Austerity and Professionalism: Being a good healthcare professional in bad conditions.](#)" *Health Care Analysis*, 2019: 27.

Ulrich CM. "[The Moral Distress of Patients and Families.](#)" *AJOB*, 2020; 20(6).

