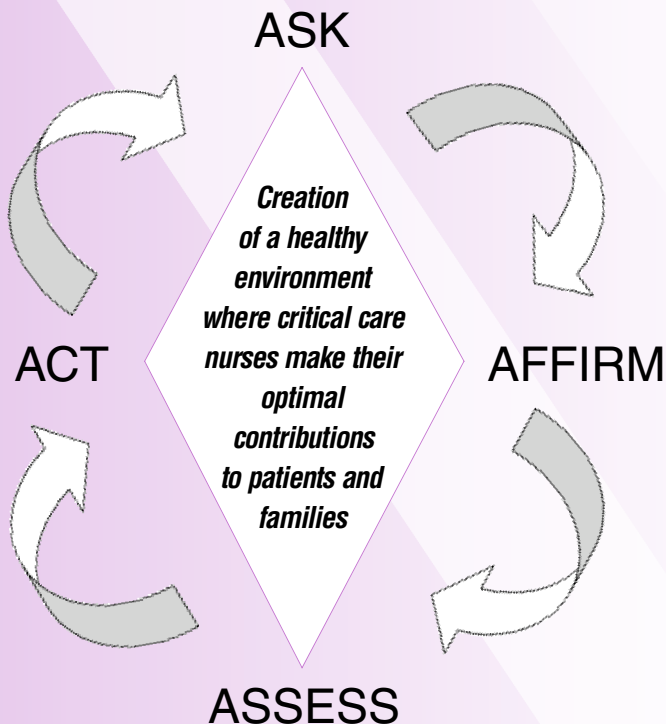


Ask • Affirm • Assess • Act

The 4A's to Rise Above Moral Distress



Addressing moral distress requires making changes.

AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

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Ask Affirm Assess Act

The 4A's to Rise Above Moral Distress

Helping critical care nurses to make their optimal contribution to patients and their families

AACN believes that moral distress is one of the key issues affecting the workplace environment. Addressing moral distress is part of the organization's strategic initiatives to create a healthy workplace environment.

What is moral distress?

Moral distress occurs when:

- You know the ethically appropriate action to take, but you are unable to act upon it.
- You act in a manner contrary to your personal and professional values, which undermines your integrity and authenticity.¹

What are the sources of moral distress?

Sources of moral distress may be personal, interpersonal, and/or environmental. End-of-life challenges, nurse-physician conflict, disrespectful interactions, workplace violence, and ethical dilemmas are among the many issues that may cause moral distress.

What does moral distress feel like?

Moral distress causes suffering, may lead to burnout, and may result in resignation if left unresolved. Groups of people who work together in situations that cause distress may experience poor communication, lack of trust, high turnover rates, defensiveness, and lack of collaboration across disciplines.

What are the barriers to taking action when moral distress occurs?

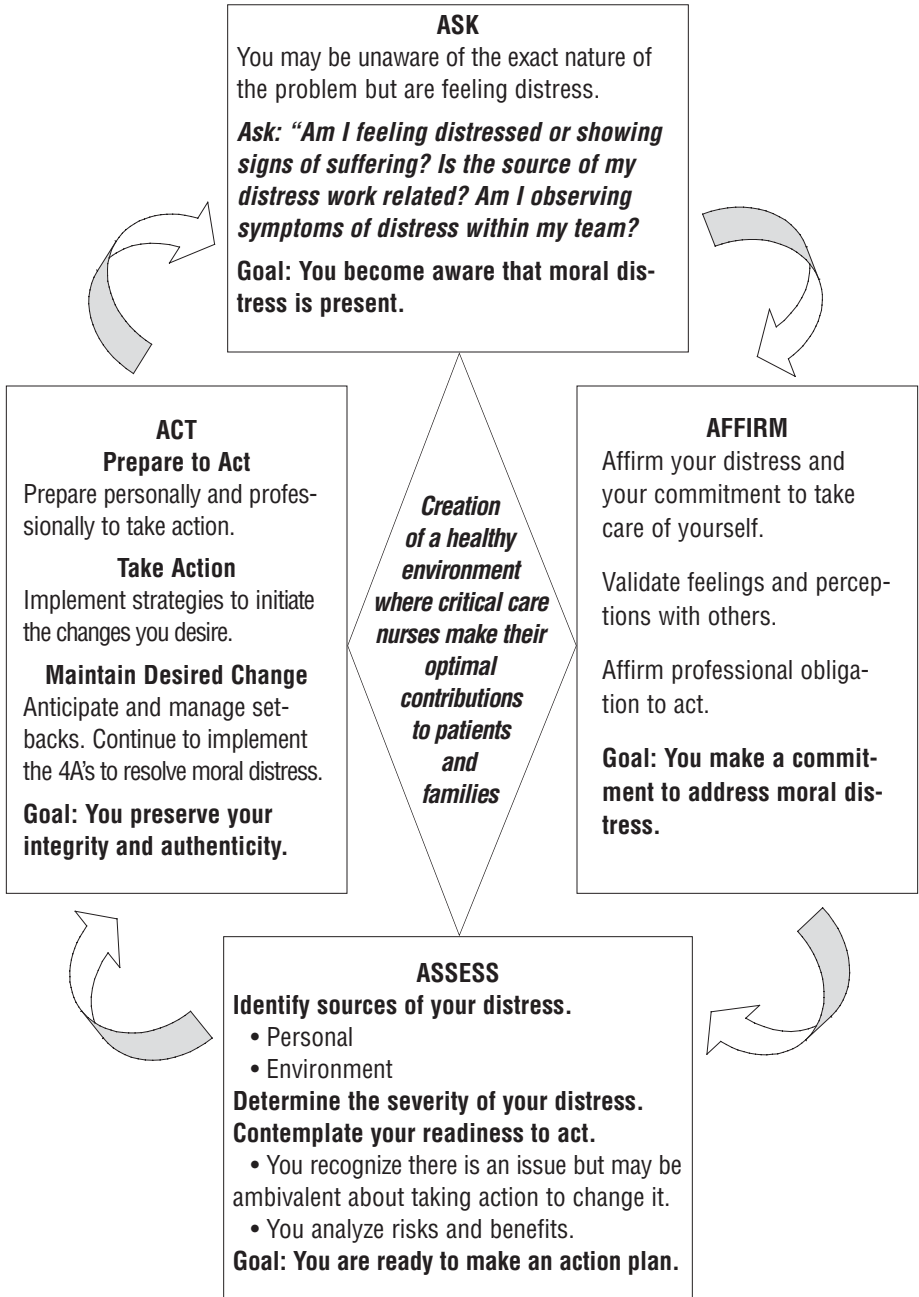
Internal barriers may include, but are not limited to, lack of awareness, insufficient skills, lack of confidence, and fear. External barriers may include, but are not limited to, institutionalized obstacles such as lack of time, lack of administrative support, power imbalances, institutional policy, or legal limits.



Moral distress can lead to a positive change, creating an environment where critical care nurses can make their optimal contribution to the patients and families they serve.

Introduction:

Addressing moral distress requires making changes. The change process occurs in stages and is cyclic in nature, meaning that the stages in the cycle may need to be repeated before there is success. The diagram illustrates the process.



ASK:

In this stage, you become more aware of your distress and its effects. It is a stage of self-awareness and self-reflection. Moral distress may cause suffering that can manifest in a variety of ways. Suffering occurs when a person’s integrity and sense of self are threatened; it affects a person’s physical, emotional, behavioral, and spiritual well-being. The sources of suffering are many and varied. ASK yourself:

- Am I, or members of my team, feeling symptoms or showing signs of suffering? (See table below)
- Have coworkers, friends, or family members noticed these signs and behaviors in me?

COMMON RESPONSES TO SUFFERING²

PHYSICAL		EMOTIONAL	
Fatigue	Persistent physical ailments	Anger	Confused
Exhaustion	Headaches	Fear	Sarcastic
Lethargy	Gastrointestinal	Guilt	Emotional
Hyperactivity	disturbances	Resentment	outbursts
Weight gain	Impaired sleep	Sorrow	Emotional
Weight loss	Impaired mental	Depressed	shutdown
Susceptibility to illness	processes such as forgetfulness	Cynical	Feeling
		Grief-stricken	overwhelmed
		Anxiety	Hurt
			Frustration
BEHAVIORAL		SPIRITUAL	
Addictive behavior	Apathy	Loss of meaning	
Alcohol, drugs, gambling, food, etc.	Indifference	Crisis of faith	
Controlling behaviors	Avoidance	Loss of control	
The need to be “right,” inflexibility, rigidity	Erosion of relationships	Loss of self-worth	
Offender behavior	Agitation	Disrupted religious practices	
Taking aggression out on others who often have less authority	Shaming others	Disconnection with people, work, community	
Boundary violations	Victim behaviors		
-Over-involvement with patients, families	Feeling powerless to change one’s situation		
-Under-involvement or disengagement in patient care situations	Depersonalization		
	Treating patients as non-persons		
	Feelings of being unable to act according to one’s conscience		
	Crying due to work-related issues		

⊗ **GOAL: You become aware that moral distress is present.**

AFFIRM

- ↳ Affirm your distress and your commitment to take care of yourself:
Prolonged or unrecognized suffering due to moral distress can be detrimental to your personal and professional life. • You have an opportunity to be free from moral distress. • You have a professional responsibility to contribute to the creation of a healthy work environment.
- ↳ Validate your feelings and perceptions with others:
Talk to coworkers, nurses in other settings, or friends and family to seek validation for what you are feeling. • AACN's national office and local chapters are additional sources of validation.
- ↳ Affirm your professional responsibility to act:
ANA Code of Ethics: The nurse owes the same duties to self as to others, including preservation of personal integrity and wholeness of character. • AACN's mission supports the establishment of work and care environments that are respectful, healing, and humane. This mission is guided by values that include accountability, advocacy, and integrity. • Healthcare institutions have a moral responsibility to define and communicate their values to their employees and to the public. Each employee is accountable for upholding those values.

🎯 **GOAL: You make a commitment to address moral distress.**

ASSESS

- ↳ Identify sources of your distress. Under what circumstances do the signs and symptoms occur? Do other people experience distress/suffering related to these sources? Sources may be personal, interpersonal, and/or environmental. Examples may include the following:
 - A particular patient care situation may be a cause of distress; for instance if you are asked to provide care that you feel is unnecessary or not desired by the patient or family.
 - A unit policy or practice can be a source of distress that manifests as a pattern of suffering that reoccurs whenever a certain situation is present; for instance, the way your unit provides end-of-life care or the way that family meetings are held may be practices that cause distress.
 - Lack of collaboration may be a cause of distress; for instance, if you experience disrespectful interactions with other members of the healthcare team, feel powerless to uphold what you believe is best for the patient, or have feelings that fellow providers do not validate.
- ↳ *Determine the severity of your distress.* Rate your distress on a scale of 0 to 5 (0=not distressed at all to 5= very distressed).

⇒ Determine your readiness to act using the self-assessment that follows.

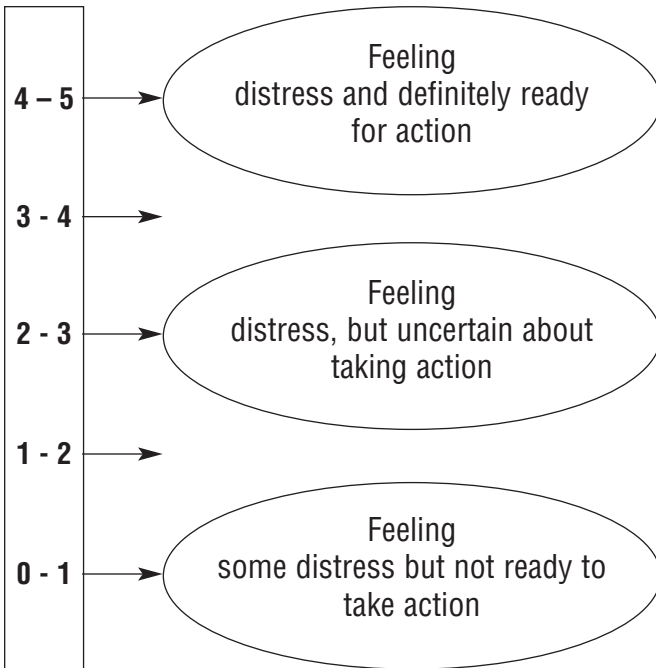
SELF-ASSESSMENT—Determine your readiness to act

On a scale of 0 to 5 (0= not to 5=very) rate your response to each of the following assessment questions:

1. How important is it to YOU to try to change the situation?
2. How important would it be to your colleagues/unit to have the situation changed?
3. How important would a change be to the patients/families on your unit?
4. How strongly do you feel about trying to change the situation?
5. How confident are you in your ability to make changes occur?
6. How determined are you to work toward making this change?

Add the above scores and divide by 6. Match your score to the barometer below.

Readiness to Act Barometer



⇒ **Contemplate your readiness to act**

- You recognize there is an issue but may be ambivalent about taking action to change it. If you are not ready to take action, continue to ASK and AFFIRM.
- Take time to consider the risks and benefits of making a change to rise above the moral distress.

This next exercise can help you to assess the risks and benefits.

Make a table with 4 columns on a piece of paper.

1. Label the far left column “Benefits” and the third column “Risks”.
2. Brainstorm to identify the potential benefits and risks. List factors in appropriate column.
3. After listing the benefits and risks, use a 1 to 5 scale (1 = minimal potential to 5 = great potential) to rate the potential strength of each factor in the column next to it.

Example (Note: This is only intended as an example and is NOT all-inclusive)

My source of distress: *Restrictive visiting hours cause family and patient dissatisfaction.*

What I want to see happen: *Open visitation in the unit*

Benefits	Strength	Risks	Strength
1. The action I am taking would be positive for patients and families.	5	1. Some colleagues do not support open visitation.	3
2. My manager supports the concept.	5	2. Doctors do not want visitors in the unit during rounds.	4
3. There is a research base to support the change.	5	3. The organizational culture is somewhat authoritarian and slow to change.	2
4. I have prior personal experience in effecting a change.	3	4. I lack the energy or time to take action.	1
5. My personal needs would be addressed.	4	5. There are insufficient resources to help me make the change.	3
6. Action would enhance awareness of the issue in the practice environment.	4	6. Risks are too great (worry about losing job and not being able to provide for one’s family, personal or professional retribution, loss of status, emotional distress).	1
7. There is support from the American Nurses Association (ANA) Code of Ethics for Nurses’ with interpretive statements and AACN position statements.	5		

Total the scores in the benefits column and divide this number by the number of items you have listed. Do the same for the risks column.

EXAMPLE: *Benefits* Total points= 31 Divided by 7 items= 4.42

Risks Total points= 14 Divided by 6 items= 2.33

If the *Benefits* number is higher than the *Risks* number, then the time is right for making a commitment to act boldly!

The best way to effect change is to diminish or remove the risks. It is tempting to try to strengthen the benefits; however, this may only intensify the risks.

🎯 **GOAL: You are ready to make an action plan!**

If you are uncertain about taking action, consider **4 R's**: Relevance, Risk, Rewards, and Roadblocks

Relevance—Imagine the impact your action could have:

- Improved patient care
- Enhanced relationships
- Enhanced personal well-being
- Professional satisfaction

Risk—Consider the risks of not acting and the possible outcomes for the patient and for yourself:

- Personal suffering (refer back to the signs/symptoms of suffering)
- Dissatisfaction with practice environment
- Decreased quality of patient care

Rewards—Imagine how you will feel after you take action:

- Recall situations in which you have succeeded in effecting positive change in the past.
- Imagine how you would feel coming in to work after changes were in place.

Roadblocks—Make a written list of the specific roadblocks you foresee to help you identify strategies to avoid them. Some of these roadblocks may include concerns about:

- Resistance to change
- Criticism
- Retaliation
- Alienation

After contemplating the four R's, go back and answer the SELF-ASSESSMENT questions again.

MAKE A COMMITMENT TO ACT BOLDLY

ACT

↳ Prepare to Act

Addressing internal and external barriers, reducing risks, and maximizing your strengths will be necessary to take action. Consider personal changes that will make you a more viable agent of change. Use one or more of the following actions in preparation:

Develop a self-care plan:

1. Clarify your personal values about self-care
2. Create time in your schedule for self-care activities
3. Engage in self-care activities such as these:
 - Keep a journal
 - Get a massage
 - Spend time with friends and family
 - Eat a healthy diet
 - Engage in exercise or other physical activities
 - Dedicate time to exploring your hobbies
 - Engage in spiritual work such as attending church and meditation

Identify appropriate sources of support:

1. Coworkers—offer them support and receive support from them
2. Nurse manager or advanced practice nurse on your unit
3. A support group outside of your work environment
4. Sources outside of your environment, such as spiritual advisors, counselors, and employee assistance

Investigate outside resources for guidance:

1. A nursing course in ethics or a course in bioethics
2. AACN Web site lists journal, text, and organizational resources. Go to <http://www.aacn.org/> and select “Ethics”.
3. Familiarize yourself and your colleagues with the ANA Code of Ethics with Interpretive Statements found at <http://www.nursingworld.org/ethics/code/ethicscode150.htm>
4. Refer to AACN Public Policy Web pages for information about legislation and regulations and click on public policy.
5. Contact your State Board of Nursing for information about your Nurse Practice Act and state regulations that affect your concern.
6. Perform a search of the recent nursing literature on a topic of concern. <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>
7. Perform a search of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Web site on a topic of concern. <http://www.jcaho.org/>

➤ Take Action

Take actions that address the specific sources of distress within your work environment. The following actions, listed from simple to complex, are applicable:

Distress about a current patient care situation:

1. Consistently involve the patient's family in the care that you provide to patients³
 - Encourage family participation in patient care
 - Keep the family informed of changes in the patient's status
 - Encourage the patient/family to ask questions of healthcare team members
 - Assist in arranging family meetings in which key healthcare providers and family members are present
 - Invite the family to participate in daily rounds
2. Advocate for the patient and family by consulting other services, including:³
 - Ethics committees
 - Departments of bioethics
 - Chaplain
 - Social work
 - Pain service
 - Patient/Family representatives
 - Palliative care and hospice providers
3. Identify a leader on your unit and inform him/her of the situation. Make clear your need for his/her support and advice. Sources of leadership may include the following:
 - Your nurse manager or assistant nurse manager
 - A fellow staff nurse with more expertise in managing these situations
 - The clinical nurse specialist on your unit or who consults for patients on your unit
 - Nurse practitioners managing patients in your unit
4. Once the situation is resolved, consider creating a support group or mentorship program for novice nurses who may face similar situations.

Distressed about a pattern of care within your unit:

1. Identify a patient care situation that is typical of the pattern you find distressing. Your next steps should include the following:
 - Request that a manager, CNS, or other APN debrief with staff members about the case
 - Formulate a case study based on that situation and use it as a teaching tool for your coworkers
 - Compare this situation to information found in outside resources to help you identify other ways to manage this kind of problem

2. Create an in-service on the area that is causing your distress.
 - Use information you have gathered from outside resources (ANA, AACN, State Board, current nursing literature, a course in ethics)
 - Offer the in-service to your fellow nursing staff
 - Extend the in-service to an interdisciplinary audience
3. Initiate a quality-improvement process to examine this issue, and gather data on how it affects patients and caregivers.
4. Create an interdisciplinary committee or task force to consider new strategies to manage this area of patient care.
5. Assist in developing policy changes that alleviate your source of distress.

Lack of interdisciplinary collaboration:

1. Communicate your desire to collaborate by taking the following actions:
 - Attend rounds, request to be notified when they begin
 - Use active listening skills and ask reflective questions
 - Take responsibility for your own actions
2. Monitor your responses to members of other disciplines:
 - Avoid projecting past negative experiences into the present interaction
 - Assume that other providers desire the same collaborative relationship you seek
 - Assume that other providers experience distress and appreciate validation
3. Facilitate interdisciplinary communication by creating/supporting the following:
 - Continuity of care providers, particularly when an ethical concern arises
 - Interdisciplinary documentation forms
 - Formal mechanisms for conflict resolution, such as an ethics committee, patient representative
4. Address the individual whose interactions or behavior contribute to your distress. Use assertive statements in a private space at a time when you are not emotional.
 - If necessary, role-play first with a colleague to strengthen your communication skills. Example: "I will not allow this procedure to continue without pain medication."
 - Allow the individual to present his/her side. Example: "Explain to me the rationale for this care decision."
 - Refer to other resources, such as the American Nurses Association (ANA) Code of Ethics for Nurses' with interpretive statements and the Patient Bill of Rights, that support your advocacy. Example: "According to the Patient Bill of Rights, he has a right to refuse the procedure."

➤ **Maintain Desired Change**

1. Anticipate and manage setbacks. The process of change often involves setbacks. These are to be anticipated and should not be considered as a failure! Every step you take will bring you closer to your goal. Don't be discouraged. When setbacks occur, learn from them and continue toward your goal. Plan for how you will handle reoccurrence of the distress:

- Make your self-care plan part of your daily and weekly routine.
- Stay in touch with identified sources of support. Be a source of support to other coworkers to foster relationships that benefit both of you.
- Continue to seek out information from journals, Web sites, and professional organizations that help you understand and address sources of moral distress.
- Attend conferences, such as NTI, that aid in your professional development, strengthen your ability to effect change, and offer the opportunity to connect with nurses who experience similar sources of distress.
- If you seek alternative employment, research the new environment carefully.

2. Continuous reevaluation:

- The circle of ASK, AFFIRM, ASSESS, and ACT indicates that this is an ongoing process. Turn the negative effects of moral distress into motivation to create change. You will still encounter distressful situations, but you will have the power to rise above them.

ASK yourself and others to be on the lookout for moral distress and causes of distress. You are obligated to provide the highest quality of care possible, and this means managing your distress effectively.

🎯 **Goal: Preserve your integrity and authenticity.**

References

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NOTES