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Moral distress in health care: Special report outlines strategies to increase moral resilience

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Nurses in all roles and specialties face complex ethical situations that challenge their values, giving rise to moral distress. New approaches to overcoming the challenges of moral distress by increasing moral resilience are presented in a supplement to the February issue of the *American Journal of Nursing*.

Based on the proceedings of a recent expert symposium, the special report outlines strategies to mitigate the harmful effects of moral distress in the health care workforce and to create healthy work environments—with the goal of providing safe, high-quality care for patients and families. The supplement, titled "State of the Science: Transforming Moral Distress into Moral Resilience in Nursing," is now available on AJN's website. Cynda Hylton Rushton, PhD, RN, FAAN, and Kathy Schoonover-Shoffner, PhD, RN, are the guest editors of the special report.

Addressing Moral Distress by Building Moral Resilience

Moral distress occurs when nurses and others "recognize their responsibility to respond to care situations but are unable to translate their moral choices into action." For example, an oncology nurse may know that a cancer patient wishes to refuse treatment, but doesn't do so because his physician and family want him to "fight on"; or nurses on a

geriatric unit may know they are not providing needed care to patients because of poor staffing.

With the increasing complexity of health care, mortal distress in nursing has risen to unprecedented levels. These conflicts threaten nurses' core values and moral integrity, contributing to burnout and staff shortages and endangering safety and quality of care.

At an invited symposium held in Baltimore last August, 46 nursing researchers, clinicians, ethicists and organization representatives met to discuss moral distress and to develop strategies to address it. Following a consensus process, the participants approved recommendations on essential steps for addressing moral distress and supporting the cultivation of moral resilience in individuals; and for building systems that support ethical practice. In both areas, priorities for education, practice, and policy are identified.

The full supplement, including a concise executive summary, is freely available to read and download on AJN's website: http://journals.lww.com/ajnonline/Pages/Moral-Distress-Supplement.aspx. The report can also be found in a digital magazine format at http://mydigimag.rrd.com/publication?i=379260.

The project was a four-year collaborative effort of The Johns Hopkins School of Nursing and Berman Institute of Ethics, the *American Journal of Nursing*, and the *Journal of Christian Nursing*, along with the American Association of Critical Care Nurses and the American Nurses Association. Funding support came from Johnson & Johnson, the Heilbrunn Family Foundation, and Nurses Christian Fellowship/USA.

"We hope clinicians, administrators, educators, and researchers will use this report to initiate conversations, plan strategies and curricula, and conduct research toward creating effective ways to respond to situations

that provoke moral distress," according to an introductory editorial by Maureen Shawn Kennedy, MA, RN, FAAN, Editor-in-Chief of *American Journal of Nursing*.

The Editors voice the hope that the information presented will lead to new approaches to lessening the occurrence and harmful effects of moral distress. They write, "With determined action, we can help nurses and other providers mitigate the effects of moral distress, enhance the ethical environment in which they practice, and improve the quality of health care."

Provided by Wolters Kluwer Health

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