

The Ethicist’s Role in Moral Distress

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Best Practices:

1. Conduct a needs assessment to elucidate educational needs as well as prevalence of and root causes for moral distress within specific institution and identify institutional values that align with and inform potential approaches.
2. Identify, tailor and scale approaches to address moral distress, such as educational initiatives and support interventions, based on information obtained through the needs assessment.
3. Implement initial approaches identified and assess impact.
4. Revise or redirect approaches as needed with an eye toward sustainability, including abandoning ineffective or unsustainable approaches.
5. Promote and expand in a sustainable manner.

| Best Practice | Rationale | Barriers | Possible Action Steps |
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| 1. Conduct a needs assessment to elucidate educational needs as well as prevalence of and root causes for moral distress within specific institution and identify institutional values that align with and inform potential approaches | <ul style="list-style-type: none"> • Need data points to <ul style="list-style-type: none"> ○ justify resource utilization ○ obtain buy-in from leadership ○ identify where efforts should be focused ○ identify and tailor approaches | <ul style="list-style-type: none"> • Bandwidth of leaders for prospective interventions • Resources of the institution • Education gaps • Implicit bias • Engagement of colleagues in programming • Explicit resistance to the existence of moral distress because of negative connotations (seen as a failure rather than an inevitable part of the provision of healthcare in a pluralistic society) | <ul style="list-style-type: none"> • Identify institutional impact of moral distress (e.g. retention), • Identify key stakeholders within institution (vested interest) • Conduct literature review <ul style="list-style-type: none"> ○ define moral distress ○ identify potential interventions or programming to implement ○ identify potential tools to assess impact |

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| Best Practice | Rationale | Barriers | Possible Action Steps |
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| <p>2. Identify, tailor and scale approaches to address moral distress, such as educational initiatives and support interventions, based on information obtained through the needs assessment</p> | <ul style="list-style-type: none"> • Develop programming and interventions that are sustainable • Develop trust and credibility among key stakeholders | <ul style="list-style-type: none"> • Resistance to implementation of proposed intervention(s) or programming • Engagement of stakeholders or targeted audience • Potential lack of trust | <ul style="list-style-type: none"> • Build key relationships to advocate for programming/interventions • Proactively engage stakeholders in early development stages; for example, utilize the shared governance structure to help develop and/or integrate programming targeted at nursing • Review resources and interventions in literature • Develop or identify methods and metrics to assess impact/effectiveness • Utilize institutional mechanisms to either obtain IRB approval or exemption if what's been developed may be considered a research or quality improvement project |
| <p>3. Pilot initial approaches identified and assess impact</p> | <ul style="list-style-type: none"> • Assess effectiveness prior to larger scale roll-out • Gather additional data to inform <ul style="list-style-type: none"> ○ impact ○ revisions or redirection of approaches ○ elimination of clearly ineffective approaches ○ test conclusions drawn from needs assessment that informed initial development | <ul style="list-style-type: none"> • Engagement of stakeholders, whether due to bandwidth/time, interest or general buy-in • Readiness of targeted audience or institution for the initiative or intervention (may include lack of proper infrastructure to support) | <ul style="list-style-type: none"> • Pilot programs (for example, pilot in 1–2 units to test effectiveness) • Gather data to measure impact of pilot programs • Analyze data gathered to assess <ul style="list-style-type: none"> ○ impact ○ feasibility/ sustainability ○ opportunities for improvement |

| Best Practice | Rationale | Barriers | Possible Action Steps |
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| | <ul style="list-style-type: none"> Gather data to support on-going resource utilization to expand or sustain the program | | |
| <p>4. Revise or redirect approaches as needed with an eye toward sustainability, including abandoning ineffective or unsustainable approaches.</p> | <ul style="list-style-type: none"> Create effective and sustainable programming or interventions Need to continually assess relevance of approaches | <ul style="list-style-type: none"> Engagement of stakeholders, whether due to bandwidth/time, interest or general buy-in Readiness of targeted audience or institution for the initiative or intervention (may include lack of proper infrastructure to support) | <ul style="list-style-type: none"> Revise approaches and implement revisions Assess effectiveness of revisions in relation to intended impact of the revision Gather data to measure impact of “revised” version of approach Analyze data gathered at this stage and compare to previously gathered data to optimize impact of approach |
| <p>5. Promote and expand approaches assessed as successful in the pilot phase in a sustainable manner</p> | <ul style="list-style-type: none"> Moral Distress is not an isolated occurrence or event that can be eliminated or fully prevented, but requires on-going support of caregivers that experience moral distress | <ul style="list-style-type: none"> Long-term sustainability (or lack thereof) Leadership or staff turnover that impacts buy-in or engagement | <ul style="list-style-type: none"> Identify primary leader or leader(s) of the intervention. If unit-based this could involve identification of a leader within each unit where implemented who owns the intervention |