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Question: How do nurses handle moral distress of patients refusing treatment due to cost, to be able to still provide compassionate care knowing their condition will worsen without the treatment(s) needed?

Summary: Moral distress is the emotional state that arises from a situation when a nurse feels that the ethically correct action to take is different from what he or she is tasked with doing.... This conundrum, dubbed “moral distress,” can make nurses feel powerless, anxious, and even depressed (HNHN, 2017). Several factors may increase the likelihood of developing moral distress, including specific aspects of patient care, internal constraints, and external constraints (Mealer, 2016). When it comes to moral distress it is important for the nurse to be able to recognize the symptoms of moral distress. According to HNHN (2017), some physical symptoms of moral distress are Gastrointestinal issues, insomnia, headaches, and nightmares. One way of coping with moral distress is having moral courage (strength to speak up despite the fear of repercussions) and moral resilience (internal capacity to restore and sustain personal integrity in response to moral distress) (HNHN, 2017). Lachman (2018), believes that moral resilience is key in dealing with moral distress because resilient people employ transformational coping strategies of understanding and contextualizing the circumstances of the situation. Another important aspect of being able to handle moral distress is for the nurse to be able to speak to someone about their feelings and feel supported. Many organizations have ethics committees or mentors that a nurse can vent/talk to. A different way nurses can handle moral distress is by using the American Association of Critical-Care Nurses Framework which includes the 4 A’s. 1. Ask. (“Am I feeling distressed or showing signs of suffering?”) 2. Affirm (“Yes, I’m feeling this distress.... going to make a commitment to address it”). 3. Assess (assess your ability to make a change “what can I do personally?”). 4. Act. (Take personal responsibility to try to implement the changes that you desire). (HNHN, 2017). The 4 A’s were developed to be used in addressing moral distress and promoting a healthy work environment. Using any of these strategies for dealing with moral distress, nurses can provide the care that their patients deserve.

Conclusion: Watching patients decline medically necessary treatment(s) due to cost is disheartening for nurses, because as a nurse the expected outcome for the

patient is to be able to receive the expected treatment and get well. Unfortunately, this outcome cannot be said for every patient that a nurse provides care for. Which leads to moral distress for most nurses, if not all nurses at some point in their career. Ways for the nurse to handle moral distress are developing moral courage and moral resilience. Being able to identify moral distress within one's self and knowing there are strategies to reduce the moral distress. Also, knowing that there are designated people that nurses are able to speak to about their feelings/situation. Is a tremendous help for the nurse to be able to get things off their "chest", so that they are able to continue to take care of patients with compassion and quality care.

Work Cited:

Primary resource:

Moral Distress: What It Is and What to Do About It. (2017, September 11). Healthynursehealthynation. Retrieved September 1, 2021, from <https://engage.healthynursehealthynation.org/blogs/8/531>

Secondary resource:

Mealer, M., & Moss, M. (2016). Moral Distress in ICU nurses. *Intensive Care Medicine.* 42, 1615-1617. <https://link.springer.com/article/10.1007/s00134-016-4441-1>

Tertiary resource:

Lachman, V. (2016). Moral Resilience: Managing and Preventing Moral Distress and Moral Residue. *Medsurg Nursing.* 25, 121-124. https://convention.amsn.org/sites/default/files/documents/practice-resources/healthy-practice-environment/MSNJ_MoralResilience_2016.pdf