

**Question:**

Are nurses who experience moral distress related to patient's refusal treatment at risk for being affected emotionally, physically, and mentally compared with nurses without having to encounter patients refusing beneficial treatment during their admission stay at the hospital?

**Summary:**

Providing good quality care to patients in a hospital setting is the main goal to not only nurses but as an healthcare organization as a whole. Though that is a top priority, there are many factors that prohibit the ability to provide such treatments that are beneficial for the patient. Such factors like cost or simply the patient refusing treatments in their care plan are something that is out of the nurses control. This places nurses at risk to experience moral distress related to the patients refusal treatment because nurses have a moral standard to treat patients without regard to financial constraints and decision making within the Healthcare system. The healthcare system at times receives a negative connotation because when treatments are not provided to the patient due to cost, then patients view the hospital as a business for monetary gain instead of it being the patients right to receive every treatment possible to improve their quality of life. "This is among the primary reasons that American nursing as a profession is often described as in a state of moral distress, as defined by Jameton: "Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action." (Olsen et al., 2020) Moral distress is different than other problems nurses face in their work environment because it affects the nurse emotionally, psychologically, and physically. At times cost is not even the issue but the patients autonomy in being involved in their own care plan. Patients have the right to decline any treatments or medications while they are admitted in the hospital. "We persuade patients a bit too much. We use power—well not force them but to get them to do what we want. Coax them...For someone to actually refuse they've really got to be quite determined..." (Delfrate et al., 2018) Nurses are educated knowing all the risks that can possibly happen in a patients disease process if a patient declines or refuses medication, surgical interventions or other treatments. But walk a fine line of wondering if they are truly allowing the patient their autonomy and right to make their own decisions if they keep asking or persuading the patient in result of them finally giving consent and saying "Yes" to proceed with their care. Patients are allowed to make bad choices, nurses may not always agree with the decisions of care that are made but need to be able to learn how to process those thoughts and feelings they are experiencing and have the support from their colleagues, management and organization if needed. In some cases they have to break the news to the patient that their insurance like Medicare does not cover certain treatments or medications because they did not meet the criteria for coverage. In nursing school we are

Adelita Reyna  
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taught to assess and treat the patient as a whole but “That’s not how Medicare is structured.” (Olsen et al.,2020) Many go home wondering if they ethically did something worthwhile. Burn out is at an all time high for nurses and many are experiencing “Anger, frustration, powerlessness and sadness/ upset – the moral agent engages in conflict but unable to fulfill their preferred moral requirement” (Morley et al., 2020). In a patients care team; Case management is often consulted to help the patient with available resources out there in the community to meet their needs. Even then case management can only do so much for each patient. Research shows that there are very few nurses that do not experience moral distress because their patient has great insurance or are assigned patients that agree with all treatments and medications without refusing any care that is beneficial to them. In a perfect world that would be amazing and decrease the burden of moral distress amongst nurses. Organizations need to recognize moral distress, stay informed of what is going on to their patients at their facilities and reform policies because substantial changes need to be made to improve the well-being of patients and nurses as a whole.

### **Conclusion:**

Unfortunately, moral distress is felt by nurses on a regular basis and more often than not it has become a norm. The need for change and a Healthcare system that takes care of people despite their type of insurance coverage they have is crucial for the future of the medical field. Even finding some common ground to make healthcare more affordable if they have to pay out of pocket will be beneficial and not place a financial constraint on the patient. This will also keep the nurse from frequently having to be placed in a predicament that they are morally distressed about the quality of care they are providing to their patients that depend on them. In conclusion, moral distress can be destructive at an individual level and as an organization need to advocate for their nurses to promote and maintain their own health and well-being. Assuring their nurses are healthy in all aspects such as mentally, physically, emotionally and even morally. This will not only boost the moral of the work environment but provide positive outcomes for the patients that are under their care.

### **Work Cited:**

#### **Primary Article:**

Keilman, L. J., Olsen, D. P., & (2020). The Moral Distress of Nurses When Patients Forgo Treatment Because of Cost. *The American journal of nursing*, 120(9), 61–66.  
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#### **Secondary Article:**

Delfrate, F., Ferrara, P., Spotti, D., Terzoni, S., Lamiani, G., Canciani, E., & Bonetti, L. (2018). Moral Distress (MD) and burnout in mental health nurses: a multicenter survey. *La Medicina del lavoro*, 109(2), 97–109. <https://doi.org/10.23749/mdl.v109i2.6876>

#### **Tertiary Article:**

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Morley, G., Bradbury-Jones, C., & Ives, J. (2020). What is 'moral distress' in nursing? A feminist empirical bioethics study. *Nursing Ethics*, 27(5), 1297-1314.