



## **Well@Work Podcast Season 4, Episode 2: Moral Distress**

Welcome to the Well at Work podcast from the University of Kentucky Center on Trauma and Children. This podcast is being brought to you by a grant from SAMHSA to the Department of Behavioral Health. On this episode of the podcast, Dr. Tracy Clemans discusses moral distress and gives some tips on what you can do if you think you are experiencing moral distress. And now, Dr. Tracy Clemans. Hello, I'm Dr Tracy Clemans, I'm a psychologist and social worker and serve as the AWARE project coordinator at the University of Kentucky Center on Trauma and Children.

Welcome to today's Well at Work podcast. Today we're going to be talking about moral distress. Nearly all health and mental health professionals experience moral distress at some point in their career, but research tells us that we don't know exactly what it is or what to do about it. Moral distress occurs because as a professional, we may feel like in order to do our job as required, we have to violate our own values, morals, and ethics. So there are two types of moral distress: initial and reactive. Initial moral distress is in the acute phase, when you might be faced with institutional obstacles or conflicts that prevent you from doing what you think the right thing is. Here are some examples: suggesting the right course of treatment but learning that a patient or the client doesn't have the right insurance coverage or cannot afford to get the help they need, which can be really frustrating; or disagreements about the right course of treatment with your colleagues, or even how and when those treatments should be administered. On the other hand, there's reactive moral distress, and that occurs when the distress is not resolved in any kind of acceptable way. Over time, this can lead to moral residue, and that's the unresolved moral distress that builds up after repeated failures to act in a way that's morally in alignment with our values. Some symptoms of moral distress include anger, frustration, anxiety, hopelessness and helplessness, loss of job satisfaction, and emotional withdrawal from our work.

Here's another example that might feel familiar to you: Jamal works at a clinic that provides necessary medications to individuals experiencing homelessness and individuals dealing with chronic physical and mental health problems. Jamal and the other staff are often required to work with patients who may become physically aggressive especially when they are actively using substances. Jamal is very dedicated to his job and has a great deal of compassion for these individuals and wants to see them get help for their complex needs. When there is an incident of physical aggression, Jamal is required to make an incident report. Jamal knows that when he files an incident report that the police are likely to become involved, and numerous times in the past, this has resulted in patients being sent to jail. This means that the patients may no longer be able to be seen at that clinic for the services that are meant to help them with their struggles. This clinic is like a clinic of last resort, taking the most difficult and challenging patients that are not able to be served anywhere else in the area, so if they are no longer able to serve them, there is nowhere for them to go to get their medications. At the same time, due to having concerns for these very complex patients, these incidents make working in the setting feel unsafe for Jamal, for his co-workers, and the other patients. Jamal has raised his concerns about the tension between having safety in the workplace and being able to support the most challenging behaviors to his supervisor, but they don't have the resources needed to address the situation, and he doesn't feel heard or supported. This isn't the first time Jamal has felt morally conflicted about work conditions. He's had

numerous unresolved issues over the years. These concerns have created moral residue, which has him wanting to leave his job and, unfortunately, the profession altogether.

Tip number one is to get an ethics consult. Depending on your organization, you may be able to reach out to an ethics committee, or even page an ethicist, when a situation arises that evokes moral distress. These trained professionals can help you find your voice and talk through your feelings and symptoms of moral distress. Speaking to an expert may not alter the outcome, but it may help you find a pathway towards peace. For example, if you make a determination that a patient needs a particular treatment, however others disagree with you, their decision may stand. However, the ethics consult may help mitigate symptoms of moral distress, because just the act of seeking a consult is an active coping strategy. It can also build your ethical confidence to deal with these feelings and situations, and give you information you can use next time a morally distressing event occurs. The more confident you feel, the more resilient you will be in dealing with these moral dilemmas. This is extremely important, because morally distressing situations will occur frequently in our line of work.

Tip number two: identify and utilize a resilience partner. This work is physically, emotionally, and morally challenging at times. When a professional experiences moral distress, it's important that they feel supported, and they have a place to process their thoughts and feelings about the situation in a safe and non-judgmental space with a trusted confidant. For Jamal, this might include using this confidant to process his concerns and brainstorm the best ways to proceed while keeping himself and his co-workers safe. This resilience partner can assist in developing and maintaining internal capacity to restore and sustain personal integrity in response to moral distress, and we call this moral resilience. Resilience partners can help each other develop moral courage, which is the strength to speak up despite the fear of repercussions.

Tip number three: use the 4 A's. The American Association of Critical Care Nurses developed a framework to help us address moral distress, and it includes four A's. The first A: ask yourself, am I feeling distressed or showing signs of suffering? Do I have some moral residue that's building up and making the situation feel even worse? The second A: affirm it. You may want to say to yourself "yes, I'm feeling this distress, and I'm going to make a commitment to address it." This means calling on your moral courage. Third A: assess your ability to make a change. Ask yourself, what can I do personally? How can I contribute if this problem is organization-wide? How can I contribute to my organization to try and mitigate moral distress for everyone? We're asking you to do a deep dive to understand the root causes of moral distress in your organization. Discuss these questions with your resilience partner or your supervisor. The fourth A is act. Take personal responsibility to try to implement the changes that you desire. For Jamal, this might mean asking his resilience partner to check in with him about his actions and discuss the steps he's taking. For tip four, take a look at your code of ethics if you're not sure how to respond to any particular situation. Not all moral issues are ethical ones, but if they are, you might find some guidance in your profession's code of ethics to help you guide your response.

You may also find comfort in the Moral Distress Education Project. The goal of this project is to elevate the understanding of moral distress and help viewers of the videos process their own experiences. You can find a link to this resource in the video description and on our website, so check that out, and remember to stay Well at Work. Thank you for listening to this episode of the podcast. Follow the link in the video description for more resources on our Well@Work website, and of course stay tuned for more episodes on topics that will keep you well at work.