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Nurses are trusted with the most precious thing on earth: the life; health, and happiness of other human beings.

-Isabel Hampton Robb

Transforming Moral Distress to Moral Resiliency in Nursing

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The Questions

1. What is known about individual and organizational strategies for reducing conditions that give rise to moral distress and support moral resilience?

2. In what ways can moral resilience be leveraged as a strategy to reduce moral distress?

3. What are the priorities for practice, education, research and policy around addressing moral distress, cultivating moral resilience and a culture of ethical practice?
State of the Science Symposium: Transforming Moral Distress to Moral Resiliency in Nursing
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A Summary of Moral Distress Research and Interventions

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a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA
Moral Choice

Moral Action

Moral Distress

(Jameton, 1984)
Early Moral Distress Conceptualizations

- Offered a unique moral lens into what had been previously seen as individual stress problems
- Opened up a new language for nurses to address long-standing practice concerns
- Concerns could be played as ‘trump cards’
- Focused primarily on external constraints
- Did not address the interprofessional team
- Lacked conceptual clarity
- Generated programs of research aimed at richer interpretations and clearer measurement
Moral Distress Sample Evolving Definition

Moral distress “is when there is incoherence between one’s beliefs and values and one’s actions, and possibly also outcome”.

(Webster and Baylis, 2000)
Research re
Sources of Moral Distress...

- Shortages of resources, increased workloads
- Patient/family suffering
- Intra-professional team conflict
- Inter-professional team conflict
- End of life decision making
- Inequities in access to health care
- MANY PRACTICE AREAS ARE UNDERSTUDIED!
Moral Climate

Client Safety

Provider Safety
Ongoing Conceptual and Practical Progress

- Continues to offer a unique moral lens into health care professionals’ practice
- Continues to open up a language for nurses and now other health care professionals to address long-standing practice concerns
- Focuses on external constraints as well as the moral agency of nurses and other health care professionals in practice
- Increasing attention to and progress on further conceptual clarity (e.g. non-linearity)
- Ongoing programs of research generating richer interpretations and clearer measurement
New Frontiers!

• *Epistemological* challenges to better understand how nurses and other health care providers operate as moral agents in complex organizational contexts

• *Psychological* challenges to better develop and support the resilience of nurses and other health care providers

• *Political challenges* to engage meaningful collaborative action across all levels of our health care systems. Ought to embrace Iris Marion Young’s notion of justice as *shared responsibility.*
Resilience: Applications

*Selected Domains*

- **Psychological** (e.g. Bonnano, 2004; 2013; Masten & Wright, 2009)
- **Neuro-physiologic** (e.g.: Karatsoreos & McEwen, 2013)
- **Social Ecological** (; Adger, 2000; Ozbay, Fitterling, Charney, Southwick, 2008; Szanton & Gill, 2010; Masten, A. 2014.
- **Moral Resilience** (Rushton, 2016; Lackman, 2016)
Resilience Definitions

- No unifying definition; specified based on context
- The ability to recover or healthfully adapt to challenges, stress, adversity or trauma; to be buoyant in adverse circumstances.
- Capacity to “maintain its core purpose and integrity in the face of dramatically changed circumstances” (Zolli & Healy, 2012, p7)
- “Resilience is a process to harness resources to sustain well-being” (Panter-Brick & Leckman, 2013)
- Psychological resilience “involves the creation of meaning in life, even life that is sometimes painful or absurd, and having the courage to live fully despite its inherent pain and futility.” (Bartone, 2006)
Resilience: Groups/Systems

• Capacity of a dynamic system to adapt successfully to disturbances that threaten the vitality, function, or development of the system. (Masten, 2014)

• Social resilience is the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation”. (Cacioppo, et al., 2011, p 44)

• Social resilience appears to be supported by group bonds, trust, adaptability (Adger, 2000)
Resilience: Assumptions

• Experience with adversity, stress, suffering is a \textit{precondition} for personal resilience to mature (Panter-Brick, 2013)

• Resilience exists on a \textit{continuum} (Bonnanno, 2013)

• “May be present in \textit{differing degrees} across multiple domains of life” (Pietrzak & Southwick, 2011)

• May \textit{change over time} as a function of experience, development, and environmental influences. (Kim-Cohen & Turkewitz, 2012)
Moral Resilience: Specification

- the *moral aspects* of human experience;
- the *relational, contextual, and social dimensions* of the moral life
- the *moral complexity* of norms, values, commitments and decisions
- the inevitable *moral challenges* and adversity that ignite conscience, confusion, and moral suffering
Moral Resilience

• “the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature”. (Lachman, 2016)
Moral Resilience

• “the capacity of an individual to sustain or restore integrity in response to moral adversity” Rushton, C., (2016)

*It is not* complacency or “anything goes”, denial of suffering or “blaming the victim”
Link between Personal Resilience and Workplace

• “Our findings suggest that nurses can actively participate in the development and strengthening of their own personal resilience to reduce their vulnerability to workplace adversity and thus improve the overall healthcare setting.” (Jackson, D., et. al. 2007).
Interplay of Dimensions of Resilience
Insights

• Innovations are occurring
• Promising practices need more rigorous empirical evaluation
• Expanded support and funding is needed
Consensus Recommendations for Addressing Moral Distress and Building Moral Resilience

- Practice
- Education
- Policy
- Research
Examples of Individual Strategies

- *Detecting the consequences* of moral distress when one becomes “burned out”
- Cultivating the *mindfulness skills* to recognize the signals of moral adversity
- *Speaking up*—moving from why are we doing this—to clear communication about the ethical concern with recommendations for action and solutions—creating a new narrative
Examples of Organizational Strategies

- **Reactive, crisis oriented** responses when MD or other forms of moral adversity reach a boiling point
- Developing **systematic processes** to identify the situations that are likely to produce moral conflict or MD
Research Recommendations

Individual

- *Synthesis of research* on resilience in settings outside of health care
- *What strategies* can we implement to develop individual moral resilience?
  - *How do we enhance it?*
  - *How do we support it?*
  - *How do we teach it?*
Research Recommendations: Individual

• What measures are needed?
• What is the relationship between individual moral resilience and employee satisfaction and engagement?
  – Is there a causal relationship?
Research Recommendations

Organizational

• What constitutes a *culture of ethical practice* in health care?

• **Promising practices**
  - Similarities and differences in methods and outcomes
  - How do formalized ethics programs impact organizational outcomes?

• Key features
Research Recommendations
Organizational

• How do we *promote* moral resilience?
  – What are the *system characteristics*?
    • Why do some organizations have more moral resilience than others?
    • What characteristics foster moral resilience?
Research Recommendations

Organizational

- Relationship between individual moral resilience and organizational outcomes
  - Patient outcomes
- Is there a causal relationship?
Research Recommendations
Organizational

• What are the economic costs?
• What is the economic impact?
• What is the experience of moral distress and moral resilience among inter-professional leaders nationally and internationally?
Future Directions

• Building moral resilience in four areas:
  – Practice
  – Education
  – Research
  – Policy
Dissemination

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State of the Science:
Transforming Moral Distress into Moral Resilience in Nursing

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A Call to Action

• What *role* will you play in advancing the science in moral resilience?

• What *research questions* that ought to be prioritized?

• Where are there *leverage points* for progress?

• *Opportunities* for collaborative, team science?
We are the ones we have been waiting for...
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