Am I doing the right thing?
Moral Distress and Injury

"Did I do enough?"

"Did I do the right thing?"

What are moral distress and moral injury?

Within the NHS our staff work within various constraints. These include their own personal constraints (skills, time, experience), peer constraints (relationships, team dynamics) resource constraints (staffing, equipment, funding) and organisational constraints (such as policies, procedures and culture).

Working in ICU comes with many rewards, but also with challenges. Many decisions and actions are taken which occur within the complex context of the ICU and of these multiple constraints.

Moral distress is the powerful emotional reaction that occurs when you are certain about the ethically correct action to take but feel powerless to take that action due to varying constraints or indeed find yourself doing the wrong thing because of those constraints. Acting against your core values and moral code in this way (particularly if this occurs repeatedly) can result in harm to your conscience and sense of integrity. This moral injury can be experienced as disorientation, guilt, shame, anger and self-reproach.

Examples of triggers for moral distress include:

- **Having to make the decision about who gets the last ICU bed and who does not**
- **Inability to provide patients with the level of care and resource they need**
- **Deaths in intensive care involving decisions about withholding and withdrawing treatment**

Moral distress is linked to a clinician's sense of responsibility especially the duty to advocate. Often ICU staff ask *"did I do enough?"* or *"did I do the right thing?"*. Such questions may be even more prevalent during the COVID-19 pandemic. For example, redeployed clinicians find themselves in an unfamiliar environment with an advanced skills sets expected of them. ICU clinicians may struggle with lower clinician to patient ratios than the standard they are accustomed to and find themselves stretched in the supervision of redeployed staff caring for critically ill patients.

If you tend to be self-critical then you may find you are more likely to ask such questions of your practice.

Where these questions and feelings of having failed in one's duty are left unresolved, staff are vulnerable to developing symptoms similar to those seen in Post-Traumatic Stress Syndrome (PTSD).

Recognising moral distress

It is important to be aware of moral distress in yourself and colleagues.

You may find yourself experiencing:

Feelings of anger, failure, guilt, disappointment, disgust at yourself or others.

Thoughts such as 'I'm a terrible person' 'I'm not doing my job well' 'I wasn't able to provide the care that the patient needed' 'I shouldn't have done that' 'I should have stepped in' and 'I should have said something'.

And/or you may begin to:

Feel angry at colleagues, managers, the government or authority figures.

Struggle to function at work.

Struggle to sleep well.

Find that problems develop at home and in relationships.

Have a think about what is going on for you – what is causing me to think and feel like this and where can I find help and support?

'I'm a terrible person'

'I'm not doing my job well'

'I wasn't able to provide the care that the patient needed'

'I shouldn't have done that'

'I should have stepped in'

'I should have said something'

Protecting against the Impact of Moral Distress:

A clinician's self-determination at work influences the risk of moral distress.

Self-determination consists of three parts (1) **autonomy**, (2) **a sense of belonging**, and (3) **competence**.

Autonomy

You need to feel in control of your own behaviours, goals, work and decisions including being able to take direct action and make real changes in patient care in accordance with your core values.

However, there is a need to balance an individual need for autonomy with the autonomy needs and values of service users and that of your fellow colleagues. Being aware of your role and responsibilities (especially if new to a role or clinical environment), practising within legal, professional and clinical guidance and gaining knowledge, skills and experience in an area can help you to develop and exercise your clinical autonomy.

Remember that autonomy is also about being empowered to speak to, to escalate concerns, to agree or disagree with decisions and deciding whether to undertake (or declining to undertake) clinical practices which are not within your scope.

Belonging

It is important to have connections with, and a sense of belonging to, a compassionate and supportive multidisciplinary team at work. These relationships are important for providing you with a sense of psychological safety and empowerment. Crucial to this is the opportunity to have open and transparent discussions and decision-making, questioning and understanding each other's perspective, escalating concerns and supporting people to do what they believe is the right thing.

Belonging is especially important to foster when taking up a new post in the critical care environment, and even more so during times of uncertainty and crisis such as redeployment during pandemics. These can be disorientating and difficult times where a welcoming and supportive environment and systems of support are required.
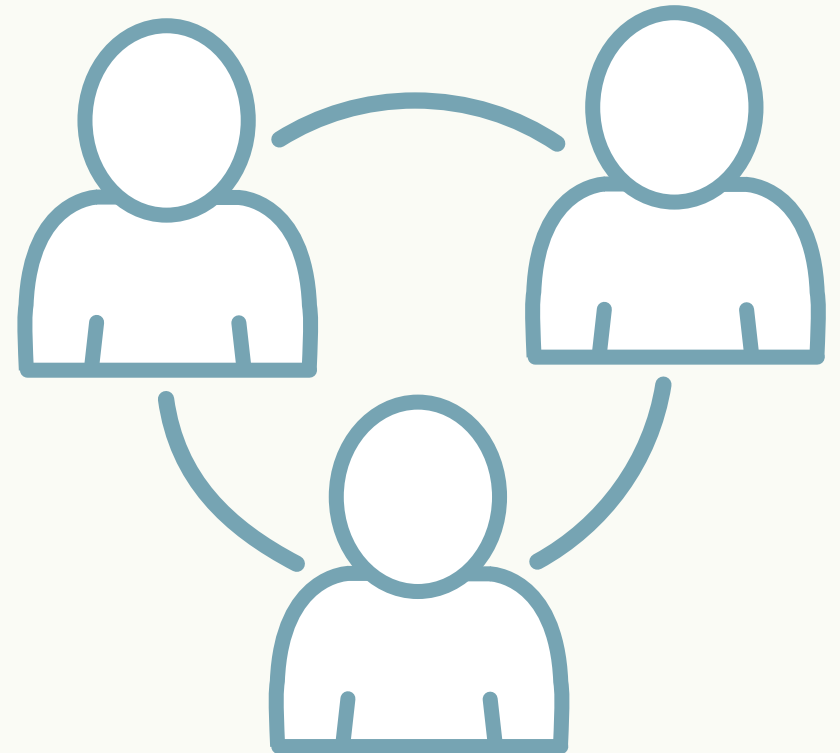
Competence

To be able to act autonomously it is important to act within your professional knowledge base and scope of practice. People need time and practice to gain mastery of tasks and to learn different skills. Reflecting and learning from practice experiences is also an important part of building competence. Building knowledge, skills and confidence in a supportive environment is essential for finding your "voice". It is essential to feel empowered to use your voice to express your views and to be able to advocate for patients, families, yourself and colleagues and to experience being heard in the workplace.
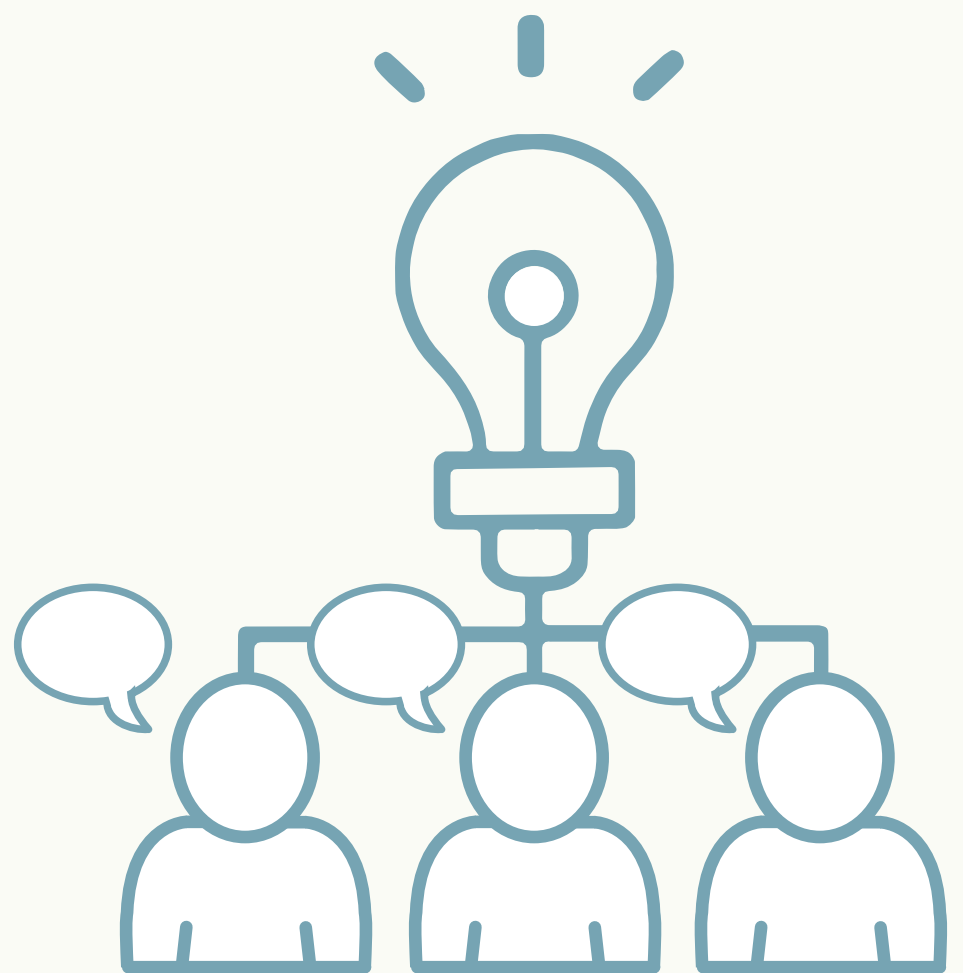
"It is essential to feel empowered to use your voice to express your views and to be able to advocate for patients, families, yourself and colleagues and to experience being heard in the workplace"

Recommendations for Leaders

✔ Leaders should have open and transparent discussions with staff before their redeployment.

✔ Redeploying managers and receiving managers should build connections with each other to support staff.

✔ Leaders should provide staff (especially redeployed staff) with clearly stated information about what they are likely to encounter. Do not sugar-coat or provide false reassurance.

✔ Provide preparation, orientation and induction to critical care and ongoing development opportunities to support staff to practice effectively.

✔ Recognise that the ICU environment may be perceived as quite alien, frightening and challenging to staff new to the speciality.

✔ Provide staff with 'go-to peers'/mentors/opportunities for guided reflection.

✔ Create conditions for respectful multidisciplinary working.

✔ Use plain English when communicating.

✔ Actively touch base with staff and monitor staff wellbeing by asking '*how are you?*' every day.

✔ Team leaders can help staff make sense of morally challenging decisions being made by talking clearly and openly about such decisions.

✔ Involve staff in decisions about their work and patient care.

✔ Support staff to understand why different ways of working are required, for example, the change in staff to patient ratios during pandemic surges and how safety can be maintained.

✔ Offer regular opportunities for listening to and communicating with staff.

✔ Provide safe spaces for staff to seek clarity, speak up and raise concerns.

✔ Ensure staff have adequate breaks and rest periods.

✔ Provide time for well-being activities.

✔ Ensure staff know about and have access to support resources.

✔ Be aware of and look out for signs of moral distress in staff.

✔ Work with staff to manage constraints to moral action.

✔ Monitor the ethical climate and culture of the environment and act swiftly to improve.

✔ Review and share learning.

Recommendations for Self-Care

✔ Find out about the critical care environment before you arrive.

✔ Attend any preparatory training and orientation programmes.

✔ Recognise your limitations.

✔ Keep in touch with base ward colleagues and managers as well as integrating into the new team.

✔ Identify your 'go-to peer' who you would discuss the shift with before going home.

✔ Acknowledge if you are morally troubled. There is a tendency for some people to bottle this up.

✔ Get to know your moral stressors/moral distress triggers. You may not know why you are troubled and talking to a trusted confidant can help you unpick what is bothering you, why this is important to you and what actions you can take to help.

✔ Get to know your preferred coping mechanism (healthy and not so healthy) and constructive ways to manage your moral stressors.

✔ It is important to reflect and discuss what your responsibilities are/were in a situation, what constraints you faced and what control you had over this.

✔ Think about what you did well in the circumstances and what you will do differently if it should arise again. What options are available to you. Find the most ethically acceptable solutions that work for you.

✔ Be wary about levels of self-criticism and self-blame and expecting more of yourself than is expected of your role and your level of knowledge and experience.

✔ Take opportunities to make sense of why decisions were made that you find troubling.

✔ Escalate concerns through your line management, other organisational processes and professional bodies.

✔ Take time to reflect on what you have learned and how you have grown in these times of adversity.

✔ Identify things that can help you to have control over your work and practice and that give you a sense of belonging.

✔ Access staff support services.

✔ Consider referring morally troubling cases to clinical ethics committees.

✔ Take time to look after yourself and take adequate rest periods.

Recommendations for Team Care

✔ Work together to create a safe and supportive team and work environment.

✔ Be prepared to patiently share your knowledge and skills with new colleagues.

✔ Manage your expectations of new staff and redeployed staff and support them to manage the expectations they have of themselves.

✔ Have a dialogue with each other (ICU nurse and support nurse) at the start of your shift and agree how you will work as a team for the shift.

✔ Pool your knowledge and skills to provide the care that patients need.

✔ Be prepared to learn new skills safely and practise within your developing scope.

✔ Empathise and check in with each other after tough decisions and events.

✔ Reach out to those who don't join these conversations.

✔ Notice the people who don't want to talk and keep an active eye on them – avoidance can be harmful but don't try to make people talk if they are not ready.

✔ Try to promote a helpful perspective: for example, 'that was awful, but we did the best we could to provide the best care we could, given the circumstances.'

✔ If someone is distressed following a difficult decision or work event be respectful and compassionate of their experience and perspective. Do not rush to label this response as negative and encourage staff to understand this is an understandable response to such a difficult situation.

✔ Be prepared to listen and to support colleagues to work through their emotions, to reflect and make sense of their experiences and to find their own solutions.

✔ Share experiences where appropriate.

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