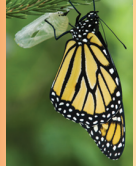


By Cynda Hylton Rushton, PhD, RN, FAAN

Cultivating Moral Resilience

Shifting the narrative from powerlessness to possibility.

ABSTRACT: Decades of research have documented the frequency, sources, and consequences of moral distress. However, few studies have focused on interventions designed to diminish its negative effects. The cultivation of moral resilience—the ability to respond positively to the distress and adversity caused by an ethically complex situation—is proposed as a method to transform moral distress.
Keywords: moral distress, moral resilience, nursing

Moral distress occurs when "one recognizes one's moral responsibility in a situation; evaluates the various courses of action; and identifies, in accordance with one's beliefs, the morally correct decision—but is then prevented from following through."[1] Broadly understood, moral distress is a particular form of moral suffering that reflects the anguish experienced in response to moral harms, wrongs, or failures and is often accompanied by the feeling that one's integrity has been compromised.

The concept has been studied since 1984, when philosopher Andrew Jameton first proposed it to describe the distress nurses experience when institutional and systemic barriers prevent them from acting according to their own moral judgment.[2] In 2001 Corley and colleagues developed the Moral Distress Scale (MDS)—an instrument for measuring the degree of moral distress among nurses.[3] The tool has since been refined and revised, most notably in 2012 by Hamric and colleagues who reintroduced it as the MDS-R in order to measure moral distress in other health care workers (in addition to nurses) and in various settings.[3-5] The concept continues to be studied and refined,[6] and evidence of the prevalence of moral distress among nurses, physicians, pharmacists, and other health care workers is increasing.[7]

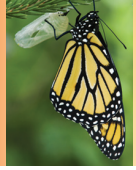
Sources of moral distress in nurses include internal factors such as real or perceived powerlessness[5]; external factors such as inadequate resources or staffing[8] and insufficient administrative or organizational support; and specific clinical contexts, such as end-of-life care,[8-10] critical care,[11] and neonatal or pediatric care.[10, 12]

Despite the burgeoning interest in moral distress, controversies have persisted.[13-15] Because it has increasingly become an umbrella term used to describe a variety of moral stresses,[14, 15] some believe the concept should be overhauled,[14, 16] whereas others have sought to further refine its definition.[17, 18] Still others have suggested new conceptualizations, involving a more nuanced understanding of clinicians as moral agents acting within complex organizational contexts.[6]

CONSEQUENCES OF UNRESOLVED MORAL DISTRESS

Moral distress has been associated with negative consequences such as emotional distress—often manifested as frustration and anger—and nurse attrition.[15] It has also been correlated with burnout and long-term consequences such as emotional exhaustion, depersonalization, feelings of disengagement, numbness, and diminished moral sensitivity.[9, 19, 20]

Negative effects aren't limited to clinicians; patient care is also affected. As specified in the 2015 update of the *Code of Ethics for Nurses with Interpretive Statements* from the American Nurses Association (ANA), nurses' primary obligation is to their patients, whom they must treat with "compassion and respect for [their] inherent dignity, worth, and unique attributes."[21] Unresolved moral distress can compromise nurses' ability to uphold these ethical standards if feelings of depletion or powerlessness diminish the physical and emotional energy they need to fully address patients' needs. The inability to care for patients with integrity raises the risk of burnout, which further affects the quality of patient care and the stability of the workforce; it can also lead to higher mortality rates.[22] In response to clinicians' increasing feelings of exhaustion, depletion, and frustration in the workplace, the Critical Care Societies Collaborative recently released a statement calling on professional and academic health care organizations to join together to stem the rising prevalence of burnout.[22]



Cynda Hylton Rushton addresses participants on the first day of the symposium.

ETHICAL CHALLENGES AND THE STRESS RESPONSE

Our understanding of the stress response can shed light on the negative consequences of moral distress. Humans are hardwired to detect and respond to threats. The most primitive part of the brain—the reptilian brain—identifies threats and signals the body to prepare for action through a predictable series of responses: fight, flight, or freeze.[23] Physical threats, along with such psychological threats as anxiety; emotional upheaval; and a sense that one's goals, values, identity, and (arguably) integrity are in danger, can automatically activate the body's alarm system and shift the brain into survival mode. The amygdala and connected brain regions go on to detect significant stimuli,[24,25] and if fear is present—consciously or unconsciously—negative emotions are activated.[23] These include negative arousal,[26] narrowed and biased attention to potential threats,[27] diminished empathy and interference with prosocial behavior,[28] and reliance on automatic default patterns.[29]

Ethical challenges could activate similar stress response patterns. When moral distress is acute or unrelieved, the nervous system can become deregulated and activate such emotions as anger, frustration, disgust, and discouragement.[30] Attention may be focused on limited aspects of a situation, and a conclusion that may or may not be accurate may quickly be reached. The reptilian brain's default patterns—fight (attempting to regain control by disarming the source of the distress and exerting power), flight (placating the situation or disengaging), or freeze (numbing out by "going through the motions" or avoiding the cause of the distress altogether)—may be set in motion. These responses can result in feelings of being out of control, overwhelmed, or confused; they may also undermine empathy.[31]

In practice, when the fight response is activated, a clinician may try to convince those whom she believes are impeding her from "doing the right thing" that their views are flawed. She may, for example, repeatedly challenge patients or their families when their opinions don't agree with professional recommendations. If her efforts are not effective, any of the three responses may be activated; she may intensify resistance, avoid the situation, or attempt to live with it, all of which could arouse negative emotions, as well as a sense of powerlessness and victimization. Over time, this could lead to physical, emotional, and behavioral disorders, and for some, it may also cause spiritual unrest.

It's important to note that the negative emotions and sense of powerlessness associated with unresolved moral distress tend to be contagious because clinicians often communicate the same negative narrative during shift handoffs. As a result, collective energy becomes depleted, negative emotions are stoked, and laments over helplessness and victimization echo one

another, making it more difficult to shift away from the distressing patterns.

MORAL RESIDUE

Over time, the negative effects of repeated instances of unprocessed moral distress can accumulate in both mind and body.[32] Although the intensity of distress may dissipate to some degree after the crisis is over, a "moral residue"—also referred to as the "crescendo effect"—often lingers.[33] In addition, there may be other types of residue, including physical, manifested by such symptoms as alterations in weight and appetite, joint and muscular disorders, gastrointestinal symptoms, or headaches; emotional, which often consists of anger, fear, or disgust; and cognitive, manifested by ruminating about unresolved moral questions or by catastrophizing—envisioning the worst possible outcome and getting attached to one set of facts at the exclusion of others.

CULTIVATING MORAL RESILIENCE

Although the literature is replete with studies documenting moral distress,[7] more than three decades of scholarship have yielded limited interventions that have proved effective in mitigating its detrimental effects.[6,30] There have been, until now, only brief observations on the potential of moral distress to become a catalyst for positive outcomes,[34,35] moral resilience,[19] and growth.[31] In one recent symposium on the narratives of moral distress, only two stories out of 21 highlighted positive growth.[31] Although clinicians tend to recognize their own experience in the existing data on moral distress, the accompanying narrative of disempowerment, despair, and hopelessness may have inadvertently contributed to a culture that undermines the potential for growth and moral progress.[16]

It's unlikely that moral distress can be eradicated. However, instead of being perceived as a purely negative occurrence, it could be viewed as a vital warning sign, alerting clinicians to actual or potential threats to their sense of integrity and compelling them to take what they believe to be the right action. Positive alignment with one's moral conscientiousness can help with the resolution of ethical challenges.[36,37] In a recent literature review, knowledge, experience, risk taking, boldness, and strong problem-solving skills were found helpful in prompting nurses to take positive action when confronted with ethical challenges.[38]

This shift in narrative—from one of distress and depletion to one of solutions and possibilities—can be achieved by cultivating moral resilience, defined as a person's capacity to sustain, restore, or *deepen* her or his "integrity in response to moral complexity, confusion, distress, or setbacks."[39] Moral resilience does not imply complacency, nor does it signify a disregard for or suppression of the adversity that led to the distress. Rather, it represents the cultivation of skills and practices that support clinicians in deepening their connection and commitment to their primary intentions, recognizing their sense of moral responsibility, and effectively navigating ethically complex, ambiguous, or conflicting situations.

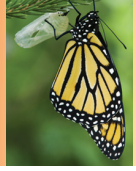
To derive meaning from moral distress, one must first change the relationship with the suffering that it causes. Human beings have the potential to consciously decide what mindset they will bring to a given situation; they have the option to choose a path of mindful awareness and inquiry over one of helplessness and frustration. When people are mired in the "judger pit," the tone of their conversation is punctuated by negativity, closed thinking, and judgment of themselves and others.[40] Alternatively, when in an inquiring mindset, they are more inclined to remain positive—despite their distress—and are able to ask questions that may help reveal unknown or overlooked possibilities.

Shifting the focus from helplessness to resilience offers promising possibilities in designing interventions to help mitigate the effects of moral distress. Resilience—an umbrella concept that has been applied in diverse fields of study—can be psychological,[41,42] physiologic,[43] genetic,[43] sociologic,[44] organizational or communal,[45] or moral.[39,46] Although there is no unifying definition, resilience generally refers to the ability to recover from or healthfully adapt to challenges, stress, adversity, or trauma. One definition characterizes it as "the process of harnessing biological, psychosocial, structural, and cultural resources to sustain wellbeing."[47]

Psychological resilience, for example, "involves the creation of meaning in life, even life that is sometimes painful or absurd, and having the courage to live life fully despite its inherent pain and futility."[48] Being resilient in this way suggests that there are positive aspects that can be leveraged to support well-being. In positive

Key Characteristics of Moral Resilience[39]

- cultivating mindfulness to support focus and clarity of mind
- learning to self-regulate to disrupt negative patterns of thinking and behaving
- developing self-awareness and insight
- deepening moral sensitivity
- wisely discerning ethical challenges and principled actions
- nurturing the willingness to take courageous action
- discovering meaning in the midst of adversity
- preserving one's integrity, as well as the integrity of the team, and others



psychology, posttraumatic growth is understood as "a construct of positive psychological change that occurs as the result of one's struggle with a highly challenging, stressful, and traumatic event."[49] Posttraumatic growth is a good example of how to address the despair and helplessness associated with moral distress. Although moral distress is not commonly associated with acute trauma, changing one's relationship to it accomplishes the same goal as posttraumatic growth—positive change in response to adversity.

DEVELOPING MORAL RESILIENCE

Numerous approaches to developing moral resilience have been proposed (for a comprehensive list, see *Key Characteristics of Moral Resilience*[39]).

'Rewiring' the brain. Research on "neuroplasticity" has demonstrated the brain's capacity to reorganize itself by creating new neural connections in order to adjust to unfamiliar situations or changes in the environment.[50] Mindfulness meditation—which consists of pausing, noticing, and connecting to one's inner resources and deepest intentions—has been shown to enhance the brain's capacity to regulate emotions.[51] In one study, people trained in mindfulness meditation for only seven weeks demonstrated less emotional arousal during a subsequent cognitive task.[52] Other methods proposed for helping the brain to better adjust to new situations include cognitive reappraisal, biofeedback, bodywork such as yoga or tai chi, and breathing practices.[53] However, further research is needed to evaluate their effectiveness.

Moral resilience is unlikely to flourish in environments that don't emphasize a culture of ethical practice.

Ethics education. Although it has been suggested that ethics education is vital to the enhancement of nurses' confidence and competence in addressing ethical challenges,[54] consensus on the most effective methods, formats, and curricula has not yet been reached. Various programs are being developed and initiated. The Clinical Ethics Residency for Nurses, for example, suggests that, in addition to providing traditional ethics education, addressing clinicians' emotional responses to moral distress may prove beneficial.[55] Another program, the Mindful Ethical Practice and Resilience Academy (MEPRA), recently launched by the Johns Hopkins School of Nursing and Johns Hopkins Hospital, consists of six sessions that incorporate mindfulness, ethical competence, communication, and resilience training to help nurses better address ethical challenges. The program also includes high fidelity simulations that allow participants to apply what they learn to realistic situations. Data on MEPRA's effectiveness will continue to be collected through the spring of 2017.

Organizational support. It is beyond the scope of this article to examine the role of systems and organizations in supporting clinicians' moral resilience, but it's important to note that moral resilience is unlikely to flourish in environments that don't emphasize a culture of ethical practice[56, 57]—as mandated by the ANA *Code of Ethics*. It's therefore crucial that moral distress be recognized and addressed not only among clinicians, but also within systems and organizations.

The concept of moral resilience is an invitation to explore factors, both individual and organizational, that help clinicians practice in a manner that reflects their intentions, character, and integrity. Likely a thread in the tapestry needed to heal the health care system, it can serve as a catalyst for clinicians to better respond to morally distressing situations and for organizations to institute reforms that allow clinicians—and patients—to thrive. ▼

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