

What is moral distress in nursing?

*John Paley
Sheffield Hallam University*

The questions

Let me begin by apologising for the fact that I won't try to answer the question: "What is moral distress in nursing?" because, in that form, I don't think it can be answered.

I will try to answer two other questions instead:

- What sort of expression is "moral distress"?
- How is it used in nursing?

The answer to the first question is that it is a broad categorizing term which places an indefinite number of very different circumstances in the same category. The answer to the second is that it has a narrative reframing function.

A broad categorizing term

By "broad categorizing term" I mean an expression which groups together a number of diverse objects under one heading. Consider the word "pet", for example. This term places an indeterminate number of very different species into a single class. The species in question have nothing in common other than the fact that some of them live alongside human beings, and are usually looked after by them. The point of saying that "pets" are diverse is this: what can be said about one member of the class cannot necessarily be generalised to other members. For example, you can take a dog for a walk, but you can't do that with a budgerigar. Equally, you can let a hamster out of its cage and let it explore the living room. You can't do that with a goldfish.

So you can't generalise about the different objects in a class associated with a broad categorizing term. I think this applies to members of the class "things to which the term 'moral distress' has been applied".

However, certain features of the term "moral distress" make it much broader and looser than "pet". For example, it is not a colloquial term, so there is no anchor in common usage. Definitions can't try to capture what people colloquially mean by it, because people don't colloquially use it.

Consequently, the range of things to which the expression is applied gradually expands. The literature is an archive of these expansions. If I did try to answer the question "What is moral distress?", I would be obliged to suggest:

One or more negative feelings, including *< insert very long list of emotions >*,
which are precipitated by *< insert very long list of circumstances >*,
and which may or may not result in *< insert very long list of outcomes >*

This kind of indefinite expansion happens to a lot of terms in nursing. You know what happens next. Writers start to say that the concept is "complex, multi-faceted, multi-dimensional and elusive".

There are two possible ways of trying to narrow this down.

First, you could try to specify what kind of *emotion* “moral distress” is. Some authors do suggest that “moral distress” is different from emotional distress, psychological distress, and so on. What they don’t say is how. Others list the various emotions and reactions with which moral distress is associated. These include: anger, guilt, resentment, shame, embarrassment, depression, dread, anxiety, grief, frustration, sadness, disappointment, self-doubt, self-blame, reduced self-worth, powerlessness, interior aversion, hopelessness, psychological disequilibrium, psychological disorientation, and feelings of being violated. Of course, any of these could be precipitated by situations other than “moral” ones. I haven’t seen any attempts to specify the permutation that must be present to qualify as “moral distress”.

So the prospects of defining “moral distress” as a *particular kind of feeling* look bleak.

Second, you can accept that there is nothing unique about the emotions, *per se*, and try to define “moral distress” by reference to the situations that cause it. The argument would be that it is in virtue of these situations that the distress experienced by the nurse counts as “moral” rather than any other kind.

The problem is that there are several very different types of situation which are referred to in this way, just as there are several different types of animal which can be referred to as “pets”. For example, moral distress has been described as a reaction to being unable to act on one’s understanding of what would be the ethically correct action because of:

- [1] Economic or structural constraints, such as understaffing
- [2] Hospital policy and protocols
- [3] Inter-professional relations, especially with medical staff
- [4] The wishes of the patient’s family
- [5] Threats of physical violence or abuse, including those from patients
- [6] Conflict of interests between patients, doctors, nurses, families
- [7] Inability or unwillingness to resolve a moral dilemma
- [8] Personal failings, such as lack of resolve or an error in judgment

These eight situations are related to one another – in the sense that they are all capable of precipitating distress – but they are all very different circumstances. In the same way, creatures described as “pets” are related in the sense that they live alongside human beings, but they are all very different species. So situations [1] to [8] are not elements, aspects, facets, or components of a “complex, multi-dimensional, multi-faceted, elusive” concept – any more than dogs and goldfish are components of a complex, multi-faceted concept “pet”. They are conceptually distinct states of affairs.

So generalisation from any one of these examples to any of the others is precarious.

This may well account for the inconclusive or contradictory evidence that is sometimes reported in the literature. For example, does moral distress lead to the nurse giving poorer quality care as a result of her “psychological disequilibrium”? Some studies have suggested that it does, others studies have suggested that it doesn’t. However, a decrease in the quality care is more likely to be associated with some of the circumstances listed above, and less likely to be associated with others (in the same way that moving round the house is typical of budgerigars and hamsters, and not typical of goldfish).

Narrative reframing

In nursing, the function of the term “moral distress” is to reframe discourse. It transforms one kind of narrative into another kind of narrative.

The narrative that gets transformed varies. For example, it might be:

- a political and/or economic issue (as with understaffing),
- a clash of perspectives (families wanting everything done for their loved one)
- a behaviour in organisations narrative (as with inter-professional relations).
- a psychological characteristic (as with lack of resolve)

“Moral distress” reframes each of these narratives into a single generic narrative: the virtuous moral agent (the nurse) thwarted by obstacles, and consequently suffering:

Political/economic issue	→	Virtuous moral agent thwarted
Clash of legitimate perspectives	→	Virtuous moral agent thwarted
Behaviour in organisations	→	Virtuous moral agent thwarted
Lack of resolve	→	Virtuous moral agent thwarted

To see the force of this, consider the action taken by junior doctors during the last few months. This is industrial action framed as part of a political and economic narrative about the clinical consequences of the new contract, which the Government threatened to impose.



But imagine that the junior doctors had reframed this narrative as a case of “moral distress”.



