Moral Distress

"The condition of knowing the morally right thing to do but institutional, procedural or social constraints make doing the right thing nearly impossible; it threatens core values and moral integrity"

Jameton, A. (1984). *Nursing practice: The ethical issues.* NewJersey: Prentice-Hall.

Neoliberalism

"One of the most damaging aspects of Neoliberalism has been the way in which notions of care and relationship have been reduced to economic and administrative categories in contemporary social care. This has led to instrumental rationality and crude managerial means of controlling staff, services and other resources. Meaning, our moral obligation to care has been replaced by contractual obligations that are constantly checked and measured."

McMillan, N. (2020) Moral Distress in Residential Child Care, Ethics and Social Welfare, 14:1, 52-64, DOI: 10.1080/17496535.2019.1709878

Child Care is a Moral Endeavour

*"The very essence of practice in residential child care is being "in relationship" with those we care for, embodying care as a fundamentally moral activity. Child care cannot be rationalised down to a set of rules and actions to be counted and categorised "*Garfat, T., & Fulcher, L. (Eds.) (2012). *Child and youth care in practice.* Cape Town, South Africa: The CYC-Net Press.

"public care requires morally active, reflexive practitioners in order to move beyond its current instrumental focus and to articulate a broader ontological purpose, more prominent discourse around morals and ethics within public care must be developed." Steckley, L., Smith, M. (2011). Care Ethics in Residential Child Care: A Different Voice. *Ethics and Social Welfare, 5* (2) 181-195.

Moral Distress Scale

For further information on the Moral Distress Scale;

Corley MC, Elswick RK, Gorman M, Clor T. Development and evaluation of a moral distress scale. J Adv Nurs. 2001 Jan;33(2)

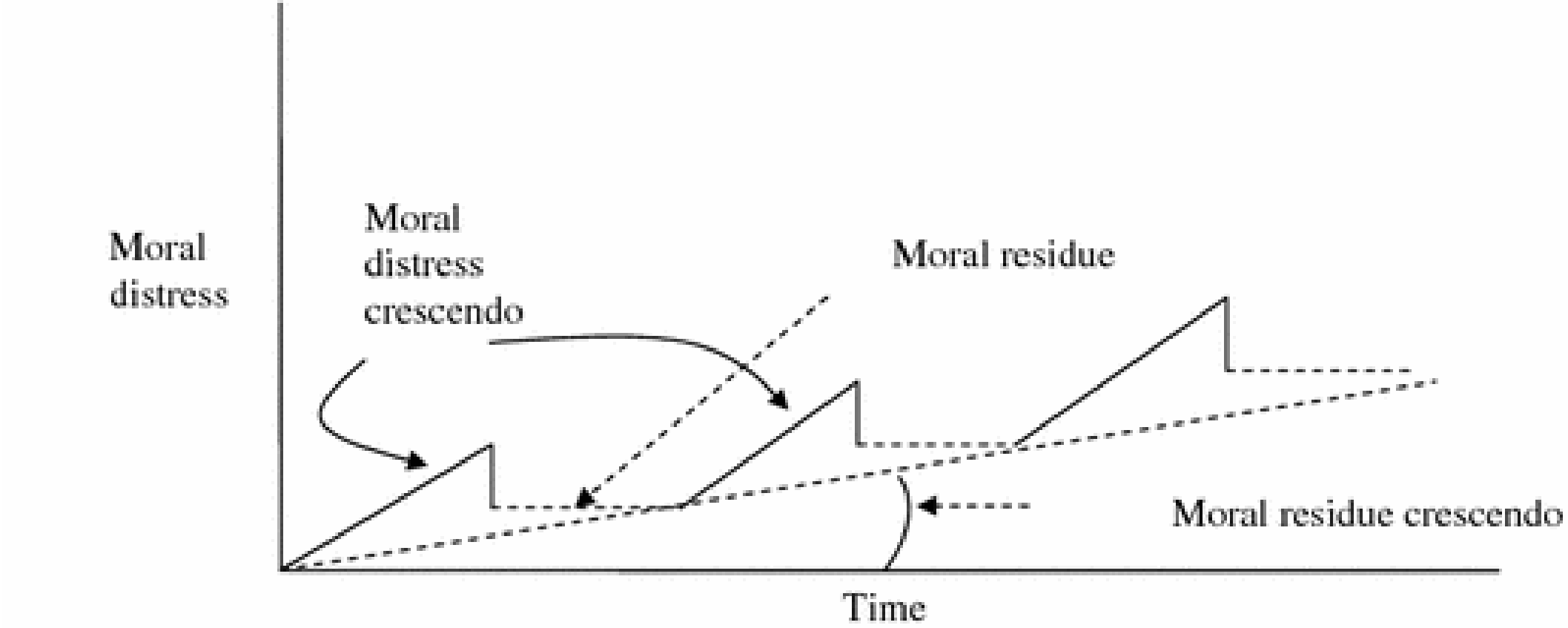
Moral Distress Scale items modified for Residential Child Care	Moral Distress Scale items
Carry out work tasks in which I do not feel fully competent.	Carry out work tasks in which I do not feel fully competent.
Work with ratios of staffing which I consider to be unsafe.	Work with levels of nurse, or other care provider staffing that I consider to be unsafe.
Work with colleagues or other professionals who are not as competent as the child requires.	Work with nurses or other health care providers who are not as competent as the child requires.
Watch children suffer due to a lack of provider continuity.	Watch patients suffer due to a lack of provider continuity.
Witness diminished care due to poor team communication.	Witness diminished care due to poor team communication.
Provide programmes of intervention that appear to be making the child's condition worse.	Increase the dose of sedatives / opiates for an unconscious patient that I believe could hasten the patient's death
Take no action on an observed ethical issue because the involved staff member or someone in authority requested that I do nothing.	Take no action on an observed ethical issue because the involved staff member or someone in authority requested that I do nothing.
Withhold information from Local authorities/other professional due to concern that the child's placement may be ended.	Follow the families wishes for the patients care when I do not agree with them, but do so because of fears of a lawsuit.
Avoid taking action when a colleague has contravened SSSC codes of practice and does not report it.	Avoid taking action when I learn that a physician or nurse colleague has made a medical error and not reported it.
Carry out managers instructions for what I consider to be unnecessary intervention.	Carry out the physicians orders for what I consider to be unnecessary tests or interventions
Continue with a placement when I feel it is only prolonging a poor outcome but ending it would affect revenue.	Initiate extensive life saving actions when I think they only prolong death
Continue a placement which is prolonging a poor outcome because no one will make a decision to end the placement.	Continue to participate in care for a hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support.
Assist a manager who in my opinion is providing incompetent care.	Assist a Physician who, in my opinion is providing incompetent care.
Witness staff or trainees' practice in a way that is distressing or hurtful to a chid solely in the course of gaining practice experience or developing skills.	Witness medical students perform painful procedures on patients solely to increase their skill
Be required to care for children I do not feel qualified or trained to care for.	Be required to care for patients I don't feel qualified to care for
Follow a manager request not to discuss the extent of a child's difficulties in placement with the placing authority.	Follow the physicians request not to discuss the patients prognosis with the patient or their family.
Provide care that does not help the child as doing so could mean an end to the placement.	Provide care that does not relieve the patients suffering because the physician fears that increasing the dose of pain medication will cause death
I was unable to provide care in keeping with my professional or ethical principles due to management imposed or budgetary constraints.	Provide less than optimal care due to pressures from insurers or administrators to reduce costs
Witness professionals giving false hope to a child or their family.	Witness health care providers giving false hope to a patient or family
Follow the placing authorities wishes to continue with the placement even though it is not in the best interests of the child due to issues of placement availability or cost.	Follow the families wishes to continue life support even though I believe it is not in the best interests of the patient.

Consequences of Moral Distress

"The language in which feelings of moral distress are captured is striking. Narratives of those who have experienced moral distress speak of; deep sadness, anger, guilt, resignation, and "despair, feelings of hypocrisy, suffering from nightmares, headaches, fear, anxiety, depression, difficulty concentrating, and problems of self–esteem"

Carse, A. (2013) Moral distress and moral disempowerment. *Narrative Inquiry in Bioethics. 3*, (2), 147–151.

The Crescendo Effect



Note: solid lines indicate moral distress, dotted lines indicate moral residue

System Justification

"Perhaps residential child care workers adopt ideologies and belief systems that serve as excuses and justifications for existing social, economic, and political arrangements as a means of coping with the status quo. When we consider the issues of power and powerlessness as a defining feature of moral distress, this could reasonably be understood as a survival strategy for residential child care workers as such mindsets may reduce the cognitive dissonance that comes with moral distress thereby ameliorating their distress."

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Adiaphorisation

Adiaphorisation is when "systems and processes become split off from any consideration of morality. It is the habit of treating certain actions as morally neutral and free of moral evaluation. Moral issues become matters of organisation or technique, this leads to an ethical deskilling of workers by desensitising their moral sensibilities and repressing their moral urges. Essentially this becomes a coping mechanism.

Bauman, Z (2000) Liquid Modernity. Malden, MA: Polity Press.

The Corruption of Care

Waurdaugh and Wilding (1993) found a number of defining features in their study of how institutions, organisations and staff committed to an ethic of care and respect for others, become corrupted and abuse their power and their clients. Amongst them, they identified that the betrayal of the basic values on which an organisation is supposedly based may be achieved by the creation of moral distance and the neutralisation of normal moral concerns. They also found that the corruption of care is closely connected with the balance of power and powerlessness in organisations. Powerlessness is a central and recurring subject in moral distress. Wardhaugh J, Wilding P. Towards an explanation of the corruption of care. Critical Social Policy. 1993;13(37):4-31.

Creating a Better Moral Climate

Moral Climate has been described as the explicit values that drive care delivery and shape the workplaces in which care is delivered. Creating safe spaces where the ethical dialogue around the impact of moral engagement may be discussed, and the phenomenon of moral distress and its causes may be explored may ameliorate moral distress.

Having values exercises to feel the moral temperature is also a helpful way to understand or address the prevalence of moral distress in your workplace and to help the workforce reclaim moral agency.

Social Pedagogy and ‘Haltung’

Social pedagogy is concerned with the way in which a society thinks about their children, how they care for them, how they educate them, how they bring them up. Social pedagogy has been defined as education in the widest sense.

Haltung is fundamental to social pedagogy, because it demonstrates the importance of the professional being authentic. ...
In social pedagogic terms, the 'Haltung' of the professional should be based on an emotional connectedness to other people and a profound respect for their human dignity.

Moral Courage

“Few men are willing to brave the disapproval of their fellows, the censure of their colleagues, the wrath of their society. Moral courage is a rarer commodity than bravery in battle, or great intelligence. Yet, it’s the one essential, vital quality for those who seek to change a world which yields most painfully to change”

Robert Kennedy

Moral Distress in Residential Child Care

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