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Moral Agency, Moral Imagination, and Moral Community: Antidotes to Moral Distress. **Terri Traudt, Joan Liaschenko, and Cynthia Peden-McAlpine, *The Journal of Clinical Ethics*, 2016¹**

Short summary

This article explores ways to mitigate moral distress among practicing nurses. The article provides a narrative analysis of reported practices among critical care nurses who frequently deal with situations involving decisions around withdrawal of aggressive treatment in end-of-life care. The article identifies three themes from these narratives that can guide future interventions to mitigate moral distress.

Introduction

Moral distress around end-of-life situations has negative consequences for nurses, patients and families. Moral distress is described as distress occurring in a situation where it is impossible to pursue the right action due to internal and external constraints. Moral distress often occurs in end-of-life care where there is an inherent risk of exposing the patient to unnecessary pain and suffering or of dehumanizing the patient. The article reports the results of a study using narrative analysis, conducted among critical care nurses who demonstrate resilience to moral distress. The authors identify common practices which function as antidotes for critical care nurses' moral distress, and categorize these under three concepts:

Moral Agency is the individual's ability to make moral judgements about what is right or wrong. Moral agency involves self-awareness, accountability for communicative skills, and patient advocacy.

The nurses in the study demonstrated loyalty to their patients and were able to challenge hierarchies in the healthcare setting in order to advocate for their patients. They demonstrated self-awareness by articulating their role in the communication with families and physicians

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around withdrawal of aggressive treatment, while being aware of how their own moral values and emotions can influence their actions.

Moral Imagination is the ability to put oneself in the patients place and make moral decisions in the patient's best interest.

The study identified three central components characterizing moral imagination: empathy, the ability to ascertain what the patient would want, and the ability to envision and facilitate possibilities for a good death. The nurses in the study expressed the importance of communicating with families and helping them to express what patients want. This communication helps in ensuring that the patients' deaths are morally acceptable to their families, and that the families are emotionally comfortable with the decisions made around withdrawal of treatment.

Moral Community is described as "a group of people working towards a common moral end".

The specific practices among critical care nurses that contribute to foster moral community include supporting relationships (i.e. patient and family support, support of fellow nurses, and support of physicians); managing of conflict in situations where there is lack of acknowledgement among family members about the patient's condition or where physicians are unwilling to give up aggressive treatment; and moral communicative work (i.e. establishing rapport, listening and giving reflective feedback and knowing when not to speak).

Conclusion

Moral agency, moral imagination, and moral community are common themes that arise from narratives of critical care nurses who are comfortable dealing with situations around withdrawal of treatment at end of life. The authors recommend using the language of these three themes in interventions designed to mitigate moral distress. Moreover, the introduction of mentorship in moral agency, moral imagination and the fostering of moral communities is recommended as a way to enable critical care nurses to navigate morally distressing situations.