



## Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- Submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- Respond to audience polls by clicking on the answer of your choice.
- Provide feedback through our electronic survey following the Webinar.

2



# Transforming Moral Distress into Compassionate Action

Cynda Hylton Rushton PhD., RN, FAAN  
Anne & George L. Bunting  
Professor of Clinical Ethics  
Professor of Nursing & Pediatrics  
Johns Hopkins University &  
Children's Center  
Berman Institute of Bioethics

3



## Today's Speaker



Cynda Hylton Rushton PhD., RN, FAAN  
Anne & George L. Bunting  
Professor of Clinical Ethics  
Professor of Nursing & Pediatrics  
Johns Hopkins University &  
Children's Center  
Berman Institute of Bioethics

4

# Gratitude...



Joan Halifax Roshi  
Tony Back, MD  
Barbara Dossey, PhD, RN, FAAN  
Laurie Leitch, PhD.  
Alisa Carse, PhD.  
Warren Reich, STD  
Monica Sharma, MD

5





## An Invitation: Connecting with Ourselves

Engage within your comfort zone



- Notice and explore
  - Sensations in the body
    - Breath
    - Heart rate
    - Muscular tension or relaxation
    - Shifts in posture
    - Movements of your body
  - Feelings that arise
  - Thoughts

7



## Moral Distress: Definition

(ANA, 2008)

- “Moral distress is the pain or anguish affecting the mind, body or relationships in response to a situation in which the person is
  - aware of a moral problem,
  - acknowledges moral responsibility, and
  - makes a moral judgment about the correct action;
- yet, as a result of real or perceived constraints, participates in perceived moral wrongdoing.”

8



## Moral Distress

- Obstacles may be internal and/or external
- Acting in a manner contrary to personal & professional values undermines the individual's integrity & authenticity
- Causes painful feelings and/or psychological disequilibrium



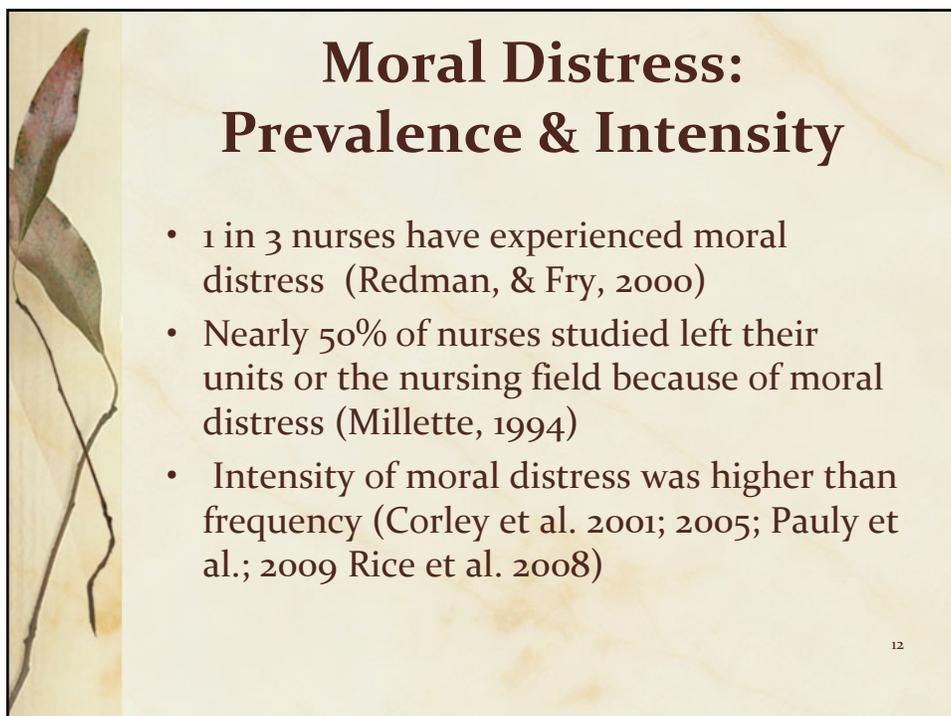
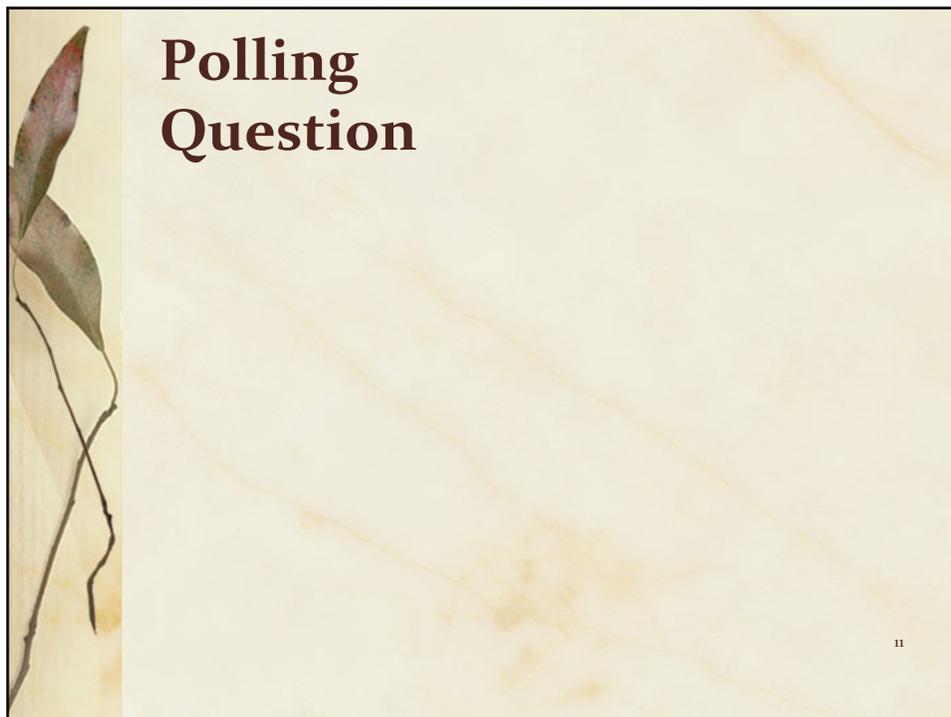
9



## Given this definition of Moral distress...

- Over the last 6 months, how often have you experienced moral distress in your professional role?
  - Daily
  - Weekly
  - Monthly
  - Never

10





## Impact of Moral Distress

- Prolonged or repeated moral distress leads to loss of nurses' moral integrity (Wilkinson, 1987-88; Liaschenko, 1995; Kelly, 1998; Rushton, 1995).
- Detach emotionally or withdraw from the situation when they are no longer able to deal with the stress (Fenton, 1988; Hefferman & Heilig, 1999; Davies et al., 1996)
- Moral residue (Webster & Bayliss (2000); Nurses experienced unresolved feelings long after the moral distress incident—(Powell, 1997)
- “Crescendo effect” Cumulative moral distress and moral residue (Epstein and Hamric, 2010)

13



## Reflection

- Bring your awareness to a situation where you have experienced moral distress
- Notice the physical sensations, feelings and thoughts that arise



14



## Notice

- What feelings you associate your story
  - exhaustion, despair, or regret?
  - spaciousness, calm, energy?
- Where do you notice these feelings in your body?
- What is the tone of your thoughts?



15



## Debrief

- What were the situations, challenges, or problems that resulted in moral distress?
- What causes these challenges or problems for you?



16

## Sources of Moral Distress: Examples

- Causing harm to patients; overly aggressive Rx
- Inadequate pain management
- Ineffective communication
  - Poorly defined goals of treatment
  - Disregard of patient choices
  - Incomplete or inaccurate disclosure
  - Lack of informed consent
- Objectifying patients
- “Futile” treatment
- Intra professional conflict; authority differential
- Inappropriate use of health care resources

17  
Wilkinson, 1988; Corley, 1995; Omerly et al, 1995; Viney, 1996; Sundin-Huard & Fahy, 1999; Raines, 2002; Fry, Harvey, Hurley, Foley, 2002; Elpern, Covert, Kleinpell, 2005; Guterrez, 2005; Ferrell, 2006; Hamric, et al, 2006)

## Expressions of moral distress?

- “They (patients, families, surrogates) want us to DO EVERYTHING!
- “They” (doctors, legal, ethics committee, policy, JCO) are making us do this
  - Or keeping us from doing this
- “There is nothing more that we can do”
- “I can’t stand to watch”
- “They don’t care”
- “It’s FUTILE!!!!”



18

## WHY ARE WE DOING THIS???

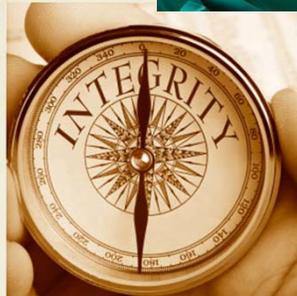


19

## Moral Distress Impact



- Affects the Whole person
  - Physical
  - Emotional
  - Behavioral
  - Spiritual



20



## *Moral residue*

“is that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised”  
(Webster and Baylis, 2000)



21



## What is the threshold for clinician suffering?

- Suffering for and with our patients is an integral dimension of caring
- Clinicians commit to giving priority to serving others and subordination of self interest
- Our suffering is unjustified when it reaches a magnitude where the professional's sense of identity and integrity is fractured and the well being of the person is threatened.

23

**“Although the world is full of suffering  
It is also full of overcoming it”**

*Helen Keller*



24

## Methods for dealing with moral distress

- Focused primarily on developing skills in moral reasoning,
- Communication and conflict resolution,
- Interdisciplinary collaboration,
- System reforms,
- Mediation and ethics consultation,
- Grief counseling and employee assistance programs

References:

American Association of Critical Care Nurses (AACN). (2006). *AACN public policy position statement: Moral distress*. [http://www.aacn.org/aacn/pubpolicy.nsf/Files/MDPS/sfile/Moral%20Distress%20\\_1\\_7.8.06.pdf](http://www.aacn.org/aacn/pubpolicy.nsf/Files/MDPS/sfile/Moral%20Distress%20_1_7.8.06.pdf).

Pendry, P.S. (2007). Moral distress: Recognizing it to retain nurses. *Nursing Economics*, 25(4), 217-221.

25

## Solutions...Involve...

- **Personal**
- Professional
- Institutional
- Community
- Society



26

## Acknowledging Moral Distress & Burnout

A sign of weakness



A sign of courage



27

## The interface between moral distress, empathy, compassion & personal distress

- An expanding body of research is evolving within neuroscience and social psychology focusing on human responses to suffering associated with empathy and compassion

- Decety, J. (2007). A social cognitive neuroscience model of human empathy. In E. Harmon-Jones & P. Winkielman (Eds.), *Social neuroscience: Integrating biological and psychological explanations of social behavior* (pp. 246-270). New York: Guilford Press.



28



## Empathy and compassion are not the same (J. Halifax, 2013)

- Empathy: “*feeling with*”—vicariously sharing the same feeling with another.
  - A step in a complex of responses leading towards feelings of empathic concern and *compassion*
- Compassion: “*feeling for*” another: not necessarily isomorphic to the sufferer’s affective state.
  - “the emotion one experiences when feeling concern for another’s suffering and desiring to enhance that person’s welfare”(Leiberg, Klimecki, & Singer, 2011).

(Empathic Distress Fatigue rather than Compassion Fatigue? Integrating Findings from Empathy Research in Psychology and Social Neuroscience; Olga Klimecki and Tania Singer. Laboratory for Social and Neural Systems Research, University of Zurich, Zurich)

29



## On empathy and compassion: Daniel Batson (1987)

- Two distinct emotions motivate individuals to help others
  - **Empathic concern**
  - **Personal distress**



Lamm, C.; Batson, C.D.; Decety, J. (2007). "The neural substrate of human empathy: effects of perspective-taking and cognitive appraisal". Journal of Cognitive Neuroscience 19 (1): 42–58.doi:10.1162/jocn.2007.19.1.42. PMID 17214562.

30

## Empathic concern:

- "Other-focused, congruent emotion produced when witnessing another person's suffering"
- Often accompanied by feelings such as tenderness, empathy, compassion



Lamm, C.; Batson, C.D.; Decety, J. (2007). "The neural substrate of human empathy: effects of perspective-taking and cognitive appraisal". *Journal of Cognitive Neuroscience* 19 (1): 42–58. doi:10.1162/jocn.2007.19.1.42. PMID 17214562.

31

## Personal Distress

- Motivates individuals to help in relieving another's suffering
- Focused on the self
- Prompted by need to relieve one's own uncomfortable feelings, leading to behaviors motivated by desire to protect oneself from negative emotional arousal
- Appear to be related to individual differences in self-regulatory capacities (Eisenberg, 2002).

Lamm, C.; Batson, C.D.; Decety, J. (2007). "The neural substrate of human empathy: effects of perspective-taking and cognitive appraisal". *Journal of Cognitive Neuroscience* 19 (1): 42–58. doi:10.1162/jocn.2007.19.1.42. PMID 17214562.

32

## Regulation/Balance

- When arousal in response to another's suffering is not regulated, it can give rise to personal distress (Eisenberg, et al., 1994), thereby undermining the possibility for expressing compassion.
- This can lead to self-focused behaviors such as avoidance, abandonment, numbing (common stress responses) aimed at relieving the distress

33

## Preconditions for empathic arousal

(N. Eisenberg, 1994, 2002)

- **Empathy** (emotional attunement),
- **Perspective taking** (cognitive attunement) and
- **Memory** (related to personal experience)



34

## “Empathic arousal”

- Can precipitate either positive or aversive responses.
- Seeing another in pain gives rise to emotional arousal, reflected in activation within emotion-related brain areas
- When emotional arousal is not regulated and self/other differentiation is deficient, it can lead to “empathic over-arousal” (Eisenberg, et al., 1994)



Lamm, et al., 2007; Singer et al., 2004; Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R.J., & Frith, C.D. (2004). Empathy for pain involves the affective but not sensory components of pain. *Science*, 303, 1157-1161. <sup>35</sup>

## Definition of empathic “over-arousal”

- Empathic arousal escalates to high levels
- If the arousal is perceived as negative, focus shifts to relieving personal distress rather than the distress of the other. (Eisenberg & Fabes, 1992)



<sup>36</sup>



## Moral Sensitivity (James Rest, 1984)

- the ability to attune to the distress of others,
- “to discern the morally salient dimensions of the situation,
- to be aware of ethically justified options for addressing an ethical issue,
- the ability to discern how one’s actions affect self and others” (Rushton and Penticuff, 2007)
- Consistent with an ethic of care-
  - Engages emotions, relationships, intimate spheres
  - Involves a context dependent process of moral decision making and reasoning

37



## Moral Sensitivity (James Rest, 1984)

- Involves both conscious and unconscious processes
- Related to the development of conscience—that aspect of oneself that evaluates one’s own actions and engenders emotions of pride or shame
- If one’s moral sensitivity is not well developed, one may not accurately identify an occasion for moral action or may inappropriately tolerate morally objectionable acts.



38



## Resilience

- Involves “an individual’s ability to manifest adaptive positive coping strategies that are matched to the situation while minimizing stress or distress” (Mallack, 1998).
- At its core, resilience is about cultivating a quality of internal stability, awareness and flexibility that supports a person facing difficult challenges to navigate in a way that reduces the long term detrimental effects.
- While the situations that cause the pain and suffering cannot be extinguished from life, people can be supported to live with them with greater ease

39

## The Resilient Zone<sup>©</sup>

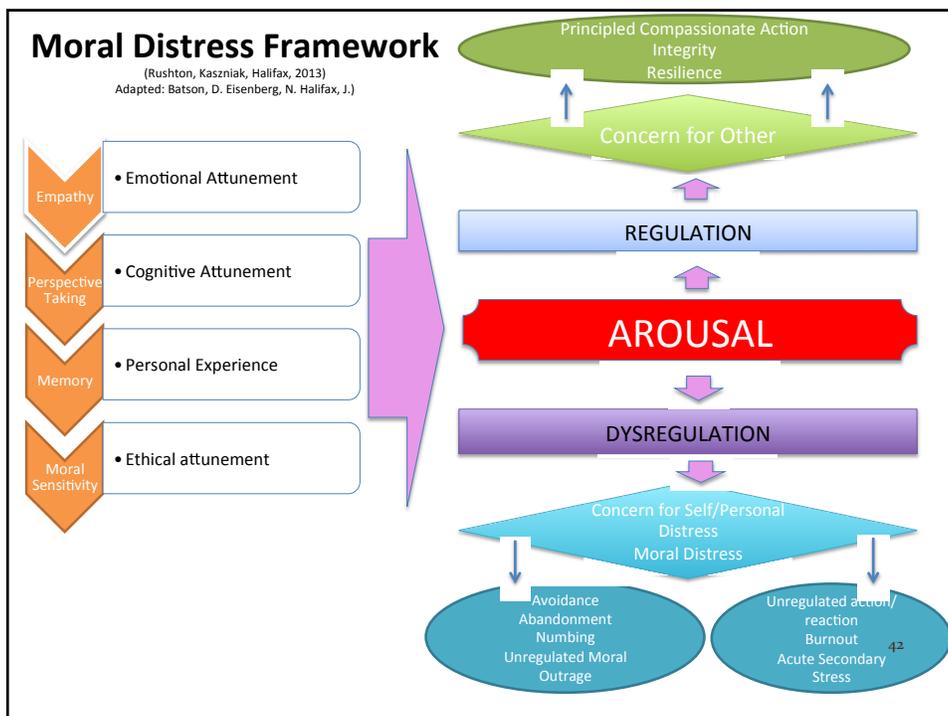
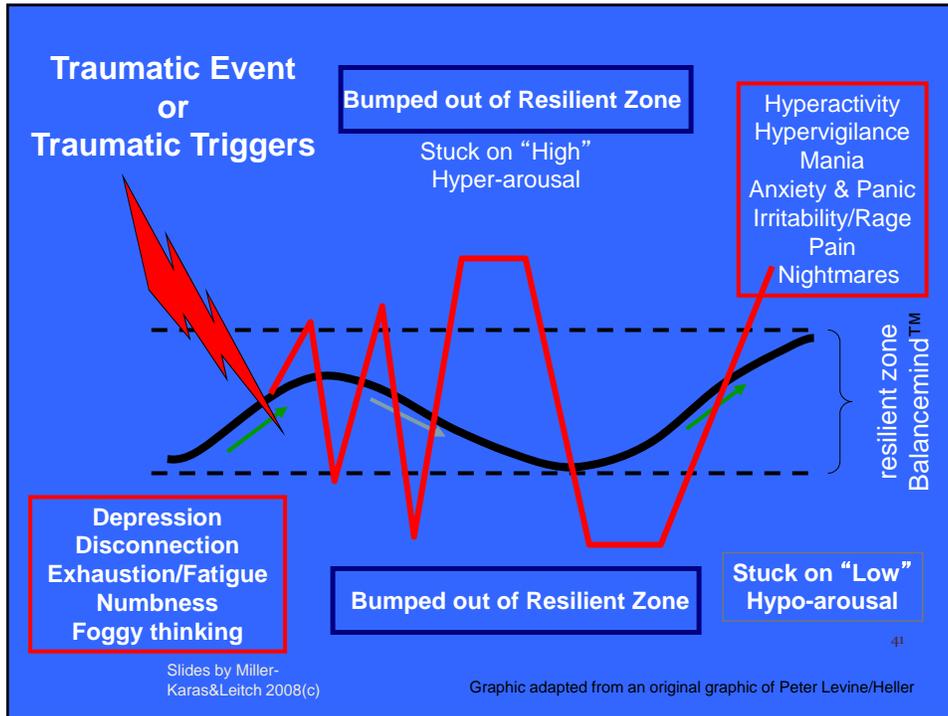
When we are in our “Resilient Zone,” we have the best capacity for integration of thoughts, feelings, and sensations.



SRM skills help deepen the Resilient Zone

40

Slides by Miller-Karas&Leitch 2008(c)



## Transforming Moral Distress

### Shifting from

- Self-focused to altruism
- Victimization to self efficacy and agency
- Helplessness into compassionate action
- Despair into hopefulness
- Depletion into resilience



43

Put your mask on  
**FIRST** before  
helping others



44

## Ethics of Self Care



- Beneficence
- Non-maleficence
- Veracity
- Integrity
- Compassion

45

## Proposed Interventions

- Use mindfulness practices aimed at stabilizing attention and emotion
- Develop insight to distinguish self from other (patient/family)
- Recognize triggers of personal distress
- Recognize symptoms of empathic over-arousal



46



## Mindful Practice

“Moment to moment purposeful attentiveness to one’s own mental processes during every day work with the goal of practicing with clarity and compassion.”

(Epstein, RM, 1999)



47



## What can one be mindful of?

- Mindfulness of the body
  - Breath, contact, movements, technical skills
  - Bodily sensations as a clue to state of mind
- Mindfulness of feelings and emotions
  - Unpleasant and pleasant sensations
  - Sadness, anxiety, heaviness, acceptance,
- Mindfulness of thoughts, attitudes, beliefs
  - State of alertness/attentiveness/distractedness
  - “holding on/letting go”
  - Cognitive processes (decision making, “reflection”)

(Mindful Practice Program, University of Rochester, 2010)

48



## Noticing...

- Taking your own pulse...



Gratitude to Karen Steinhauser, PhD

49



## Ethical Mindfulness

Adapted: Epstein RM: Mindful practice. *JAMA* 1999, 282:833-839; Halifax, 2010

- A stance of clarity, non-reactivity, focused attention in the present moment
  - Being present without being overwhelmed or disengaged
  - Accepting things as they are in this moment
  - Noticing judgment and reactivity to inner and outer experiences
- Listening differently
  - doesn't take more time~ takes discipline & practice
- Attentiveness to experiences of others and one's reactions
  - Active observation of self and others
  - Peripheral vision to see what is unseen
  - Seeing the situation with fresh eyes
  - Willingness to let go of assumptions

50

## Ethical Mindfulness

Adapted: Epstein RM: Mindful practice. *JAMA* 1999, 282:833-839; Halifax, 2010

- **Humility**
  - Curiosity, openness to learning from others; willing to be surprised
  - Capacity to be with awareness of one's areas of confusion or incompetence
- **Discovering what would serve in this circumstance**
- **Letting go of self interest, position, outcome**
  - releasing thoughts, feelings, and situations that the mind seems to want to hold on to.
  - “the true test of a good will is if the person continues to act out of duty and reverence for the moral law even when it has no personal benefit” (Morrison, p. 20).
- **Courageous action that preserves integrity**
  - Includes principled moral outrage and conscientious objection

51

## G.R.A.C.E© (Joan Halifax, 2012)

- **Gathering Attention**
- **Recalling intention**
- **Attuning to self and other**
- **Considering what would really serve**
- **Ethically enacting, ending**



52



## The Art of Pause (adapted, Rushton, 2009)

- Anchor yourself in your breath
- Pause
- Be transparent
- Monitor your mindset
- Explore personal responses
- Ask questions
- Get clarification
- Be open to new possibilities
- Let go of outcome
- Become a witness rather than an actor



53

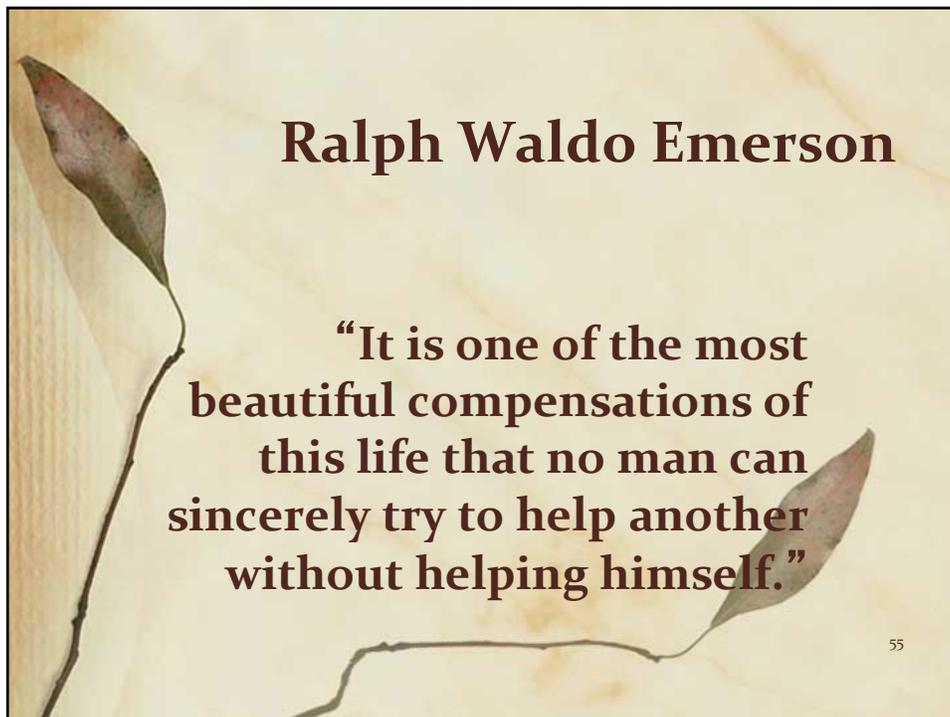


## Remembering....

- Bring into your awareness the memory of a patient that you were proud of your service
- Notice the sensations in your body as you recall this event
  - Notice your breathing, heart rate, muscle tone, temperature...



54





## Questions and Answers



**Cynda Hylton Rushton PhD., RN, FAAN**  
**Anne & George L. Bunting**  
**Professor of Clinical Ethics**  
**Professor of Nursing & Pediatrics**  
**Johns Hopkins University &**  
**Children's Center**  
**Berman Institute of Bioethics**

To submit a question, type it into the question's pane at the right of your screen at any time.

57



## Upcoming Schwartz Center Webinars

- **The Space Between Self-Esteem and Self-Compassion – October 9**

*Visit [www.theschwartzcenter.org](http://www.theschwartzcenter.org) for more details or to register for a future session, and look for our Webinar email invitations.*

58

**JOIN US IN**  
*transforming*  
**healthcare**

**MAKE THE COMMITMENT**  
[www.CommitToCompassion.org](http://www.CommitToCompassion.org)

