Moral Distress

A qualitative study of experiences among oncology team members

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BACKGROUND: Oncology healthcare professionals (HCPs), particularly nurses, experience moral distress. However, little is known about the impact of moral distress on oncology teams.

OBJECTIVES: The purpose of this study was to describe moral distress as it is experienced by oncology teams in practice.

METHODS: 32 oncology team members participated in eight focus groups. Content analysis was used to identify key themes. Two investigators collaboratively analyzed the data, and findings were independently reviewed by two additional investigators.

FINDINGS: The following six themes emerged: the meaning of oncology care, the rippling effects of cancer, decision-making barriers are central to the moral distress experience, other antecedents of HCPs' moral distress, consequences of HCPs' moral distress, and ways to mitigate moral distress and burnout in oncology. Practice recommendations included enhanced teamwork, early palliative care involvement, a communication liaison role, and accessibility to mental HCPs. Healthcare team perspectives on moral distress can guide the development of targeted strategies to mitigate moral distress in oncology practice.

ONCOLOGY PROFESSIONALS ADDRESS LIFE-THREATENING ILLNESS daily in their clinical practice (Ameri et al., 2016). These healthcare professionals often develop close relationships with patients and families and may experience overwhelming emotions when there is conflict about a patient's treatment plan that may lead to difficult transitions to end of life (Wu et al., 2016). Oncology nurses, who spend many hours with patients and families building relationships, are at risk for developing moral distress, compassion fatigue, and burnout (Wahlberg et al., 2016). Deep connections with patients with serious illness and their families can take an emotional toll on all oncology staff, contributing to burnout (Lievrouw et al., 2016; Neumann et al., 2018). High-quality patient and family care is dependent on effective team communication and collaboration (Donovan et al., 2018; Vincent et al., 2020). However, less is known about how teams experience moral distress and the impact of team dynamics on that distress. Therefore, understanding moral distress from a team perspective could guide the development of more targeted strategies to mitigate its effects.

Background

Moral distress is a complex issue in health care and presents challenges for healthcare professionals, healthcare organizations, and, importantly, patients and families (McAndrew et al., 2018). Moral distress occurs when an individual faces a moral event, such as moral uncertainty or conflict, and experiences psychological distress (Morley et al., 2019). Moral distress is positively correlated with burnout and compassion fatigue and may be an antecedent to these negative outcomes (McAndrew et al., 2018). The consequences of unresolved moral distress include staff turnover and compromised care quality (Lamiani et al., 2017; McAndrew et al., 2018).

Oncology nurses experience moderate to high levels of moral distress (Ameri et al., 2016; Marturano et al., 2020; Mehlis et al., 2018; Wahlberg et al., 2016) and may be at higher risk than other nursing specialties for moral distress because of their frequent exposure to end of life, challenges with pain control, and conflicts about goals of care (Mehlis et al., 2018; Neumann et al., 2018; Rezaee et al., 2019). Oncology nurses have described feelings of powerlessness and difficulty sharing their moral perspective in clinical practice (Lievrouw et al., 2016). Other healthcare professionals also experience moral distress, including physicians, pharmacists, respiratory therapists, physical and occupational therapists, social workers, and administrators (Bruce & Allen, 2020; Epstein et al., 2019; Marturano et al., 2020; Mehlis et al., 2018; Neumann et al., 2018).