Moral Distress

A strategy-building guide

2025 edition

Coordinated by the PHSA Ethics Service

Ethics POD Page

ethics@phsa.ca

Provincial Health Services Authority

Welcome to the new edition of our moral distress guide

This guide is intended for everyone at the Provincial Health Services Authority to help address moral distress. It is also meant to support leaders to develop a moral distress strategy, and foster meaningful and positive change as a result of the learnings from encountering moral distress. The purpose is to support everyone's work in alignment with PHSA's North Star priorities.

This edition expands the conversation on moral distress in the healthcare setting by incorporating learnings from the first edition. We incorporated what we heard directly from users, leaders and all members of our community to ensure the new edition continues to be helpful.

These revisions reflect our growth as we have partnered with key parties in delivering debriefs and education sessions on moral distress. We have collaboratively supported individuals and teams in building strategies to prevent, identify and manage moral distress. This guide also incorporates our ongoing learnings as we advance our work on decolonization and anti-oppression, challenging our biases and white supremacy culture.

For this new edition, the PHSA Ethics Service partnered with other areas of the organization that are involved in this work. We thank the members of the moral distress guide working group, including representatives from Advance Care Planning; Diversity, Equity and Inclusion; Indigenous Health; MAiD Office; Planetary Health; Policy Office; Professional Practice; Psychological Health and Safety; Spiritual Health; and all members of the PHSA Ethics Advisory Council (PEAC), who provided invaluable input, resources and ideas to make this new edition possible.

PHSA has been gifted six Coast Salish Teachings, which are relevant to how we understand and respond to moral distress. These teachings guide us in our daily practice as we build a culture of ethics at PHSA:

Thee eat

"Truth"

Eyhh Slaxin

"Good medicine"

Nuts a maht

"We are one"

Whax hooks in shqwalowin

"Open your hearts and your minds"

Kwum kwum stun shqwalowin

"Make up your mind to be strong"

Tee ma thit

"Do your best"

The Teachings help us ground ourselves as we build our relationship with the lands we are on. They also guide us in how to show up in challenging conversations and situations.

The Teachings support our daily practice and habit-building of being present and aware, as a first step in resisting colonial ways of thinking and oppressive systems and structures.

Find more about the Teachings on the POD.

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Introduction

PHSA is committed to cultivating a culture of ethics, which means supporting ethical practice and reflection throughout the organization.

Many healthcare providers experience psychological and emotional harm as a result of being unable to make decisions or act according to their personal and professional values, or what they perceive as ethical.

This is what is known as **moral distress**: **the harms that result from feeling morally compromised.**

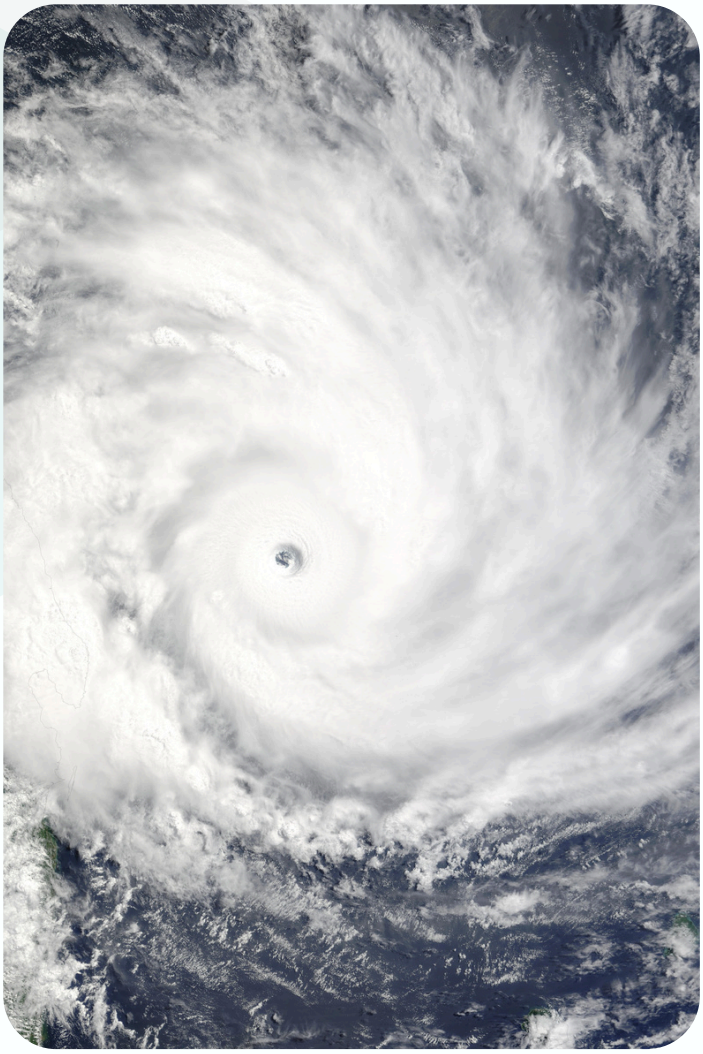
What is the purpose of this guide and who is it for?

- To provide members of the PHSA community with tools and resources to support each other and build tailored strategies to prepare for and address experiences of moral distress and, most importantly, use these as catalysts to spark change.

- To help prompt conversations about moral distress within the PHSA community, offer an opportunity to reflect on our values and experiences, create safer spaces to talk about moral distress between teams and their leaders, and facilitate access to effective supports.

- **Everyone at PHSA**—individuals, teams and leaders—can use this guide to find information about moral distress to understand its causes, find a strategy that supports their journey toward wellbeing, and understand that every experience of moral distress is unique.

Moral distress: “If it were up to me...”



Moral distress is a term that describes the harms that result from feeling **morally compromised.**

This can occur when we are unable to make decisions, act according to our core values or fulfill what we perceive as our professional duties, mainly because of things out of our control.

Moral distress can be framed as the following situation: “If it were up to me, I would have done/not done that.”

This **moral dissonance or disconnect** can lead to the feeling of loss or harm to one’s moral identity (the connection between one’s moral concerns/values or commitments and one’s sense of self).

Moral distress is a very common experience in healthcare-related work. However, that does not mean it is “part of the job”.

Think of moral distress as an occupational hazard: not an expectation but a possibility. As such, it can be prevented (where possible), mitigated and addressed.

Experiencing moral distress is not an indication of a person’s ability to work in healthcare, their moral character, or their capabilities. On the contrary, it is **a sign of their ability to care.**

Identifying moral distress

Depending on a person's role in healthcare and their identity and values, the sources of moral distress may differ. Everyone experiences situations differently.

Here are some scenarios where moral distress could be experienced:

- While managing an increased demand for services in the context of significant resource constraints, teams are faced with letting patients and families know that the care they need may be delayed.
- Witnessing the systemic inequities that patients, families and communities face, including a lack of culturally appropriate care and discrimination within the healthcare system.
- Caring for a patient when there are differing perspectives on how to approach their care based on diverse professional practices and values, especially when multidisciplinary teams are involved.
- Uncertainty about the next steps in caring for a patient or family, and/or concerns around whether obligations toward the patient have been met.
- Upholding organizational policy or legal requirements that impose barriers to meeting the needs of patients and families or that come into conflict with personal values or commitments, such as caring for the environment or advocating for global issues.
- Balancing the complexity of respecting patient autonomy with the potential risks and harms attached to a person's choices or situation, specifically if the patient or family's access to community supports is limited or they face poor determinants of health.
- Offering limited feasible options to patients or families who need support for their care, particularly when medical needs are complex or they face significant barriers to accessing financial and other supports.
- Making decisions or implementing interventions that may involve significantly restricting choices for patients or families, as these options may perpetuate or exacerbate harm to specific communities or individuals as a result of colonial practices/institutions.
- Needing to determine, implement or witness interventions that carry traumatic consequences or risk to patients, families or staff (e.g. involuntary care).

Activation warning

As you read through the scenarios on the previous page, some feelings may have come up. Maybe some of the situations felt familiar or uncomfortable.

One of the first things we can do is learn to pause and reflect about what is happening and how it is impacting us.

Take a look at the PHSA Psychological Health & Safety POD page for support and resources, such as the following:

- Employee & Family Assistance Program (EFAP): 1-800-663-1142 | TTY: 1-888-384-1152 or log into Homeweb.ca (invitation code PHS383)
- PHSA Psychological Health & Safety team: psychhealthsafety@phsa.ca
- WorkSafeBC Crisis Program: 1-800-624-2928; WorkSafeBC Critical Incident Response Program: 1-888-922-3700
- BC Crisis Line: 310-6789 (no area code needed)
  - Online Chat Service for Youth: www.YouthInBC.com (noon to 1am)
  - Online Chat Service for Adults: www.CrisisCentreChat.ca (noon to 1am)
- Indigenous-specific supports:
  - Indigenous Elder & Knowledge Keeper support through Homewood: 1-800-663-1142
  - Hope for Wellness Help Line: 1-855-242-3310 or chat online at www.hopeforwellness.ca
  - Kuu-Us Crisis Line Society: toll-free 1-800-588-8717 or www.kuu-uscrisisline.com; Adults/Elders line: 250-723-4050; youth line: 250-723-2040.
  - Indian Residential School Survivors Society 24-Hour Crisis Line: 1-800-721-0066
  - Métis Nation of BC crisis line: 1-833-Metis-BC (1-833-638-4722). Available 24/7.
  - Tsow Tun Le Lum: Counselling and cultural support services, call toll-free: 1-888-403-3123.
  - See FNHA Mental Health and Wellness Supports for more resources.

Other stress-related experiences and moral distress

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

- Rachel Naomi Remen, 1996

Continuously being exposed to suffering, pain, powerlessness, negative outcomes and death can be distressing and harmful, but not necessarily lead to moral distress. Moral distress is associated with harms related to a compromise of our values.

Moral distress is different from other stress-related experiences, and it should be addressed separately, as interventions to manage it may not be successful otherwise.

However, moral distress can **co-exist with, lead to, and/or even build on/exacerbate other stress-related experiences** such as burnout (chronic workplace-induced stress) or post-traumatic stress (mental and physical responses to traumatic experiences).

For some people, moral distress (and other stress-related responses) can intersect or co-exist with other experiences of oppression and powerlessness, which also need to be acknowledged and addressed.

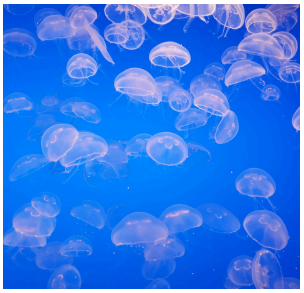
Understanding the similarities and differences between moral distress and other stress-related experiences is important to appropriately tailoring management strategies to address each stress-related experience.

The impacts of moral distress

The impacts of moral distress may be different for each person, team or organization, but here are some examples of what experiencing moral distress can look like.

Individual impacts
Increased anxiety; feelings of sadness or irritability; lack of motivation; trouble sleeping; emotional shutdown; questioning your ability to care; questioning your faith or beliefs (spiritual/ existential distress or harm)

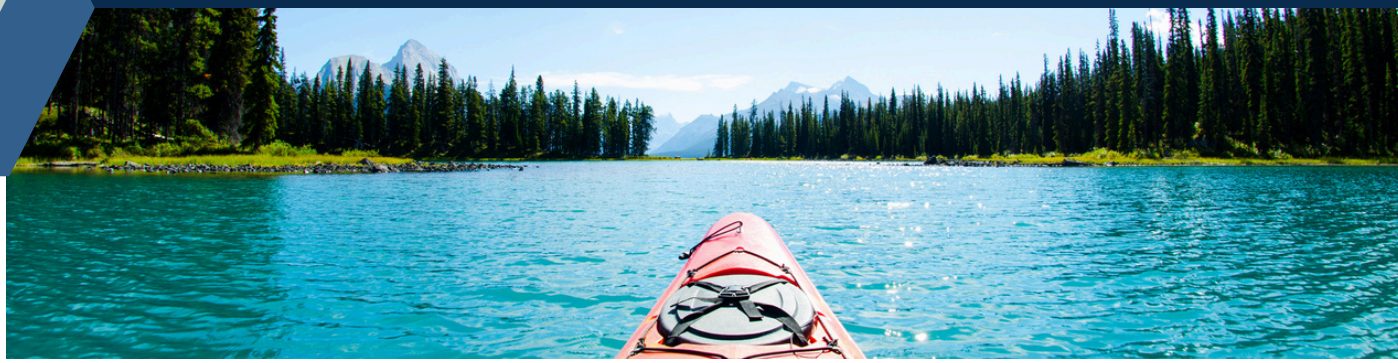
Impacts on teams
Increased staff turnover and decreased staff engagement; negative team interactions/dynamics; decrease in positive patient outcomes; increased reporting of poor care interactions



Organizational impacts
Challenges with recruitment and retention of staff; people not connecting to organizational values; damage to public's perception of the organization

If moral distress is not properly addressed and managed, it builds up as **moral residue:** the lasting effects of sustained harm that can be experienced as a state of elevated awareness of being harmed by a situation even after resolution without a satisfactory response to address these harms. It may also result in an increased susceptibility to experiencing greater harms in subsequent events where moral distress is present.

This residual state can lead to **moral injury:** a deeper form of harm where impacts linger beyond an individual experience, where our sense of identity and relationship to self are redefined by the sustained harms as a result of moral distress.



Structural distress

PHSA is committed to a vision that eradicates Indigenous-specific racism and discrimination (ISRD) and creates an anti-racist, safe culture, free from discrimination in healthcare.

In her book "Truth Telling" (2023), Michelle Good defines colonialism as "the policy of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically". One of the first steps is acknowledging that healthcare delivery takes place in an ongoing colonial environment, where the "aims of colonialism" continue to be activated (Good, 2023) on stolen land, and that colonial harm continues to be perpetuated by current structures and institutions.

A way in which the colonial project is perpetuated is through oppression. A helpful metaphor is to think of oppression in all its forms "not as the shark in the water, but as the water we are swimming in" (adapted from Kyle "Guante" Tran Myhre's poem "How to Explain White Supremacy to a White Supremacist").

The feeling of powerlessness, a core feature of moral distress, is present when we realize that we are deep in the water: for some this means navigating oppression and being harmed, and for others it's grappling with privilege and feeling complicit with the ongoing oppression of others because of being unfairly advantaged.

For Indigenous people and other individuals and groups who have been (and continue to be) harmed by colonialism, this creates additional barriers for them to voice and uphold their values when receiving and delivering healthcare.

Structural distress is a unique form of moral distress. It results from feelings of powerlessness when providers witness, for example, structural inequities, Indigenous-specific racism, inadequate care, and/or discrimination (Sukhera et al, 2021). Being intentionally aware and challenging white supremacy culture and colonial ways of thinking, knowing and being with each other is a way to begin addressing it.

If you witness or experience racism and discrimination, please know that there are reporting mechanisms available at PHSA, and it is our duty to speak up.

For support in navigating concerns related to structural distress, please contact PHSA's Indigenous Health Office or Diversity, Equity and Inclusion (DEI) Office.

Moral distress and diversity

Moral distress is accompanied by strong feelings of discomfort, but not all feelings of discomfort equate to moral distress. When we don't understand or are uncertain about a patient/family's health-related behaviours or choices, or don't have the necessary knowledge or supports to meet their needs, uncomfortable feelings may arise. However, disagreements or differences in perspectives, values or opinions are not always a source of moral distress and its associated harms.

When we interact with patients and/or families, self-awareness is a good way to start. It is important to think about our identities and our relationship with power and oppression/violence as a result of who we are (which is nuanced, contextual and complex). Also, we should reflect on how our values are informed by systems and institutions that uphold these structures of power and oppression. Some questions to invite self-awareness:

What is informing the values/perspectives I hold in this situation?
Am I unsafe or just uncomfortable/unsure?
Am I coming from a place of power and control or one of curiosity, empathy and understanding?
Who has more to gain or lose in this situation?

Diversity should not be considered a source of harm: it is racism and discrimination that harm us, as our structures and institutions are not built to accommodate diverse ways of being, thinking and knowing. For this reason, diversity should not be understood as a source of moral distress, as it does not take anything from us.

Approaching situations with curiosity by seeking to learn and know more about patient and family health-related behaviours and choices is the best way to ensure everyone feels respected and safe when receiving healthcare. Actively listening to patient and family stories will help prevent and alleviate moral distress when diverse perspectives are involved in a healthcare situation (Berlinger, 2017).

Managing moral distress

There is no single way to address moral distress, nor is there a common antidote, as every experience is unique. The opposite of moral distress might look different for every person, team or organization.

An effective strategy or intervention to address moral distress should come from meaningful conversations to reintegrate or rebuild our moral identity, which is the connection between our values and how we see ourselves.

Every profession or area of practice holds a distinct set of values that we incorporate through our practice, and that becomes a part of how we see ourselves.

Early intervention is very important when moral distress is identified. Here are some ways to take action to address and mitigate moral distress:

- **Doing activities that foster meaningful connection and a sense of community as moral restoration.** Ask: What brings us to work every day? What do we need from each other?
- **Creating safe spaces for conversations** so people get to explore the sources of moral distress, share their experiences, and support each other.
- **Recognizing the things that went well while continuing to focus on what could be better.** Advocating for change is a good way to counteract feelings of powerlessness or oppression.
- **Conducting timely and meaningful debrief sessions** supported by appropriate resources (i.e. the Ethics Service, Spiritual Health, Psychological Health & Safety, etc.)

RAIN: A Practice of Radical Compassion*

The acronym RAIN is an easy-to-remember tool for bringing mindfulness and compassion to emotional difficulty, which may arise as a result of experiencing moral distress.

- **R**ecognize what is happening: Consciously acknowledge, in any given moment, the thoughts, feelings and behaviours that are affecting you.
- **A**llow the experience to be there, just as it is: Let the thoughts, emotions, feelings or sensations you have recognized to simply be there, without trying to fix or avoid anything.
- **I**nvestigate with interest and care: Call on your natural curiosity and direct a more focused attention to your present experience.
- **N**urture with self-compassion: Try to sense what the wounded, frightened or hurting place inside you needs most, and then offer some gesture of active care that might address this need.

You can take your time and explore RAIN as a stand-alone meditation or move through the steps whenever challenging feelings arise. Learn more about it here.

For more resources, visit the Psychological Health, Safety & Wellness POD page.

* Brach, Tara. RAIN: A Practice of Radical Compassion

Circles of control and influence

Bringing our focus back to what we can (and should) control

A key element of moral distress is feeling powerless in a morally charged situation.

However, the context in which this is experienced can look quite different depending on the source of moral distress.

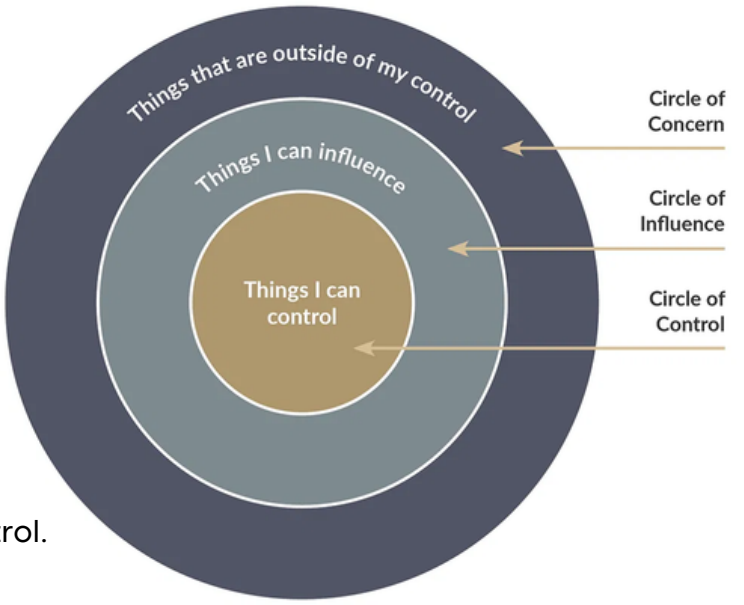
Pausing to reflect on where the lack of power lies within a situation can be helpful to ensure energy is spent wisely when navigating morally distressing situations.

A helpful framework for thinking about where to place efforts is the "Circles of Influence, Concern, and Control".

When experiencing moral distress, you can ask yourself if the situation at hand involves factors within your **Circle of Control**. If it does, it is easier to think about specific ways in which change can be enacted.

Within the **Circle of Influence**, you can think about ways in which your actions can have a positive impact, for example, increasing your knowledge and/or raising awareness of the changes that need to happen.

Things that are in the **Circle of Concern** can still concern you, but the energy you put into trying to change them should not distract from the energy you put toward what you can actually control.



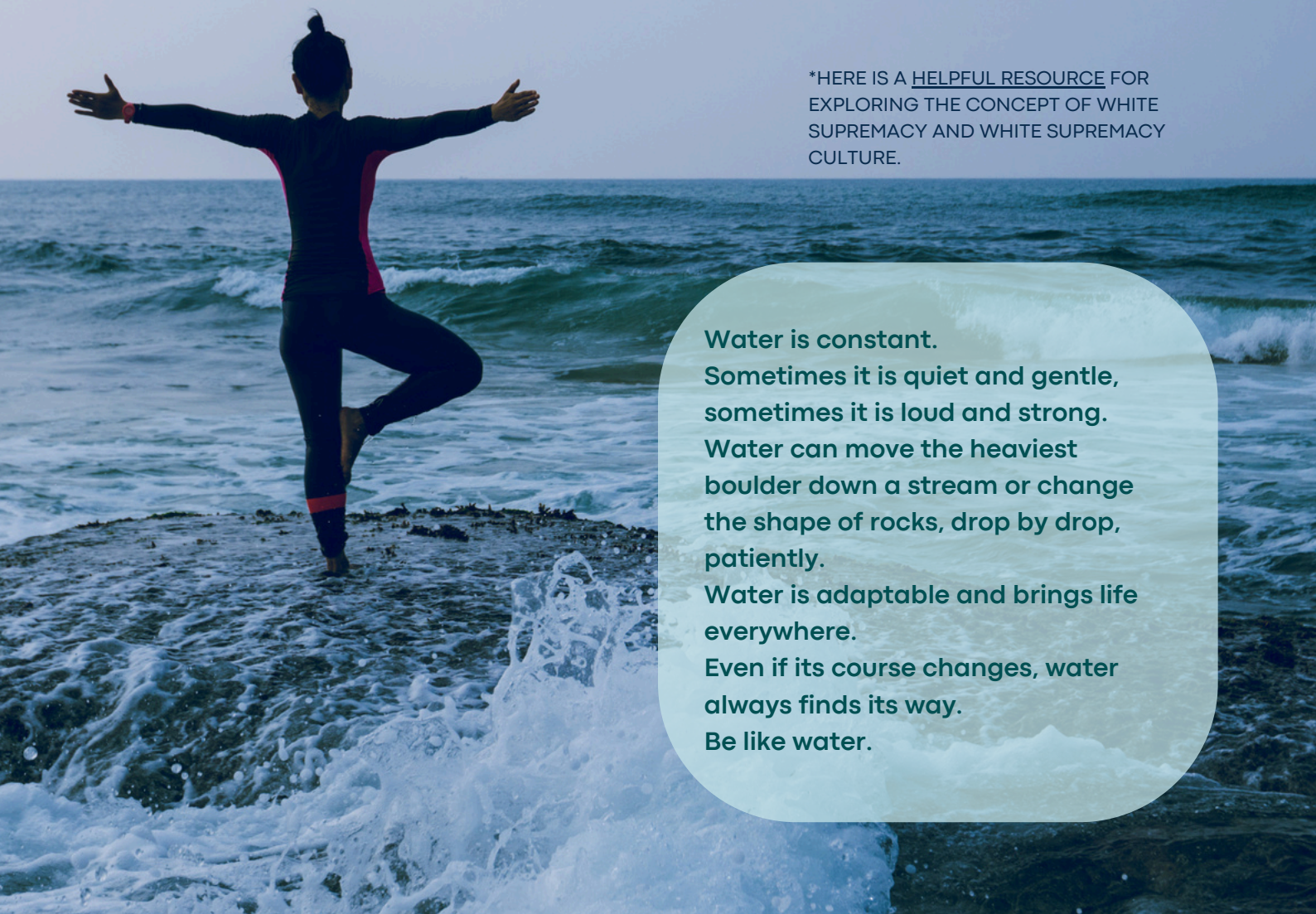
Understanding the Circles of Influence, Concern, and Control

Be like water

Moral distress can feel like "not having done enough". Sometimes advocating for change and/or challenging white supremacy culture* or colonial ways can seem like an overwhelming or unsafe task.

Adrienne Maree Brown offers these Principles of Emergent Strategy (Brown, 2017), which can help us realize that radical transformation does not always mean big or loud actions, and that there is a way to care for ourselves while continuing to advocate for change:

> Small is good, small is all. (The large is a reflection of the small.)
> Change is constant. (Be like water.)
> There is always enough time for the right work.
> There is a conversation in the room that only these people at this moment can have. Find it.
> Never a failure, always a lesson.
> Trust the People. (If you trust the people, they become trustworthy.)
> Move at the speed of trust. Focus on critical connections more than critical mass—build the resilience by building the relationships.
> Less prep, more presence.
> What you pay attention to grows.



*HERE IS A HELPFUL RESOURCE FOR EXPLORING THE CONCEPT OF WHITE SUPREMACY AND WHITE SUPREMACY CULTURE.

Water is constant.
Sometimes it is quiet and gentle, sometimes it is loud and strong.
Water can move the heaviest boulder down a stream or change the shape of rocks, drop by drop, patiently.
Water is adaptable and brings life everywhere.
Even if its course changes, water always finds its way.
Be like water.

Leadership and moral distress strategy

In order to support ethical practice across the organization, it is important for leaders to increase their awareness about moral distress.

Being able to identify, prevent when possible, mitigate and address moral distress ensures people feel supported in working and practicing in a way that is consistent with their values and the values of the organization.

Leaders can help their teams stay the difficult course and find solutions to bring about change when needed, as they are better placed to challenge systemic issues that result in moral distress.

Good leadership is being open to learning and having our biases challenged. It is creating spaces where people feel safe enough to speak up and share their experiences of moral distress, as well as understanding that people will be impacted differently and that all moral distress experiences are unique.

When it comes to moral distress, leaders should keep these five steps in mind:

Know about it
Talk about it
Check in with yourself
Check in with your team
Know the right supports

How to address moral distress with your team

Since moral distress can be described as an occupational hazard for those working in healthcare, it is important to ensure people are well supported in navigating the possibility of this experience.

Here are some guiding questions to ensure staff are prepared to identify and address moral distress:

- Is there **awareness** about what moral distress can look/feel like?
- Are staff **aware of the available resources and supports**?
- How can the **level of safety and trust** improve so people feel comfortable starting conversations about moral distress?
- Are people **supported in their learning journey** to address inequities, oppression, and Indigenous-specific racism and discrimination?
- What is the **best way to have conversations** about moral distress so everyone can participate and share their experiences and learnings?

Debriefing moral distress as a team

An important approach to managing moral distress is the timely use of **reflective debriefing** involving appropriate supports (e.g. the Ethics Service, Spiritual Health, Psychological Health & Safety, etc.).

In a healthcare setting, reflective debriefing sessions allow us to discuss the **facts, thought processes, emotions and actions** involved in a particular situation with the aim of creating an opportunity to manage or reduce the impacts of moral distress and **strategize about solutions**.

Reflect on what you are experiencing (What were the impacts of a particular event or situation?)

How are you (and others) experiencing the situation?
Focus on physical, emotional and spiritual state.

Evaluate the situation (What happened?)

Describe the situation and evaluate where the moral dissonance is coming from (the values that felt compromised).
Stay open to other people's perspective and experience of the situation.

Formulate a strategy (What were the learnings?)

What would be a learning from the situation? Does anything change as a result? What should change?
Focus on the things that you still can (and question whether you should) control.
What are some next steps to think about?

Relationships, supports and knowledge (How can we move forward?)

- What supports, knowledge or resources were missing that would have helped?
- What relationships are important to highlight and foster?
- What can be helpful for restoring ourselves?

Adapted from Shashidhara & Kirk (2020)

Moving beyond the debrief

Because there is not one single experience of moral distress, it is important to develop a strategy that works for the specific situation at hand.

After reflective debriefing, next steps are crucial in allowing people to rebuild themselves and their relationships. Accountability and humility are important in the process of thinking about a plan to move forward. Active listening with an open heart and mind ground us in coming up with solutions that help everyone involved feel included and important.

Here are some questions to help determine next steps and put a plan together to ensure the learnings are turned into positive action for change:

- What were the impacts of this situation?
- How can these impacts be addressed?
- What resources or supports can be leveraged?
- What needs have been identified that we can realistically address?
- What needs to change within our circle of control?
- What are some positive things to focus on? (What went well?)

Ethics consultation services

Navigating the complexity of healthcare systems and relationships can be difficult when diverse views, values, perspectives and expectations come into play.

Following a sound decision-making process is helpful.

An ethics consultation can be an early intervention to prevent a morally distressing situation.

The **PHSA Ethics Service** offers supportive consultations to help navigate ethical issues across the healthcare spectrum, including managing situations that could potentially bring about moral distress.

The PHSA Ethics Service can also deliver education on moral distress, help teams build their moral distress management strategies, or facilitate moral distress debriefing sessions.

A clinical ethicist can help:

- identify whether you or your team are experiencing moral distress,
- consider the values you feel are being compromised, and
- support you in developing a strategy to manage moral distress.

The PHSA Ethics Service can provide one-on-one or team ethics consultations, moral distress debriefs, education through participating in rounds or workshops, or even policy reviews.

We are a low-barrier, confidential service, and there is no formal intake process for accessing our services.

Contact us at **ethics@phsa.ca**.

PHSA employee resources and supports: You are not alone

If you or your team are experiencing moral distress, you can contact the following teams for guidance or **ask the PHSA Ethics Service to partner with them** to facilitate **moral distress strategy-building** conversations:

Spiritual Health | spiritualcare@cw.bc.ca

Psychological Health and Safety | psychhealthsafety@phsa.ca

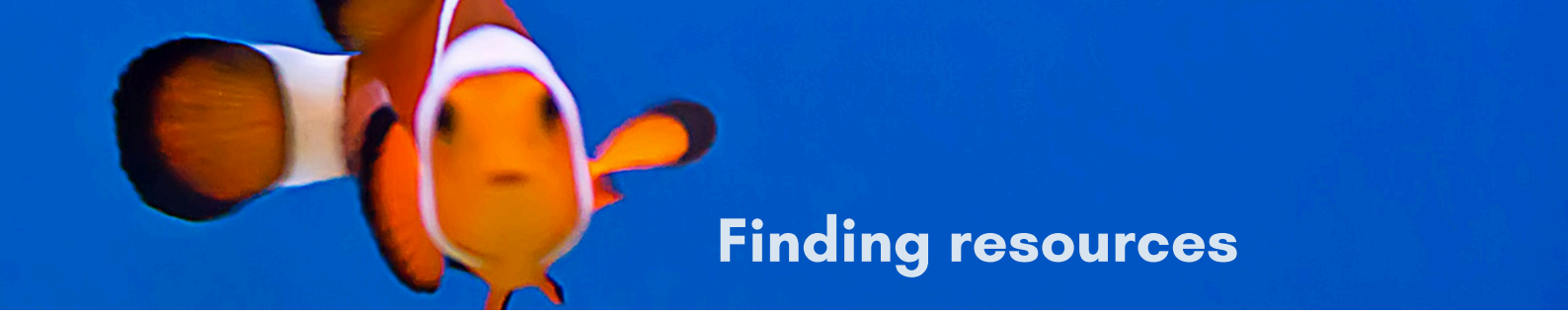
Diversity, Equity & Inclusion | askdei@phsa.ca

Indigenous Health | indigenous.health@phsa.ca

Planetary Health | planetaryhealth@phsa.ca

If you or your team would like to partner with the PHSA Ethics Service, please reach out to **ethics@phsa.ca**.

Remember: Nuts a maht! (We are one)



Finding resources

Read

Evaluation of Interventions to Address Moral Distress: A Multi-method Approach

Gendered and Racial Experiences of Moral Distress: A Scoping Review

Influence of Spirituality on Moral Distress and Resilience in Critical Care Staff: A Scoping Review

An Intersectional Analysis of Moral Distress and Intention to Leave Employment Among Long-Term Care Providers in British Columbia

Moral Distress: A Concept Clarification

Moral Distress and Moral Stress Among Nurses Facing Challenges in a Health Care System Under Pressure

Moral Distress, Moral Courage, and Career Identity among Nurses: A Cross-sectional Study

Moral Identity and Subjective Well-Being: The Mediating Role of Identity Commitment Quality

What Is 'Moral Distress'? A Narrative Synthesis of the Literature

Watch

Caring for Caregivers: Transforming Moral Distress into Moral Resilience

Causes and Implications of Moral Distress

Optimizing Wellness in the MHSU Space (panel)

How Clinicians Define Moral Injury

The Management of Moral Injury: Restore and Rebuild Treatment

Moral Distress Prevention and Mitigation

Moral Distress: When You Know What to Do, But It's Beyond Your Control

Moral Injury in Combat: Holistic and Community Healing

Reframing Distress: Why Moral Injury Matters

Listen

Moral Injury International

Moral Matters - Moral Injury of Healthcare

Psychiatry & Psychotherapy Podcast - Moral Injury

The Soul Repair Podcast - After Moral Injury

The WCC Podcast: Confronting Burnout and Moral Injury

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Contact us

Anyone can contact the PHSA Ethics Service for support in working through moral distress and other ethical issues. If you'd like to arrange a consult or discuss the contents of this guide, please reach out:

ethics@phsa.ca