Responding to Moral Distress

- **A Mnemonic from the American Association of Critical-Care Nurses**

  **The 4 As Approach**

  - Ask: become aware MD is present
  - Affirm: make a commitment to address MD
  - Assess: identify sources of MD and make action plan
  - Act: implement strategies to preserve integrity

- **A Decision-tree Approach**

  Is there a moral concern?

  - Yes
    - Am I prevented from doing what I think is right (moral distress)?
      - Yes
        - Consult with peers and/or supervisors to see if anything can be done to resolve the problem or prevent the problem in future cases.
        - Participate in ongoing MD training.
        - Seek institutional outlets for anonymously expressing concerns (e.g., page Ethics).
      - No
        - Employ strategies for coping with emotional distress:
          - Share experiences with others who are empathetic (coworkers or family members).
          - Start your own resilience writing project (J. Bryan Sexton).
          - Seek social support networks.
    - No
      - Page the Clinical Ethics Consultation Service

*Developed by Jamie C. Watson and Laura Guidry-Grimes | UAMS*
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In all cases – suggestions for your team and institution:

- Have debriefing sessions after difficult cases.
- Supervisors should openly acknowledge the difficulties of team members’ jobs and express gratitude for their work.
- Provide opportunities for feedback on morally problematic policies and procedures (e.g., anonymous calls to the Ethics).

Additional Resources:


*The 4 As to Rise above Moral Distress.* American Association of Critical-Care Nurses. web: http://www.aacn.org/WD/Practice/Docs/4As_to_Rise_Above_Moral_Distress.pdf
