

EXPLORING MORAL RESILIENCE TOWARD A CULTURE OF ETHICAL PRACTICE



A CALL TO ACTION REPORT



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A CALL TO ACTION:

EXPLORING MORAL RESILIENCE TOWARD A CULTURE OF ETHICAL PRACTICE

Developed by:
**THE AMERICAN NURSES ASSOCIATION
PROFESSIONAL ISSUES PANEL ON MORAL RESILIENCE**

The charge of this Professional Issues Panel on Moral Resilience was to identify potential individual and organizational strategies and interventions to approach ethical challenges and moral distress in nursing practice, as well as establish goals to strengthen moral resilience. This Panel was convened out of a recommendation from the 2016 *Symposium on Transforming Moral Distress into Moral Resilience in Nursing*, to “engage professional associations in recognizing the importance of addressing moral distress and building moral resilience....”

(Rushton, Schoonover-Shoffner, & Kennedy, 2017, p. S4).

MORAL RESILIENCE AS A POTENTIAL DIRECTION FOR ADDRESSING ETHICAL CHALLENGES

Nurses in all roles and specialties experience ethical challenges, uncertainty, and distress. These challenges arise from conflicts among competing values and obligations. Moral resilience has been defined as “the capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress, or setbacks” (Rushton, 2016a, p. 112a). Moral resilience is an evolving concept and other definitions have focused on “the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature” (Lachman, 2016, p. 122). Moral resilience, like other forms of resilience, is built in response to adversity, and is a specific context in which the global concept of resilience can be understood and applied to the moral aspects of life with particular attention to integrity (Earvolino-Ramirez, 2007; Mealer & Jones, 2013). It is postulated that all health care professionals have innate and learned capacities that can be leveraged toward and strengthened to address distress. Intentionally strengthening those capacities, building new skills and abilities, and designing specific interventions to do so offers hope and support for those at the front lines who are confronted daily with ethical challenges, complexity, and distress.

The concept of moral resilience is in its early stages of development. Further conceptual and empirical work is needed to refine the concept. Moral resilience has been proposed as a promising direction for mitigating the moral suffering and distress experienced by nurses and other health care professionals. The 2016 Symposium on Transforming Moral Distress into Moral Resiliency called for individuals, leaders, and professional organizations to engage in a variety of actions to address the gaps in our conceptual, theoretical, and practical knowledge of the factors that contribute to moral suffering, particularly moral distress, and to design strategies that mitigate the detrimental consequences (Rushton, Schoonover-Shoffner, & Kennedy, 2017). Moral resilience is but one thread in a rich tapestry of directions that may be pursued (Bruce, Miller, & Zimmerman, 2015; Hamric & Epstein, 2017; Pavlish, Hellyer, Brown-Saltzman, Miers, & Squire, 2015; Wocial et al., 2017).

The call to focus on the cultivation of moral resilience signifies an invitation for individuals, groups, and organizations to work together to transform individual and team distress and the organizational culture to create the conditions in which moral and ethical practice can thrive. Individual moral resilience alone will not shift the organizational decisions, structures, and processes that contribute to imperiled integrity. Yet, because organizations comprise individuals, there is promise that reaching a critical threshold of morally resilient individuals within organizations will begin to produce results toward a broader goal of culture change.

Moral resilience is an important capacity for nurses to cultivate in response to the myriad ethical challenges faced in the inherently stressful and rapid-paced environment of the profession. This Call to Action will examine individual moral resilience and organizational responsibilities independently, but some concepts overlap. While nurses have responsibility for their own practice, cultivating meaningful and sustainable change is only possible when organizations and individual nurses align their efforts to create a culture that supports ethical practice and fosters individual moral resilience. Placing the onus on individual nurses to fix systemic issues will only exacerbate the problem. These recommendations include attention to both individual strategies to support individual nurses’ capacities for moral resilience and organizational responsibilities to create an environment that allows them to uphold their commitment to ethical practice. A number of interventions are being adopted to support health care professionals, particularly nurses that have not yet been researched or disseminated outside of the local institution of implementation. This Call to Action will describe a few of the most promising interventions that have been published thus far; however, it is important to understand that at this time, evidence to support the effectiveness of these interventions is lacking.

PSYCHOLOGICAL CONSEQUENCES OF THE WORK ENVIRONMENT

Moral resilience could potentially impact multifactorial psychological consequences of the work environment. This includes moral distress, burnout, compassion fatigue, post-traumatic stress disorder (PTSD), emotional distress, and secondary trauma. This document is not designed to address all of the psychological consequences, but will provide definitions and resources for nurses to obtain further education on each.

Moral distress was first defined by Jameton (1993) as a phenomenon when an individual knows the right thing to do but cannot pursue that action due to organization or other constraints. The definition has further developed into a well-recognized concept occurring when providers are involuntarily complicit in an unethical act, but are powerless to change the situation (Hamric & Epstein, 2017). Moral distress is associated with clinician burnout and is commonly associated with individuals who care for critically ill patients (Fumis, Amarante, Nascimento & Junior, 2017; Moss, Good, Gozal, Kleinpell, & Sessler, 2016; Johnson-Coyle et al., 2016; Whitehead, Herbertson, Hamric, Epstein & Fisher, 2015; Wolf et al., 2016). Burnout syndrome is related to an imbalance of personal characteristics, work-related issues, and organizational constraints (Moss et al., 2016; Zou et al., 2016). The psychological distress associated with burnout syndrome can result in nurses experiencing fatigue, irritability, anxiety, and depression (Moss et al., 2016). Compassion fatigue, also referred to as vicarious or secondary traumatization, differs from moral distress and burnout because it is a state of emotional or physical distress resulting from caring for patients who are experiencing suffering (Mooney et al., 2017). PTSD occurs when an individual is exposed to a traumatic event that is responded to with fear, helplessness, or horror, and is closely associated with similar symptoms of burnout syndrome (Mealer, Burnham, Good, Rothbaum, & Moss, 2009; Mealer & Jones, 2013). Similarly, the concepts used to identify PTSD in nursing include compassion fatigue and secondary traumatization, in addition to the nurse's ability to engage the therapeutic self after exposure to trauma or moral dilemmas in practice (Mealer & Jones, 2013).

These concepts differ in meaning and presentation, but the often overlapping consequences speak to the recognition that nurses are experiencing trauma and suffering as a result of ethical challenges in practice. The emerging concept of moral resilience is proposed as a beginning to alleviate the complex and convoluted psychological symptoms associated with challenging work environments.

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INDIVIDUAL MORAL RESILIENCE

INTRODUCTION

It is well documented that today's nurse is exposed to situations that contribute to moral distress, burnout syndrome, PTSD, compassion fatigue, secondary traumatization, and emotional and physical distress (Grace, Robinson, Jurchak, Zollfrank, & Lee, 2014; Grady, 2014; Hamric, Borchers, & Epstein, 2012; Hamric, 2014; Rathert, May, & Chung, 2016; Rushton, 2016a). Feelings of discomfort that arise as an individual is unable to take action and reconcile his or her perceived moral responsibility in a situation can lead to greater turnover in health professionals (Houghtaling, 2012; McCarthy & Gastmans, 2015; Pauly, Varcoe, Storch, 2012; Whitehead et al., 2015). Recognizing that moral distress is pervasive in nursing practice necessitates a discussion of moral resilience and other potential strategies that can be used to foster this quality within individual health care professionals. Cultivating moral resilience may be necessary to respond to the aspects of the clinical environment that are not easily modifiable, such as caring for patients with complex, often life-limiting conditions, and witnessing suffering, death, disability, and social injustices. While some attributes of the work environment can and must be modified, we must also work at the individual, organizational, and societal levels to address these concerns while finding ways to recharge compassion in practice and support health care professionals working in stressful environments.

We turn to four promising areas for building the individual capacities for moral resilience: ethical competence, ethics in education, self-regulation and mindfulness, and self-care.

ETHICAL COMPETENCE

Ethical competence is considered to be the foundation of moral efficacy, and supports moral resilience "by leveraging conscientious moral agency with the confidence in his or her capacity to recognize and respond to ethical challenges in an effective manner" (Holtz, Heinze, & Rushton, 2017). It is the psychological skill to do one's job; the ability of a person who confronts a moral problem to think and act in a way that is not constrained by moral fixations or automatic reactions (Kälvemark Sporrang, 2007). Gallagher (2006) describes ethical competence as the possession of ethical knowledge next to the ability to "see" what a situation presents (ethical perception); to reflect critically about what nurses know, are, and do (ethical reflection); to bring out the ethical practice (ethical behavior); and to "be" ethical.

To build capacity to develop moral resilience, individuals need to have a solid foundation of ethics training, and knowledge and understanding of what drives ethical practice, including: (1) the ability to identify large-scale and everyday ethical issues inherent in complex health care environments, (2) the ability to critically reflect and apply ethical theories in a dialectical decision-making process in which moral actions are justifiable, and (3) resources assisting health care professionals to develop individualized resilient protective factors, including social skills, social support, goal efficacy, and problems-solving. Research suggests that ethical competence, which includes coping development and learned leadership, also helps build individual resilience (Turner, 2014). However, nursing education and professional development does not consistently foster competencies necessary to engage in ethical reflection, decision-making or ethical behavior (Cannaerts, Gastmans, Dierckx de Casterlé, 2014).

ETHICS IN EDUCATION

Ethics education has a positive impact on ethical decision-making and moral action in nurses (Grady et al., 2008). There are different ways to operationalize ethical competency in ethics education and in practice. The development of teachable skills is necessary to build moral resilience by strengthening ethical competence. Nursing education, including continuing education programs, should include content that addresses applicable decision-making frameworks to navigate moral distress, with strong grounding in ethical concepts and language. Ethical decision-making theories include practice and change theory, conflict management, and moral development theory (Corley, 2002; Gilligan, 1977, 1979, 1981, 1982a, 1982b; Kohlberg, 1958, 1976, 1984; Kohlberg & Bar Yam, 1978; Rest, 1986, 1993, 1994). Educational programs designed to teach skills of mindfulness, spiritual well-being, self-regulation, self-reflection, and conflict management may also be implemented to contribute to building individual moral resilience. Ethics education should occur continuously in safe environments that encourage understanding rather than judgment, engage discussion, and guide root cause understanding.

SELF-REGULATION AND MINDFULNESS

Self-regulation is the ability to mindfully recognize what is happening in the moment and to monitor, evaluate, reinforce, or adapt one's responses to changing conditions or adversity (Holtz, Heinze, & Rushton, 2017; Masten, 2014). Mindfulness is a key element of self-regulation in response to adversity and is a resilience strategy that has been studied and shown to have positive outcomes for patients and caregivers (Black et al., 2015; Carlson et al., 2015; Garland, Froeliger, & Howard, 2015; Loucks et al., 2016; Sundquist et al., 2015). Mindfulness is moment-to-moment awareness, which is cultivated by intentionally focusing attention; noticing and releasing sensations, emotions, and thoughts that are distracting or depleting; promoting relaxation; and having personal insight (Kabat-Zinn, 2005).

The most promising intervention identified in the literature for reducing stress in nurses is mindfulness. The most common method for studying mindfulness is the mindfulness-based stress reduction (MBSR). In nurses, studies show that mindfulness reduced emotional exhaustion (Cohen-Katz et al., 2005), enhanced relaxation, reduced burnout (Mackenzie, Poulin, & Seidman-Carlson, 2006), and reduced stress (Pipe et al., 2009). Mindfulness strengthens the development of mental flexibility in moral conflict, thereby reducing the intensity of an emotional response to situations of adversity (Rushton, 2016a). Nurses who develop mindfulness skills to take a positive mental and emotional approach are more effective in increasing individual and organizational resilience (Foureur, Besley, Burton, Yu, & Crisp, 2013).

Despite the promising findings related to mindfulness and MBSR, the intervention research continues to have conceptual and methodological concerns. The concerns include small sample sizes; lack of comparison groups to control for group support, practice time, and placebo effect; and the absence of research on the possible negative or harmful effects, which suggests that mindfulness may be beneficial for everyone (Irving, Dopkin, & Park, 2009).

SELF-CARE

Provision 5 of the Code of Ethics for Nurses with Interpretive Statements holds that "the nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (ANA, 2015). Nurses must own their individual health in order to foster a healthy personal and professional balance. Self-care is a commonly used term that relates to self-stewardship. However, the term self-care may denote a negative association for some health care professionals who perceive that focusing on one's own well-being is a selfish act. To shift this pattern, a broader notion of self-stewardship is meant to convey regard and preservation for one's well-being while acknowledging one's needs and limitations when caring for others (Holtz, Heinze, & Rushton, 2017). Intentionally fostering interventions aimed at supporting physical, emotional, spiritual, and social well-being supports nurses faced with moral adversity. When nurses are imbalanced or depleted in any aspect of their being, they are more vulnerable to the negative effects of moral adversity or moral distress.





RECOMMENDATIONS TO FOSTER INDIVIDUAL MORAL RESILIENCE

The recommendations proposed below are to cultivate and support the moral resilience of individual nurses.

INDIVIDUAL NURSES ACTIONS:

1. Adopt ANA's Healthy Nurse Healthy Nation™ strategies to support your general well-being as a foundation for cultivating moral resilience.
2. Read, review, and implement the *ANA Code of Ethics for Nurses with Interpretive Statements* to gain knowledge and strengthen ethical competence.
3. Seek opportunities to learn how to recognize, analyze, and take ethically grounded action in response to ethical complexity, disagreement, or conflict.
4. Cultivate self-awareness in order to recognize and respond to your symptoms of moral suffering, including moral distress.
5. Pursue educational opportunities to cultivate mindfulness, ethical competence, and moral resilience.
6. Develop your personal plan to support well-being and build moral resilience.
7. Become involved and initiate workplace efforts to address the root causes of moral distress and other forms of moral suffering.
8. Develop and practice skills in communication, mindfulness, conflict transformation, and interprofessional collaboration.
9. Identify and use personal resources within your organization or community, such as ethics committees, peer-to-peer support, debriefing sessions, counseling, and employee assistance programs.

RECOMMENDATIONS TO FOSTER MORAL RESILIENCE FOR NURSE LEADERS

The recommendations proposed below are for nurse managers and nurse leaders across practice settings to cultivate and support moral resilience.

NURSE LEADER ACTIONS:

1. Ensure that every individual nurse has access to resources to mitigate moral distress and cultivate moral resilience.
2. Participate in institutional mechanisms to form and support ethical issues, such as ethics committees or consultation services, to bring the nursing perspective into the dialogue and decision-making.
3. Develop strategies to support nurses' moral resilience based on evidence applied from other contexts of resilience.
4. Systematically document and study the impact of individual interventions on nurses and other health care professional's ability to address moral distress, burnout syndrome, compassion fatigue, physical and emotional distress and secondary trauma.
5. Support your team in ANA's Healthy Nurse Healthy Nation™ strategies to foster clinician well-being as a foundation for cultivating moral resilience.
6. Become skilled in recognizing and analyzing, and taking ethically grounded action in response to, ethical complexity, disagreement, or conflict.
7. Assess, and if appropriate adopt, a standardized screening and intervention tool to recognize and address moral distress and build moral resilience. Incorporate programs aimed at developing capacities and skills in moral resilience, including mindfulness and self-regulation, ethical competence, and self-care, into pre-licensure, graduate and doctoral programs, nurse residency programs, and continuing education.



ORGANIZATIONAL RESPONSIBILITY

INTRODUCTION

Many organizations operate under the erroneous framework that negative psychological consequences of the work environment, such as burnout or moral distress, are solely the responsibility of the health care professional (Shanafelt & Noseworthy, 2017). Organizations have a vested interest in recognizing that moral distress can negatively impact the retention of health care professionals in the field, and should consider implementing strategies that promote moral resilience among their workforce. The environment of modern health care will continue to present situations that challenge the moral integrity of nurses and health care professionals (Hamric & Epstein, 2017; Rushton, 2016b; Woods, 2014). Health systems seeking to recruit and retain a skilled and experienced nursing workforce will have to acknowledge this reality. Considering the demands of today's practice settings, interventions are needed on the organizational level to promote ethical practice environments where nurses may strengthen individual moral resilience. This is made challenging, however, by the lack of available evidence on efficacious interventions to achieve this goal.

Progress in ameliorating the root causes of moral adversity will be needed for individual strategies to be sustainable. While the original definition of moral distress focused on the organizational constraints to moral agency and action, solutions must align the dynamic interplay among individuals, teams, organizations, and the broader society. Health care organizations comprised diverse people, disciplines, authority, and moral orientations. The context of health care is complex, uncertain, and laden with conflict. Yet, in order to make sustainable progress, new paradigms are needed for engaging individuals, leaders, and organizations in designing solutions. Lessons can be learned from safety and quality initiatives that engage solution-finding at the local level, build infrastructure to monitor and respond to ethical challenges and moral adversity, and cocreate mechanisms to address the root causes of threats to integrity and moral adversity.

Understanding the responses to ethical challenges, such as moral distress, emotional and physical distress, burnout syndrome, compassion fatigue, and secondary trauma can be facilitated through incentives, regulations, and professional requirements that include attention to building integrity, ethical competence, self-stewardship, and self-regulation, and recognizing the signals of moral distress and other forms of moral suffering. This can be accomplished by engaging professional organizations such as the American Hospital Association, The Joint Commission, state Boards of Nursing, and accreditation programs such as the Magnet Recognition Program® to include key indicators that relate to an organization's infrastructure, policies, methods, and resources for recognizing the sources of moral adversity, documenting them, and systematically addressing them using diverse, innovative strategies.

Embedded in these are the needs for developing, communicating, and using fair, respectful processes to respond to clinician claims of conscience in relation to actions they are asked to implement within their professional roles. Models such as those suggested by the American Thoracic Society Collaborative, developed to protect the moral integrity of health care professionals and patient's access to care, offer a promising direction for organizations to adopt (Lewis-Newby et al., 2015). Beyond this, attention to the legal structure for protecting those who choose to report egregious ethical violations will be an important component of successful organizational efforts.

REGULATORY CONSIDERATIONS

The safety of health care professionals has been identified as preconditional to patient safety. Safety includes both the physical and emotional health of the workforce. When health care professionals are unable to work to their fullest potential, they are unable to flourish personally and professionally and find joy and meaning in their work. The health care workforce is experiencing growing rates of moral distress, burnout syndrome, posttraumatic stress disorder, depression, and suicide. Patient outcomes and employee engagement improve in organizations that value the safety of both patients and the workforce. Leaders of health care delivery organizations must recognize the need for environments that are conducive to moral acts, and characterized by safe, trusted, and nonpunitive attributes. To effectively address issues of moral distress and build organizational resilience, health care leaders must be foundationally committed to assessing their own work environments, and creating and sustaining initiatives that commit to moral resilience as a core value (AACN, 2016).

Workplace safety, to include the emotional safety and well-being of health care personnel, was formally recognized by The Joint Commission as a significant concern in 2012, and was examined in a monograph titled *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration, and Innovation* (The Joint Commission, 2012). The article highlighted the need to provide evidence-based psychological and emotional support to health care personnel after adverse clinical events, as well as to create positive work environments free from incivility, lateral violence, and other forms of emotional distress, all of which have been identified by the ANA as key areas of concern with regard to moral resilience in nursing. The Joint Commission article may serve as an example to other health care regulatory and accrediting agencies, and provide a starting point for building standards and regulations that address the need for health care organizations to adopt measures to improve moral resilience.

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INTERPROFESSIONAL COLLABORATION

Efforts to build moral resilience and a culture of ethical practice will be enhanced through interprofessional collaboration among all health care professionals. Siloed efforts will have limited impact, and risk undermining sustainability. Efforts such as the National Academy's Action Collaborative on Clinical Well-being and Resilience offer a mechanism for cross-disciplinary sharing and learning along with the potential for innovations that engage the key stakeholders in designing solutions that benefit all (National Academy of Medicine, 2017). Recent efforts by critical care societies, such as the American Association of Critical Care Nurses and the Society of Critical Care Medicine, to address moral distress as a factor contributing to burnout also offer a fruitful model for changing individual practices and organizational culture (Moss et al., 2016).

RECOMMENDATIONS FOR ORGANIZATIONS

The recommendations proposed below are for organizations across practice settings to cultivate and support moral resilience.

ORGANIZATION ACTIONS:

1. Perform ongoing assessment, and if appropriate, implement standards for a healthy work environment (AACN, 2016; Agency for Healthcare Research and Quality, 2013).
2. Assess and adopt action steps outlined in the Critical Care Societies Collaborative Statement on Burnout Syndrome (Moss et al., 2016).
3. Incorporate educational programs aimed at developing capacities and skills in moral resilience, including mindfulness and self-regulation, ethical competence, and self-care into pre-licensure, graduate and doctoral programs, nurse residency programs, and continuing education.
4. Raise awareness of the impact and sources of moral distress, burnout, compassion fatigue, PTSD, emotional and physical distress, and secondary trauma on individuals, organizations, patients, and others within the organizational leadership structure.
5. Provide nurses with tools for self-calibration that promote resilience and well-being (Shanafelt & Noseworthy, 2017).
6. Develop strategies to support nurses' moral resilience based on evidence applied from other contexts of resilience.
7. Continue to systematically document and study the impact of individual interventions on nurses and other health care professionals' ability to address moral distress, burnout syndrome, compassion fatigue, physical and emotional distress and secondary trauma.
8. Conduct intervention studies testing strategies to address the root causes of moral distress or other forms of moral adversity.
9. Fund, develop, and evaluate innovative individual and organizational models for cultivating moral resilience and a culture of ethical practice.
10. Collaborate with interprofessional ethics organizations and medical societies to raise awareness, design and evaluate innovative transdisciplinary programs, and contribute to the state of the science in addressing moral distress and building moral resilience.
11. Ensure core competencies in ethics for all levels of nursing students, faculty, employees and other professionals.
12. Develop innovative technologies for nursing students and nursing staff to develop moral resilience strategies and self-care.



The recommendations proposed below are for external stakeholders to cultivate and support moral resilience.

EXTERNAL STAKEHOLDER ACTIONS:

1. Health care accrediting and government regulatory agencies formally recognize the importance of moral resilience in the context of highly reliable health care organizations, and how moral distress may affect the ability of such organizations to provide safe care with quality patient outcomes.
2. Petition the National Council of State Boards of Nursing to increase content focusing on ethical competence, recognition of moral distress, and skills in moral resilience.
3. Encourage state boards of nursing with continuing education licensure renewal requirements to mandate including of ethics competence, recognition of moral distress, and skills in moral resilience.
4. Health care accrediting and government regulatory agencies facilitate awareness and the implementation of evidence-based programs and interventions to promote moral resilience through consultative survey activities and other interactions with health care organizations.
5. Accrediting and government regulatory agencies evaluate the benefit of programs and evidence-based interventions, and consider incorporating these into their standards and regulations.
6. Petition the national accrediting, regulatory, and licensing agencies to strengthen their regulatory requirement for health care institutions to have a robust method for responding to requests for conscientious refusal or objection by clinical staff.
7. National accrediting, regulatory, and licensing agencies include a mechanism for staff to report interpersonal or emotional safety issues that could negatively affect the quality of patient care and safety, in addition to those conditions that affect patients directly, such as the Joint Commission Standard APR.09.02.01, Elements of Performance.
8. National accrediting, regulatory, and licensing agencies include emotional safety, well-being, and moral resilience in the context of employee health monitoring, data collection, analysis, and improvement or interventional activities, such as The Joint Commission Standard LD.03.01.01, Maintaining a Culture of Safety and Quality.
9. National accrediting, regulatory, and licensing agencies educate surveyors to conduct consultative and educational activities with hospitals regarding moral resilience and employee health.

The recommendations previously emphasized are for nurse managers and nurse leaders across practice settings to cultivate and support moral individual and organizational resilience.

NURSE LEADER ACTIONS:

1. Ensure that every individual nurse has access to resources to mitigate moral distress and cultivate moral resilience.
2. Participate in institutional mechanisms to form and support ethical issues, such as ethics committees or consultation services, to bring the nursing perspective into the dialogue and decision-making.
3. Develop strategies to support nurses' moral resilience based on evidence applied from other contexts of resilience.
4. Systematically document and study the impact of individual interventions on nurses and other health care professional's ability to address moral distress, burnout syndrome, compassion fatigue, physical and emotional distress and secondary trauma.
5. Support your team in ANA's Healthy Nurse Healthy Nation™ strategies to foster clinician well-being as a foundation for cultivating moral resilience.
6. Become skilled in recognizing and analyzing, and taking ethically grounded action in response to, ethical complexity, disagreement, or conflict.
7. Assess, and if appropriate adopt, a standardized screening and intervention tool to recognize and address moral distress and build moral resilience. Incorporate programs aimed at developing capacities and skills in moral resilience, including mindfulness and self-regulation, ethical competence, and self-care, into pre-licensure, graduate and doctoral programs, nurse residency programs, and continuing education.

RESEARCH IN RESILIENCE

There is a large body of research focusing on resilience in various contexts: neurobiologic, psychological, social ecological, and clinical practice. Evidence from neurobiologic and psychological resilience studies and programs offers fruitful directions for developing moral resilience in individuals (psychology (Bonanno, 2004); social ecology (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014; Karatsoreos & McEwen, 2014; Luthar & Brown, 2007; Cacioppo, Reis, & Zautra, 2011; Masten, 2014) and clinical practice (Howe, Smajdor, & Stöckl, 2012; Back, Steinhäuser, Kamal, & Jackson, 2016)). A concept analysis of resilience identified six common attributes: rebounding/reintegration, high expectancy/self-determination, positive relationships/social support, flexibility, a sense of humor, and self-esteem/self-efficacy (Earvolino-Ramirez, 2007). Generally, nurses use several types of resilience-strengthening strategies such as coping-focused behaviors, mindfulness, seeking support, and healthy self-care practices (Turner, 2014). Nurses who demonstrate high levels of resilience in practice are less likely to develop stress disorders or leave the profession due to professional burnout (Turner, 2014; Mealer, 2012).

However, no large randomized, controlled trials currently exist that are adequately powered to determine the effectiveness of resilience interventions on mental health outcomes, or more specifically, on health care professional outcomes such as staff retention and patient safety issues. Most of the published literature describes small pilot studies that have assessed resilience interventions in a variety of populations, such as individuals with depression (Songprakun & McCann, 2012a; Songprakun & McCann, 2012b), breast cancer survivors (Loprinzi, Prasad, Schroeder, & Sood, 2011), PTSD (Kent, Davis, Stark, & Stewart, 2011), police officers (Arnetz, Nevedal, Lumley, Backman, & Lublin, 2009), students (Kanekar, Sharma, & Atri, 2010; Bekki, Smith, Bernstein, & Harrison, 2013), and individuals with type 2 diabetes (Bradshaw et al., 2007). A number of interventions have been aimed at reducing stress in nursing. However, these studies did not assess effectiveness in increasing resilience or moral resilience.



Potentially, if we are able to bolster nurses' capacities to reduce the emotional exhaustion related to moral distress, some of the detrimental effects of moral distress could be mitigated.

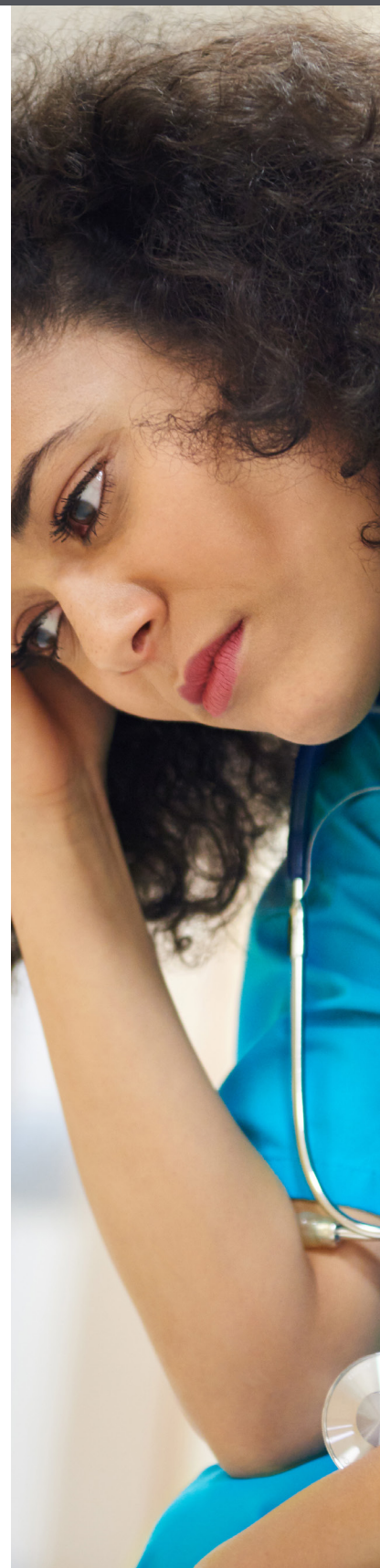
STRENGTHS AND WEAKNESSES IN RESILIENCE RESEARCH IN HEALTH CARE PROFESSIONALS

Two small, randomized, controlled trials studying resilience have been reported in nurses and physicians. West et al. (2014) conducted a randomized, controlled trial to investigate whether a protected-time, biweekly facilitated physician discussion group would promote well-being, job satisfaction, and professionalism. This single-center trial included 74 practicing physicians in the Department of Medicine. Over 19 sessions, small-group discussions covered elements of mindfulness, reflection, shared experience, and small-group learning. The control group consisted of protected time only. Although resilience was not measured, self-reported measures were collected to assess meaning in work, empowerment and engagement in work, burnout, symptoms of depression, quality of life, and job satisfaction. Empowerment and engagement at work increased significantly in the intervention arm compared to the control arm, three months post-intervention ($p=.04$), and was sustained at 12 months post-intervention ($p=.03$). There were also significant improvements in the depersonalization subscale of burnout scores at 3 months ($p=.004$) and 12 months ($p=.02$) between groups (West et al., 2014).

The second study measuring resilience was a 12-week, randomized, controlled multimodal resilience training intervention conducted with ICU nurses ($n=29$) to determine whether the intervention would be feasible and acceptable (Mealer et al., 2014). The training intervention included a 2-day educational workshop, written exposure therapy, mindfulness practice, event-triggered cognitive-behavioral therapy, and prescribed aerobic exercise. The control group did not receive any of the intervention components but did record all exercise that they completed per week. The multimodal resilience training was reported to be both feasible and acceptable to the nurses. Although this study was not powered to determine its effectiveness related to building resilience and reducing symptoms of psychological distress, the results were promising and highlight the need for additional research on the topic. Baseline assessments indicated there was a significant reduction in symptoms of depression and PTSD ($p=.03$ and $.01$ respectively). There was also a significant improvement, over the 12-week program, on resilience scores ($p=.05$) (Mealer et al., 2014).

An additional cross-sectional survey of nurses using a generic resilience measure was associated not with moral distress but with the most common outcome of moral distress—burnout (Rushton, Batcheller, & Schroeder, 2015). In this study, demonstration of greater resilience protected nurses from emotional exhaustion and contributed to personal accomplishment—key aspects of burnout syndrome. Potentially, if we are able to bolster nurses' capacities to reduce the emotional exhaustion related to moral distress, some of the detrimental effects of moral distress could be mitigated. Further refinement of moral resilience interventions is necessary to determine the efficacy of reducing symptoms of psychological distress, including moral distress and burnout syndrome.

These studies suggest the potential for impactful interventions to strengthen resilience and reduce symptoms of moral and psychological distress. Further development of research on moral resilience and interventions is important to identify the potential overlap between resilience and moral resilience.



FUTURE RESEARCH ON MORAL RESILIENCE

Building on generic resilience research, conceptual synthesis of the attributes that are specific to the moral domain has begun. A qualitative study of 184 interprofessional clinicians' definitions of moral resilience revealed three primary themes and three sub-themes (Holtz, Heinze, & Rushton, 2017). The primary themes are integrity-personal and relational, and buoyancy. The subthemes are self-regulation, self-stewardship, and moral efficacy (Holtz, Heinze, & Rushton, 2017). These themes are a starting point in validating and understanding the role in cultivating or strengthening a health care professional's capacity for moral resilience.

Research on moral resilience will require a thoughtful and systematic approach. To date, there is a gap in the literature regarding moral resilience in nursing. There is also a paucity of evidence related to the broader concept of resilience as a modifiable capacity that nurses can acquire through individual and organizational resilience interventions. Priorities include research that demonstrates increased workplace moral resiliency and the effect this has on health care errors and nursing turnover, to help administrators understand the financial benefits of building an individual's moral resilience. Evidence that identifies the importance of individual moral resilience has the opportunity to encourage health systems to invest in moral resilience programs to cultivate a healthy work environment and improve the safety and quality of patient care. The priorities of this approach should also include the development and validation of instruments to measure individual moral resilience and organizational strategies to create a culture of ethical practice; large randomized controlled trials or mixed-methods research designs to determine the effectiveness of both individual and organizational interventions; choice of the appropriate outcome variables to understand the impact of the intervention(s); and dissemination of successes and barriers encountered during local quality improvement and/or program evaluation efforts.

Determining the impact of moral resilience interventions may benefit both the individual nurse and the health care organization as the profession aims to improve mental wellness and safety; it may also help retain experienced nurses at the bedside. In addition to evaluating the relationship, if any, between individual moral resilience and nurse retention or satisfaction, the 2016 State of the Science on Moral Resilience recommended research priorities included measuring the effectiveness and economic costs of moral resilience interventions (Rushton et al., 2017). Organizational support for cultivating this research contributes to the strength and benchmarks of an organization and its investment in and commitment to nurses, patients, and the health care system.

RECOMMENDATIONS FOR ASSESSMENT, PROGRAM EVALUATION, AND RESEARCH

The implementation of a moral resilience project or program ahead of applied scientific research publication can take years to give results. If research funding is limited or clinical practice nurses are interested in adopting moral resilience projects at their institution or within their specialty unit, program evaluation is an attractive option that can still be evaluated, disseminated, and used for evidence to inform future projects. There is a process that the Centers for Disease Control and Prevention (CDC) uses to evaluate programs in a systemic way (CDC, 1999). Program evaluation is a practical exercise that primarily determines if a program should be implemented as standard practice or whether it needs to be modified; it also provides evidence to support or oppose a program, and contributes to basic knowledge (Royle et al., 2015). The CDC (1999) has identified a framework to guide program evaluation projects, which includes steps in the evaluation practice and the standards for effective evaluation. The steps in the evaluation include engaging the appropriate stakeholders, describing the program, focusing the evaluation design, gathering credible evidence, justifying conclusions, and ensuring use and sharing of lessons learned (Table 1). The standards for an effective evaluation of a program include utility, feasibility, propriety, and accuracy (Figure 1).

STEPS

<p>ENGAGING STAKEHOLDERS</p> <ul style="list-style-type: none"> • Charge nurse • Nurse manager • Nurse educators • Chief nursing officers • Hospital administrators • Nurse colleagues • Team members • Patients 	<p>GATHER CREDIBLE EVIDENCE</p> <ul style="list-style-type: none"> • What counts as evidence? • Moral resilience measure or general resilience measure • Symptoms of moral distress • Symptoms of burnout • Symptoms of other psychological issues such as PTSD, anxiety, or depression • Turnover rate • Turnover cost
<p>DESCRIBING THE PROGRAM</p> <ul style="list-style-type: none"> • Why is moral resilience training needed? • What are the expectations of the moral resilience program? • What actions will participants be asked to participate in? • What tools will be used to evaluate the effectiveness of the program and its outcomes? • What resources are needed to implement the program? 	<p>JUSTIFY THE CONCLUSION</p> <ul style="list-style-type: none"> • Analysis of the evidence collected • Interpretation of the findings • Conclusory findings based on predetermined standards • Recommendations regarding the adoption of the moral resilience program
<p>FOCUS THE EVALUATION ON DESIGN</p> <ul style="list-style-type: none"> • What is the purpose of the moral resilience program? Improve nurse satisfaction? Increase moral resilience scores? Decrease symptoms of moral distress? Improve nurse retention? • Clearly define roles of those participating (users and evaluators) • Budget considerations 	<p>USE AND LESSONS</p> <ul style="list-style-type: none"> • Provide feedback to your stakeholders • Disseminate lessons learned to your institution and other institutions • Prepare users for implementation if effective • Make modifications to the program based on what you learned.

Table 1. Adapted from Centers for Disease Control and Prevention (1999).

MORAL RESILIENCE PROGRAM EFFECTIVENESS



Figure 1. Adapted from Centers for Disease Control and Prevention (1999).

PROMISING PRACTICES

Promising Practices to Optimize Individual Moral Resilience and Organizational Responsibilities to Create a Culture of Ethical Practice

The American Nurses Association Center for Ethics and Human Rights convened a Professional Issues Panel with an Advisory Board to explore promising solutions to build individual and organizational capacities for addressing the detrimental impact of moral distress and other forms of moral suffering. "Promising practices" does not imply endorsement, but rather acknowledges various current mediums of interventions that have not yet been studied or published in the literature. Individuals and organizations are encouraged to do their own evaluation to determine appropriateness.

Resource Toolkit

Media Type	Year	Title & Author(s)	Web Address	Description
Program Website	2012	University of Virginia School of Nursing Compassionate Care Initiative (CCI)	https://cci.nursing.virginia.edu	The purpose of the CCI is to cultivate a compassionate workforce through educational programs. The vision is to have safe and high-functioning health care environments with happy and healthy professionals caring for others with heart and humanity. The program bolsters resilience in the process of teaching compassion, including a public radio documentary called Resilient Nurses. University of Virginia. (2017). School of Nursing compassionate care initiative. Retrieved from www.cci.nursing.virginia.edu
Program	2016	Johns Hopkins University School of Nursing & Johns Hopkins Hospital Mindful Ethical Practice and Resilience Academy		This six-session program focuses on building moral resilience in nurses. The goals are to 1) apply mindful practices to ethical issues in clinical practice, 2) demonstrate ethical competence by applying tools and skills to ethical issues in clinical practice, and 3) cultivate resilience in response to ethical challenges and moral suffering including moral distress. Skills in mindfulness, moral discernment and analysis, self-regulation, communication, and principled action are fostered through experiential, didactic, and high-fidelity simulation methods.
Article	2014	Clinical Residency Program for Nurses (CERN)		The CERN was developed to strengthen moral agency and provide clinical ethics competence through didactic learning, simulation and role-play, and clinical mentorship over a nine month period. Robinson, E. M., Lee, S. M., Zollfrank, A., Jurchak, M., Frost, D., & Grace, P. (2014). Enhancing moral agency: clinical ethics residency for nurses. <i>Hastings Center Report</i> , 44(5), 12-20.
Program Website	2017	George Washington University School of Nursing Professional Well-Being Initiative	https://nursing.gwu.edu/wellness	This program of nine seminars is designed to develop knowledge and skills to help nursing students cope with stress and adversity in a healthy and proactive manner.
Program Website	2013	Lee Memorial Health Journey to Empowerment	http://www.nursinglibrary.org/vhl	Professional development seminar designed to focus on a health care provider's individual journey to empowerment, self-efficacy, emotional intelligence, spiritual intelligence, and moral courage. McNulty, D. M. (2015). Using the journey to empowerment professional development seminar to enhance nurses' sense of empowerment. Retrieved from http://www.nursinglibrary.org/vhl/bitstream/10755/602909/1/3_McNulty_D_p69934_1.pdf
Program	2014	Mercy Health Saint Mary's/Trinity Health Tea for the Spirit		With the support of our oncology social worker and chaplain, A safe environment established for nurses to process difficult and traumatic events through debriefing and verbalizing of feelings with others who understand the workplace environment. Tea for the Spirit is led by social work and chaplaincy as an open forum where use of reflection and self-care are discussed for maintenance of nurses' emotional health and resiliency. Nurse's report improved sleep ability, less fatigue, and greater capacity for compassion. Antol, M. N. (1996). <i>Healing teas: Boost your health</i> . New York: Avery. American Association of Critical-Care Nurses (2004). <i>The 4As to Rise Above Moral Distress Handbook</i> . Retrieved http://www.aacn.org/ Nancy Jo Bush, D. A. (2012). <i>Self-healing through reflection: A workbook for nurses</i> . Pittsburg: Oncology Nursing Society.

Resource Toolkit

Media Type	Year	Title & Author(s)	Web Address	Description
Article	2016	Institute for Healthcare Improvement Joy in Work	http://www.ihl.org/Topics/Joy-In-Work/Pages/default.aspx	This article highlights innovation and resources around joy in work designed to reduce clinician burnout and encourage staff to feel both physically and psychologically safe. Feeley, D., & Swensen, S. (2016). Restoring joy in work for the healthcare workforce. <i>Healthcare Executive</i> , 31(5), 70-71.
Website	2017	American Holistic Nurses Association Holistic Stress Management Toolkit	http://www.ahna.org/Home/Resources/Stress-Management	This toolkit designed for all nurses includes 14 steps to combat clinician burnout including self-reflection, intentional breathing, journaling, muscle relaxation, and affirmations.
Mobile Application	2017	Tools for Peace Stop, Breathe & Think	https://www.stopbreathethink.com	This app allows the user to assess his or her emotional well-being by prompting users to input short mindful activities such as deep breathing, physical exercise, and healthy habits to promote emotional health.
Mobile Application	2015	National Center for Telehealth & Technology Provider Resilience	http://t2health.dcoe.mil/apps/provider-resilience	This app is designed to help health care providers combat clinician burnout and compassion fatigue when caring for members of the military and veterans. The app encourages self-assessments of quality of life including sleeping habits, fear, stress, and personal outlook. The app provides the user with a resiliency score and methods to strengthen resilience.
Article	2016	William Martinez, MD, MS Moral Courage Scale for Physicians	https://my.vanderbilt.edu/williammartinez/moral-courage-scale	The Moral Courage Scale for Physicians is a new tool designed to measure the moral courage of physicians. Moral courage is defined as the physician's predisposition to voluntarily act upon his or her ethical convictions, despite barriers. In a national survey that evaluated residents' and interns' speaking up about traditional and professionalism-related patient safety threats, a high level of moral courage has been positively associated with speaking up. Martinez, W., Bell, S. K., Etchegaray, J. M., & Lehmann, L. S. (2016). Measuring moral courage for interns and residents: scale development and initial psychometrics. <i>Academic Medicine</i> , 91(10), 1431-1438.
Mobile Application	2017	Healthcare Ethics	https://itunes.apple.com/us/app/healthcare-ethics/id1005153306?mt=8	This healthcare app introduces commonly used ethics terms, communication tips for navigating ethically difficult situations, and actions that mitigate burnout and moral distress.
Program Website	2017	The Schwartz Center for Compassionate Healthcare Schwartz Rounds™	http://www.theschwartzcenter.org/supporting-caregivers/schwartz-center-rounds	The Schwartz Rounds™ program allows health care providers an opportunity to discuss ethical or distressing issues drawn from actual patient cases allowing greater insight and self-reflection.
Website	2017	Duke Patient Safety Center Three Good Things	http://www.dukepatientsafetycenter.com	The "Three Good Things" exercise, offered through the Duke Center for Patient Safety, provides participants with access to a two-week online platform to identify three good things that happened each day. This exercise is based on the positive psychology work of Martin Seligman, and has been used by Dr. Bryan Sexton. Sexton's work demonstrated that residents who participated in the exercise of identifying three good things at the end of each day have statistically lower rates of burnout and depression, and improved work-life balance. Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. <i>American psychologist</i> , 60(5), 410.

Resource Toolkit

Media Type	Year	Title & Author(s)	Web Address	Description
Website	2016	National Academy of Medicine Clinician Well-Being and Resilience	https://nam.edu/perspectives-on-clinician-well-being-and-resilience/	This website contains resources aimed at building a collaborative platform for improving clinical well-being and resilience. NAM Perspectives is a group of informative papers relating to clinician resilience. The Culture of Silence Series addresses stress and clinician burnout in health care professionals. The Stress and Wellness in Health Professionals Education Series describes a multifaceted systems approach to stress and wellness within the health professional's education.
Article	2017	Johnson's Foundation Wingspread Center A Gold Bond to Restore Joy to Nursing: A Collaborative Exchange of Ideas to Address Burnout	https://ajnofthecharts.com/wp-content/uploads/2017/04/NursesReport_Burnout_Final.pdf	This article is a collaborative report containing 35 proposed ideas to restore joy in nursing and reduce clinician burnout. The article highlights strategies for leadership in organizational and individual resilience.
Article	2016	The SUPPORT model	http://journals.lww.com/jonajournal/Abstract/2016/06000/SUPPORT__An_Evidence-Based_Model_for_Leaders.7.aspx	The SUPPORT model prepares nurse leaders to recognize individual, collective, and leadership actions to support the nurse's moral agency in practice. Evaluation of the SUPPORT model has not been reported, but it offers a practical method to guide nurse leaders in their efforts to recognize, address, and remediate the causes of moral distress and other forms of moral suffering. Pavlish, C., Brown-Saltzman, K., So, L., & Wong, J. (2016). SUPPORT: An evidence-based model for leaders addressing moral distress. <i>Journal of Nursing Administration</i> , 46(6), 313-320.
Program Article	2012	University of Virginia Moral Distress Consult Service		Moral Distress Consult Service (MDCS) was established to address institutional moral distress and ethical dilemmas. MDCS is accessible via pager number, and an ethics consultant assists the caller in deciding whether to trigger a consultation. Hamric, A. B. & Epstein, E. G. (2017, June). A health system-wide moral distress consultation service: Development and evaluation. <i>HEC forum</i> 29(2), 127-143.
Program	2017	Boston Children's Hospital Cardiovascular and Critical Care Services Nurse Education and Support Team (NEST)		The goal of the NEST is to support and build moral resiliency among critical care nurses and to positively impact staff morale and overall stability of the nursing workforce. NEST coaches are a group of highly experienced cardiovascular and critical care nurses who provide "just in time" support to nurses navigating the moral and ethical challenges encountered in the cardiovascular and critical care units.
Program Website	2017	Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™	https://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html	This program allows organizations to assess staff perceptions of patient safety tools including patient safety environments and culture change over time. It provides a useful framework for establishing baseline performance and comparative analysis over time.
Website Article	2013	Institute for Healthcare Improvement Through the Eyes of the Workforce: Creating Joy, Meaning, and safer Health Care	http://www.npsf.org/?page=throughtheeyes	This is a report of the Lucian Leape Institute Roundtable on Joy and Meaning in Work and Workforce Safety. The report evaluates the state of health care as a workplace, and identifies vulnerabilities in health care organizations, including financial considerations and patient safety. Includes seven recommendations for action.
Website Program		University of Missouri forYOU Team	https://www.muhealth.org/about-us/quality-care-patient-safety/office-of-clinical-effectiveness/foryou	forYOU gives support for caregivers after an unexpected or traumatic clinical event, such as unexpected patient deaths, preventable harm to patients, death of a young patient, or death of a staff member.

Resource Toolkit

Media Type	Year	Title & Author(s)	Web Address	Description
Website Article	2017	Mayo Clinic Proceedings Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout	http://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf	A summary of nine strategies to promote physician engagement, including assessment, leadership, incentives, strengthening culture, work-life balance, funding, and resilience. Shanafelt, T. D. & Noseworthy, J. H. (2017). Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. <i>Mayo Clinic Proceedings</i> , 92(1), 129-146.
Website Program	2017	Virginia Mason Institute Patient Safety Alert System	https://www.virginiamasoninstitute.org/2015/09/patient-safety-alert-system/	In 2002, Virginia Mason established a Patient Safety Alert Process (PSA) to encourage reporting by staff of any concerns, mobilizing teams to respond to and address each alert. The Institute's "Respect for People Initiative" trains every employee on the core value of respect for all people in order to create and sustain cultures in which everyone feels safe speaking up. The percent of employees who report they feel comfortable speaking freely has grown over the history of these initiatives.
Website Article	2017	Vanderbilt University Vanderbilt Center for Patient and Professional Advocacy	https://ww2.mc.vanderbilt.edu/cppa/	This is a professional accountability model that allows systematic monitoring of unprofessional conduct. The Co-Worker Observation Reporting System (CORS®) found that over a period of 3 years, this tool was effective in reducing staff concerns by 70%. Webb, L. E., Dmochowski, R. R., Moore, I. N., Pichert, J. W., Catron, T. F., Troyer, M., ... & Hickson, G. B. (2016). Using coworker observations to promote accountability for disrespectful and unsafe behaviors by physicians and advanced practice professionals. <i>The Joint Commission Journal on Quality and Patient Safety</i> , 42(4), 149-161.
Program Website Article	2017	Johns Hopkins University and Health System The RISE Program: Resilience in Stressful Events	http://www.safeathopkins.org/resources/johns-hopkins/raise/index.html	The RISE program provides emotional multidisciplinary peer support to health care professionals following difficult or unanticipated adverse events. Moran, D., Wu, A. W., Connors, C., Chappidi, M. R., Sreedhara, S. K., Selter, J. H., & Padula, W. V. (2017). Cost-benefit analysis of a support program for nursing staff. <i>Journal of Patient Safety</i> . doi:10.1097/PTS.0000000000000376
Website Article	2017	The Charter on Professionalism for Health Care Organizations	http://journals.lww.com/academicmedicine/Fulltext/2017/08000/The_Charter_on_Professionalism_for_Health_Care.26.aspx	Organizational Charter to describe aspirational professionalism behaviors to support the health of patients, providers and the community. Egener, B. E., Mason, D. J., McDonald, W. J., Okun, S., Gaines, M. E., Fleming, D. A., ... & Andresen, M. L. (2017). The charter on professionalism for health care organizations. <i>Academic Medicine</i> , 92(8), 1091.
Program	2016	Children's Health/Children's Medical Center of Dallas Research and Resilience, Integrated Ethics, Staff Support, and Ethics Education (RISE)		The RISE program will support the mission and values of Children's Hospital System of Texas by promoting integrated ethics through staff support, education, and research; enhancing the ethical climate; empowering staff; and mitigating moral distress. RISE: Research and Resilience, Integrated Ethics, Staff Support, and Ethics Education. The purpose of the RISE team is to: <ul style="list-style-type: none"> • Promote interdisciplinary research in ethics and moral distress. • Foster resilience in order to better prepare individuals to navigate moral complexities. • Integrate ethics into daily practice by creating a workplace environment that recognizes the impact of moral distress, supports moral resilience, and encourages discussion and collaboration. • Create readily available moral spaces in the midst of highly challenging situations. Knowledgeable team members will be available to facilitate identification of common goals, clarification of information, and discussion of ethically justifiable options in order to broaden perspectives, improve patient care, and enhance team communication. • Explore opportunities to offer ethics education and to improve access to existing ethics education resources.

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