

Moral Resilience: Managing and Preventing Moral Distress and Moral Residue

Practicing nurses need confidence in confronting morally complex situations to reduce the potential for moral injury, and thus prevent moral distress and burnout (Rushton, Batcheller, & Schroeder, 2015). To gain this self-confidence, nurses need to identify appropriate levels of moral responsibility in situations of moral ambiguity or complexity. Understanding the concept of moral resilience will be helpful in creating prevention and intervention strategies. An illustrative case, table of definitions, and attributes of moral resilience are described, with discussion of how leaders can support resilience by building an ethical workplace.

A Case of Moral Injury and Moral Distress

This case example exemplifies the profound impact of futile intervention on the mind of a nurse who was able to write the narrative for a research project 30 years later (Ferrell, 2006). This case will be used in this article to illustrate the definitions (see Table 1) and examine how moral resilience strategies could have helped.

I was working on a medical-surgical floor with a patient with end-stage liver cancer. The oncologist decided to do a bone marrow biopsy. There was no benefit to the patient; he just wanted to see what was happening with her. He was not going to change any treatment. My sense was he just wanted to satisfy his curiosity. I was a relatively new nurse and I questioned him some but then let it go. (p. 927)

In this case, the nurse's action was insufficient to prevent an unnecessary, futile procedure. As a result, the nurse experienced lingering feelings over the personal loss of moral integrity (i.e., moral residue).

What Is Resilience?

The Merriam-Webster Dictionary (2015a) defined *resilience* as "the ability to become strong, healthy, or successful again after something bad happens; an ability to recover from or adjust easily to misfortune or

change" (para. 1-2). By the nature of their work, all nurses have had the opportunity to see human resilience in clinical specialties – oncology, neurology, cardiology – and trauma survivors, as well as post-combat experiences of traumatic brain injury and post-traumatic stress disorder. Nurses need resilience to thrive in these intimate and complex clinical situations. What are the characteristics of those who are resilient?

A concept analysis of resilience by Earvolino-Ramirez (2007) resulted in helpful descriptive parameters. Her research defined six attributes that repetitively appeared in the literature. The first characteristic was *rebounding/reintegration*. "A quality of bouncing back and moving on in life after adversity is present in resilience" (p. 76). Reintegration describes an individual's desire to return to a normal routine in an improved way. *High expectancy/self-determination* was the second characteristic. This involves having a sense of purpose in life and an internal belief an individual will persevere no matter what life brings. The third characteristic was *positive relationships/social support*. In nine studies with children and adults, the presence of at least one social support and meaningful relationship with one significant adult was consistent with resilient outcomes. *Flexibility* was the fourth characteristic and encapsulated the crux of adaptability – the ability "to roll with the punches," be accepting, and have an easy temperament. The fifth characteristic was "having a sense of humor about life situations and about one's self..." (p. 77). Being able to make light of the adversity and the intensity of personal emotional reactions helps individuals keep a realistic perspective. We have all laughed with patients as they navigated through awkward movements in their recovery. The sixth and final characteristic was *self-esteem/self-efficacy*. These terms often are recognized as the answer to "why some people snap and some people snap back" (p. 77). Earvolino-Ramirez concluded adversity was the single most recognized variable that discriminated resilience from other personality traits (e.g., hardiness) or social management processes (e.g., support groups).

What Is Moral Resilience?

The Merriam-Webster Dictionary (2015b) defined *moral* as "concerning or relating to what is right and wrong in human behavior; considered right and good by most people: agreeing with a standard of right behav-

Vicki D. Lachman, PhD, APRN, MBE, FAAN, is President, V.L. Associates, a consulting and coaching firm, Avalon, NJ, and Sarasota, FL. She is Chair, American Nurses Association Ethics and Human Rights Advisory Board, and serves on a hospital ethics committee.

TABLE 1.
Terms and Definitions

Term	Definition	Source
Moral complexity	Emerges when events do not fit within learned rules.	Monteverde, 2014, p. 393
Moral ambiguity	The possibility of interpreting an expression in two or more distinct ways; vagueness or uncertainty of meaning [lack of clarity as what is the right and good thing to do].	The Free Dictionary, 2003
Moral injury	Perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.	Litz et al., 2009, p. 296
Moral distress	The condition of knowing the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible; threatens core values and moral integrity.	ANA, 2015b, p. 44
Moral residue	Lingering feelings after a morally problematic situation has passed; in the face of moral distress, the individual has seriously compromised himself or herself, or allowed others to be compromised, resulting in loss of moral integrity.	Epstein & Hamric, 2009, p. 330
Moral courage	Capacity to overcome fear and stand up for his or her core values; the willingness to speak out and do what is right in the face of forces that would lead a person to act in some other way; it puts principles into action.	Lachman, 2007, p. 131
Moral resilience	The ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature.	This article
Prestige resilience	The set of reactive attitudes that allow a person to cope with the permanent public presence of cultural others, without harming or denying his or her identity.	Van Den Berg, 2004, p. 197

ior” (para. 1). Though the term *moral resilience* was used in numerous publications, no definition was offered (Monteverde, 2014; Rushton et al., 2015; Rushton & Kurtz, 2015). This author defines moral resilience as the ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature. Lessons learned from military combat situations are instructive in further understanding the application of moral resilience to nursing clinical situations (American Nurses Association [ANA], 2015a; Litz et al., 2009).

Why Is Moral Resilience Key in Dealing with Moral Complexity?

Litz and colleagues (2009) defined *moral injury* as an injury suffered as a result of “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (p. 296). The harm done by moral injury comes from its ability to “shatter an individual’s beliefs about the purpose and meaning of life, challenge belief in God, induce moral conflict, and even precipitate an existential crisis” (p. 296). Service members, as well as nurses, may experience moral injury from two sources. First, they may witness or do something that violates their moral code. For example, the nurse failed to prevent the intervention in the futility case, creating a moral conflict that left her with moral residue. Second, individuals may become so

entrenched in the culture in which they work that their moral code begins to incorporate elements of their host culture (Markus & Kitayama, 2003; Monteverde, 2014; Snow, 2009; Zimbardo, 2007). What becomes normal clinical practice can violate compassionate, evidence-based care of patients in some unit/organizational cultures. Extensive arguments have been offered by situational philosophers and social psychologists that moral character will be traded for situational acceptance. Monteverde (2014) and Erdil and Korkmaz (2009) called for new ethics education for nurses; both identified the influence of the so-called hidden or informal curriculum to which students are exposed during clinical practice. Practicing nurses are exposed to the same organizational culture that deals compassionately with difficult patients, confronts patient safety issues, supports patient advance directives, or does not.

Resilient people employ transformational coping strategies of understanding and contextualizing the circumstances of the situation. They see the reality of the culture in which they work and sometimes must take action that does not support the cultural norm. They couple this with situation-focused problem solving to reframe the event in terms of a challenge over which they have some level of control. Resilience is cultivated when nurses are able to frame their experiences contextually in environments with different, even competing moral systems while maintaining a healthy sense of commitment, control, and challenge. Van Den Berg

(2004) defined *prestige resilience* as “the set of reactive attitudes, which allows a person to cope with the permanent public presence of cultural others, without harming or denying her own identity” (p. 197). According to Litz and co-authors (2009),

...the idea is not to try and fix the past, but rather to draw a firm line around the past and its related associations, so that the mistakes of the past do not define the present and the future and so that a pre-occupation with the past does not prevent possible future good. (p. 704)

Do morally resilient nurses manage moral distress situations in clinical practice differently, avoiding moral residue that erodes their moral integrity? As Epstein and Hamric (2009) noted in their research, the answer to this question is unknown. Mealer and colleagues (2012) commented, “...future research is needed to better understand coping mechanisms employed by highly resilient nurses and how they maintain a healthier psychological profile” (p. 292). This author believes research on the development of resilience could yield promising ways to combat moral distress and moral residue, as well as better understand the development of moral courage and moral resilience (Mealer et al, 2012; Monteverde, 2014; Moore, 2014; Rushton et al., 2015; Wagnild, 2014). Because resilience can be learned, an individual needs to understand what characteristics are most important to develop.

What Other Attributes Are Needed to Build Moral Resilience?

Using the work of Conner and Davidson (2003) from the development of their resilience scale (CD-RISC), Wagnild’s (2014) work on the True Resilience Scale Survey (TRS), and other references in this article, this author adds to the Earvolino-Ramirez (2007) concept analysis of resilience six attributes most relevant to moral resilience. Considerable overlap exists in characteristics, and the following statements from the resilience scales address the importance of clarity of beliefs:

- “I stay true to myself even when I’m afraid to do so.” (TRS)
- “My deeply held values guide my choices.” (TRS)
- “I make decisions that are consistent with my beliefs.” (TRS)
- “I know what’s most important to me and this knowledge guides my life.” (TRS)
- “Make unpopular decisions.” (CD-RISC)
- “Can handle unpleasant feelings.” (CD-RISC)

In the case, the nurse did not stay true to the personal belief of patient advocacy and was left with the moral residue of guilt.

All authors on resilience address the importance of perseverance. Below are three quotations from the two scales and a book that reflect its importance for moral resilience.

- “Even if I don’t feel like it, I do what I need to do.” (TRS)

- “Best effort no matter what.” (CD-RISC)
- “Perseverance means you don’t give up easily on anything.” (Wagnild, 2014, p. 13)

These behaviors, plus the six attributes mentioned by Earvolino-Ramirez (2007), are the traits that should be developed by nurses for moral resilience.

What Can Leaders Do to Increase Moral Resilience in the Workplace?

The resilience of leaders influences the resilience of the people they lead. Allison-Napolitano and Pesut (2015) created a model for resilient leaders and discussed the subject in depth. What follows are three ways leaders can influence moral resilience in a constantly changing, morally complex health care system.

1. Engage in interprofessional dialogue in truly complex cases in a seminar format. This allows members to explore their peers’ methods for engaging in the case. The focus of this effort is on enabling members to revisit past trauma to develop appreciation of the appropriate context in which trauma occurred by countering the tendency to universalize, and regain a sense of themselves as competent moral agents.
2. Leaders and staff formulate policies and priorities that reinforce the requirement to verbalize concerns in morally complex cases, without the possibility of retribution.
3. Leaders routinely consider the directives they give. Their talk and actions need to be synchronous with a culture that supports an ethical work environment. The advice and counsel they offer, the stories they tell, and perhaps most importantly the examples they provide may indeed alter the manner in which individuals interpret and make sense of their experiences in morally complex cases.

Summary

Moral resilience is the ability to deal with an ethically adverse situation without lasting effects of moral distress and moral residue. This requires morally courageous action, activating needed supports and doing the right thing. Morally resilient people also have developed self-confidence by confronting such situations so they can maintain their self-esteem, no matter what life delivers. Finally, the ability to adapt to changing circumstances with a sense of humor is at the heart of their flexibility. Morally resilient nurses are not naïve about the price of moral integrity. They know it does not come without pain of dealing with adversity, but they believe the virtue of moral courage is necessary to meet the ethical obligations of their profession (ANA, 2015b). [MSN](#)

REFERENCES

- Allison-Napolitano, E., & Pesut, D.J. (2015). *Bounce forward: The extraordinary resilience of nurse leadership*. Silver Spring, MD: American Nurses Association.

- American Nurses Association (ANA). (2015a). *Force-feeding of detainees at Guantanamo Bay*. Retrieved from <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Force-feeding-of-Detainees-at-Guantanamo-Bay.html>
- American Nurses Association (ANA). (2015b). *Code of ethics for nurses with interpretative statements*. Silver Spring, MD: Author.
- Connor, K.M., & Davidson, R.T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety, 18*(2), 76-82.
- Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. *Nursing Forum, 42*(2), 73-82.
- Epstein, E.G., & Hamric, A.B. (2009). Moral distress, moral residue, and the crescendo effect. *Journal of Clinical Ethics, 20*(4), 330-342.
- Erdil, F., & Korkmaz, F. (2009). Ethical problems observed by student nurses. *Nursing Ethics, 16*, 589-598.
- Ferrell, B.R. (2006). Understanding the moral distress of nurses witnessing medically futile care. *Oncology Nursing Forum, 33*(5), 922-930.
- Lachman, V.D. (2007). Moral courage: A virtue in need of development? *MEDSURG Nursing, 16*(2), 131-133.
- Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*(8), 695-706.
- Markus, H.R., & Kitayama, S. (2003). Culture, self, and the reality of the social. *Psychological Inquiry, 14*(3/4), 277-283.
- Mealer, M., Jones, J., Newman, J., McFann, K.K., Rothman, B., & Moss, M. (2012). The presence of resilience is associated with a healthier psychological profile in intensive care nurses (ICU) nurses: Results of a national survey. *International Journal of Nursing Studies, 49*(3), 292-299.
- Merriam-Webster Dictionary. (2015a). *Resilience*. Retrieved from <http://www.merriam-webster.com/dictionary/resilience>
- Merriam-Webster Dictionary. (2015b). *Moral*. Retrieved from <http://www.merriam-webster.com/dictionary/moral>
- Monteverde, S. (2014). Undergraduate healthcare ethics education, moral resilience, and the role of ethical theories. *Nursing Ethics, 21*(4), 385-401.
- Moore, C. (2014). *The resilience breakthrough: 27 tools for turning adversity into action*. Austin, TX: The Greenleaf Book Group Press.
- Rushton, C.H., Batcheller, J., & Schroeder, K. (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care, 24*(5), 412-420.
- Rushton, C.H., & Kurtz, M.J. (2015). *Moral distress and you: Supporting ethical practice and moral resilience*. Silver Spring, MD: American Nurses Association.
- Snow, N.E. (2009). How ethical theory can improve practice: Lessons from Abu Ghraib. *Ethical Theory and Moral Practice, 12*, 55-568.
- The Free Dictionary. (2003). *Ambiguity*. Retrieved from <http://www.thefreedictionary.com/ambiguity>
- Van Den Berg, P. (2004). Be prestige-resilient! A contextual ethics of cultural identity. *Ethical Theory and Moral Practice, 7*(2), 197-214.
- Wagnild, G. (2014). *True resilience: Building a life of strength, courage, and meaning*. Allendale, NJ: Cape House Books.
- Zimbardo, P. (2007). *The Lucifer effect: Understanding how good people turn evil*. New York, NY: Random House.

Copyright © 2016 MEDSURG Nursing

Lachman, V.D. (2016). Moral resilience: Managing moral distress and moral residue. *MEDSURG Nursing, 25*(2), 121-124.