

# Strategies to Mitigate Moral Distress in Oncology Nursing

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Because of prolonged exposure to ethical dilemmas, including the inability to control pain, uncertainties in goals of care, and transition to end-of-life care, moral distress remains a problem for oncology nurses. Caring for patients and families under these uncertainties takes an emotional toll on oncology nurses. These work-related experiences inherent in the oncology setting are associated with moral distress in nurses that may lead to burnout and have a detrimental effect on their health and well-being.

## AT A GLANCE

- Increased burnout and turnover in nursing staff can result from moral distress.
- Moral distress may be related to the inability to stop suffering, unclear goals of care, and perceived futile treatments.
- A resilience approach can be used to anticipate and manage moral distress in oncology nursing.

## KEYWORDS

oncology nurse; moral distress; moral; resilience; burnout; ethical dilemmas

## DIGITAL OBJECT IDENTIFIER

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Moral distress is a type of psychological distress caused by experiencing situations in which one is constrained from taking what one believes to be the right course of action (Jameton, 1984). Jameton (1984) developed the concept of moral distress in response to nursing students' discussions of bioethical dilemmas at the end of life, communication and decision-making with patients and caregivers, and perceived futile treatments. Oncology nurses' work environment, the uniqueness of the patient population, and their relationship with patients and caregivers place them at risk for moral distress (Marturano et al., 2020). Oncology nurses may report feeling disturbed by being unable to stop suffering and by experiencing constraints because of challenges related to their work environment (McCracken et al., 2021). In addition, constant exposure to preserving one's moral integrity and acting against moral convictions creates an emotional toll. In some cases, feelings of exhaustion, guilt, pride, or shame develop as emotional sequelae of the experience (i.e., moral residue) (Giannetta et al., 2021). This article reviews the most prevalent factors related to moral distress in oncology nursing, including the COVID-19 pandemic, as well as interventions to prevent, anticipate, and manage moral distress.

## Moral Distress in Oncology Nursing

Because the patient's disease and treatment require anticipation of adverse effects, education, assessment and monitoring, and management of symptoms, oncology nurses often develop close relationships with patients and caregivers. These deep connections may lead nurses to experience overwhelming emotions and, in some cases, moral and ethical dilemmas regarding their inability to control the patient's pain, uncertainty about goals of care, and transition to end-of-life care. Although ethical challenges are inherent in cancer care, repetitive exposure to moral uncertainties may lead to moral distress and burnout (McCracken et al., 2021). When the patient's status deteriorates and perceived futile treatments are implemented although death is imminent, nurses may experience moral distress (McCracken et al., 2021). In such circumstances, nurses may be providing care that makes them uncomfortable because of the patient's condition, including invasive procedures, resuscitation efforts, and the use of vital support treatments. In addition, moral distress worsens when the medical team's communications are unclear or when the nurse perceives that the hope for recovery offered to patients is unrealistic (Özbaş et al., 2021).