

Moral Distress

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Moral distress is a concept often used in nursing research (where it has a more than 20-year life), but little used in the organizational setting. It is our contention that the concept needs to be not only discussed among social issues and business ethics scholars, but disseminated broadly to the business practitioners who doubtless experience moral distress often without having an understanding of what they are experiencing or how to deal with it. As such, it is fully in keeping with this year's conference theme, "Advising Practitioners."

As defined by Jameton (1984), moral distress can be defined as the result of specific situations in which we believe we know the right thing to do but are constrained from acting on our belief by aspects of the institutional context within which we operate. These aspects may be demands placed on us by supervisors or other organizational members, or organizational practices and/or policies over which we have little control. As we are prevented from acting as we believe we ought, we experience feelings of anguish arising from our inability to follow our moral reflection and/or judgments. Rushton (2006) argues that in such cases the requirement to act in a manner opposed to one's values undermines the actor's sense of authenticity and integrity, since it involves an irreconcilable conflict between one's moral commitments and a required action. This concept is different from an ethical dilemma, where the actor is unsure of the ethical course of action (Kopala and Burkhart, 2005). Corley (2002) has developed a theory of nurse moral distress.

In empirical research, moderate levels of moral distress have been found in pharmacies (Sporrong et al., 2005), intensive care units (Elpern et al., 2005), large medical centers (Corley et al., 2005), psychologists (Austin et al., 2005), and social workers in a hospital setting (Ashcroft, 2005), just in studies reported in one recent year. Various methodologies have been used in this research, ranging from surveys to ethnographic methods.

This concept can be generalized to other organizational settings and improved upon in such settings, providing business ethics scholars and business practitioners with a powerful tool. For scholars, moral distress gives explanatory power. Why do people who would not ordinarily commit an unethical act find themselves escalating their commitment to such unethical acts? Perhaps they find themselves in moral distress and see the “best” way out as shifting, temporarily or permanently, their moral compass. This is just one example of a possible moral distress-related explanation for ethical lapses within organizations.

However, the concept itself needs development. In nursing the definition states that moral distress occurs when a health-care professional “knows” the right course of action but is prevented from taking that action by some constraint. This definition begs the question of certainty. How does one “know,” without moral analysis and judgment, what the right course of action in a situation is? It may be that an initial “knowledge” could be modified in light of good moral analysis.

Constraints, and types of constraints, need to be identified. Does the constraint consist of people (boss, co-workers, customers, or other stakeholders)? Does it consist rather of internal organizational practices or policies, or external laws or regulations? Might it consist of organizational goals? All of the above? Different responses might be appropriate in the case of different types of constraints. For example, internal organizational policies might be changed from within when the problem is noted, but external laws and regulations might prompt lawsuits or civil disobedience.

Moral distress almost certainly is related to other concepts often studied in social issues scholarship. An organization's ethical climate is likely to be related to incidents of moral distress. A rules-based climate, for example, may not fit a particular employee's moral compass and so lead to more incidents of moral distress than another climate. Also, it is likely that some relationship exists between moral distress and whistle-blowing incidents. One possible response to moral distress is to go public with what the employee perceives as unethical behavior on the part of the organization or its managers.

In terms of empirical research, health-care researchers have developed instruments to measure moral distress (Elpern et al., 2005; Sporrang et al, 2006). These instruments might be used or modified for use in a more general organizational environment to measure the intensity and frequency with which employees feel moral distress. Other methodologies might explore the reasons for such distress, its relationship with other constructs such as ethical climate, and outcomes of distress for the organization and employee.

This research can lead to prescriptions for practitioners, one of which is to encourage the understanding and use of ethical decision-making models by employees at all levels of the organization. In particular, more nuanced models such as those of Trevino and Nelson (2004) or Burton et al. (2006) might prove especially useful to help manage the certainty problem. Managers must become aware of the possibility of moral distress and find ways to limit those incidents as well as deal with those that do occur. Rushton's (2006) "Ask, Affirm, Assess, and Act" model, designed for nurses to manage their own moral distress, might be adapted for use by managers. In sum, moral distress is a potentially important concept in academe and in practice and should be explored. We plan this session as a first step toward that exploration.

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