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Moral distress amid COVID-19: A frontline emergency nurse's perspective

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Abstract: ED nurses are at high risk for developing moral distress during the COVID-19 pandemic. Predisposing factors include limited resources, inadequate staffing, PPE shortages, and caring for vulnerable populations. This article explores personal and organizational strategies to help nurses cope with moral distress.

Keywords: COVID-19, emergency nursing, mental health moral distress

THE COVID-19 pandemic has raised many psychosocial, ethical, and moral challenges for frontline workers in the ED, significantly impacting their delivery of critical care.[1] Moral distress is "the experience of knowing the right thing to do while being in a situation in which it is nearly impossible to do it."[2] Compared with other healthcare professionals during a pandemic, ED nurses are more vulnerable to experiencing moral distress, which has intensified amid COVID-19.[3-5] One out of 3 nurses experience moral distress, and 1 out of 10 leave the profession.[7] Nurses and staff physicians are twice as likely to leave the profession due to moral distress compared with other healthcare professionals.[6,7]

Faced with issues such as insufficient time to manage competing

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demands, limited resources such as PPE, the responsibility to implement new no-visitor policies, changing clinical practices, among many others, nurses have been expected to make morally challenging decisions that may result in devaluing patients' wishes and reducing nurse-patient interaction. ED nurses are also coping with working in crowded EDs with limited inpatient beds while observing physical distancing guidelines and having a higher risk of exposure to communicable diseases.[8-10] This article discusses the predisposing factors for moral distress and discusses effective personal and organizational strategies to support ED nurses.

Predisposing factors

Resource allocation and staff shortage

Having limited critical care resources, particularly mechanical ventilators and ICU beds, forces healthcare professionals to make difficult choices.[1] Seeing patients getting palliative treatment because of lacking resources is not the norm in ED care. This leads to nurses developing feelings of guilt and shame.[11]

Unsafe working conditions due to staffing shortages are among the leading factors that contribute to moral distress among ED nurses.[7,11] At our facility, our ED has required increased staffing during COVID-19 due to strict infection control protocols, greater patient screening prior to entry, higher patient acuity, and ED physical restructuring to accommodate patient needs. We were fortunate to have redeployed nurses in the ED for 6 months during the first wave of the pandemic from March to August 2020. However, the additional staff was removed by September 2020. Since then, we have had a significant staffing shortage, with members calling in sick, resigning, or transferring to other departments.

Infection control and PPE

The availability and quality of PPE have been critical concerns amid this pandemic.[12] To address this, our facility developed strategies for optimizing the PPE supply such as recycling PPE gowns. Initially, all healthcare professionals at our facility were given two surgical masks per day at the entrance, which was a major change from wearing and discarding masks in-between each patient interaction. Having to keep a mask on at all times made it harder to stay hydrated. With the global shortage of PPE particularly at the beginning of the pandemic, healthcare workers were provided with poor quality PPE, which was particularly distressing.[13,14] Working with unsafe PPE adds to nurses' moral distress.

ED staff have reported perceiving that their health and increased COVID risk are not being properly protected by their employers.[11]

In October 2020, our ED had an outbreak with five confirmed positive cases, raising many concerns about protecting patients, the ED staff, and their loved ones. Our ED remained open despite the outbreak, and additional safety strategies were put in place. We were expected to wear full PPE regardless of a patient's isolation status. We had to be tested for COVID-19 and were expected to wear a surgical mask with a face shield at all times including breaks, except only when eating. These precautions generated feelings of uncertainty; we felt like we couldn't trust our coworkers since we did not know who had tested positive.

Crowding

While crowding is a common challenge in EDs, it became more evident during the second wave of COVID-19. During the first wave of the pandemic, the number of patients visiting our ED declined by approximately 20%-25%, a decrease similarly seen in EDs in other countries.[10,15] However, this changed significantly during the second wave, with the rapid influx of patients due to outbreaks in homeless shelters, long-term-care settings, and other hospitals in Ontario.[16] At our facility, all patients being transferred from other hospitals were assessed and stabilized in the ED before they were accepted at inpatient units. Enhanced social distancing requirements also made our ED more congested, which was the case in other EDs as well.[10,17] Some Ontario hospitals provided "hallway care" in the ED to avoid transmitting infections between patients.[16] To address this issue, our facility converted the anesthesia office space into an overflow reassessment area.

Caring for dying patients

Caring for dying patients amid the COVID-19 pandemic, with scarce resources and no-visitor policies in place, causes significant moral distress in all healthcare professionals. Our ED's no-visitor policy added another layer of moral distress because we could not allow patients' loved ones to be with them to say their last goodbye. Moral distress increases when nurses witness the dehumanization of patients and families during their care. Experienced nurses working in the ED may put their feelings and emotions aside to prioritize patients' well-being, but this also contributes to moral distress. As such, nurses must have avenues to express their emotions to prevent post-traumatic stress disorder (PTSD).[18,19]

Lack of infrastructure for the homeless population

The lack of resources and infrastructure for the homeless population in our area was among the biggest concerns that distress ED nurses in our facility. The homeless population is at high risk for COVID-19 because of their living conditions

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Resources to support the mental health of ED nurses

Topic	Organization	Resource	Description
Support for mental health and well-being	World Health Organization	Mental health and psychosocial consideration during COVID-19 outbreak[30]	Tips for healthcare providers and managers in healthcare facility
	American Psychiatric Nurses Association (APNA)	Managing stress and self care during COVID-19: Information for nurses[31]	Tips for managing your stress and coping with moral distress
	American Association of Critical-Care Nurses (AACN)	Well-being in uncertain times[32]	Self-care for nurse manager, resiliency tips and strategies to manage moral distress, Quiet the Mind: Mindfulness, Meditation, and The Search for Inner Peace
		Well-being initiative[33]	Digital Toolkit (Moodfit App, Happy App, Mental health support services, Online self-assessment) Virtual support system (Nurses together and Narrative expressive writing)
	Emergency Nurses Association (ENA)	Nurses together: connecting through conversation[34]	Virtually join your nursing peers for an engaging conversation
	The Center for Addiction and Mental Health (CAMH)	Mental health and well being during COVID-19[35]	Workplace mental health, resources and support, self-care and caring for others
	British Columbia Centre for Disease Control and British Columbia Ministry of Health	Supporting the psychosocial well being of health care providers during the novel coronavirus COVID-19 pandemic[36]	This document outlines guidance for psychosocial planning for healthcare providers during COVID-19 pandemic
Clinical services to support frontline healthcare worker	Ontario COVID-19 Mental Health Network	Ontario COVID-19 Mental Health Network[35]	Self-referral for clinical psychologist/therapist, free access to mental health support and resources
	Togetherall.com	Big white wall[35]	Online peer-to-peer support community for your mental health
	Canadian Mental Health Association: Mental Health Helpline at 1-866-531-2600	Mental Health Helpline[35]	24/7 Online virtual support for mental health @ 1-866-531-2600
Coping strategies for stress and anxiety	Centers for Disease Control and Prevention	Managing stress and anxiety[36]	Tips and healthy ways to cope with stress
	Health Link British Columbia	Stress management: Breathing exercises for relaxation[36]	Different breathing exercises for relaxation
	The Center for Addiction and Mental Health (CAMH)	Resources for health care professionals[35]	Mental health and self-care resources, self-referral, Digital resources, professional support group
	The Center for Addiction and Mental Health (CAMH)	Coping with stress and anxiety for health care workers[35]	Coping strategies for healthcare workers
	The Center for Addiction and Mental Health (CAMH)	Tips for employers to respond to employee anxiety[35]	Tips for employers to support their employee

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Resources to support the mental health of ED nurses (*continued*)

Topic	Organization	Resource	Description
Self-care strategies	The Center for Addiction and Mental Health (CAMH)	ECHO coping with COVID[35]	Coping with COVID 19 for Hospital-Based Healthcare Providers and Residents - Designed for Hospital-Based Healthcare Providers and Residents responding to the COVID-19 Pandemic
	Mental Health Commission of Canada	The working mind COVID-19 self care and resilience guide[35]	This blog is created to support during difficult times of COVID-19 and to remind us all that we have tools to cope
	American Psychological Association	Self Care: 10 Ways to Build Resilience[35]	Tips to build resilience

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and the inability to self-isolate.[20] The shelters in our city are unable to accommodate these high-risk patients because of their pending COVID-19 test results, contributing to the crowding and reduced bed capacity in our ED. In response, our ED was restructured to accommodate homeless patients between March and April 2020. Additional ED staff was recruited until the shelters were operationalized by Inner City Health Associates (ICHA), a group of healthcare providers in Toronto, in collaboration with Ontario's Ministry of Health.

Recommendation and strategies

Mindfulness and self-care practice

Positive mental health care can help reduce work-related stress and moral distress. Some strategies include promoting self-management skills, initiating mindfulness-based stress reduction, and engaging in mental health care activities. These activities involve developing self-awareness and effective communication, taking short breaks, taking a deep breath, doing one thing at a time, observing a healthy diet, taking adequate rest, and practicing mindfulness.[21] Mindful breathing exercises and meditation have been proven to be effective for easy transitions from work to home.[2] Healthcare professionals should have access to appropriate mental health resources.[22] (See *Resources to support the mental health of ED nurses*.)

There is a strong relationship between individual coping mechanisms and moral distress, so nurses need to understand their coping strategies. Some effective coping strategies include positive reframing and growth (e.g., showing appreciation for the staff who helped during critical times instead of complaining about staffing shortage or being grateful for having the ability to care for patients during a pandemic), active coping (e.g., facing problems and seeking solutions like professional help), social support, ventilation of emotion, meditation, humor, and mental and behavioral disengagement to remove the stressor.[23] At our facility, meditation spaces were created to provide the staff with an opportunity to disconnect from morally challenging situations and relax in a quiet place.

Peer and organizational support and follow-up care

Peer support from colleagues or managers could help nurses cope and ventilate their feelings. Group-based counseling or virtual peer support sessions to feel connected despite social distancing guidelines could reduce moral distress and burnout during COVID-19. Some of our coworkers initiated successful virtual sessions for physical activities like workouts and yoga. Getting recognition from coworkers and the ED leadership even for small achievements also helped improve staff morale.

Healthcare organizations and leaders need to step back and examine systems that may be contributing to a stressful environment and take additional steps to address these challenges and acknowledge the staff's hard work. The ED leadership should proactively check in with their staff, have open and transparent communication, and offer more flexibility.[25] They should develop a healthy working environment by fostering a sense of safety and empowerment among the staff, offering flexible working schedules, having adequate staffing, and developing initiatives like formal peer support.

Nurse managers can help reduce moral distress by acknowledge the staff's challenges to prevent moral injury or PTSD, conducting short meetings at the end of shifts to instill hope, and setting up follow-up check-in sessions to help ED nurses feel supported.[8]

At our facility, redeployed staff from nonessential units were very helpful in reducing the workload and making the ED nurses feel supported. The leadership team

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continues to be available 24/7 to support staff, had ongoing communication with staff through a platform called "Slake board," and daily huddles at the beginning of shifts. These huddles provided a safe space for all healthcare professionals to discuss any clinical or nonclinical concerns, which were forgotten over time with the increasing workload. However, while our department conducted many huddles and simulations to respond to different medical emergencies using infection control practices, psychological debriefing sessions are often forgotten amid the crisis.

As such, I recommend having more peer and formal debriefing sessions at the end of shifts or weekly as needed and improving access to mental health care professionals.[26,27] The Canadian Psychological Association is offering free psychological services for frontline workers impacted by the pandemic.[28] Healthcare institutions need to reduce workplace stress and develop support programs structured for ED nurses.[29]

The pandemic has resulted in ED nurses working in conditions that cause moral distress. Nurses need to utilize effective individual and/or group coping strategies, while managers, employers, and organizations need to provide safe working environments and access to mental health care and other additional support to ensure the well-being of nurses. ■

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