Source: Croke, E. M. (2003).

Nurses, negligence, and malpractice: Continuing education. American Journal of Nursing, 103(9), 54–63.

Moral Integrity

The foremost ethical competency is moral integrity, a virtue often considered the fiber of all other virtues. Most of the time when people speak of a person’s moral integrity, they are referring to the quality and wholeness of character, which is why some believe moral integrity is necessary to realize full human flourishing. Plante (2004) stated that although no one is mistake free, people with moral integrity follow a moral compass and usually they do not vary by appeals to act immorally. A person with moral integrity manifests a number of virtues. Presented in this section are five of those virtues: honesty, truthfulness and truthtelling, benevolence, wisdom, and moral courage. Moral distress is also presented in this section, not as a virtue, but as a problem related to nurses feeling constrained by their workplace to follow a path of moral integrity in their actions.

People with moral integrity pursue a moral purpose in life, understand their moral obligations in the community, and are committed to following through regardless of constraints imposed on them by their workplace policies. In Laabs’s (2011) qualitative study, nurses’ described moral integrity as a “state of being, acting like, and becoming a certain kind of person. This person is honest, trustworthy, consistently doing the right thing and standing up for what is right despite the consequences” (2011, p. 433). Features of moral integrity include good character, intent, and performance. Said another way, nurses of good character consistently use their intellectual ability and moral propensity accompanied by pragmatic application to execute good and right actions.

Moral Distress Nurses’ work involves hard moral choices that sometimes cause moral distress, resulting in emotional and physical suffering, painful ambiguity, contradiction, frustration, anger, guilt, and an avoidance of patients. Moral distress occurs when nurses experience varying degrees of compromised moral integrity. Jameton (1984) popularized and defined the term moral distress as “when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (p. 6). Since Jameton’s initial work, authors have continued to research and develop the conception of moral distress. Nurses are susceptible to moral distress when they feel pressure to do something that conflicts with their values, such as to falsify records, deceive patients, or subjected to verbal abuse from others. Moral distress, which is an internal experience opposite to feelings associated with a sense of moral integrity, occurs when nurses or other healthcare professionals have multiple or dual expectations and cannot act according to their proclivity toward moral integrity. When a situation forces nurses to make a decision compromising their moral integrity, the decision, in the end, may or may not have interfered with their ethical stance and structure. Many times nurses’ moral distress stems from system demands on them to act otherwise. In a healthcare system often burdened with constraints of politics, self-serving groups or interests, and organizational bureaucracy, threats to moral integrity can be a serious pitfall for nurses. Research indicates these environments have a strong effect on the degree of nurses’ moral distress (Redman & Fry, 2000). Numerous scholars have linked moral distress to incompetent or poor care, unsafe or inadequate staffing, overwork, cost constraints, ineffective policy, futile care, unsuccessful advocacy, the current definition of brain death, objectification of patients, and unrealistic hope (Corley, 2002; Corley, Minick, Elswick, & Jacobs, 2005; McCue, 2011; Pendry, 2007; Schluter, Winch, Holzhauser, & Henderson, 2008). Leaders of nursing continue to search for strategies to reduce moral distress and promote healthy work environments. The American Association of Critical-Care Nurses (2008) published a position statement to accentuate the seriousness of moral distress in nursing:

 Moral distress is a critical, frequently ignored, problem in health care work environments. Unaddressed it restricts nurses’ ability to provide optimal patient care and to find job satisfaction. AACN asserts that every nurse and every employer are responsible for implementing programs to address and mitigate the harmful effects of moral distress in the pursuit of creating a healthy work environment. (p. 1)

**Four years earlier the AACN ethics work group developed a call-to-action plan titled The Four A’s to Rise Above Moral Distress (2004). Nurses use the Four A’s plan as a guide to identify and analyze moral distress:**

**• Ask appropriate questions to become aware that moral distress is present.**

**• Affirm your distress and commitment to take care of yourself and address moral distress.**

**• Assess sources of your moral distress to prepare for an action plan.**

**• Act to implement strategies for changes to preserve your integrity and authenticity.**

Preventing moral distress requires nurses to recognize the at-risk dynamics and issues. An environment of good communication and respect for others is essential for decreasing the likelihood of experiencing moral distress.

Butts, J. B. *Nursing Ethics*. [VitalSource]. Retrieved from https://vsaccess.vitalsource.com/#/books/9781284099096/