

Review Article

**Caring Science to Mitigate Nurses' Moral Distress
in the COVID-19 Pandemic**

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Abstract

Frontline nurses have cared for seriously ill patients during the COVID 19 pandemic since March 2020. Although an occupational hazard, the repetitive nature of the stress during the pandemic predisposes nurses to emotional harms of anxiety, grief, post-traumatic stress disorder, depression, and suicide. Struggling to care for waves of critically ill patients, despite workplace obstacles and personal challenges, has rendered nurses vulnerable. Nurses deserve assistance to navigate hazards to their well-being and are an essential and irreplaceable human resource. This article aims to provide the practical guidance of caring science utilizing the caritas processes to mitigate moral distress.

Key Words: Caring Science, moral distress, moral injury, nurses, COVID-19 pandemic, Caritas Processes, Self-care

Background

Caring Science can be used to prevent and mitigate the anticipated moral distress in nurses and other healthcare workers. It is widely acknowledged that chronic stress is an occupational hazard of nurses which may lead to the development of physical and mental illnesses. Critical care nurses are especially at risk due to exposure to intense situations in which others' values may conflict with their own (McElligot & Turnier, 2020).

While nurses are trusted caregivers, and may acknowledge the importance of self-care, they may not actually be caring for self (Myers, 2017). Nurses' dedication to helping others often causes them to neglect their own self-care needs (Crane & Ward, 2016). In the throes of the COVID-19 pandemic this could have grave consequences for nursing professionals since they are reporting high levels of burnout, in some cases quadrupled, 6 months into the pandemic compared with pre-

pandemic (Medscape Nurse Career Satisfaction Report 2020).

Early recognition of compassion fatigue and burnout from chronic workplace stress and exposure to traumatic events has been called for, as well as tips for enhancing resilience. Knowing when help is needed, and where to get it is important. The workplace has a responsibility for the mental health safety of staff (Relias,10/28/20). The American Nurses Association code of Ethics for Nurses explicitly states that nurses must adopt self-care as a duty to self in addition to their duty to provide care to patients (ANA, 2015). Self-care has even been called an ethical obligation to improve the safety and quality of the patient care they provide (Linton & Koonmen, 2020).

The clarion call for increased self-care by nurses was made pre-pandemic. The Institute for Healthcare Improvement (IHI, 2020) has added an additional aim to their Triple Aim, concerned with "improving the work life of health care clinicians

and staff” and has renamed it the Quadruple Aim. The need for change has been underscored by the pandemic, both at the systems and personal level (Relias, 2020).

Definitions of the terms

Moral distress has been defined as:

- The condition of “knowing” the morally right thing to do, but institutional, procedural, or social constraints make doing the right thing nearly impossible. (The American Nurses Association Webinar Series on COVID-19, #3)
- The gap between what you expect to be happening and reality. (The American Organization for Nursing Leadership)
- It involves the response to the inability to take action that one believes is morally right. And in some cases, this inability leads to both physical and emotional responses that are termed “moral distress” (Morrison & Furlong, 2019, p. 114). It is vital for nurses, and their managers, to recognize this and implement strategies to prevent harm caused by these physical and emotional responses.

Moral injury has been described

- As a deeper wound, even a spiritual wound, regardless of religiosity. Moral injuries violate our values, not just our ethical responsibility (Relias, October 28, 2020).
- Moral distress should be mitigated to prevent moral injury. Nurses are often the only person at the bedside to provide the physical care, communication, comfort and hope to these ill patients who are isolated due to risk of contagion. Additional situations which may be traumatic for the nurses:
 - The patients’ loved ones may not be allowed to visit for the same reason.
 - These seriously ill patients often die, with only the nurse present.
 - Some nurses are losing several patients daily/weekly.

- Increased risk of exposure to infection for self and risk for family

Significantly, the Surge Capacity Status which causes a shifting standard of care based on the Conventional, Contingency, or Crisis level of strategy, can cause ethical and moral dilemmas for nurses who may need to re-use and re-allocate resources and care. There is a strong obligation of Beneficence, but the nurses may find inner conflict within the context of care provided, thus experiencing moral distress. Furthermore, the primary topic prominent in the literature, webinars, and chat lines regarding nurses and the pandemic is the importance of Self Care. There will not be a successful endeavor to mitigate the harms to mental health of nurses during and following this pandemic unless nurses begin to take care of themselves. Nurses need to heed the call for Self-Care as “Failing to protect self, endangers that patient and all future patients. And Self-Care is essential!” (ANA webinar #3, (2020)). In these unprecedented times, nurses are subject to the same stressors as all humankind, compounded by the additional aforementioned ones. As they continue to face traumatic experiences in the second wave, even the most resilient nurses may become overwhelmed by situations that have personal relevance (Cairns, 2021).

Application of Caring Science Theory using the Caritas Processes to assist with coping is an intervention for nurses which we developed for the Watson Caring Science Institute (Fall Newsletter 2020). It is proposed for *all* nurses, particularly those working on the front lines of ED and intensive care units. Knowledge of Watson’s Caring Science theory is *not* a prerequisite for its use.

How can Caring Science play a role? We invite the nurse to ponder the meaning of each Caritas Process defined by Watson (2018) as part of transpersonal consciousness:

Caritas #1- Embrace

Cultivating the practice of loving- kindness and equanimity toward self and others, as foundational to Caritas-Veritas moral value consciousness.

Without Self-Care we lose the ability to truly understand the vulnerability of others. We teach nurses to understand that to provide caring,

compassionate, respectful care, the caregiver must be able to be authentic and in the present when providing care. Mindfulness meditation practice is one example of how nurses can enhance self-care” (Meyers, 2017, p. 261). “...loving-kindness is a natural state of being and living, in that when we feel it fully, it brings joy and peace to our lives and to those around us...The challenge for a Caritas Consciousness model is learning how to access these feelings directly so you are radiating that energy to self and to the field around you.” (Watson, 2008, p. 58). Watson reminds us “...how one is with oneself affects how one is with others” She notes “Nurses often become pained and worn down by trying to always care, give, and be there for others without attending to the loving care needed for self.” (2008, p. 47).

YOU are worth taking time for yourself each day, even if only a few moments, by incorporating micro-practices into your daily routine in the beginning middle and end of your day.

Recognize your own goodness and worth and affirm that daily. It is essential that you have compassion for YOURSELF (AONL, 2020). Reset your expectations for yourself, and your team. Avoid being overly critical of yourself during a crisis (AONL, 2020). Cope and build resilience in yourself, naming the source of your distress and do something about it. If in a leadership position, consider how you will model this for your team.

Caring Science tells us it is vital to maintain a vibrational energy level to sustain self and others. You need to harness your inner strength amid challenging times (AONL, 2020). Experiencing things you enjoy is essential. Enjoyment of things in nature and getting enough sleep and rest increases your energy. Find a way to rejuvenate yourself- smell a flower- watch the sunrise, say a prayer of hope and take a deep breath. Literally, embrace yourself- with a hug. You are limited only by your imagination.

Caritas #2- Inspire

Being authentically present; enabling faith-hope/belief; honoring the subjective life world of self/other.

Learning to listen with intentionality, without judgement, allows one to be able to honor the

other’s belief system. It is only once we learn to do this for ourselves, that we can be authentically present with our patients. This approach is a foundational practice which we can learn to build upon. Practice this process to create silence and reflective pause- this promotes the connection between nurse and patient, which is a critical element. This tends to be missed during times of moral distress and other anxiety-provoking situations. It is important to examine your own beliefs and continue practicing any spiritual activities which are part of your being. That is your own starting point, and you need your spiritual grounding more than ever.

Caritas #3- Trust

Sensitivity to self/others; cultivate one’s own spiritual practices—beyond ego to transpersonal presence.

Refocus on what matters. In high stress situations we can get “too into our heads”. Step back into your senses by pausing and remembering WHY you are doing this work. In Caring Science, we talk about getting out of our heads and into our hearts. Micro-moments of pause in which you center yourself can help reorient and focus during times of distraction and despair. The benefit of this is obvious. Jean Watson reminds us “to remember who we are and why we came here: To Love, To Serve, and To Remember.” (2005, p. 139). That is why we do this work. Trust in self, our colleagues, and other members of the health care team is important. When the stakes are so high, with life on the line for all, it is vital. Social and emotional support of colleagues has been noted to be helpful and protective of mental health (Advisory Board, 2018; Roux & Benita, 2020).

Caritas #4- Nurture

Develop and sustain helping, trusting, loving, caring relationships.

Nurture is a basic critical element for our survival during this time of relative isolation while sheltering at home or quarantining without physical contact. Caring for our own body, mind, and soul becomes higher on our scale of values and is paramount for maintaining health. Developing and sustaining those human relationships that we have established is important. Phone calls, FaceTime, and letter-writing can maintain the

connection while physically distant. Creating more opportunity for authentically relating takes some imagination but we can find ways to interact, e.g. via zoom meetings, social media, playing games virtually or sharing a hobby/interest with another or a social group. Those who need us most are our patients; they need us to be inventive to show how we care for them, in body, mind, and soul. We may be the sole nurturer as visitors are restricted or totally forbidden. Physical care in the form of comfort measures can show the loving care and help to ease the fear and suffering. Families feel helpless and possibly hopeless, with their loved one in such a vulnerable situation with this foreign, life-threatening illness. Whatever we can do as the conduit between family and patient will be important for all. Our colleagues and all members of the healthcare team on the front line are caring for patients under dangerous and confusing conditions. It will not always be easy to be nonjudgmental during highly stressful times, yet we must meet our colleagues and others where they are-- with love and regard that is unconditional. Doing this requires communication, both verbal and nonverbal. which is honest, genuine, and open. This enables one to engage more fully in a non-ego-based relationship.

Practicing our own path to wholeness will nurture self and enhance our ability to engage others in creating their own ability to nurture self. This builds a sense of community wherein each of us recognizes how we are each a part of a whole, and what affects one affects all, and what affects the whole affects each of us.

Caritas #5- Forgive

Allow for expression of positive and negative feelings; authentically listen to another person's story.

Unfortunately, crisis management may not allow for us to practice as we have been taught or believe is the right way to be, both in our physical presence with the patient, in our clinical care and in following our ethical beliefs. Naming the source of your distress is the 1st step in addressing it. Inward self-reflection is important in Caring Science. Acknowledge what you are experiencing and observe your thoughts and the emotions influencing them. Emotions are the signals that you are experiencing conflicts with your value system.

Common feelings may be: *Anger*- feelings of moral outrage are understandable. *Grief*- response to change of any intensity, but especially when change has been abrupt or unexpected. *Guilt*- do not let the size of the problem minimize or invalidate the work you have already done; continue to try your best and do what you are able (AONL, 2020). *Anxiety*- Remind yourself of what you *can* control and take small steps toward your goal. Consider the acronym HALT= hungry, angry, lonely, or tired. All these areas of need can intensify our feelings (Turner, 2018).

Above all, you need to forgive yourself for any perceived error in judgment or act of omission or commission as you tried your utmost to provide the best care and tried to save your patients. Recognize that the losses were not in your control!

Caritas #6- Deepen

Creative use of self and all ways of knowing; artistry of Caritas nursing

While no one likes uncertainty, befriend it at the beginning and throughout the crisis. Acknowledge that you may not know what to do in a situation, and you can only make the best decisions you can with the information you have right now. Caring Science recognizes that there are multiple ways of knowing, even the unknowing. You can:

- Reset expectations
- Accept your emotions and show staff you accept theirs as well. Talk about how you can help each other through anxiety and fear.
- Be authentically present
- Manage your fear--it can shut down the creative parts of our brains. You will need to make hard choices that require courage. Preserve your integrity. Reorient your moral compass: You know who you are and what you stand for--return to that core every time!
- You can do this in just a moment! Take a breath to gather your attention and focus on what's happening right now. Trust your purpose and vision and trust the processes you have in place.
- Know we are in this together. There is an ethical need to fulfill your duty

to care for others, but this does not mean being a martyr. Ask yourself: How much of this is mine to carry? How can this be shared with others?

- Notice and encourage the positives.

Caritas #7- Balance

Engage in transpersonal teaching-learning-caring relationships and subjective meaning.

Remember the transient nature of all things. This, too, will pass eventually. While this pandemic may linger, with its peaks and valleys and demographic and geographic trends, for some undetermined amount of time, it will end at some point. It will afford relief from the exhaustion. And you will be prepared for the next spike in cases. You will know deep down that you can do whatever is needed in the moment; you have done it before! Thus, you will emerge wiser, stronger, and more able.

Caritas #8- Co- Create

Create a healing environment at all levels; subtle environment.

Promoting the caring relationship by creating the sacred space that brings comfort, healing and wholeness to those that experience it. In order to *be* the environment that one wants to live in, and promote, one needs to become more self-aware. To witness and allow for more intent to show love to all, even those who do not see what I see and are not aware of their own behaviors. This requires authenticity and calmness that can be brought on by practicing self-awareness and presence in the moment.

Caring science is linked to healing and human well-being at the core level of its existence and purpose in nursing. I can be the me that I want to be and create the healing, loving, caring space for spiritual self-awareness and growth. Creating caring intentions and a healing environment may include some, or all, of the following (Wagner, 2020):

- The nurse *is* the environment-what you bring to the situation is critical
- *Being* your authentic and present self

- *Seeing* and acknowledging the other as a unique person
- The light, art, cleanliness, privacy, nutrition, beauty and safety play an important role in preserving human dignity and the comfort of our patients, family and staff

Through practicing self-awareness and “creating a healing environment, some of these techniques allow for an environment of Co- Creation to exist at all levels (physical, non-physical, subtle environment of energy and consciousness), whereby authentic caring presences, potentiates wholeness, beauty comfort, dignity and peace” (Wagner, 2020).

Caritas Process # 9- Minister

Reverentially assisting with basic needs as sacred acts, sustaining human dignity.

Nurses perform the most basic tasks to care for the body of the other, and use themselves as the support, sharing energy needed by the person so sick with COVID-19. The gentle touch while doing skillful assessments and treatments is needed, and is to be done in limited time, clustering care, to limit time exposure time. The minutes are extra precious as care is intentional. There have been stories of remarkable innovative techniques to do this, aiming to protect the self while caring for the other. Watson reminds us of nursing’s covenant with society to help sustain human dignity, even when threatened and amidst the crises of life and death (2018). It is the nurses who navigate through the turbulence and attempt to help their patients through to the other side, whatever that might be. The nurse radiates beyond self to be/become an energetic field of infinite love. “Both nurse and patient can share Caritas spirit-to-spirit consciousness, opening access to the universal energy of infinite love” (2018, p. 96). The Caritas nurse cares for the body-mind-spirit of the other.

Caritas Process #10- Open

Open to spiritual/existential, mysterious; allow for miracles.

Watson stresses “Acknowledging and incorporating this Caritas Process into nurses’ understanding of practice can be a guiding influence and a turning point for healing, whereby

a tragedy can turn into a miracle of courage and strength, opening to another reality of life's deep meaning." (2008, p.193). She further observes, "As we reenter nursing and its evolving maturity, we are uniting over 20 million nurses and midwives on the planet and more than 7 billion people—all crying out for healing in some way, to be embraced with love and knowledgeable human caring connections. In small and grand ways, transpersonal caring is one with the human unitary field, touching all of humanity." (2018, p. xx). Only two years later we encounter this pandemic, which highlights the need for human caring connections and reminds us of our dependence on one another. *Communitas* is evident for survival and growth. We depend on others for essential services, and on scientists for research and development of the treatment modalities and vaccines for prevention. We depend on other communities and nations. What affects one of us truly affects all of us.

We have each been trying to help in our own ways—whether on the front lines, in administration, or in education, adjusting the learning experiences of the next generation of nursing professionals, or working as testers, contact tracers or volunteering to administer COVID-19 vaccine.

We have to find a way to believe in the miracle of life despite our changing role and practice during this pandemic- we have to believe in the decisions that are being made and at times pressed upon us- we are, or may be, in the mode of saying 'no', while really meaning 'yes'.

We are reminded to trust, hope, and believe in miracles. We can offer HOPE to all: our own family, colleagues, friends, neighbors, and patients. We can work toward healing on a micro- and macro- level from our own sphere of influence.

Conclusion

We can support nursing practice by applying Caring Science Theory to prevent and mitigate anticipated and actual moral distress and moral injury in nurses. This is an occupational hazard for nurses in ordinary times, so it is logical to anticipate potential harm in great numbers during this extraordinary time of COVID-19. The

demands on nurses are tremendous and are expected to continue for many months. Nurses need greater support daily to bolster their ability to *be* and to *do*. Nurses themselves need to take responsibility for self-care. This is a mandate for all in the profession, but especially those on the front line, along with their nurse-managers and administrators to prevent long-term mental health outcomes such as prolonged grief, post-traumatic stress, depression, and even suicide. Early recognition of compassion fatigue and burnout from chronic workplace stress and exposure to traumatic events has been called for, as well as tips for enhancing resilience. There is a shared responsibility to create an environment valuing self-care and compassion for self and other. Knowing when help is needed, and where to get it is also important and the workplace has a responsibility for the mental health safety of staff. (Relias, 10/28/20). Effort and resources need to be directed to support and celebrate society's critically important, irreplaceable human resource—the nurse at the bedside. It is our inherent responsibility to care for self and for those who care for all of us.

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