Coping With Moral Distress in Oncology Practice: Nurse and Physician Strategies

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Purpose/Objectives: To explore variations in coping with moral distress among physicians and nurses in a university hospital oncology setting.

Research Approach: Qualitative interview study.

Setting: Internal medicine (gastroenterology and medical oncology), gastrointestinal surgery, and day clinic chemotherapy at Ghent University Hospital in Belgium.

Participants: 17 doctors and 18 nurses with varying experience levels, working in three different oncology hospital settings.

Methodologic Approach: Doctors and nurses were interviewed based on the critical incident technique. Analyses were performed using thematic analysis.

Findings: Moral distress lingered if it was accompanied by emotional distress. Four dominant ways of coping (thoroughness, autonomy, compromise, and intuition) emerged, which could be mapped on two perpendicular continuous axes: a tendency to internalize or externalize moral distress, and a tendency to focus on rational or experiential elements. Each of the ways of coping had strengths and weaknesses. Doctors reported a mainly rational coping style, whereas nurses tended to focus on feelings and experiences. However, people appeared to change their ways of handling moral distress depending on personal or work-related experiences and perceived team culture. Prejudices were expressed about other professions.

Conclusions: Moral distress is a challenging phenomenon in oncology. However, when managed well, it can lead to more introspection and team reflection, resulting in a better interpersonal understanding.

Interpretation: Team leaders should recognize their own and their team members’ preferred method of coping and tailored support should be offered to ease emotional distress.