

Moral distress and residue in long-term care management

Sara Torres Castro, MSc-HealthSystems, MSc-Bioethics

Teresa's Case

Teresa is an administrator with 10 years of experience working in long-term care. Concerned with advancing her career, she took many courses in gerontology and administration courses. After a couple of months, she accepted a position as manager of an adult care facility. She was selected by the Board of Directors of the institution, formed by the owners and businessmen who donated to the residence.

From the first couple of days in her new job, Teresa observed issues such as the scarcity of resources, lack of hygiene in the facilities and their residents, and poor medical care. She also witnessed the frequent and excessive use of physical and pharmacological restraint, among other abuses by staff. It was brought to her attention that the opinion of the residents was not considered by higher-ups, and that residents' families were involved very little in decision-making processes. Teresa spoke to the staff to raise her concerns but received no response. She then turned to the board.

Teresa explained the situation to the Board of Directors, stating that the current conditions of the residence do not meet the minimum standards. She told them that, in her opinion, they are not promoting the residence's mission "to guarantee the well-being of residents, offering long-term care that promotes the autonomy of older people and their dignity prevails until the end of life," and that this makes her feel frustrated and distressed. She proposed some measures: hire trained personnel, train current personnel under an organizational culture of respect, carry out stricter supervision, and report any abusive behavior to the authorities.

The Board of Directors recognized that they are going through financial problems and that they have had to make budget cuts in supplies and personnel; they have even thought about closing. However, the Board of Directors does not agree with the statement that the residence does not meet minimum standards, given that it has recently been accredited and has allocated spending for training and other urgent needs. Furthermore, the Board strictly opposes making reports of abuse

to the authorities, alluding to the fact that this would complicate the situation and risk the establishment being closed. They even commented that it would be simpler and cheaper for them to hire a new manager who adapts to the current conditions.

Faced with the Board of Director's forceful response, Teresa does not know what to do. On the one hand, she is worried about the situation of the residents and knows that if she leaves, things will stay the same or get worse. On the other hand, she would be unemployed, since she left her old job to accept this one. Teresa wonders, should I resign? Or maybe I should stay, accepting the current conditions?

Analysis and ethical deliberation

Despite her concern for the well-being of the residents and her ethical commitment to the quality of care, Teresa finds herself in an environment where the staff is insufficient for the amount of care work. Additionally, the Board of Directors demonstrates a lack of interest in addressing the problems and prioritizes financial aspects over the care services it offers.

Teresa recognizes that she has the responsibility as a manager and professional to guarantee dignified care for residents and an environment of professional development for staff, but that at the same time she faces ignorance, insufficient training in care issues, and a lack of sensitivity towards residents. She is also concerned about respect for the autonomy of residents, that is, that their decisions and wishes regarding their own care and end-of-life are considered, as well as the participation of the family in residents' decisions.

The Board expresses little empathy toward Teresa, perhaps due to differences in the values and perspectives of each individual. For example, for the Board of Directors, financial status and material resources seem to have greater weight of value than the well-being and dignity of residents. Teresa faces a dilemma. On the one hand, she could stay and accept the current conditions of your job. This, howev-

er, goes against her ethical and professional values, such as her duty to care for the well-being of those for whom she has taken responsibility as manager. On the other hand, she could quit her job. In this case, in addition to being unemployed, it could leave the residents in a worse situation, since the Board of Directors could hire someone who is willing to accept the current conditions and does not strive for improvements.

What ethical concepts and values are relevant to the problem?

From an economic and business approach, this long-term care facility must achieve a balance between economic efficiency and quality of care. The efficient allocation of resources and cost optimization have an important ethical dimension in which the principle of distributive justice intervenes to guarantee equity in access to health services and to maximize the benefit for the greatest number of people possible.¹

Continuing with this same approach, when making an ethically complex decision a company must consider two types of interests: on the one hand, the primary interest for which the residence was created, which is to offer long-term care, and on the other hand, a secondary interest such as economic interest, that of making profits. Primary interests, such as residents' well-being, should receive priority attention. Secondary interests should appear in the background, but they must be considered. Both primary and secondary interests are important to the ethical and sustainable operation of the company. They cannot serve anyone if they close the residence. If we adopt a utilitarian approach, which seeks to maximize general well-being, we could say that primary and secondary interests should not be seen as opposed or in conflict, but rather seek solutions that can satisfy multiple interests simultaneously, thus maximizing the number of people to whom the residence can serve well.

In Teresa's case, a situation known as "double agency", or "double loyalty" arises: the situation in which a professional has responsibilities and obligations towards two parties with different interests. On the one hand, she has responsibilities and a sense of loyalty towards her residents, and on the other, towards the company, managers, owners, or financiers. This may give rise to a conflict of interest, which must be managed. In the present case, Teresa is beholden to the Board of Directors, she is understandably influenced by the interests and restrictions imposed by the Board. Yet her primary interest should be to meet the needs of her residents. This situation can generate conflicts of interest between concerns for individual residents versus the institution. On the other hand, we could say that in this case it is not enough to maximize utility overall. A commitment to distributive justice implies the need to have special consideration for especially vulnerable people.

However, Teresa is faced with a dilemma where none of

the alternative actions she is forced to take (stay accepting the conditions vs. resign) are fully satisfactory according to her values and beliefs. Neither option seems in line with her professional or personal ethics since they do not allow her to address unfair and abusive situations in the residence. She faces what is known as "moral distress", or anguish or pain that a person experiences when faced with a situation in which, despite knowing what action is morally correct, they cannot implement it due to factors internal or external to the institutional context. The experience of moral distress in nursing home managers can significantly impact their emotional well-being and decision-making.²

The conflicts of everyday life, i.e. practical conflicts, cannot be reduced to the fulfillment of duty. A person's subjective motivations affect her sense of self and self-efficacy especially when they do not manage to act in ways that they deem correct or ethical. As a result, morally distressing situations may create a "moral residue" or "moral burden" (moral remainder), which refers to the consequences or moral implications that remain after taking an action or decision. This moral weight may generate feelings of guilt, responsibility or new ethical dilemmas. Calling out moral residue recognizes that our actions have consequences, and that we must take responsibility for them. In Teresa's case, the moral residue would be present, constantly, as she agrees to stay in her managerial role, knowing that she will have to bear responsibility for poor living and working conditions, without being able to report or make the changes that the residents need.³

Decision

At the center of this ethical dilemma is the primacy of residents' well-being, a primary interest that should guide any decision. The ethical option is one that places the health, safety, and dignity of residents at the forefront, and avoids any form of abuse or injustice. Yet Teresa must acknowledge the importance of finding a balance where the well-being of residents is prioritized without neglecting financial sustainability. At the same time, she must respect her own personal values and beliefs involving a commitment to care, plus personal needs such as keeping her job. These form Teresa's subjective motivations. Teresa's need to take responsibility and be accountable, regardless of the path she takes, becomes evident. Both options likely involve moral distress and lingering residue. Thus, the best solution for Teresa is to stay in the residence, being faithful to her personal values, offering residents the best service that she professionally and ethically can provide, while waiting for more favorable conditions or alternative paths to advance in the necessary improvements in the residence. She should seek integrative solutions that can satisfy multiple interests simultaneously.

Conclusions

The responsibility of the Board of Directors is to ensure

the well-being of people, and to not lose sight of this in pursuit of secondary interests. It is essential that both the manager and the Board take responsibility for leading and advocating for the fundamental ethical principles of elder care. Teresa may be aware of the double agency, but she should not lose sight of her professional integrity in the face of company pressures and pursue actions in line with her personal and professional values.

Teresa's daily job is to solve emerging problems; she cannot wait for the Board to solve all the underlying problems. Teresa should be able to respond to emergent problems using her own judgment, thus accepting the consequences of her decisions. This involves recognizing that there are different options and intermediate solutions to long-standing and long-term problems. She may seek support from regulatory bodies or government agencies to report abusive conditions or rely on civic associations that offer training to staff free of charge. Finally, Teresa could channel her concern for improving the conditions of residences for the elderly, through activism or participation in instances that promote improvements in legislation for these residences.

Final thoughts

This case is fictitious although it includes a collection of various experiences in nursing homes and long-term care facilities. I provide these closing thoughts about working in long-term care facilities as general rules of thumb. First, we should recognize difficult situations that arise as ethical dilemmas for staff, managers, leaders, and patients, and keep in mind all the people involved (e.g., residents, caregivers, medical and non-medical staff, family members, and owners). Each of these people makes decisions about which values, interests, or people to prioritize daily. These are ethical decisions and should be treated as such. Figuring out what to do does not always easily boil down to professional ethics or performing one's duty. For these everyday decisions,

both academics and professionals must consider and analyze the different options available and the implications of each one. One must also know the relevant local rules and regulations, as well as national or international recommendations on long-term care to generate alternative solutions to existing dilemmas. These may offer creative solutions to balancing personal or professional values and the interests of the company or its owners. Discussion with people outside of one's institution, through professional meetings or support groups can also provide much needed perspective and a more objective opinion. Finally, it is necessary to make the decision, which, although not optimal, improves non-ideal conditions and honors personal values and ethical principles, to limit lingering moral residue.

Works Cited

1. A. Ortiz-Pommier, "Gestión clínica y conflicto de intereses," *Acta Bioethica* 15, no. 2 (2009): 157-64.
2. L. Haslam-Larmer et al., "Prevalence, causes, and consequences of moral distress in healthcare providers caring for people living with dementia in long-term care during a pandemic," *Dementia* 22, no. 1 (2023): 5-27; A.S. Burston and A. G. Tuckett, "Moral distress in nursing: contributing factors, outcomes and interventions," *Nursing Ethics* 20, no. 3 (2013): 312-24; V. M. Maluwa et al., "Moral distress in nursing practice in Malawi," *Nursing Ethics* 19, no. 2 (2012): 196-207; R. R. L. Fumis et al., "Moral distress and its contribution to the development of burnout syndrome among critical care providers," *Annals of Intensive Care* 7, no. 1 (2017): 71; O. Kada and T. Lesnik, "Facets of moral distress in nursing homes: A qualitative study with examined registered nurses," *Zeitschrift für Gerontologie und Geriatrie* 52, no. 8 (2019): 743-50.
3. B. Williams, "Ethical Consistency," chap. 11 in *Problems of the Self: Philosophical Papers 1956-1972* (Cambridge University Press 1973).

CC BY-ND 4.0 DEED

<https://creativecommons.org/licenses/by-nd/4.0/>



The creation of this collection of essays was supported by the Fogarty International Center of the National Institutes of Health under Award Number R25TW009731 for the Caribbean Research Ethics Education Initiative (CREEI).