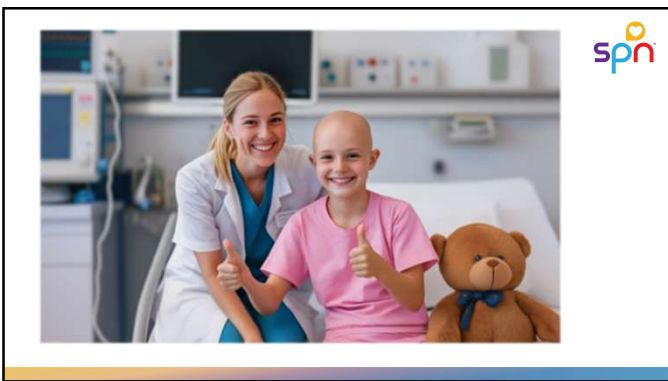




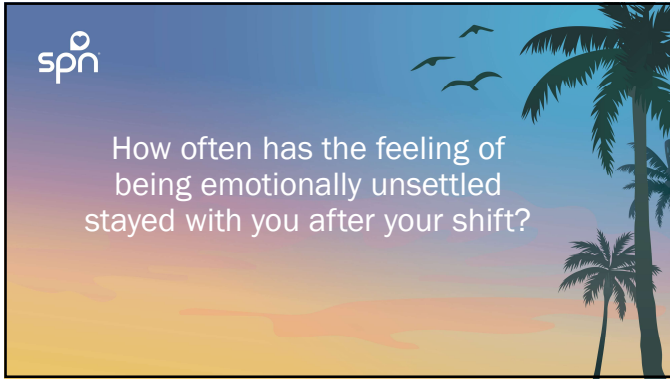
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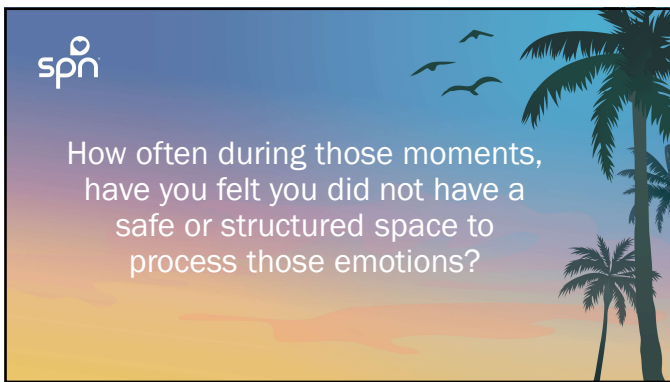
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Moral Distress 

- Witnessing uncontrolled pain or symptom burden
- Uncertainty about prognosis or treatment outcomes
- Conflict between family hope and clinical reality
- Supporting parents with end-of-life decisions
- Feeling unable to advocate effectively
- Suppressing grief to maintain professionalism
- Repeated exposure to pediatric death and dying

6

Moral Distress



- Carrying patient experiences long after shifts end
- Persistent feelings of guilt, sadness, or helplessness
- Decreased job satisfaction or sense of meaning
- Increased absenteeism or call-ins
- Reduced empathy or compassion fatigue
- Feeling “burned out” but unable to articulate why
- Thoughts of leaving the department or nursing

7

spn


Do you feel your organization provides sufficient education and support to help address moral distress during pediatric end-of-life care?


8

spn

What type of support would be most helpful in addressing moral distress during pediatric end-of-life care?

9



Case Study 

Lizzy - 6 y/o female


Relapsed neuroblastoma

Multiple courses of treatment over 3 years

Currently admitted to the pediatric oncology unit

Progression despite experimental treatment


10



Family

Feelings of:

- Emotional exhaustion
- Fear of letting go
- Uncertainty
- Guilt



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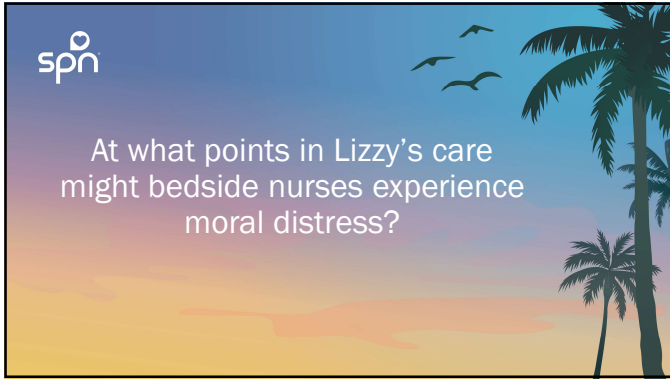


Nurses 

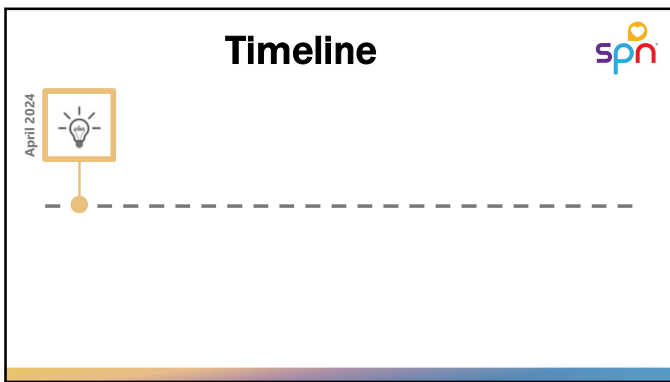
Feelings of:

- Emotional exhaustion
- Frustration
- Helplessness
- Compassion Fatigue

12



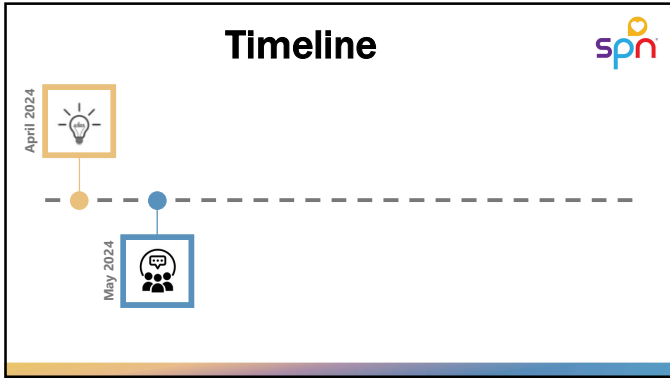
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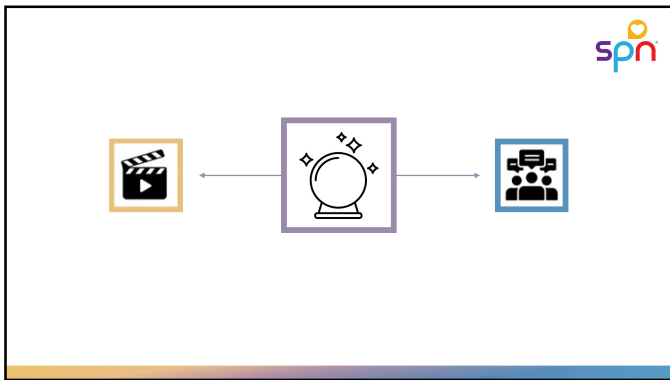
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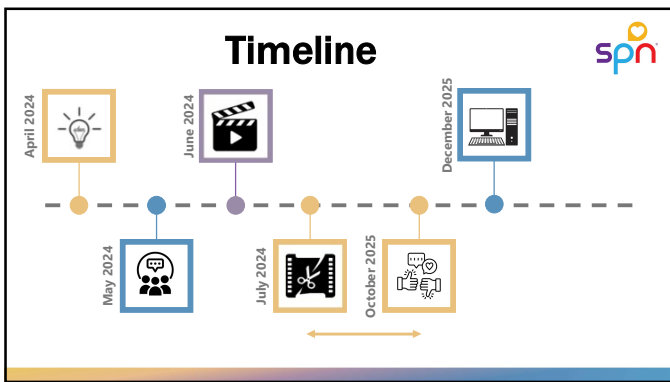
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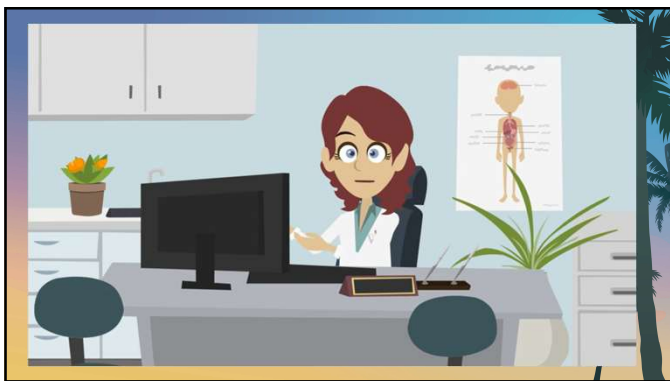
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21

Pause

Please take a moment for reflection

How are you feeling?

How comfortable are you with these conversations?

What questions do you have?

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Timeline

April 2024
June 2024
December 2025
May 2024
July 2024
October 2025
January 2026

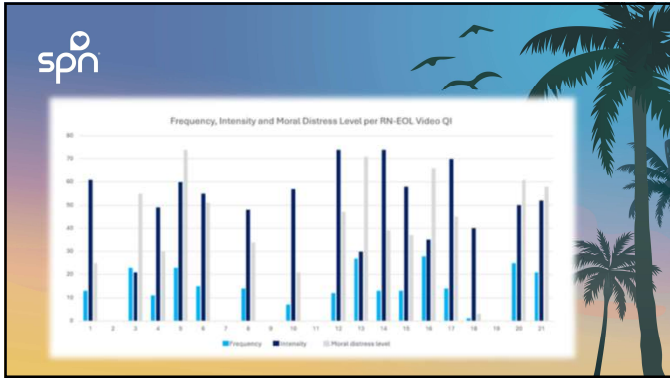
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Surveys

Resilience Scale

Moral Distress Scale

24



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Top 5 Reasons for Moral Distress

- Provide care that gives false hope
- Follow the family's wishes to continue life support even though I believe it is not in the best interest of the child
- Witness diminished patient care quality due to poor team communication
- Detecting the suffering of the child due to a lack of continuity of care
- Work with staffing levels of nurses or other care providers that I consider unsafe

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Feedback



"I believe we pride ourselves on being able to empathetically and compassionately care for our patients in difficult moments, so we want to feel equipped to provide compassionate care in end of life too."

"I feel being supported and encouraged in difficult moments is most important to us. Meetings and discussions like these are helpful so that things feel more known by us nurses."

"A big area of moral distress is knowing what to say."

"I think you have done a great job laying the foundation, I am excited to see the next steps!"

"I think some medication guidance on what can be given for things like agonal breathing, air hunger, and increasing pain would be beneficial."

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Next Steps



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References



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