OT Mastery

Moral Distress: Coping with Ethical Challenges In OT Practice

1. What is the definition of moral distress?

A. A mental health condition caused by experiencing or witnessing a traumatic event(s)
B. A normal stress response to chronic workplace tension over the course of many years
C. A decrease in empathy from being in a demanding work role that involves caring for others
D. An emotional response someone experiences when placed in an ethically questionable situation that goes against their personal values

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2. A therapist working in a SNF has heard a lot about ethical dilemmas in the field and is stressed about the possibility of it happening to her. What is this called?

A. Moral anxiety
B. Moral distress
C. Imposter syndrome
D. Vicarious trauma

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3. A therapist who recently experienced an ethical dilemma at work is beginning to feel guilty or remorseful about their actions. What type of moral distress does this constitute?

A. Moral-conflict distress
B. Moral-tension distress
C. Moral-dilemma distress
D. Moral-constraint distress

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4. What is NOT an example of moral distress in the OT field?

A. Discharging a patient despite knowing they are a safety risk, either to themselves or others
B. Being asked to come in to work on the weekend despite it not being part of your job description and not wanting to
C. Being asked to write documentation for a patient you have never evaluated or treated
D. Being asked to treat patients without the proper resources (equipment, treatment space, etc.)

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5. According to research, what is NOT a common cause of moral distress in OT?

A. Withholding a patient's diagnosis from them during end-of-life care
B. Inability to provide quality care based on organizational or payer-based restrictions

C. Unrealistic productivity standards
D. Staffing shortages

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6. What are the four principles of the AACN Model to Rise Above Moral Distress?

A. Adhere, Alert, Affirm, Accept
B. Assess, Affirm, Assert, Articulate
C. Ask, Affirm, Assess, Act
D. Articulate, Assert, Alliterate, Accept

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7. Which of the following is NOT a test therapists can use to help with moral distress?

A. Enduring Values Test
B. Relevant Information Test
C. Consequential Test
D. Take it or Leave it Test

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8. Which of the following is NOT a tool discussed in the course for measuring moral distress?

A. Moral Distress Risk Scale
B. Moral Distress Thermometer
C. Maslach Burnout Inventory
D. Ethical Stress Scale

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9. If a therapist were to use the ETHIC Model of Decision Making, what is the first step they should take?

A. Defer to their colleagues regarding what to do
B. Evaluate their own values
C. Refer to their practice's code of ethics
D. Form a hypothesis about the consequences of their actions

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10. What are organizational tools that can help alleviate moral distress?

A. Employee assistance programs and employee benefit plans
B. Training programs to help therapists acquire new roles
C. Probationary periods
D. Shared governance, disaster management training modules, and enhanced communication

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11. A therapist is currently working in acute rehab and feels burdened by not being able to offer the care she wants. She constantly needs to assist other team members who are not able to treat all of their patients, but the rehab department needs the help so they won't let these therapists go. Which action would best address the source of her moral distress within her current role?

A. Journal three times each day
B. Advocate for time management training to assist the department in better managing their caseload
C. Visit a mental health professional
D. Find another role

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12. A therapist is approached by her supervisor who asks her to complete several treatment notes for the supervisor to then sign as their own. The therapist verbalizes this is fraud and she is not comfortable with the request, but the supervisor insists. What type of moral distress is this?

A. Moral-conflict distress
B. Moral-uncertainty distress
C. Moral-tension distress
D. Moral-dilemma distress

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13. What is the best action for the therapist in the above scenario to take?

A. Express that the request is against her personal ethics, but eventually go along with it to keep her job
B. Tell her supervisor she refuses to be bossed around and she should try to ask someone in the department who is more impressionable
C. Immediately request a transfer to another facility
D. Express that the request is against her personal ethics and calmly state that she cannot comply

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14. If a therapist immediately senses a moral dilemma, what is one of the first questions he should ask himself?

A. Who is involved?
B. What am I experiencing?
C. What do I want to do?
D. How should I approach it?

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15. A therapist working in an outpatient clinic takes one week of vacation. She returns to the clinic and checks the medical record for her first patient only to find that someone logged notes last week under her name. Upon further investigation, she sees all of her patients were documented as treated by her while she was gone. She feels confident this was not an error and that someone infringed on her license in order to forge these notes. She is upset by what she sees. She has established how she feels, so what is the next step in this moral dilemma?

A. The therapist should think about what she wants to do about how she feels
B. The therapist should delete all of the notes and move on with treatments
C. The therapist should approach the front desk staff, because it's likely they documented under her name
D. The therapist should tell the billing department that she is quitting

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16. What is NOT a useful resilience building strategy that can help a therapist who feels overwhelmed and limited by staffing shortages?

A. Improved communication with team members
B. Debriefing regularly with peers
C. Changing job roles
D. Practicing self-care regularly with a focus on processing one's emotions

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17. How can problem-solving assist therapists in managing moral distress?

A. Problem-solving allows therapists to sidestep all moral dilemmas before they ever happen
B. Improving problem-solving is one of the most effective ways to bolster resilience, and it helps therapists break a difficult situation into smaller, more manageable parts
C. Interventions focused on problem-solving allow patients to become independent more quickly, which eases the burden on therapists
D. Problem-solving cannot assist therapists in managing moral distress

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18. According to Morley et al. (2021), which of the following education interventions is a strong predictor of resilience in therapists experiencing moral distress?

A. Remedial training
B. Performance improvement plans
C. Intervention bundles that include more than one strategy
D. Annual competency testing

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19. What purpose do multidisciplinary rounds play in building therapist resilience?

A. Rounds offer therapists the ability to collaborate, gain insight, and vary their perspectives, which can all help them address moral dilemmas with greater ease
B. Multidisciplinary rounds do not help therapists build resilience
C. Rounds give therapists an opportunity to exit their work role temporarily and distract them from the problems in their environment
D. Multidisciplinary rounds offer therapists the chance to vent to coworkers in a space with people who understand their struggles

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20. A therapist wants to build more resilience to cope with present and future moral dilemmas at work. However, she is not interested in joining groups for education interventions or other similar strategies; she prefers solitary activities she can do on her own. What techniques might benefit her?

A. Having individual sessions with her supervisor weekly to discuss problems
B. Self-reflection and narrative writing
C. Individual mental health counseling
D. Making a vision board

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