

ABSTRACT

The definition of moral distress (MD) was put forward 35 years ago to explain the distress nurses felt when they experienced moral compromise. Making a moral judgment, enacting moral agency, and having constraints on agency have been identified as central to the experience. The known consequences of MD for health care professionals (HCPs), health care organizations, and patient care, are significant. Yet, researchers have struggled to develop meaningful interventions. The enactment of moral agency and constraints on agency are linked together in the experience. Constraints have been identified as being internal to the HCP, or external to the HCP and rooted in the context in which HCPs work. I argue that constraints on agency are dynamic (Musto & Rodney, 2016) and that gaining clarity on MD requires exploring the experience at the intersection of structure and agency.

I engaged in this study to explore how HCPs navigated ethically challenging situations in complex acute mental health settings. I conducted this research using grounded theory (GT) methods. Grounded theory (GT) methodology allowed me to focus on the processes participants engaged in when they confronted ethical challenges. The study was multidisciplinary, conducted across two urban acute care mental health sites. I gathered data through semistructured interviews and observation.

The basic social problem participants attempted to negotiate was *systemic inhumanity*, or the inability of the health care system to consistently extend respect, compassion, and dignity to individuals struggling with mental health issues. The resulting model, *Risking Vulnerability: Enacting Moral Agency in the Is/Ought Gap*, explains how participants were able to act as moral agents in the particular context they were embedded in. Participants negotiated ethical challenges by *risking vulnerability*; that is, holding their professional obligations, clinical expertise, and organizational processes in tension with their own vulnerability in the system. This study highlights the importance for organizations to create a relational space where HCPs are safe to explore ethical questions about how policies and practices may dehumanize individuals struggling with mental health issues, thereby contributing to conflicts between care that is actually given (Is) and care that aligns with professional moral obligations (Ought).

BIOGRAPHICAL NOTES

Place of Birth: Vancouver, Canada
Academic Studies: BSN University of Victoria, 2004
MSN University of Victoria, 2011
Current Position: Assistant Professor, Trinity Western University,
British Columbia, Canada

GRADUATE STUDIES

Field of Study: Mental Health Nursing, Nursing Ethics

Courses

NURS 553 Advanced Concepts in Qualitative Research
NURS 554 Advanced Studies in Quantitative Design
NURS 556 Advanced Statistics for Nurses
EPSE 592 Experimental Designs and Analysis in Educational Research
NURS 580 The Philosophy of Evidence
NURS 581 The Philosophy of Evidence II
NURS 600 Doctoral Seminar
NURS 690A Directed Study
NURS 690B Directed Study

Instructors

Dr. C. Varcoe & Dr. J Lynam
Dr. P. Ratner
Dr. C. Konishi
Dr. N. Kishor
Dr. P. Rodney
Dr. A Browne
Dr. W. Hall; Dr. B Garrett
Dr. L. Marcellus
Dr. M. Macphee; Dr. P. Rodney.

AWARDS

2015 University of British Columbia, Four Year Fellowship (4YF)
2012 CIHR Doctoral Research Award: Priority Announcement – Evidence Informed Healthcare Renewal
2011 Faculty of Applied Science Graduate Award
2011 Fredrick and Agnes Eatock Memorial Fellowship

PUBLICATIONS

Musto, L. C. & Rodney, P.A. (2018). What we know about moral distress. In C. Ulrich & C. Grady, (eds.) *Moral distress in the health professions* (pp.9-20). Springer. Philadelphia, PA

Jenkins, E. & **Musto, L.** (in press). Anxiety and Obsessive – Compulsive Disorders. In W. Austin & M.A. Boyd (Eds.), *Psychiatric & Mental Health Nursing for Canadian Practice. 4th ed.* Wolters Kluwer, Philadelphia, PA

Musto, L. C. & Rodney, P.A. (2015). Moving from conceptual ambiguity to knowledgeable action: using a critical realist approach to studying moral distress. *Nursing Philosophy*, DOI: 10.1111/nup.12104

Musto, L., Rodney, P. and Vanderheide, R. (2015). Toward Interventions in Moral Distress: Navigating the Reciprocity of Structure and Agency. *Nursing Ethics*, 22(1), 91-102.

Rodney, P., Kadyschuk, S., Liaschenko, J., Brown, H., **Musto, L.** and Snyder, N. (2013). Moral Agency: Relational connections and support. In Storch, J., Starzomski, R., & Rodney, P. (Eds.). *Toward a moral horizon: Nursing ethics for leadership and practice* (2nd ed. Pp. 160-187). Toronto: Pearson Education Canada.

Musto, L. & Schreiber, R. (2012). Doing the best I can do: Moral Distress in Adolescent Mental Health Nursing. *Issues in Mental Health Nursing*, 33, 137-144.

Musto, L. (2012). Consultation Report: RPN Scope of Practice. *Canadian Journal of Psychiatric Nursing Research*, 1, 67-74.

SELECTED PRESENTATIONS

Musto, L. (2018). British Columbia Institute of Technology, Student Nursing Rounds, February 2018, *Horizontal Violence*

Carlson, J. & **Musto, L.** (2017) Canadian Bioethics Conference. Paper Presentation *Beyond superficial care: Creating therapeutic relationships in the context of standardized care*

Chamberlain, P., McDonald, M., **Musto L.** & Woodland, G. (April 5, 2017) Ethics Panel Discussion: *Medical Assistance in Dying*, Nursing Network Café, Panel Discussion: *Medical Assistance in Dying*.

Gibson, J. & **Musto, L.** (May 2016). Canadian Bioethics Conference. Paper Presentation *Understanding moral agency capacity and expanded support networks: Implications for education and policies in clinical practice*

Astle, B., **Musto, L.**, Reimer-Kirkham, S. & Richardson, F. (November 2015). Faith in Nursing Symposium, Panel Discussion. *Considerations in Physician Assisted Death*

Musto, L. (2015). College of Registered Psychiatric Nurses, Education Day. *Ethical decision-making in hurried times*.

Musto, L. (2014). Canadian Bioethics Conference. Theoretical paper, *Moral Distress – Past, Present and Future Directions*

Rodney, P., Almutairi, A. & **Musto, L.** (2013). International Council of Nurses Quadrennial, Melbourne Australia. Co-presented: *Fostering a Supportive Moral Climate for Healthcare Providers: Toward Cultural Safety and Equity*.



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THE UNIVERSITY OF BRITISH COLUMBIA

Graduate and Postdoctoral Studies

PROGRAMME

The Final Oral Examination
For the Degree of

DOCTOR OF PHILOSOPHY
(Nursing)

LYNN C. MUSTO

Masters in Science Nursing, University of Victoria, 2010
Bachelors in Science Nursing, University of Victoria, 2004

Friday, April 27, 2018, 9:00 am
Room 200, Graduate Student Centre
Latecomers will not be admitted

“Risking Vulnerability: Enacting Moral Agency in the Is/Ought Gap in Mental Health Care”

EXAMINING COMMITTEE

Chair:
To be completed by G+PS

Supervisory Committee:
Prof Patricia (Paddy) Rodney, Research Supervisor, (Nursing)
Prof Rita Schreiber (School of Nursing, University of Victoria)
Prof Maura Macphee (Nursing)

University Examiners:
Prof Vicky Bungay (Nursing)
Prof Skye Barbic (Occupational Science & Occupational Therapy)

External Examiner:
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