Moral emotions in Palliative Care: Empirical insights from Austria and Canada

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BACKGROUND and AIMS
Moral emotions (Haidt 2003) as one specific group of emotions play a vital role in delivering palliative care as e.g. ethical issues and moral distress belong to daily routine. Moral emotions are oriented to the welfare of other persons or the society as a whole. To better understand moral emotions in Palliative Care the aims of the presented study are to analyze care situations from Austria and Canada in different care settings and identify families of moral emotions on one hand and describe influencing contextual factors on the other hand. The leading questions are:

♦ What are the moral emotions that prevail in ethically challenging situations in palliative care?
♦ What kind of organizational challenges influence moral emotions in palliative care?

METHODS
Within a qualitative study design a reanalysis of Austrian narratives on ethical issues and Canadian narratives on moral distress were conducted. Data in Austria encompass 36 narratives that were generated through qualitative questionnaires in nursing homes (Reitinger, Heimerl 2014). Canadian data are based on qualitative interviews with home palliative specialists and encompass 47 critical incidents (Brazil et al. 2010). The reanalysis of data was conducted with narrative analysis (Riessmann 2005). Following this inductive approach, the procedure creates conceptual groupings from the data. The three aspects of “structural analysis”, “thematic analysis” and “interactional analysis” can be identified as relevant phases within the process.

RESULTS
The reanalysis shows that moral emotions in palliative care can be found in families around the “other relating families”, the “bereavement family”, the “powerlessness family” and the “guilt family”. These different families of emotions can be found across different care settings and across countries. Empathy for clients are as important as relationships with families that leads to bereavement in cases of loss. Frustration, powerlessness and guilt show the more negative emotional aspects. Contextual factors influencing moral emotions can be summarized as “suffering and decline of client”, “expectations and dynamics of family”, “structural conflicts and power issues” and “lack of resources and information”.

DISCUSSION
The diversity of moral emotions reflects the everyday experiences in the delivery of palliative care. It became obvious that most of the moral emotions that have been expressed appear to be interconnected within a bundle of other emotions. The families of moral emotions that can be found in palliative care differ from those in other situations and emotions around bereavement and powerlessness in particular are predominant in palliative care situations in different settings and cultural contexts. Concerning the contextual factors the empirical findings show that they have been expressed in direct connection with structural and organizational context. Thus moral emotions and their contextual factors constitute an important source of insight for reflection in palliative care.

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References