



Royal College
of Nursing

Malignant Alienation

What is it, and what can we do about it?

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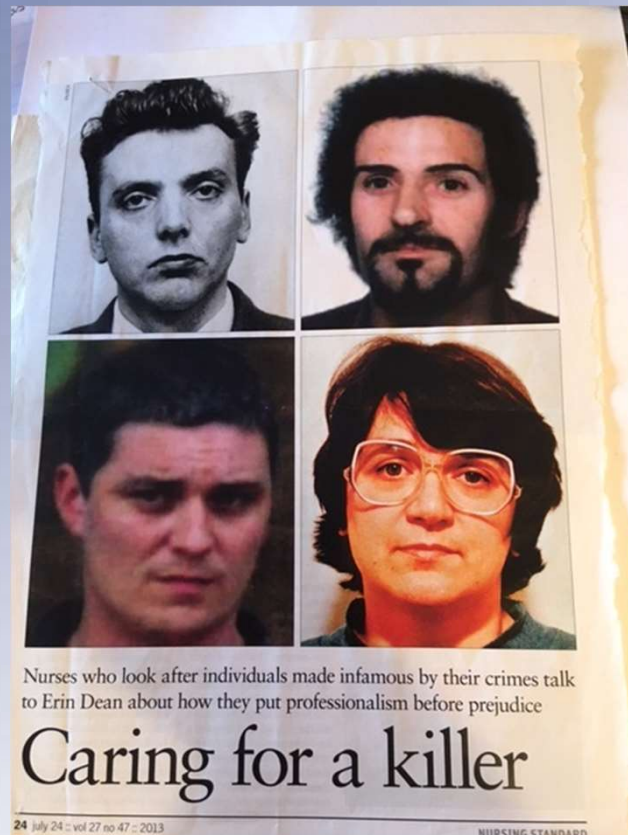
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Session overview

30 minutes

- ✓ Malignant alienation
 - ✓ Compassion fatigue
 - ✓ Emotional Labour
 - ✓ Moral distress & moral injury
- ✓ What can we do about it?



Malignant Alienation

- ◆ *A process that appeared to have been common before suicide in a small series of psychiatric in-patients.*
- ◆ Characterised by a **progressive deterioration** in their relationship with others, including loss of sympathy and support from members of staff, who tended to construe these patients' behaviour as provocative, unreasonable, or overdependent.

Morgan (1979) cited in Watts and Morgan (1994)

- ◆ Suggested that alienation is 'malignant' when associated with a fatal outcome

Four components

1. Patient factors
2. Staff factors
3. Staff patient interaction
4. The hospital environment



Compassion Fatigue

A state of significant depletion or exhaustion of the nurse's store of compassion, resulting from repeated activation over time of empathic and sympathetic responses to pain and distress in patients and in loved ones

(Pembroke, 2015)

Characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others

Differs from burnout as it can arrive suddenly, but on the upside, people also recover quickly

Consequences

- ◆ Coetzee and Klopper (2010) describe the consequences of compassion fatigue as "..... changing behaviour and loss of the capacity to interact and engage intimately with others for whom they have responsibility"



Emotional Labour

Three components

1. The faking of emotion that *is not* felt
2. The hiding of emotion that *is* felt
3. The performance of emotion management in order to meet expectations within a work environment

Mann (2004)

- ◆ ‘You know what though, I’m a smiley kind of person, its just the way I am, yes, I and I try not to when I’m dealing with one particular inmate, very high profile, I don’t even need to say his name, came from ***, I wouldn’t, I just couldn’t, I couldn’t bring myself to smile at him. I just used to mumble. I was never rude.....but it wears you down. It wore me down because I’m not like that you know’

(Prison Nurse)



What is Moral Distress?

- ◆ 'the psychological unease generated where professionals identify and ethically correct action to take but are constrained in their ability to take that action
 - ◆ The feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles.
 - ◆ Lack of power or agency, or **structural limitations such as shortage of staff, resources, training and/or time.**
 - ◆ Can also be a result of witnessing moral transgressions by others
- ◆ BMA (2021)

Distress → Moral Injury

- ◆ Can arise where sustained moral distress leads to impaired function or longer-term psychological harm
- ◆ Can produce profound guilt and shame
- ◆ In some cases, a sense of betrayal, anger and moral disorientation
- ◆ Has been linked to mental ill health

What am I concerned about?

- ◆ Malignant alienation
- ◆ Compassion fatigue
- ◆ Emotional Labour
- ◆ Moral distress & moral injury
- ◆ A perfect storm?

What are the risks?

◆ Personal implications

- Physical issues
- Mental health issues

Incivility amongst teams

Feelings of guilt re professional perspective and malignant alienation 'I'm a bad nurse'

◆ Professional implications

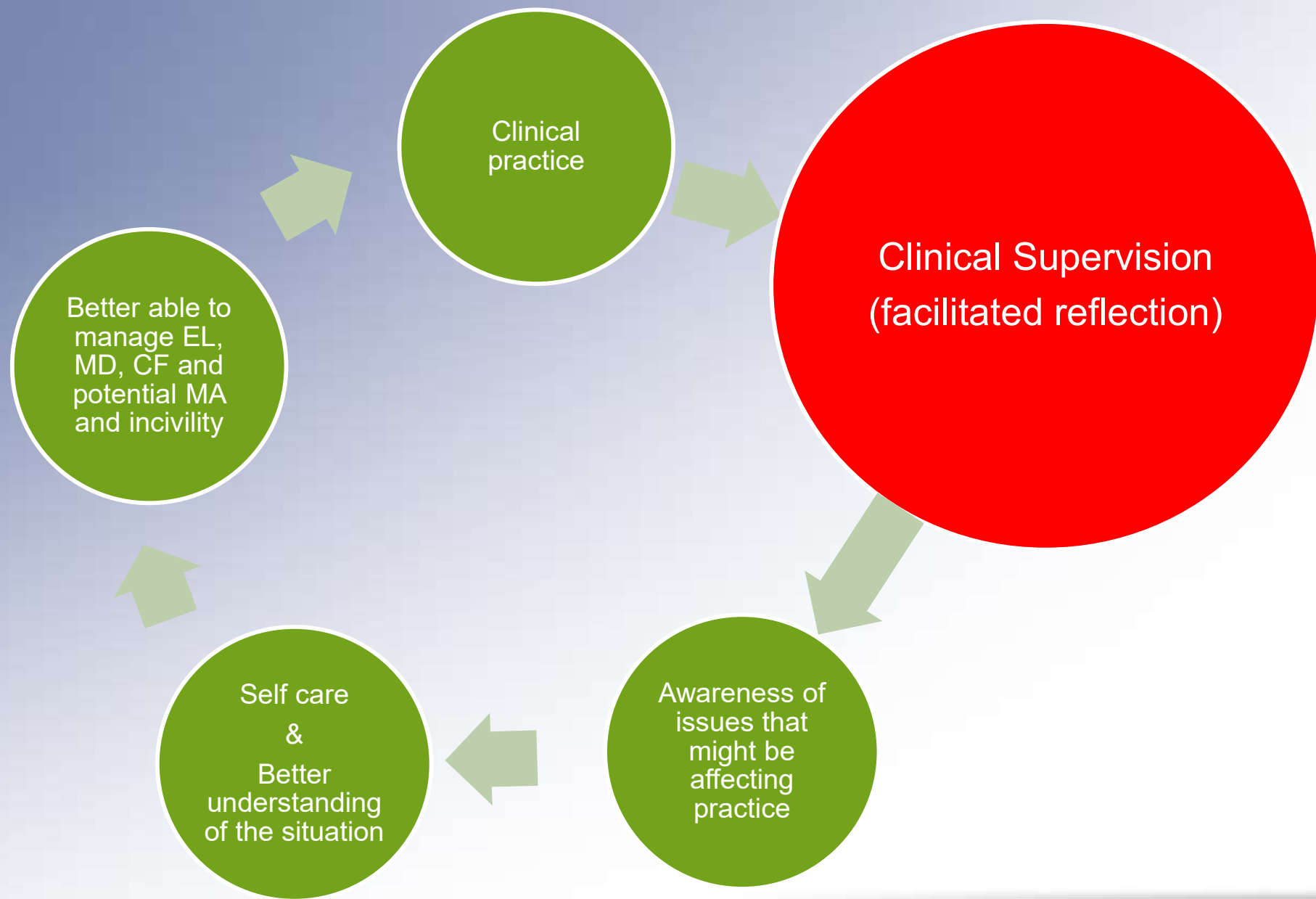
- Distancing from patients
- Dread to care
- Complacency and ambivalence
- Patient safety

What can we do?

- ◆ Self awareness is the first step – developed through journaling, reading, discussion with others, support activities, ‘reflective endeavours’
- ◆ Personal strategies: improved self care – balance the nourishing and depleting activities in life
- ◆ Professional strategies: network of mentors, collaborative peers and colleagues, employer resources
- ◆ Organisational strategies: promote a healthy working environment where people feel supported (assess workloads, peer support, mental health days, regular breaks, annual leave etc)

Summary - what can we do?

- ◆ Manage self
 - Focus on self care
 - Restorative supervision
- ◆ Manage professional issues
 - ✓ Reflecting on practice
 - ✓ Clinical supervision



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