Moral Distress, Giving Voice to Values

Physician Burnout: Integrated Strategies for Diverse Stakeholders

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Disclosure

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Objectives

1. Describe a walk with Deb
2. Moral distress (antidotes to moral distress, speaking up, GVV)
3. CHCO work to mitigate moral distress, promote moral resilience and create & sustain an ethical environment.
Deep Bow

Deb Saint-Phard, MD
Cynda Rushton, PhD, RN
Ann Hamric, PhD, RN
Norine Hemphill, MS, RN
Pat Givens, DHA, EdM, RN
Jackie Glover, PhD
Brian Jackson, MD, MA
Dan Reirden, MD
A (brisk) walk
Moral distress

Vast MD literature

- Controversy regarding the robustness of MD studies
- Experienced by all HCPs
- Distinguish between moral stress (anticipated) and moral distress (compromised personal and/or professional integrity).
- Authors (Bell, Breslin, Grace, Robinson, Jurchak and others) are finding correlation with nursing burnout, distancing from patients, numbing to moral sensitivity and likelihood of leaving the profession
- Also correlated with a sense of powerlessness to effect change or meet the needs of patients; ethical environments correlate to lower levels of MD
Moral Distress

When a person believes they know the right thing to do but are impeded due to organizational or other constraints

The experience of being seriously compromised as a moral agent in practicing in accordance with accepted professional values and standards.

Varcoe, Pauly, Webster and Storch, 2012

Jameton, 1993
When Doctors and Nurses Can’t Do the Right Thing

Last month, a physician who serves as an ethics consultant told me about a growing concern in her hospital. Doctors and nurses “feel like they’re fighting a losing battle every day,” she said. They often feel unable to provide the care that they believe is best for their patients.

By PAULINE W. CHEN, M.D.
Published: February 5, 2009
Constraints

**Internal**
- Lack of assertiveness
- Self-doubt
- Socialization to follow orders
- Perceived powerlessness
- Lack of understanding of the full situation

**External**
- Inadequate staffing
- Hierarchies within the healthcare system
- Lack of collegial relationships
- Lack of administrative support
- Policies and priorities that conflict with care needs
- Compromised care due to pressure to reduce costs
- Fear of litigation

Epstein & Hamric, 2009
Strategies to mitigate moral distress

- Speak up
- Build support networks
- Focus on desired changes that preserve moral integrity
- Mentoring
- Participate: educational activities, discussions
- Forums for interdisciplinary problem solving
- Address root causes in institutional or unit culture
Strategies to mitigate moral distress

Rodney et al., 2013.

• Supportive colleague-to-colleague dialogue
• Regular interdisciplinary team debriefings
• Transparent communication between administration and practice
• Role models
• Keep the patient at the center
• Capacity and skill-building with moral reasoning skills, conflict resolution techniques
• Expand the identity-conferring commitment of moral agency
Strategies to mitigate moral distress

- **Speak up**
  - Build support networks
  - Focus on desired changes that preserve moral integrity
  - Use mentoring and institutional resources
  - Participate in educational activities and discussions
  - Use forums for interdisciplinary problem solving
  - Address root causes in institutional or unit culture
  - Develop policies to encourage ethical discussion

Epstein & Hamric, 2009
Why don’t we speak up?

RNs don’t want to be labeled as “malcontents” or “pot-stirrers” and would not challenge MDs if they perceived it would result in conflict, stress, reprisal.

Churchman & Doherty, 2010

Interprofessional collaboration in the ICU suffers:

• Power dynamics
• Poor communication patterns – jr team members are hesitant to speak up to sr colleagues due to fear of reprisal, embarrassment, appearing incompetent
• Organization and systemic factors - hierarchy

Rose, 2011
Values-driven leadership development
Assumes positive intent: we want to act on our values, how do we enact our values in professional practice? How do we increase the odds of enacting our values effectively?
Provision 6.3
Nurses are responsible for contributing to a moral environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues, which includes ongoing professional development of staff in ethical problem solving.
Ethics Liaisons @ CHCO

• To serve as a professional, approachable presence in the unit/dept as a representative of the ethics committee,
• To facilitate ethics discussions among interdisciplinary colleagues,
• To communicate ethical questions or issues that arise to unit leadership and, as needed, to the ethics committee for education or consultation,
• To identify frequent/recurring ethical issues that may necessitate the need for education, a practice change, communication or an ethical framework.
Ethics Champion Programs

Supportive unit-based, hospital wide forums to:

• address moral distress at the unit and organizational levels
• deepen moral sensitivity
• clarify personal and professional values
• increase confidence in identifying, analyzing and responding to ethical issues, engaging in ethics conversations and education
• provide ongoing support
• draw on ethics resources
Ethical Competence

**Ethical sensitivity:**
- Self-awareness
- Self-regulation
- Mindfulness
- Strong moral compass
- Recognition of ethical issues
- Empathy to consider others’ experience

**Ethical knowledge:**
- Ability to define the problem
- Experience
- Training
- Education
- Ethical principles, precepts, theory
- Codes of ethics, law, precedent cases

Lechasseur, et al., 2016
Ethical Competence

Ethical reflection:
Considering more than 1 or 2 viewpoints
Awareness of personal and professional values
Process of inquiry vs disagreement

Ethical action:
Strong problem-solving skills
Ability to speak up effectively
Ownership, ability to work w/others to resolve issues
Implementation skills

Lechasseur, et al., 2016
Ethical Competence

Ethical behavior:
- Moral courage
- Risk-taking
- Self care
- Respect
- Modeling these qualities
- Moral motivation to do what is right for the pt

Ethical decision making:
- Judgement about which action is ethical sound
- Openness to perspectives
- Assure all voices are included
- Ability to prioritize moral values over personal values
- Ability to recognize the core issue: pt well being

Lechasseur, et al., 2016
Participant Survey, 2016

- Survey to Ethics Champions of 3 Pediatric Hospitals via SurveyMonkey®
- Survey included:
  - Demographics
  - Evaluation of ethical climate
  - Open-ended discussion of impact of role of ethics champions
Strongly Agree/Agree responses

- There is a sense of questioning, learning, and seeking creative responses to ethical issues/problems.
- My ability to access ethical resources diminishes my moral distress associated with ethical issues/problems.
- I am confident in supporting colleagues in addressing ethical dilemmas.
- Feelings/values of all parties in an ethical issue/problem are considered when choosing a course of action.
- I can influence the ethical climate of my unit/department.
- I can influence the ethical climate of my institution.
- Conflict is openly dealt with, not avoided
Impact of Ethics Champion Program

Please share ways that participating as an Ethics Champion has impacted your nursing/clinical practice.

• Responses:
  • 70 out of 78 responded
  • 8 major themes identified
  • Each major theme included 2 to 3 sub-themes
  • Most responses included from 2 to 5 themes
Impact of Ethics Champion Program

1. Increased awareness/recognition of ethical issue
2. Importance of support in addressing ethical issues
3. Increased individual moral agency
4. Increased knowledge/understanding of ethics
5. Increased perspective, ability to include others views
6. Increased utilization of ethics resources
7. Made a difference by impacting clinical practice
8. Importance of ethics discussions
“I believe 100% that it has made me a better nurse. Overall, I have found that I am able to look at a situation more objectively and I can appreciate the opinions of others when addressing an issue. I have also changed the way I have interacted with my patients and families and I have found it easier to maintain a therapeutic relationship with my patients.”
Ethical fitness?

Requires being mentally engaged – thinking, reasoning, grappling with difficult situations or their potential, on a regular basis, as well as a commitment to finding better ways to reach good outcomes.

Kidder, 2009
Quick fix?

“Our Quick Start gym membership comes with a free set of press-on abs!”
Ethical fitness

About doing, not just thinking, reasoning or grappling

About moral agency -- moving to action to benefit patients

About promoting ethical environments where it is expected that we “bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review.” (ANA 4.3)
Ethical fitness test

Do we consider ourselves to be moral agents?
Do we have conversations about the ethical implications of our work?
Do we raise morally distressing issues for discussion and resolution?
Do we work to enhance the ethical climate of our work settings?

Storch, Rodney, & Starzomski, 2013
Ethical fitness?

NOTICE

THIS DEPARTMENT Requires NO PHYSICAL FITNESS PROGRAM.

EVERYONE GETS ENOUGH EXERCISE JUMPING TO CONCLUSIONS, FLYING OFF THE HANDLE, RUNNING DOWN THE BOSS, KNIFING FRIENDS IN THE BACK, DODGING RESPONSIBILITY, AND PUSHING THEIR LUCK.
Overwhelming?

“I can help you develop your triceps, possibly beef up your chest. But to be brutally honest, you need to be erased and completely redrawn.”
Strategies to build ethical fitness

- Know who you are and what you stand for – your core values – cultivate your inner game
- Cultivate moral resilience – capacity to sustain or restore your integrity in response to moral complexity, confusion, distress, uncertainty or setbacks
- Prioritize time and methods for reflection

Rushton, 2016
Training regimen for ethical fitness

• Be in the moment – notice the micro-ethical moments every day - to change the moment is to change the culture

• Don Berwick, “Ask less ‘what do I do?’ and more ‘what am I a part of?’”
  • pt at the center

• Train confidence and competence in speaking up
“nurses, in all roles, must create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations….the Code goes beyond a foundation of support for nurses; it seeks to construct a culture of excellence wherein meeting ethical obligations is an everyday expectation.”

ANA Code, p. 105


questions