



Moral Resilience of Healthcare Professionals

Lisa Anderson-Shaw, DrPH, MA, MSN, APRN-C, HEC-C
Assistant Professor, Loyola University, Chicago
Neiswanger Institute for Bioethics, College of Medicine
Marcella Niehoff School of Nursing

Acknowledgements

I am grateful to Dr. Lauris Kaldjian for inviting me to speak with you all today.

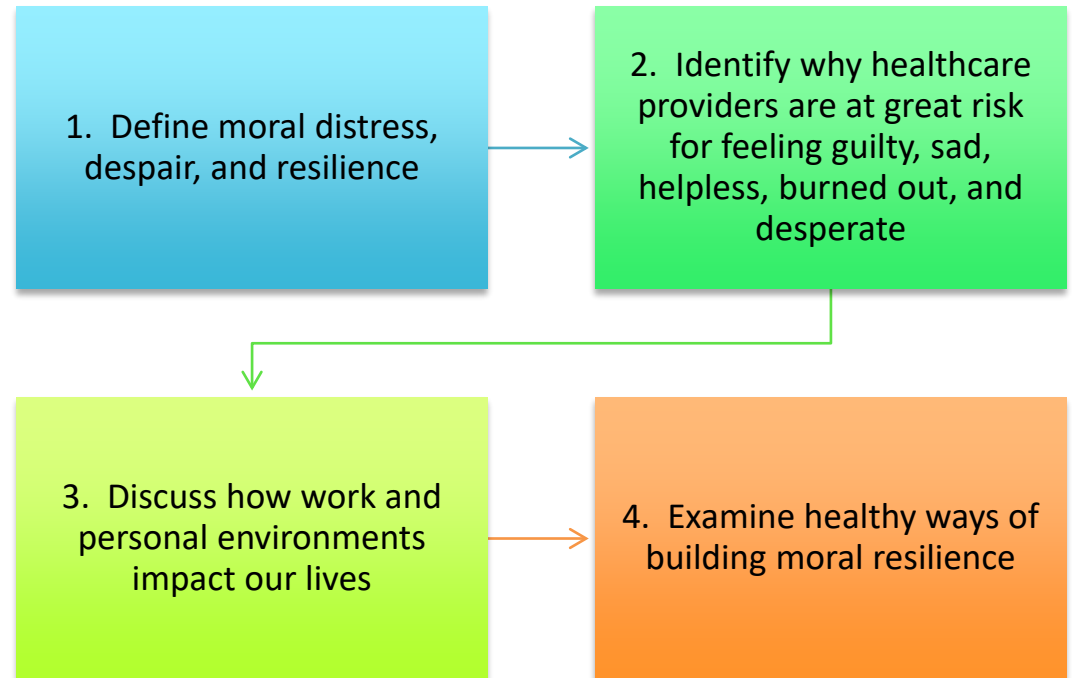
Shout out to all the Nursing and Medical students here at the University of Iowa

It is an honor to speak to you all on the topic of Moral Resilience in the Health Professions

Thank you to my husband for helping with the presentation because he is a computer geek

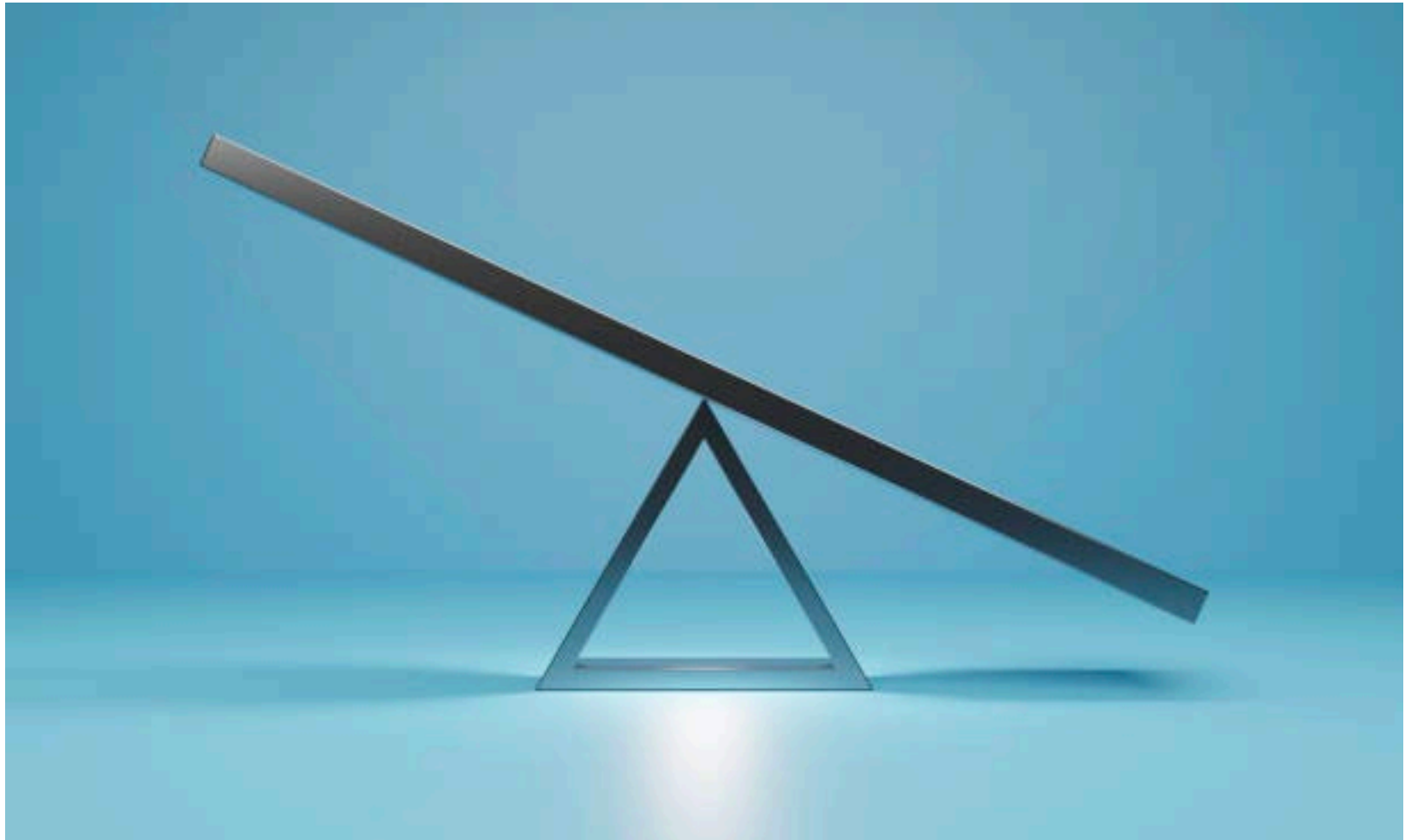
I have no financial or ethical conflict of interest to disclose

Objectives



Clinical Ethics

Talk about the vital role of ethics
consultation and committee





Moral Distress (Word Cloud)

What words
would you use to
describe moral
distress?

Jean-Paul Sartre

In 1957 French philosopher Jean-Paul Sartre wrote about the conflict of obligations “being torn between two kinds of morality: one of limited scope but certain efficacy...the other of much wider scope but uncertain efficacy”

Distress and Injury

- The terms "moral distress" and "moral injury" were first used in a military context to characterize the torment felt by soldiers as they tried to process and justify their actions amid the cruelty of war.
- In more recent years, these terms are used to describe the feelings of guilt, sadness and defeat felt by health care professionals when we know what our patients need but can't provide it.

Currie GP, Laing RB. Moral distress in healthcare professionals: Time to reflect. *Journal of the Royal College of Physicians of Edinburgh*. 2023;53(4):237-238. doi:[10.1177/14782715231215409](https://doi.org/10.1177/14782715231215409)

Moral Distress

- In 1984 author A. Jameton published “Nursing practice: The ethical issues” which laid the foundation for philosophical discourse on moral distress among nurses.
- Jameton wrote that moral distress is “The perceived inability to perform the morally right action which results in a sense of powerlessness from fulfilling one’s professional responsibilities.”
- His writings and concepts have since been applied to all healthcare providers.

Experience of Moral Conflict / Distress

5 Minute Breakout

- Have you ever experienced moral conflict or distress related to work, school, life, clinical rotations?
- What was the reason for the conflict?
- How did the experience make you feel?
- What actions, if any, did you take to resolve the conflict/distress?
- Was the issue resolved?
- If not, how did you deal with the conflict?

COVID 19: Moral Stress and Distress

- January 20, 2019 the first laboratory-confirmed case of Severe Acute Respiratory Virus Syndrome from a novel Coronavirus, SARS-CoV-2, was reported in Washington state.
- Upon CDC notification of this first case it activated its Emergency Operations Center (EOC) to respond to the emerging outbreak.
- The disease was later named COVID-19 (**CO**rona**VI**rus **D**isease 20**19**)

<https://www.cdc.gov › museum › timeline › covid19>

Anatomy of the Crisis

- Emergency Departments at capacity
- COVID testing shortages
- Shortages of N-95 masks for our own protection
- Mandatory over time for staff
- Clinical staff exhaustion
- No vaccine
- No treatment
- Ethical decisions on rationing care (ventilators, dialysis machines, ICU beds)
- Patients dying alone
- Fear of being infected and dying from COVID

Moral Conflict

- Moral conflict occurs in disputes when individuals or groups have differences over, or are unable to translate to each other, deeply held beliefs, knowledge, and values.
- Such conflicts can seriously affect healthcare providers and cause distress during disastrous situations such as pandemics when medical and human resources are stretched to the point of exhaustion.

Anderson-Shaw, LK, Zar, FA (2020). COVID-19, Moral Conflict, Distress, and Dying Alone. *Journal of Bioethical Inquiry*, 17(4), 777–782. <https://doi.org/10.1007/s11673-020-10040-9>

What we learned from COVID-19

The emotional toll for healthcare workers in all settings is multifactorial

Taking care of sick people can be very difficult both physically and emotionally

We feel sad when we have nothing to help our sick patients recover from illness

We often work under pressure from sources within and outside of our spaces

2023 ANA Survey: Nurse Burnout

According to the 2023 American Nurses Association survey, “56% of U.S. nurses are experiencing burnout, including emotional exhaustion, and 64% say they feel ‘a great deal of stress because of their job’.”

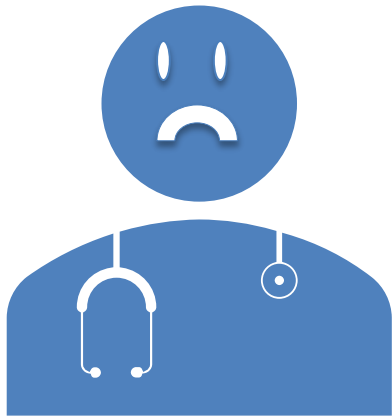
7,400 nurses were surveyed about mental health related to their jobs. These were the top 4 contributors to their feelings of burnout (respondents could choose up to three):

Not enough staff to adequately do their job 30%	Patient load and clinical task volume 23%	Poor or difficult leadership 23%	Too many administrative tasks, such as charting, electronic health records and documentation 22%
--	--	-------------------------------------	---

Top 15 from survey

In May of 2023 more than 7,400 nurses were surveyed about mental health related to their jobs. According to the results, these were the top 15 contributors to their feelings of burnout (respondents could choose up to three):

- Not enough staff to adequately do their job: 30%
- Patient load and clinical task volume: 23%
- Poor or difficult leadership: 23%
- Too many administrative tasks, such as charting, electronic health records and documentation: 21.59%
- Challenging patients and families: 18%
- Insufficient compensation: 17%
- Lack of respect from colleagues or employer: 15%
- Working too many hours: 11%
- Lack of respect from patients/families: 11%
- Workflow issues: 10%
- Lack of teamwork: 9%
- Unable to request leave as needed: 8%
- Organizational values: 7%
- Insufficient supplies: 6%
- Lack of autonomy over life outside of work: 5%
-




Helpless, Overwhelmed, Sad

- Our work as healthcare professionals will cause us to feel many emotions for many reasons
- We must care for each other even as we care for our patients
- Acknowledge that moral distress is a normal emotion we all feel from time to time
- Know yourself and when you may need help with feelings of distress and seek resources
- If you sense that a co-worker is feeling helpless, overwhelmed, or sad, ask them how they are feeling and if you can help

But.....

We
Have
Resilience!






Resilience (Word Cloud)

Think of one word for resilience that stands out in your mind

4 Steps of Resilience

Recognize: The first step is to recognize the situation for what it is. To do so, be aware of the complexities related to the patient, the patient's family, and the care team, including what each party wants to happen and emotions that may affect their perspectives.



Release: Consider what you can change and what you can't. Let go of past experiences

4 Steps of Resilience

Reconsider. You may need to reframe an issue or view it in a new way. Be open to fresh approaches and ensure everyone understands each other's perspectives.

Restart. At this point, you may find you are asking new questions or have new ideas about how the situation can be moved forward in a positive way.



Moral Resilience

- The ability of an individual to preserve or restore integrity in response to moral adversity.
- This must also include organizational and systemic supports
 - Supervisor / Departmental Programs
 - Employee Health / Support Services
 - Educational Programs
 - Fun



Mini Breakout Discussion

5 Minutes

What are your “go to” actions or words to help you when you feel moral distress or frustration and does this generally resolve the issue and/or make you feel better?

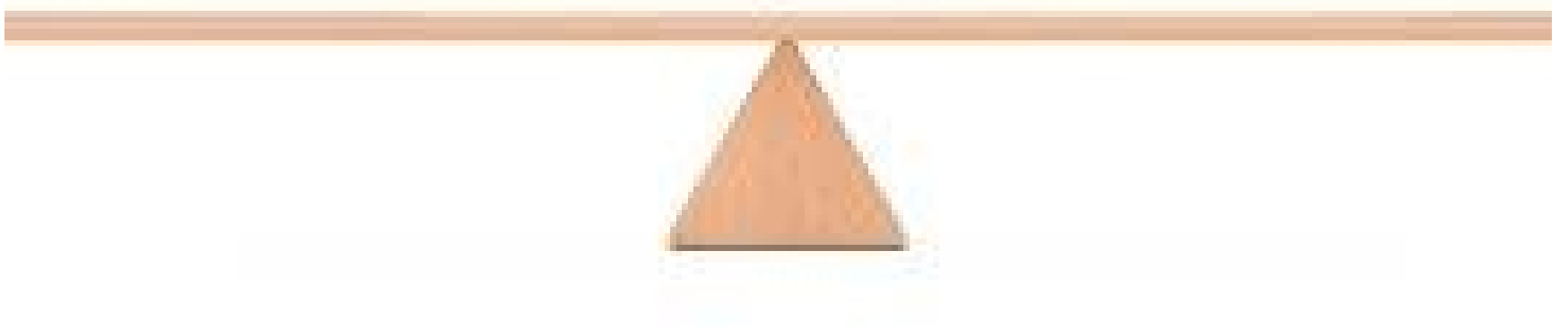
Finding Joy

Restarting in a healthy way after experiencing moral distress and injury

Finding Joy

- Taking care of people can be very difficult, so...
- Take care of yourselves while you are taking care of your patients
- Talk to your supervisors to find out what institutional resources are available
- Watch a funny movie, listen to your favorite songs, call your best friend, call family, play video games, take a nap...

Strive For Balance





Thank You!

References

1. <https://www.cdc.gov/museum/timeline/covid19>
2. Currie GP, Laing RB. Moral distress in healthcare professionals: Time to reflect. *Journal of the Royal College of Physicians of Edinburgh*. 2023;53(4):237-238. doi:[10.1177/14782715231215409](https://doi.org/10.1177/14782715231215409)
3. Repenshek M. Moral Distress: Inability to Act or Discomfort with Moral Subjectivity? *Nursing Ethics*. 2009;16(6):734-742. doi:[10.1177/0969733009342138](https://doi.org/10.1177/0969733009342138)
4. Jameton, A. 1984. *Nursing practice: The ethical issues*. Englewood Cliffs, NJ: Prentice Hall.
5. McConnell, T. 2018. Moral Dilemmas. In *The Stanford encyclopedia of philosophy*, Fall 2018 ed., edited by E. Zalta. Accessed March 19, 2024.
6. Anderson-Shaw, L. K., & Zar, F. A. (2020). COVID-19, Moral Conflict, Distress, and Dying Alone. *Journal of bioethical inquiry*, 17(4), 777–782. <https://doi.org/10.1007/s11673-020-10040-9>
7. Buchbinder, M., Browne, A., Berlinger, N., Jenkins, T., & Buchbinder, L. (2023). Moral Stress and Moral Distress: Confronting Challenges in Healthcare Systems under Pressure. *The American Journal of Bioethics*, 1–15. <https://doi.org/10.1080/15265161.2023.2224270>
8. American Nurses Foundation, Pulse on the Nation's Nurses Survey Series: Mental Health and Wellness Survey 4, May 2023. <https://www.ajc.com/pulse/ana-survey-reveals-top-15-causes-of-nurse-burnout/J3G5JCPXIZE23BH55XXFVY7LKQ> accessed 4.9.2023