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REDUCING MORAL SUFFERING AND BUILDING MORAL RESILIENCE IN HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC

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October 26, 2020

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PRESENTER DISCLOSURE

- Presenter: Edward Spilg
- Relationships with commercial interests:
  - Grants/Research Support: The Centre of Excellence on Post-Traumatic Stress Disorder (PTSD), Funded by Veterans Affairs Canada
  - Speakers Bureau/Honoraria: None
  - Consulting Fees: None
  - Other: None

LEARNING OBJECTIVES

- Understand how healthcare workers are at particular risk of moral distress and moral injury during the COVID-19 pandemic
- Learn how to manage moral distress and moral injury in healthcare workers during the COVID-19 pandemic
- Explore how building moral resilience may mitigate against moral suffering in healthcare workers during the COVID-19 pandemic

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US & Canada

Coronavirus: Why healthcare workers are at risk of moral injury

6 April

Coronavirus pandemic

Moral injury is associated with veterans - but medical workers and frontline responders are at risk too

OPINION

Amid this mortal crisis, health workers are also facing moral wounds

MARGARET MCKINNON, RUTH LANIUS AND RAKESH JETLY
CONTRIBUTED TO THE GLOBE AND MAIL
PUBLISHED APRIL 17, 2020

TRENDING
1 Crusading journalist and gumshoe

The Washington Post
Democracy Dies in Darkness

Health

‘I have never felt so helpless’: Front-line workers confront loss

Doctors, nurses and first responders grapple with the enormity of what they’ve witnessed during the pandemic’s first wave

By **Ariana Eunjung Cha**, **Ben Guarino** and **William Wan**

JUNE 7, 2020

OTTAWA CITIZEN

PTSD, moral injury a 'developing crisis' for front-line health workers

The Centre for Excellence on PTSD and Related Mental Health Conditions, funded by Veterans Affairs and located at Ottawa's The Royal, has released a guide on moral stress among health-care workers and others during COVID-19.

Elizabeth Payne

Jul 07, 2020 • Last Updated 3 months ago • 4 minute read

"I broke down and cried today. I cried of exhaustion, of defeat. Because after 4 years of being an ER nurse, I suddenly feel like I know nothing"

“It's an experience I would compare to a world war”

“we're on our knees here, and it's really difficult and we're all trying the best we can and we don't feel… we feel like we could be doing more, and I know we can't … we're staying away from our families and we're putting ourselves in danger to try and save other people's loved ones, it feels like a losing battle but it's not, we've all got hope and we're all trying to do what we can.”

J Clin Nurs. 2020;29:2742–2750.

FACTORS ASSOCIATED WITH MENTAL HEALTH OUTCOMES AMONG HEALTH CARE WORKERS EXPOSED TO CORONAVIRUS DISEASE 2019

(LAI ET AL., JAMA Netw Open. 2020 MAR;3(3): e203976)

- Cross sectional study, 1257 HCWs across 34 hospitals in China
- Depression 50.4%
- Anxiety 44.6%
- Insomnia 34.0%
- Distress 71.5%
- Highest risk: nurses, females, those in Wuhan, directly caring for patients with COVID-19

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DEPRESSION, ANXIETY, AND INSOMNIA AMONG HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC
(PAPPA ET AL., BRAIN, BEHAVIOR, AND IMMUNITY 88 (MAY 2020) 901–907)

- Systematic review and meta-analysis - 13 studies included in the analysis with a combined total of 33,062 participants
- Anxiety prevalence of 23.2% (12 studies)
- Depression prevalence 22.8% (10 studies)
- Female HCPs had a higher rate of affective symptoms compared to male HCPs
- Nurses had a higher rate of affective symptoms compared to medical staff
- Insomnia prevalence of 38.9% (5 studies)

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PSYCHOLOGICAL EFFECTS OF EMERGING VIRUS OUTBREAKS
(KISELY ET AL., BMJ MAY 2020;369:M1642)

- SARS; COVID-19; MERS; Ebola; Influenza A H1N1; Influenza A H7N9.
- Compared HCWs with lower risk controls
- Acute or post-traumatic stress OR 1.71 (95%CI 1.28-2.29)
- Psychological distress OR 1.74 (95%CI 1.50-2.03)
- Risk factors for psychological distress included being younger, more junior, parents of dependent children, and in quarantine, having an infected family member, lack of practical support, and stigma

BURNOUT AND SOMATIC SYMPTOMS AMONG FRONTLINE HEALTHCARE PROFESSIONALS AT THE PEAK OF THE ITALIAN COVID-19 PANDEMIC.

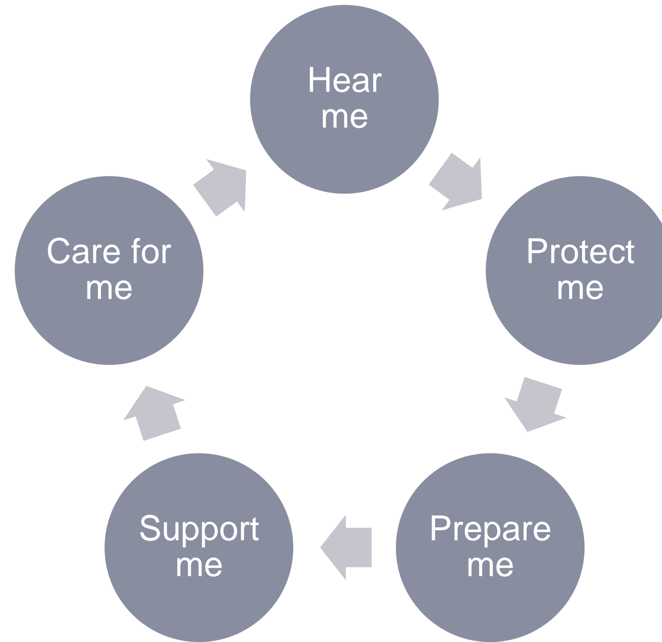
(BARELLO S, ET AL. PSYCHIATRY RES. MAY 2020;290:113129)

- Approximately 45% of 1153 Italian COVID-19 frontline clinicians experienced at least 1 physical symptom of burnout in the previous 4 weeks (including increased irritability, change in food habits, difficulty falling asleep, muscle tension).
- >1 in 3 showed high score on Emotional Exhaustion
- 1 in 4 reported high levels of Depersonalization
- Only 15% reported low sense of Personal Accomplishment

SOURCES OF PHYSICIAN ANXIETY DURING COVID-19 PANDEMIC
(SHANAFELT, JAMA JUNE 2, 2020 VOLUME 323, NUMBER 21)

- PPE
- Exposure to COVID-19
- Access to rapid testing
- Support in the case of infection
- Access to childcare
- Providing competent medical care if deployed
- Support for personal/family needs
- Access to up-to-date information and communication

REQUESTS FROM HEALTH CARE PROFESSIONALS TO THEIR ORGANIZATION DURING THE COVID-19 PANDEMIC
(SHANAFELT, JAMA JUNE 2, 2020 VOLUME 323, NUMBER 21)



MORAL ADVERSITY

- Moral adversity arises when “internal or external circumstances or actions produce morally objectionable, troublesome, or unfortunate circumstances or results that can imperil integrity and well-being, either individually or collectively” (Rushton, 2018)
- Responses to moral adversity include moral stress resulting in frustration or anxiety, unease when we are uncertain or conflicted about what to do, or various types of moral suffering including moral distress and moral injury (Rushton, 2018)

MORAL DISTRESS

- Moral distress "…when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (Jameton, 1984).
- A core element is the need for the clinician to make a moral judgement and act on it (McCarthy and Gastmans, 2015).
- In these situations, the consequences of action or inaction imperils integrity (Thomas & McCullough, 2015).

CONSEQUENCES OF MORAL DISTRESS

- Moral distress has personal consequences for HCWs and wider consequences for the organization.
  - Promotes feelings of self-doubt, loss of self-esteem, demoralization, helplessness and hopelessness, as well as a diminished sense of purpose.
  - Produces personal and professional disillusionment and ultimately depression.
  - Associated with emotional exhaustion and emotional detachment leading to burnout.
  - Affects quality of care, patient satisfaction and staff retention.

MORAL INJURY

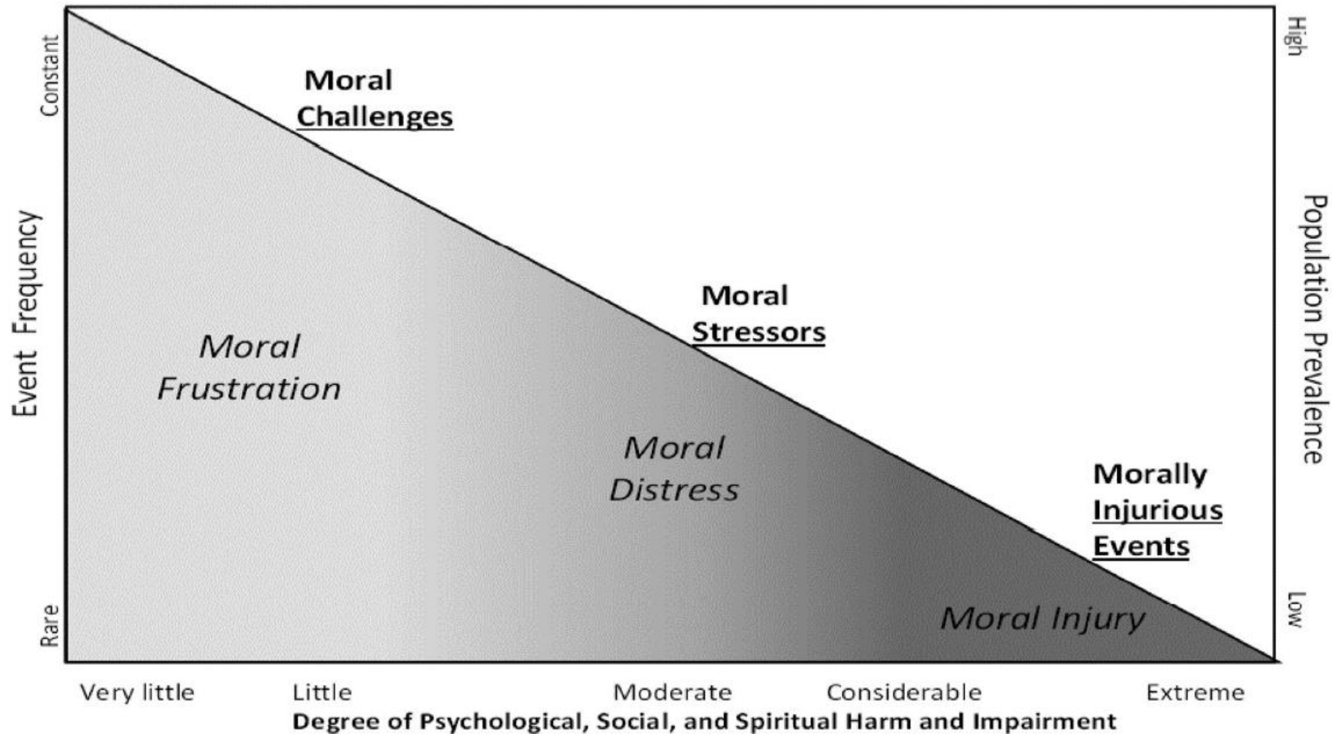
- “The profound psychological distress which results from actions, or the lack of them, which violate one’s moral or ethical code” (Litz et al 2009).
- A more extreme form of moral suffering is the despair that results from moral injury instigated by witnessing or participating on in moral wrongdoing or betrayals by leaders (Rushton, 2018; Litz & Kerig, 2019).

CONSEQUENCES OF MORAL INJURY IN HCWs (1)

- Direct health related outcomes including guilt, anger, shame, loss of identity/role and questioning of one's sense of self.
- Impaired personal, social, and occupational functioning - can include engaging in self-destructive behaviours and substance misuse.
- May become socially withdrawn and avoidant and may develop relationship problems, experience reduced empathy and show increased difficulties which may affect clinical care and performance.

CONSEQUENCES OF MORAL INJURY IN HCWs (2)

- Risk factor for post-traumatic stress disorder (PTSD), depression and anxiety, and associated problems such as insomnia, suicidal ideation and suicidal behaviour.
- Burnout itself may lead to moral injury via exhaustion, cynicism and reduced efficacy and can impact negatively on workplace performance, especially in extreme situations which further compounds the risks for moral injury.



Heuristic continuum of morally relevant life experiences and corresponding responses.

Litz, B. T., & Kerig, P. K. (2019). Introduction to the Special Issue on Moral Injury: Conceptual Challenges, Methodological Issues, and Clinical Applications. Journal of Traumatic Stress, 32(3), 341–349.

POTENTIALLY MORALLY INJURIOUS EVENTS (PMIE) FACED BY HCWs IN THE COVID-19 PANDEMIC

- When faced with more extreme moral stressors, such as during the COVID-19 pandemic, HCWs face potentially morally injurious events (PMIE), such as
  - triaging patients for healthcare with implications for who gets what level of treatment in circumstances in which denial of treatment may result in the death of the patient
  - witnessing deaths of young and previously healthy individuals
  - preventing family members from being at the side of a dying relative
  - having to follow clinical directions that the individual may feel are unethical

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RECOGNIZING MORAL DISTRESS IN ONESELF AND OTHERS

Type of moral distress	You are feeling distressed because…	Common emotions	Trigger phrases
MORAL-CONSTRAINT DISTRESS	You are constrained from doing what you think is the ethically appropriate action.	Angry, frustrated, sense of injustice, powerless	*"I feel like I'm not doing the right thing."* *"I feel like I'm complicit in causing suffering."*
MORAL-UNCERTAINTY DISTRESS	You are uncertain about whether you are doing the right thing.	Torn, conflicted, uncertain, frustrated	*"I feel torn about what we should do."* *"I don't know whether this is the right thing to do."*
MORAL-DILEMMA DISTRESS	You are unable to choose between two or more ethically supportable options.	Guilt, regret, torn, sense of injustice, sad	*"I feel like I'm stuck between a rock and a hard place."* *"Both options seem to be equally bad."*
MORAL-CONFLICT DISTRESS	You are conflicted about the most appropriate ethical action.	Conflicted, frustrated, angry, sad	*"I feel like they don't understand my point of view."* *"I feel like we have different moral perspectives."*
MORAL-TENSION DISTRESS	You are unable to share your beliefs with others (this might include your colleagues, manager or other providers).	Sad, angry, frustrated, powerless	*I don't feel like I can talk to anyone about my beliefs."*

Morley, G., Sese, D., Rajendram, P., & Horsburgh, C. C. (2020). Addressing caregiver moral distress during the COVID-19 pandemic. *Cleveland Clinic Journal of Medicine*, ccjom;ccjm.87a.ccc047v1.

WHAT SHOULD WE DO?

MABEN & BRIDGES *J CLIN NURS.* 2020;29:2742–2750.

Much of the available guidance is led by best-available evidence, underpinned by theory, expert opinion and models used in the military, as well as experiences from other countries and other infectious disease outbreaks.

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SUPPORTING HOSPITAL STAFF DURING COVID-19: EARLY INTERVENTIONS

BILLINGS, J ET AL. OCCUPATIONAL MEDICINE 2020;7(5):327-329

- Certain types of early intervention may be unhelpful and could even worsen mental health outcomes.
- The quantity, and quality, of current research in this area is limited, and most research to date has focused on early interventions after a single major incident and after the crisis has passed.
- There is also limited knowledge on providing support at a time when those offering support are also exposed to a shared threat.
- Therefore, we must extrapolate from current evidence what might be most helpful.

THE DO'S…

- The basic physical needs of staff should be met
- Provide high-quality communication and accurate information updates
- Rotate workers from higher-stress to lower-stress functions.
- Provide training not only on the clinical skills required to deal with COVID-19, but also on the potentially traumatic situations that staff might be exposed to including honest communication of the facts, developing skills to cope with these and awareness of potential mental health consequences.
- Respond to staff feedback on what is, and is not, helpful

MORE DO'S…

- Pay attention to staff who may be particularly vulnerable
- Encourage staff to use social and peer support
- Facilitate team cohesion and strong supportive links between team members and managers
- Provide opportunities for staff to talk about their experience to enhance support and social cohesion
- Continue to actively monitor and support staff after the crisis begins to recede. Where necessary, refer on for evidence-based psychological treatment
- Have a low threshold for referring staff members to well-being or psychology services

…AND THE DO NOT'S

- Do not offer psychological debriefing (PD), critical incident stress debriefing (CISD) or any other single session intervention which involves mandating staff to talk about their thoughts or feelings
- Do not offer non-specific training programs such as 'mental strength' training
- Do not rush to offer formal psychological interventions too soon without careful assessment, including active monitoring
- Do not offer any unproven approaches to psychological treatment. Any psychological intervention should be provided by an appropriately qualified and supervised clinician, at the appropriate time

POTENTIAL RISK FACTORS FOR MORAL INJURY IN HCWs

WILLIAMSON, MURPHY & GREENBERG. (2020). OCCUPATIONAL MEDICINE, HTTPS://DOI.ORG/10.1093/OCCMED/KQAA052

Increased risk of moral injury if…

- …there is loss of life to a vulnerable person (e.g. child, woman, elderly);
- …leaders are perceived to not take responsibility for the event(s) and are unsupportive of staff
- …staff feel unaware or unprepared for emotional/psychological consequences of decisions
- …the PMIE occurs concurrently with exposure to other traumatic events (e.g. death of loved one)
- …there is a lack of social support following the PMIE

Evidence-based recommendations for leaders to address moral distress

See and seek moral distress	• Look for ethical concerns and signs of moral distress. • Inquire and consider whether an Ethics Consultation is indicated.
Understand moral distress	• Understand through active listening. • Be receptive to diverse perspectives. • Model a self-reflective process: be aware of your own biases, remember that ethical issues often are not black and white, and avoid responding with correction/rebuke.
Pay attention and assess workplace climate	• Acknowledge ethical challenges and moral distress. • Assess the unit climate, culture, tone. • Work to mitigate power differentials between caregivers. • Explore and note repeated occurrences and problems. • Assess professional risks of speaking up.
Promote a receptive environment and engage team members	• Encourage and create spaces for moral dialogue. • Encourage and role-model respectful communication across disciplines. • Promote team-based dialogue and discussion when ethical issues arise.
Open opportunities for dialogue	• Encourage debriefing. • Ask whether members of the team might benefit from further discussion with an ethics expert. • Utilize resources: bring team members to multidisciplinary meetings, invite bedside nurses to family meetings, and participate in Bioethics rounds.
Reflect, evaluate, and revise	• Establish self-care as a custom, ask team members how they are doing, and explore whether they need any additional support.
Transform negative environments	• Acknowledge that the environment is changing, be transparent and ready to answer questions.

Morley, G., Sese, D., Rajendram, P., & Horsburgh, C. C. (2020). Addressing caregiver moral distress during the COVID-19 pandemic. *Cleveland Clinic Journal of Medicine*, ccjom;ccjm.87a.ccc047v1.

RECOMMENDATIONS FOR LEADERS TO ADDRESS MORAL DISTRESS

PAVLISH ET AL. J NURS ADM 2016; 46(6):313–320)

- **S**ee and seek moral distress
- **U**nderstand moral distress
- **P**ay attention and assess workplace climate
- **P**romote a receptive environment and engage team members
- **O**pen opportunities for dialogue
- **R**eflect, evaluate, and revise
- **T**ransform negative environments

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RESILIENCE AS A MULTIDIMENSIONAL CONSTRUCT

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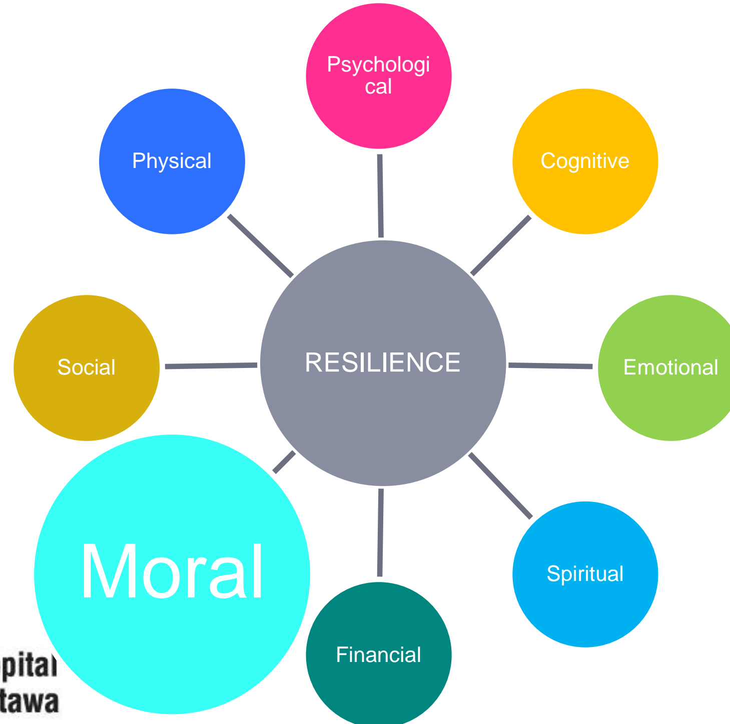

MORAL RESILIENCE (1)

- The capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress, or setbacks (Rushton, 2016).
- The ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature (Lachman, 2016).
- Moral resilience, like other forms of resilience, is built in response to adversity, and is a specific context in which the global concept of resilience can be understood and applied to the moral aspects of life with particular attention to integrity (Earvolino-Ramirez, 2007; Mealer & Jones, 2013)
- It is postulated that all health care professionals have innate and learned capacities that can be leveraged toward and strengthened to address distress.

MORAL RESILIENCE (2)

- Raised as a potential way to mitigate moral adversity through transforming the profound despair and powerlessness associated with morally distressing situations (Rushton, 2016).
- Allows for the exploration of factors, both individual and organizational, that help clinicians practice in a manner that reflects their intentions, character, and integrity (Rushton, 2017; Rushton, 2018)
- Allows for dealing with an ethically adverse situation without lasting effects of MD and MI (Lachman, 2016).
- Is premised on the belief that moral adversity in these high stakes contexts is unavoidable; our response to it can produce beneficial, growth producing outcomes or degrade the well-being and integrity of those who experience it.

BUILDING MORAL RESILIENCE?

A CALL TO ACTION: EXPLORING MORAL RESILIENCE TOWARD A CULTURE OF ETHICAL PRACTICE (ANA, 2017)

- **Ethical Competence**: leveraging conscientious moral agency with the confidence in his or her capacity to recognize and respond to ethical challenges in an effective manner" (Holtz, Heinze, & Rushton, 2017).
  - "See" what a situation presents (ethical perception)
  - Reflect critically about what we know, are, and do (ethical reflection)
  - Bring out the ethical practice (ethical behavior) (Gallagher, 2006)
- **Ethics in Education**: teachable skills to support ethical decision making
- **Self-Regulation**: mindfully recognize what is happening in the moment and to monitor, evaluate, reinforce, or adapt one's responses to changing conditions or adversity (Holtz, Heinze, & Rushton, 2017; Masten, 2014).
- **Self-Care**: own one's own individual health in order to foster a healthy personal and professional balance

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IN THE MEANTIME…

http://www.moralinjuryguide.ca/

Organizational Level

- recognize stressors; promote supportive culture; provide resources; establish policies; staff rotation

Team Level

- provide leadership; discuss challenges; encourage self-care and help-seeking; celebrate successes; connect with supports

Individual Level

- learn; stress management; eat/exercise/connect/rest; support colleagues; seek professional help

FURTHER RESEARCH

- Evidence-based interventions to reduce moral suffering in HCW
- Understand whether we can translate evidence from one profession to another
- Specific situations e.g. LTC
- What about moral residue?
- Further evolution of the concept of moral resilience

RESOURCES

- https://www.moralinjuryguide.ca/
- https://www.theroyal.ca/covid-frontline-wellness
- https://www.camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals
- https://theottawahospital.sharepoint.com/sites/myHospital/en/Employee-Services/Health-and-Safety/Health-Wellness/Pages/Wellness-during-COVID-19.aspx