TAKING CARE OF THE COMPASSIONATE CARE TEAM
Conversations About Moral Resilience and Moral Distress

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America’s Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.
ASking Questions Via Chat

1. The chat feature is available to ask questions or make comments anytime.

2. Click the chat button at the bottom of the WebEx window to open the chat box on the bottom righthand side of the window.

3. Choose “Everyone”, as appropriate.
   - Type your question.
   - Click “Enter” to send your question.
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No disclosures to report

The content of this activity may include discussion of off label or investigative drug uses. The faculty is aware that it is their responsibility to disclose this information.
TARGET AUDIENCE

- Health care providers across the care continuum
- Health professions faculty, preceptors and students
- Health care administrators
EDUCATIONAL OBJECTIVES

- Explore the role of moral resilience in bolstering team reserves and capacity.
- Describe the common signs and symptoms associated with moral distress.
- Recognize the experience of moral distress in the context of justice and institutional and systemic racism.
- Identify clinical situations that can trigger moral distress in primary care teams.
- List five strategies members of primary care teams can use to prevent and ameliorate moral distress in team members.

https://ipe.asu.edu/team-care-connections
Session 2
Reducing Talent Burnout & Increasing Workforce Resiliency
Thursday, June 25 | 1:00 pm – 2:00 pm EDT
Visit www.nachc.org to learn more and join the event.
CLINICAL WORKFORCE WELLNESS – AND IMPORTANCE OF CARING TEAMS

APPROACH FOR TEAM WELLNESS
How to Prevent Burnout, Build Resiliency, and Foster Joy In Work

HERON

Mentorship and professional development for team members to enhance individual and team skills.

ONBOARDING

Orientation and training activities to bring new team members up to speed.

THE RIGHT TRAINING

Providing ongoing training to help team members stay current and equipped with new knowledge and skills.

TIME FOR REFLECTION

Providing protected time at work for team members to gather and discuss the work and the impact it has on them.

INDIVIDUAL SELF-CARE

Providing non-work-related time for staff to spend time away from work and recharge.

THERE IS NO “I” IN TEAM
Taking care of the team that cares for patients with substance use disorder

In recent years, health centers have been called upon to care for greater numbers of patients and families impacted by substance use disorder (SUD). Health centers are responsible for this call by building and sustaining teams that can effectively address these patients’ needs.

The right training of medical, behavioral, and social services staff is critical to address the social determinants of health. CACFP staff, working with health center leadership, are in a unique position to critically assess and promote strategies to support the workforce in their ongoing development.

Caring teams are more productive and effective when they take care of themselves and each other. This requires ongoing training and reflection on how the team can best support each other.

To see this work, it really requires a more holistic view of the person and the life that we get to do the work in. Sometimes it means the team has to be in a place where they can all bring their whole selves to the table. It’s about a holistic approach, and really thinking about what the impact of these actions might be on the patient.”

Dr. Marjorie Entzminger, CACFP
CONVERSATIONS ABOUT MORAL DISTRESS AND MORAL INJURY DIGITAL MAGAZINE

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INTRO

Moral Distress
you know the right thing to do but you’re not able to do it

Moral Courage
courage to do the right thing in spite of the risks

Moral Resilience
ability and willingness to take right action in the face of moral or ethical adversity

Courage

Distress

Resilience

Healing

Injury
MORAL DISTRESS

You know the right thing to do, but you’re not able to do it.

– Andrew Jameton, 1984
Moral distress and moral injury are the emotions and bodily changes that accompany a disconnect between what you believe is right and good and what you are able to do or what you see happening around you.

Andrew Jameton, one of the first individuals to write about moral distress and moral injury, put it simply:

“You know the right thing to do, but you’re not able to do it.”

When members of the health care team are not able to deliver the care they believe is right and good, it creates a moral dilemma that is experienced as moral distress.

Dr. Cynda Rushton, nurse and author of Moral Resilience: Transforming
continuum of moral distress and moral injury

MORAL DISTRESS
Emotional response to value conflicts, e.g. anger, shame, self-doubt

MORAL INJURY
Emotions accompanied by physical symptoms, e.g. loss of sleep or appetite

CHRONIC MORAL DISTRESS & INJURY
Ongoing emotional, physical, spiritual & social impacts
Burnout is a syndrome characterized by high emotional exhaustion, high depersonalization (i.e. cynicism), and a low sense of personal accomplishment from work.

Research shows that between 35 and 54 percent of U.S. nurses and physicians have substantial symptoms of burnout; similarly the prevalence of burnout ranges between 45 and 60 percent for medical students and residents.

National Academies of Sciences, Engineering and Medicine, 2019, p. 1
HISTORY OF MORAL DISTRESS AND MORAL INJURY
right and good. The conflict may lie with system constraints, like not having enough time or the needed resources. Value conflicts also can arise when providers believe they do not have the necessary knowledge or skills or are unsure about the right thing to do.

What differentiates moral distress and moral injury from other stresses is the presence of a moral component.

MORAL
Distress and Injury are about VALUES

A first step in understanding the triggers and effects of moral injury in your team practice is to ask each other:
JUSTICE

VALUES
MORAL DISTRESS

VALUES

ACTIONS
MORAL DISTRESS
MORAL DISTRESS  RACISM
MORAL DISTRESS
MORAL DISTRESS

You know the right thing to do, but you’re not able to do it.

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continuum of moral distress and moral injury

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CHRONIC MORAL DISTRESS & INJURY
- Ongoing emotional, physical, spiritual & social impacts

CONTINUUM OF MORAL DISTRESS
I go home at night feeling like I’m failing my patients.

We’ve got 15 minutes to see our patients – no matter what. This guy is homeless, he’s got no food, he can’t afford his meds. What can I possibly do in 15 minutes to make a difference?

All these regulations, all this hoop jumping. There are so many delays in getting what my patients need. It’s so frustrating. It hurts your soul.
“WHERE YOU WORK MATTERS”

Community Health Centers —— Born in Values, Driven by Mission

While all health settings symbolize a call to healing and caring to some extent, community health centers hold a special place in the history of social change in health care.

Why People Work in CHCs

Much of what is written about community health centers suggests that providers and community members choose to work in health centers because they believe in the values they represent and want to be part of realizing them.

As we heard in an overwhelming number of the interviews that led to this issue of Team Care Connections, providers working in community health centers and primary care settings are drawn to the mission of these settings to address inequality and disparities in health care.

“The Health Center Movement was grounded not just in health care, but in a fundamental struggle for justice.”
— Dr. Daniel Miller

“A Brief History of Community Health Centers”

“CHCs Today: Social Determinants and Values”

“Reasons People Work in CHCs”

“When I came to the CHC movement and discovered that there was a place dedicated to providing outstanding health care for everyone, regardless of whether people were insured or not, that quality was central, that equity and respect were central, it was like opening up in the sunshine.”
— Dr. Daniel Miller
There are many familiar situations that can contribute to provider frustration and distress about not being able to provide the care they believe they should.

- Too little time to address complex patient needs
- Too much time required for documentation
- Insufficient community resources
- Payment incentives that don’t match patient goals
- Rules that limit or delay patient access to needed services
- Patients do not want or do not accept the care team members offer
- Lack of access to team members with needed skills

Sources of moral distress run the gamut from micro to macro, including constraints like patient visits and lack of needed triggers to moral distress.
RECOGNIZING CLUES IN TEAM MEMBERS

“Health care people focus on patients. We put our patients first. We don’t pay a lot of attention to what we’re feeling. In fact, we’re probably the last ones to attend to ourselves.”

— Dr. Bill Nash
FIVE THINGS YOU CAN DO TO PREVENT AND LESSEN MORAL DISTRESS

NAME IT

FIND TIME TO TALK ABOUT IT

RECOGNIZE EARLY CUES

EDUCATE CLINICAL TEAMS ABOUT PREVENTIVE STRATEGIES

TRY TEAM EXERCISES IN “CONVERSATIONS ABOUT MORAL DISTRESS AND MORAL INJURY”
“Name it.

“We have to be able to describe moral injury better so we can talk and educate people about it.”

– Volunteers of America, Moral Injury Convenings

https://www.voa.org/moral-injury-center/moral-injury-convenings
Encourage team members to recall a situation in which they felt their values were challenged in a way that stayed with them that they continue to think about:

1. What was happening?
2. What was at stake?
3. What did the experience feel like?
4. What did your team do?
HELP CLINICIANS FIND TIME TO TALK ABOUT IT

“We have to think about how we provide opportunities for those really important conversations so that we can assure that we're taking the best care of our patients.”

— Nancy Johnson, CEO
HELP CLINICIANS FIND TIME
strategies to consider

- Carve out a practice time for team meetings
- Reduce administrative burden on providers so they can focus on taking care of patients
- Task specific team members to facilitate conversations about challenging and frustrating situations that are root of moral distress
RECOGNIZE IT EARLY TO TAKE ACTION

“If we can recognize those symptoms as early as possible and take proactive action to address them, I think we have the opportunity to actually strengthen our moral resilience, to be able to navigate these situations with integrity and without so much cost to ourselves or to the people that we're serving.”

– Cynda Rushton, PhD, RN, FAAN
Author of Moral Resilience, 2018
RECOGNIZE IT EARLY TO TAKE ACTION
strategies to consider

Listen to ‘moral emotions’ - ones that convey how a provider feels when they believe something ‘should’ happen

- Use of words ‘should’ or ‘ought’ are important clues that values are at stake
- Emotions that range from anger to guilt and shame

Look for ‘clues’ to situations that generate moral conflict

- Knowing the right thing to do but experiencing constraints to doing it
- Believing the care being provided is not consistent with what ‘should’ happen

Talk about factors that create these kinds of situations and possible solutions

- Start with solutions that are within the control of your team
- Identify solutions that will require leadership and broader organizational engagement
EDUCATE YOUR TEAM

- Recognize signs and symptoms.
- Buddy up to watch out for each other.
- Create a safe place to talk.
- Develop team cues for asking about and acknowledging moral distress.
- Listen closely for recurring situations that “stay with” team members.
- Implement quick successes within the control of your team.
- Engage administrators in solving system level issues that contribute to moral distress and moral injury.
Dr Nash suggests buddying up with another team member to work out a plan of how to check on each other, for example, ask questions like:

“How and what do you want me to do if something happens to you, one of your patients has a bad outcome and I recognize maybe you withdrawing a little bit, pulling away, getting grumpy, whatever? What would you want me to do? What should I say?”
A Call to Action

Action Changes Things

ULTIMATELY

A CALL TO ACTION
The importance of hope and renewal

By Lise McCoy

“I really think there’s a force beyond all of us that’s calling us to integrity, and all of us have to do what we can do to harness the goodness in the world and to be beacons of light for others.”

— Dr. Cynda Rushton

Cultivating moral resilience: Balancing heart and mind for a better practice and better you

At the outset, taking inventory of our moral distress may seem like a difficult journey, but in fact, there is a clear destination of healing and integrity. Experts such as Dr. Cynda Rushton

Health

First, the stories we tell can address the person in and can

Open

Earlier we explored trusting, for individual authenticity.

Peer

When the values of moral resilience are valued, it cases the outcome of distress.

Empow...
CLOSING THOUGHTS

- Awareness of moral distress and moral injury is growing – a good thing for early recognition and action.
- The emotional and physical impact can be very significant.
- Once recognized, there are many things team members can do to support each other.
- Recognize moral distress as a symptom of values misalignment and ultimately a call to action.
AN INVITATION

We would like to work with individuals and teams willing to try out one or more activities in Conversations about Moral Distress and Moral Injury and help us evaluate its usefulness and impact.

If you would be interested in working with us, please write your email address and name in the chat box.

Thank you!

https://ipe.asu.edu/team-care-connections
Q & A
THANK YOU
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
PCSS Mentoring Program

PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.

- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:
https://pcssNOW.org/mentoring/
PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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