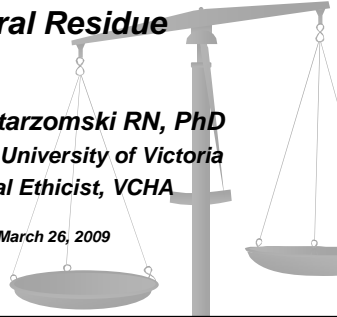


**“Yuck – We Got it Wrong”
Strategies for Addressing
Moral Residue**

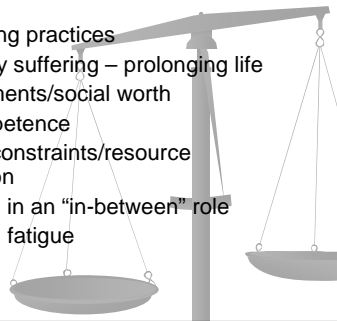
**Rosalie Starzomski RN, PhD
Professor, University of Victoria
Clinical Ethicist, VCHA**

March 26, 2009



**Concerns Leading to Moral
Distress/Moral Residue**

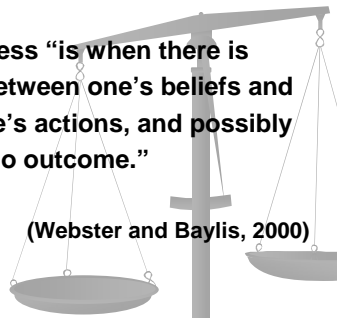
- Dehumanizing practices
- Unnecessary suffering – prolonging life
- Social judgments/social worth
- HCP Incompetence
- Contextual constraints/resource allocation
- Practitioners in an “in-between” role
- Compassion fatigue



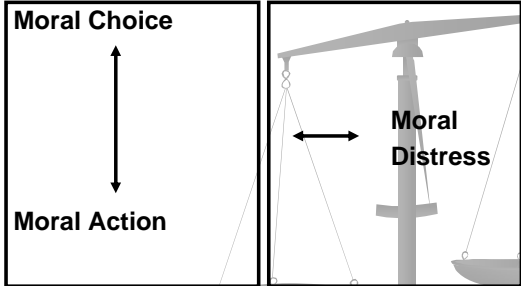
**Consequences of Inability to
Practice Ethically**

**Moral distress “is when there is
incoherence between one’s beliefs and
values and one’s actions, and possibly
also outcome.”**

(Webster and Baylis, 2000)



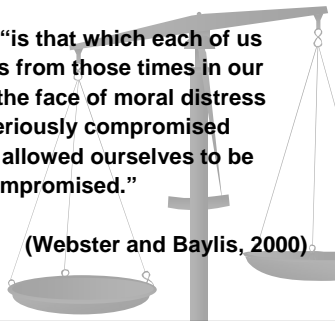
The Moral Context of Practice



Consequences of Inability to Practice Ethically

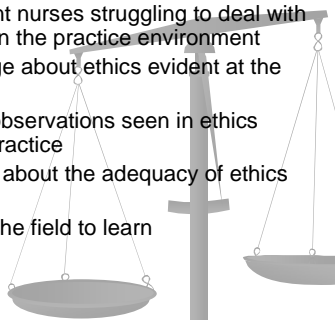
Moral residue "is that which each of us carries with us from those times in our lives when in the face of moral distress we have seriously compromised ourselves or allowed ourselves to be compromised."

(Webster and Baylis, 2000)



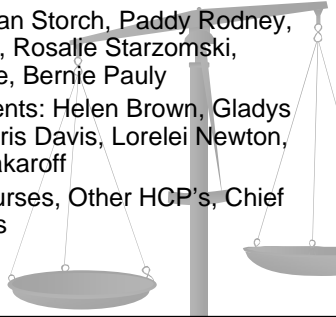
Background to UVic Studies

- Aware that student nurses struggling to deal with ethical concerns in the practice environment
- Gaps in knowledge about ethics evident at the bedside
- Concerns about observations seen in ethics consultations in practice
- Raised questions about the adequacy of ethics teaching
- Decided to go to the field to learn



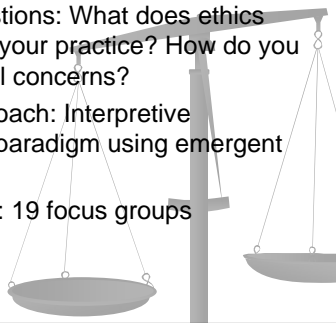
**Research Team Members:
UVic & UBC**

- Investigators: Jan Storch, Paddy Rodney, Colleen Varcoe, Rosalie Starzomski, Gweneth Doane, Bernie Pauly
- Graduate Students: Helen Brown, Gladys McPherson, Chris Davis, Lorelei Newton, Kara Schick Makaroff
- Clinical Staff Nurses, Other HCP's, Chief Nursing Officers



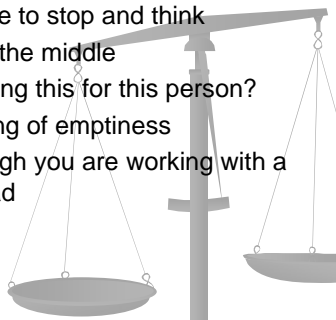
Study 1. Ethics in Practice

- Research Questions: What does ethics mean to you in your practice? How do you deal with ethical concerns?
- Research Approach: Interpretive constructionist paradigm using emergent design
- Data Collection: 19 focus groups



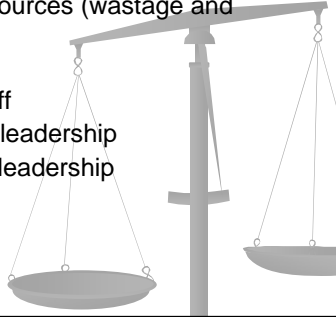
Everyday Ethics: Micro level

- ❖ I don't have time to stop and think
- ❖ You're stuck in the middle
- ❖ Why are we doing this for this person?
- ❖ There is a feeling of emptiness
- ❖ Feeling as though you are working with a gun to your head



Organizational: Meso level

- ❖ Poor use of resources (wastage and shortage)
- ❖ Limited time
- ❖ Shortage of staff
- ❖ Over-extended leadership
- ❖ Lack of clinical leadership



Struggling with the Context: Macro-level issues

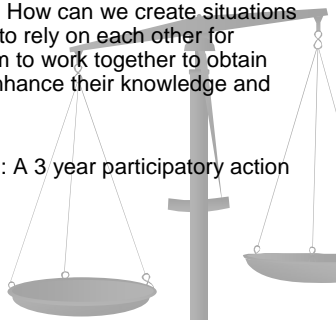
- ❖ Dominance of science/biomedical thinking
- ❖ Business approach in health care
- ❖ Emphasis on technology
- ❖ Focus on quantitative outcomes
- ❖ Emphasis on economic drivers



Study 2. Ethics in Action

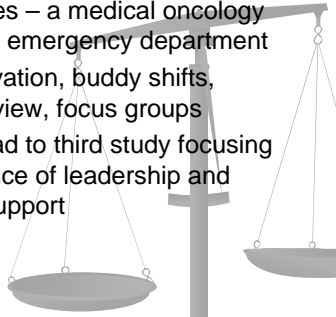
Research Question: How can we create situations that allow nurses to rely on each other for support, help them to work together to obtain resources, and enhance their knowledge and skills in ethics?

Research Approach: A 3 year participatory action research study



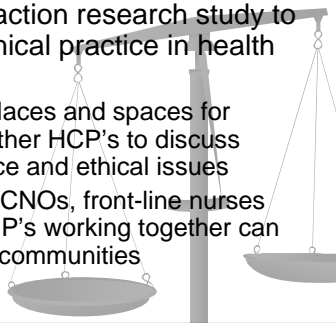
Ethics in Action Approach

- PAR on two sites – a medical oncology unit and a large emergency department
- Involved observation, buddy shifts, meetings, interview, focus groups
- Key findings lead to third study focusing on the importance of leadership and management support



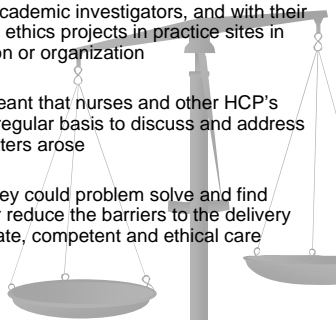
Leadership for Ethical Policy and Practice (LEPP)

- Participatory action research study to strengthen ethical practice in health care by:
 - opening up places and spaces for nurses and other HCP's to discuss ethical practice and ethical issues
 - showing that CNOs, front-line nurses and other HCP's working together can create moral communities



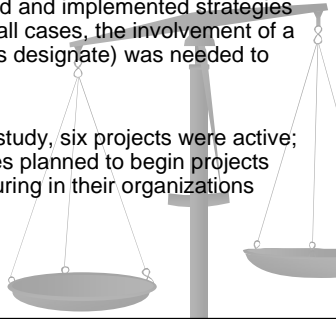
Process

- CNOs worked with academic investigators, and with their own staff, to develop ethics projects in practice sites in their respective region or organization
- Initiating a project meant that nurses and other HCP's began to meet on a regular basis to discuss and address whatever ethical matters arose
- In these sessions, they could problem solve and find ways to overcome or reduce the barriers to the delivery of safe, compassionate, competent and ethical care



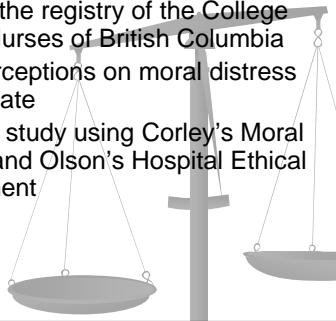
Process

- Each site identified and implemented strategies for action, but, in all cases, the involvement of a CNO (or her or his designate) was needed to sustain projects
- At the end of the study, six projects were active; two additional sites planned to begin projects following restructuring in their organizations



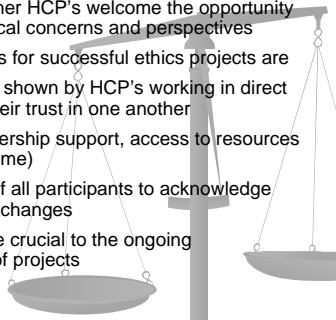
LEPP: Quantitative Arm of Study

- A survey using the registry of the College of Registered Nurses of British Columbia
- Focus: RNs perceptions on moral distress and ethical climate
- Cross sectional study using Corley's Moral Distress scale and Olson's Hospital Ethical Climate instrument



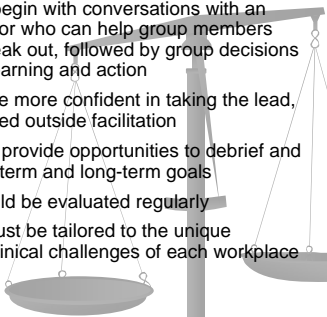
What We Learned

- Nurses and other HCP's welcome the opportunity to discuss ethical concerns and perspectives
- Key ingredients for successful ethics projects are
 - the interest shown by HCP's working in direct care and their trust in one another
 - formal leadership support, access to resources (including time)
 - the ability of all participants to acknowledge even small changes
- Champions are crucial to the ongoing effectiveness of projects



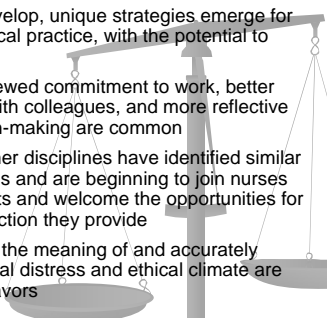
What We Learned

- Most projects begin with conversations with an outside facilitator who can help group members feel safe to speak out, followed by group decisions about further learning and action
- As staff become more confident in taking the lead, they will not need outside facilitation
- Ethics projects provide opportunities to debrief and to act on short-term and long-term goals
- Progress should be evaluated regularly
- Approaches must be tailored to the unique histories and clinical challenges of each workplace



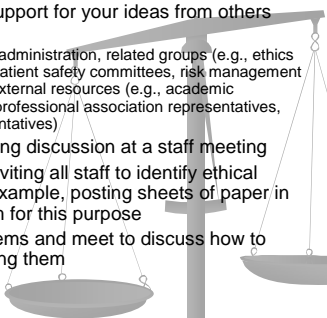
What We Learned

- As projects develop, unique strategies emerge for enhancing ethical practice, with the potential to improve care
- Reports of renewed commitment to work, better relationships with colleagues, and more reflective ethical decision-making are common
- HCP's from other disciplines have identified similar ethical concerns and are beginning to join nurses in these projects and welcome the opportunities for dialogue and action they provide
- Understanding the meaning of and accurately measuring moral distress and ethical climate are complex endeavors



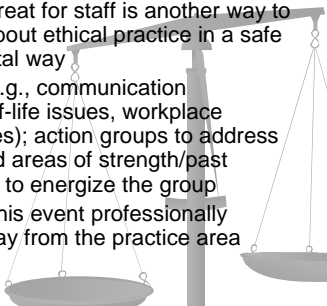
What You Can Do

- Start to seek support for your ideas from others who can help:
 - management/administration, related groups (e.g., ethics committees, patient safety committees, risk management groups) and external resources (e.g., academic researchers, professional association representatives, union representatives)
- Have a beginning discussion at a staff meeting
- Follow up by inviting all staff to identify ethical concerns; for example, posting sheets of paper in the coffee room for this purpose
- Prioritize the items and meet to discuss how to begin addressing them



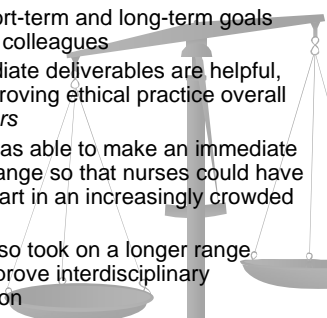
What You Can Do

- A workshop or retreat for staff is another way to share concerns about ethical practice in a safe and non-judgmental way
- Identify themes (e.g., communication challenges, end-of-life issues, workplace environment issues); action groups to address those themes; and areas of strength/past successes to help to energize the group
- If possible, have this event professionally facilitated and away from the practice area



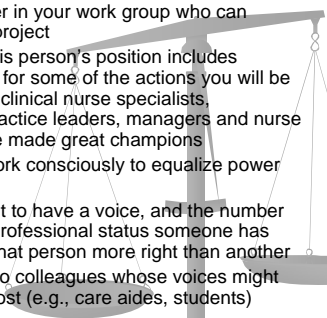
What You Can Do

- Work out short-term and long-term goals with practice colleagues
- Some immediate deliverables are helpful, because improving ethical practice overall can take years
- One group was able to make an immediate structural change so that nurses could have a place to chart in an increasingly crowded environment
- The group also took on a longer range project to improve interdisciplinary communication



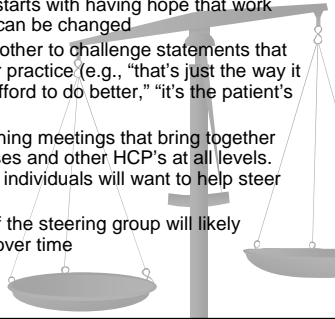
What You Can Do

- Identify a leader in your work group who can champion the project
- It is helpful if this person's position includes responsibilities for some of the actions you will be undertaking - clinical nurse specialists, professional practice leaders, managers and nurse educators have made great champions
- Throughout, work consciously to equalize power dynamics
- Everyone ought to have a voice, and the number of degrees or professional status someone has doesn't make that person more right than another
- Pay attention to colleagues whose voices might otherwise get lost (e.g., care aides, students)



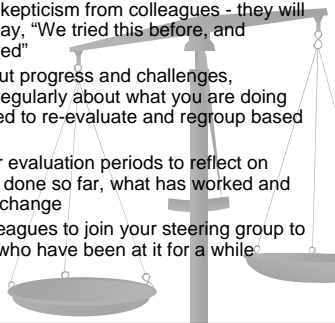
What You Can Do

- Ethical action starts with having hope that work environments can be changed
- Support each other to challenge statements that normalize poor practice (e.g., "that's just the way it is," "we can't afford to do better," "it's the patient's own fault")
- Start with planning meetings that bring together interested nurses and other HCP's at all levels. Some of these individuals will want to help steer the project
- Membership of the steering group will likely fluctuate a bit over time



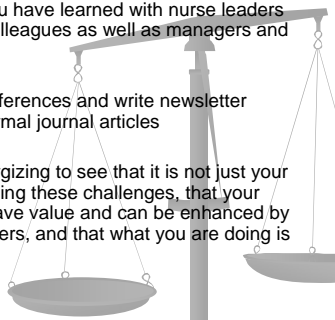
What You Can Do

- Expect some skepticism from colleagues - they will (quite rightly) say, "We tried this before, and nothing improved"
- Be honest about progress and challenges, communicate regularly about what you are doing and be prepared to re-evaluate and regroup based on feedback
- Build in regular evaluation periods to reflect on what you have done so far, what has worked and what needs to change
- Invite new colleagues to join your steering group to support those who have been at it for a while



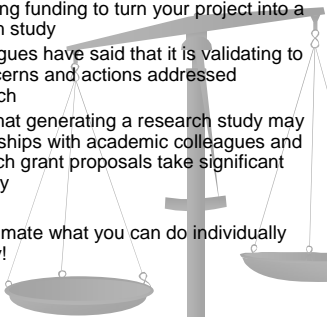
What You Can Do

- Share what you have learned with nurse leaders and nursing colleagues as well as managers and administrators
- Present at conferences and write newsletter articles and formal journal articles
- Incredibly energizing to see that it is not just your work group facing these challenges, that your suggestions have value and can be enhanced by listening to others, and that what you are doing is important



What You Can Do

- Consider seeking funding to turn your project into a formal research study
- Practice colleagues have said that it is validating to have their concerns and actions addressed through research
- Keep in mind that generating a research study may require partnerships with academic colleagues and that the research grant proposals take significant time and energy
- Maintain hope!
- Don't underestimate what you can do individually and collectively!



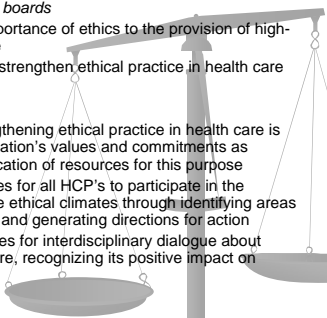
What Organizations and Leaders Can Do

Regional health authority boards

- Recognize the importance of ethics to the provision of high-quality health care
- Support efforts to strengthen ethical practice in health care

■ *Chief executive officers*

- Ensure that strengthening ethical practice in health care is part of the organization's values and commitments as evidenced by allocation of resources for this purpose
- Foster opportunities for all HCP's to participate in the creation of positive ethical climates through identifying areas of ethical concern and generating directions for action
- Create opportunities for interdisciplinary dialogue about ethics in health care, recognizing its positive impact on patient care



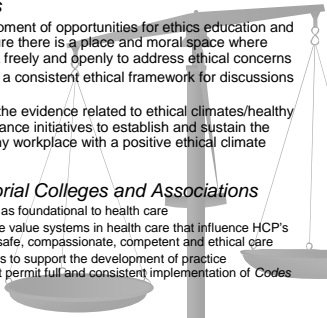
What Organizations and Leaders Can Do

■ *Chief nursing officers*

- Promote the development of opportunities for ethics education and debriefing, i.e., ensure there is a place and moral space where everyone can speak freely and openly to address ethical concerns
- Identify a forum and a consistent ethical framework for discussions on ethical situations
- Keep up to date on the evidence related to ethical climates/healthy workplaces and advance initiatives to establish and sustain the attributes of a healthy workplace with a positive ethical climate

■ *Provincial and Territorial Colleges and Associations*

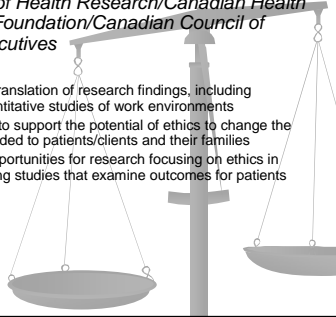
- Recognize ethics as foundational to health care
- Recognize diverse value systems in health care that influence HCP's ability to provide safe, compassionate, competent and ethical care
- Develop strategies to support the development of practice environments that permit full and consistent implementation of Codes of Ethics



What Organizations and Leaders Can Do

■ *Canadian Institutes of Health Research/Canadian Health Services Research Foundation/Canadian Council of Health Services Executives*

- Foster knowledge translation of research findings, including qualitative and quantitative studies of work environments
- Develop strategies to support the potential of ethics to change the quality of care provided to patients/clients and their families
- Develop funding opportunities for research focusing on ethics in health care, including studies that examine outcomes for patients



Horizons