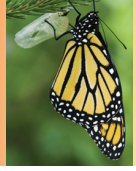

Panel Discussion 1: Promising Interventions for Building Individual Capacities for Moral Resilience

On the first day of the symposium, four panelists met in an afternoon session to discuss their involvement with initiatives designed to diminish health care workers' moral distress. They were asked by moderator Kathy Schoonover-Shoffner, PhD, RN, national director of Nurses Christian Fellowship/USA and editor-in-chief of the *Journal of Christian Nursing*, to talk about the essential elements of their respective moral distress intervention programs.

THE PANELISTS

Pamela J. Grace, PhD, RN, FAAN, is associate professor of nursing and ethics at the Boston College School of Nursing and a nurse scientist at the Munn Center for Nursing Research at Massachusetts General Hospital in Boston. She spoke about the Clinical Ethics Residency for Nurses (CERN), a program she developed with three other Boston-area nurses, one of whom, Ellen M. Robinson, PhD, RN, was the recipient of the Health Resources and Services Administration grant that funded the program. The nurses aimed to improve nurses' confidence in ethical decision making and to prepare nurse leaders to initiate ethics discussions at the institutional level.

Grace said that from 2010 to 2013 three separate cohorts of nurses—a total of 67 participants comprising RNs, advanced practice RNs, and supervisory nurses—attended an eight-hour education day once a month for nine months. Beginning each day with a reflection period, they proceeded to listen to a lecture and were then invited to participate in case analyses, role play, and simulation exercises. She cited several examples of effective simulation, including role-playing a family meeting in an end-of-life scenario or impersonating a surgeon during a patient crisis. At the end of the program the participants had 16 hours of practicum, giving them a chance to put what they had learned into practice; this was done on their units or on an ethics committee, with the mentorship of a faculty member. To reinforce the curriculum and provide a discussion platform for new cases, 90-minute continuation sessions were held periodically.

A preliminary analysis of the program revealed a statistically significant decrease in the participants' moral distress. "Almost all the nurses," Grace said, "indicated that the program was transformative, not just for their professional lives, but for their personal lives as well."

Katherine Brown-Saltzman, MA, RN, is codirector of the University of California, Los Angeles (UCLA) Health System Ethics Center and an assistant clinical professor at the UCLA School of Nursing. She spoke about the power of narrative, movement, and community in healing the accumulation of moral distress—what is often referred to as "moral residue"—and in diminishing its recurrence. Building on the work of social psychologist James W. Pennebaker, whose research has demonstrated the beneficial synergy between writing and movement therapies in healing trauma, Brown-Saltzman and colleagues at UCLA instituted a four-day retreat led by two nurse ethicists, a writing coach, and a movement therapist. Participants—including nurses, physicians, dieticians, and chaplains—were invited to engage in quiet, reflective writing exercises (longhand only) to address incidents in which they felt their values and sense of integrity had been compromised. Later they returned to the community to share their writings, either one-on-one or with the whole group. Movement therapy was also included in the retreat, along with lectures and skills helpful in diminishing moral distress.

Brown-Saltzman said that at the beginning of the retreat 67% of participants had ranked their level of moral distress at 3 or 4 (with 5 signifying extreme distress), and nearly 20% had indicated that they experienced ethically challenging situations on a weekly basis. After the retreat, participants reported an increased awareness of their own—as well as their colleagues'—moral distress, and consequently a reduced sense of isolation. A three-month follow-up evaluation confirmed the lasting impact of the retreat: a majority of participants continued to write in a journal and reported feeling more comfortable speaking out when feeling morally distressed and standing up for what's right. Many even noticed a shift in their

charting style and indicated that their patient notes had become more narrative in style. Unexpectedly, participants also reported teaching their colleagues about moral distress and continuing to learn about ethics. One physician went on to chair an ethics committee and another to publish articles on ethical issues.

About the importance of the community aspect of the retreat, Brown-Saltzman said, "The writing, done alone, would not have had the same effect."

Lucia Wocial, PhD, RN, FAAN, is a nurse ethicist and program leader of the Fairbanks Program in Nursing Ethics, part of the Fairbanks Center for Medical Ethics at Indiana University Health in Indianapolis. She emphasized the value of interdisciplinary communication in resolving ethically challenging situations, and described the creation in 2005 of unit-based ethics conversation (UBEC) programs at three hospitals at Indiana University Health—two adult and one children's. She said that the UBEC program, whose mission is to create an environment allowing nurses, physicians, and others to engage in open dialogue on ethical questions, has been embraced by other institutions over the years: in 2012, faculty at the Fairbanks Center trained additional UBEC facilitators at nine other Indiana University Health facilities, and in 2015 the Veterans Affairs Health Care System in Portland, Oregon, invited Wocial to train 18 UBEC facilitators. While initially designed for nurses, UBEC programs have quickly expanded to include all clinicians practicing on any participating units.

A formal evaluation in 2012 revealed that nurses who had attended UBEC programs were better able to participate in difficult conversations regarding ethical questions, not only with other nurses but also with physicians. Wocial highlighted one unit where the program proved particularly effective: the pediatric intensive care unit (PICU) at the children's hospital, where from the start participation was interprofessional. With the help of the medical director, a grant was secured to allow for the inclusion of a clinical ethicist in weekly discussions centering on long-term PICU patients with complex medical issues. The ethicist's presence on the rounds, she said, facilitated difficult conversations, particularly when it came to limiting aggressive interventions. UBEC participants reported a decrease in their level of moral distress and a significant culture change in the PICU.

Despite the program's effectiveness, "sustainability is the perpetual challenge," Wocial said. Still, she added, "while it has been difficult to maintain regularly scheduled UBECs, leaders request them on an as-needed basis on a nursing unit when an ethically challenging patient situation occurs."

M. Sara Rosenthal, PhD, is a professor of bioethics and founding director of the Program for Bioethics at the University of Kentucky in Lexington. She also chairs the University of Kentucky Medical Center's hospital ethics committee and directs its clinical ethics consultation service. She spoke about an online resource she cofounded with fellow ethicist Maria Clay, PhD, called the Moral Distress Education Project (www.moraldistressproject.org), which provides information on moral distress through interviews with multidisciplinary experts across the country. The Web site is divided into 12 thematic sections, among them: defining moral distress, signs of moral distress, feelings of powerlessness, moral residue and the "crescendo effect," the link between moral distress and horizontal violence, and the improvement of moral resilience.

About the Web site, Rosenthal said, "Many nurses, especially younger ones, don't fully understand the language of ethics. We aim to universalize the problem of moral distress, and wanted a media document that was both educational and validating—particularly for those who had left the profession." She said the Web site, which has been serving as a resource for "people from all over the world and across many disciplines," is an ongoing project that will continue to grow as more interviews, materials, and institutional sponsors become available.

DISCUSSION

Following the panelists' presentations, an animated discussion took place. The question of continuation and scalability was raised: how feasible is it to ensure the continuation of a moral distress intervention program and to replicate it at other institutions?

All the panelists agreed that involvement of the leadership is extremely important, but not always easily obtained. They attributed this in large part to the fact that leaders and administrators are also contending with their own moral distress that often goes unaddressed. However, Brown-Saltzman said, "Sometimes when it gets bad enough, movement happens and there is room for change." Wocial added that the leadership at her institution had been through "a tsunami of change" in the past four years and had consequently been contending with challenges of its own. "It's not that they don't care," she said.

Another question concerned gender disparities: were the interventions more targeted to women than men? Grace said that men and women responded the same way to the CERN program. Brown-Saltzman confirmed the same regarding the four-day writing and movement retreat. All agreed that one key component of any moral distress intervention is a facilitator who can create an atmosphere of safety, though what constitutes a "safe space" may vary according to the groups being targeted.—*Dalia Sofer* ▼