

Title of Presentation: Moral Distress: Diagnosis and Healing

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Content Description:

Today’s healthcare environment provides a ripe climate for caregivers to experience the complex process labeled “moral distress”. Moral distress is multi-factorial in nature and origin. Those factors range from escalating demands and concerns about adequate staffing to frustration that one’s intervention on behalf of a patient is futile and not in the best interest of that person or consistent with his/her desired quality of life. Feelings of powerlessness, guilt and/or the perception that one is unable to fulfill obligations to the patient or to the self add to the depletion of one’s sense of personal and professional integrity. Repeated losses may intensify grief and further contribute to moral distress. Unless these stressors are addressed, competent caregivers often find themselves experiencing burn-out and seeing the only alternative as leaving a profession or a job they where they have found meaning and value.

As members of the frontline care team, it is essential that chaplains understand the dynamics of moral distress in order to recognize and respond to their own symptoms as well as to provide ministry to their interdisciplinary colleagues. Chaplains are uniquely prepared and situated to address this complex process and to facilitate healing.

This presentation will define moral distress and describe its contributing factors. Strategies to address moral distress of caregivers and facilitate healing will be described. This information will be applied to the care of patients and their families. The development of effective healing teams and the requisite institutional support for frontline caregivers will also be delineated.

Objectives:

1. Define moral distress and explore factors that contribute to such distress.
2. Identify strategies to address moral distress of caregivers as well as patients and their families.
3. Identify the characteristics of effective organizations and healing teams.

Summary of Key Points:

- I. Introduction
- II. Define moral distress
- III. Discuss factors causing moral distress
 - A. Caregiver Identity
 - B. Institutional
 - C. Technological imperative/futility
 - D. Unit-based/department Based
 1. Staffing
 2. Leadership

- 3. Nature of Relationships
 - 4. Effectiveness of team
 - a) Interdisciplinary
 - b) Intra-disciplinary
 - E. Psychological/emotional
 - 1. Guilt
 - 2. Failure to honor commitment feelings
 - 3. Grief
 - a) Lack of time to process
 - b) Accumulated grief and loss
 - 4. Isolation
 - 5. Powerlessness/helplessness
 - F. Signs and Symptoms
- IV. Strategies for caregivers' moral distress
 - A. Cause analysis
 - B. Self-Awareness
 - C. Address issues in "real time"
 - D. Grief work
 - E. Work of "letting go"
 - F. Story-telling
 - G. Self-care
 - H. Finding your voice
 - I. Advocacy
- V. Healing teams
 - A. Interdisciplinary
 - B. Collaborative
 - C. Affirmation of positive
 - D. Encouraging when negative
 - E. Flexible and creative
 - F. Safe place to talk
- VI. Strategies for moral distress of patients and families
 - A. Cause analysis
 - B. Healing relationships
 - C. Relief of pain and suffering
 - D. Care consistent with goals/values
 - E. Grief work
 - F. Work of "letting go"
 - G. Incorporate religious/cultural resources
- VII. Characteristics of an effective organization
 - A. Adequate personnel resources
 - B. Futile care policy
 - C. Bereavement
 - D. Conflict resolution
 - E. Palliative care
 - F. Skill-building
 - G. Mentoring
- VIII. Use of Schwartz Rounds
- IX. Conclusions
- X. Discussion

