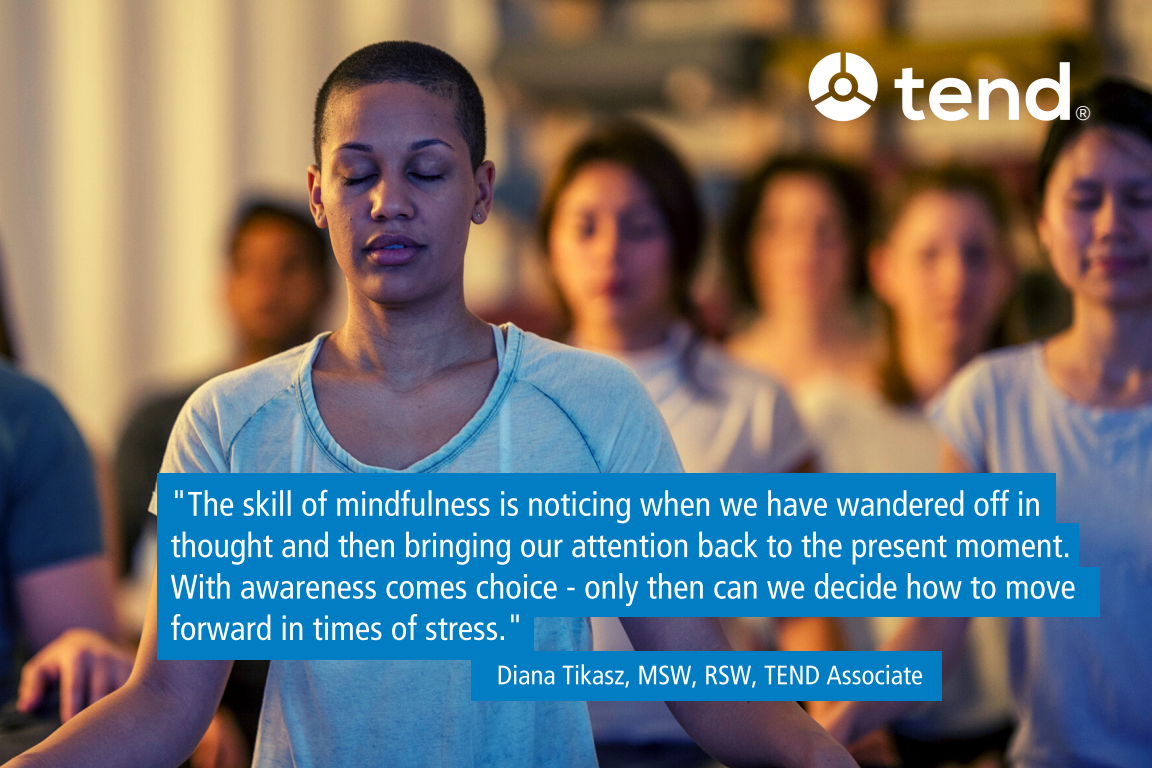

tend®
"The skill of mindfulness is noticing when we have wandered off in thought and then bringing our attention back to the present moment. With awareness comes choice - only then can we decide how to move forward in times of stress."
Diana Tikasz, MSW, RSW, TEND Associate

THREE MINUTE BREATHING SPACE

Developed by Diana Tikasz, MSW, RSW

tend®

FIRST MINUTE

NOTICE ANY SOUNDS YOU HEAR

What sounds are near or far?

Notice how the sounds arise and disappear

Every time that you notice your thoughts wander, simply and without judgement, return to the sounds

SECOND MINUTE

NOTICE ANY BODY SENSATIONS

What parts of your body are warm or cold?

Notice the sensations of contact with the chair or with your clothing

Whatever you notice is perfectly fine and does not need to be changed in anyway. Just notice.

THIRD MINUTE

NOTICE YOUR BREATH

Where do you notice your breath- is it at the nostrils, the chest, the belly?

Notice the expansion and the settling of the body as you breathe

Can you follow the full inhale and exhale of breath?

A strategy to safely and kindly guide someone through a negative stress reaction following a traumatic incident.

HOT: Ensure that the person is physically out of danger. Instruct the person to walk with you and move away from the area where the incident occurred and toward a neutral or safe area. If possible, go outside.

WALK: Walk beside them at a pace that is brisk enough to help them discharge some of the distress. As the walk proceeds, they may naturally slow the pace – let them have more control over the pace as the debriefing progresses.

AND: Bring a bottle of water and have them drink it as you walk.

TALK: Let them know that they are safe, that their reaction to stress is normal, and that you are there to

support them. Ask them to tell you what happened. If they get stuck on a particular moment, prompt them to move on with a guiding statement such as: "and then what happened?" The goal is to help them move through the whole narrative from beginning to end – until they get to the present where they are walking in safety and are no longer at risk.

After the initial debrief, ask the person what they would find helpful now? Do they want to phone a family member, get a sandwich, take a break, go back to work? They need to have control over their choices while attending to their needs.

Let the individual know that you will remain available to them and encourage them to access addition supports that may be available if they would find them helpful (e.g., Employee Assistance Programs, counselling, other community resources).

LOW IMPACT DEBRIEFING:

Four steps to protect you from being slimed, and to help ensure you don't traumatize your colleagues friends and family.

How do you debrief when you have heard or seen hard things?

Do you grab your closest colleague and tell them all the gory details?

Do your colleagues share graphic details with you over lunch or during meetings?

Helping Professionals often hear and see extremely difficult things in the course of their work. After a hard day, a normal reaction is to want to debrief with someone, to alleviate some of the burden of carrying what they have experienced. Debriefing is a natural and important process. The problem is that if debriefing isn't done properly it becomes "sliming" and can have negative consequences.

WHAT IS "SLIMING"?

At TEND we use the term sliming to describe the kind of debriefing that happens without warning or permission, and generally leaves the person receiving the information feeling as though they now carry the weight of this unnecessarily graphic or traumatic information. Sliming is contagious.

CONTAGION

Without realizing it, Helping Professionals can unwittingly spread traumatic stories vicariously among their colleagues, family and friends. It is common for Helpers to feel desensitized and often admit that they don't think of the secondary trauma that they pass along to the recipients of their debriefing. Some Helpers say that sharing the "gory" details is a normal part of their work. An important part of Low Impact Debriefing is to stop the contagion effect by not adding unnecessary details and thus not adding to the cumulative exposure to traumatic information.

TYPES OF DEBRIEFING

1. THE INFORMAL DEBRIEF

These happen in casual way, in a colleague's office at the end of a long day, in the staff lunchroom, the police cruiser, during the drive home or with family and friends.

Warning: Informal debriefs can evolve in a way where the listener doesn't have a choice in receiving this information. The result of these types of debriefs can be that the listener feels that they are being slimed rather than taking part in a debriefing process.

Solution: Use the 4 steps of Low Impact Debriefing

2. THE FORMAL DEBRIEF

A scheduled meeting, sometimes referred to as peer consultation, supervision or critical incident stress debriefing.

Warning: The challenge of formal debriefing is the lack of immediacy and limited or poor supervision. When a Helper has heard something disturbing during a clinical day, they usually need to debrief right away. Crisis work is so live and immediate that Helping Professionals rely on informal debriefing instead – grabbing the closest trusted colleague to unload on.

"Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material."

Karen Saakvitne and
Laurie Ann Pearlman,
Trauma and the Therapist (1995).

What is a "Helping Professional"?

At TEND we say that a Helping Professional is someone whose job it is to care for others, physically, psychologically, intellectually, emotionally or spiritually. These professions include (but are not limited to) medicine, nursing, psychotherapy, counseling, social work, education, life coaching, law, criminal justice, first response, ministry.

LOW IMPACT DEBRIEFING: THE STEPS

1. SELF AWARENESS

Have you ever shocked or horrified friends or family with a work story that you thought was benign or even funny? Helping Professionals can become desensitized to the trauma and loss that they are exposed to daily. Be aware of the stories you tell and the level of detail you provide when telling a story. Are all the details really necessary? Can you give a "Coles notes" or abbreviated version?

2. FAIR WARNING

If you had to call your sister to tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down". This allows the listener to brace themselves to hear the story. Allow your listener to prepare and brace themselves by starting with "I would like to debrief a difficult situation with you and the story involves traumatic content."

3. CONSENT

Once you have warned the listener, then ask for consent. This can be as simple as something like: "I would like to debrief something with you, is this a good time?" or "I heard something really hard today, could I talk to you about it?"
The listener then has a chance to decline, or to qualify what they are able/ready to hear.

4. LIMITED DISCLOSURE

Once you have received consent from your colleague, decide how much to share, starting with the least traumatic information, and gradually progressing as needed. You may end up not needing to share the most graphic details.

"When Helping Professionals hear and see difficult things, a normal reaction is to want to debrief with someone, the problem is that we are often debriefing ourselves all over each other..."

Françoise Mathieu,
M.Ed., CCC., RP,
Co-Executive Director,
TEND

As Helping Professionals, we have made a decision to do the work we do which can include hearing and seeing very difficult things. At TEND, we believe that it is important to understand and practice self-care techniques like Low Impact Debriefing. We also believe It is equally important to be good stewards of the stories we hear, and responsibly practice Low Impact Debriefing to protect our colleagues, friends and families.

tend®

Patient & Family Guide

2023

Ethics Tool

Help with Ethical Issues

Ethics Nova Scotia Health

If you have questions about this tool or the challenge you are facing:

- Phone (toll-free): 1-833-392-1413
- Email: czethics@nshealth.ca
- www.nshealth.ca/clinics-programs-and-services/ethics-nova-scotia-health

We will get back to you within 2 business days, Monday to Friday.

Aussi disponible en français : FF85-2142

متوفر أيضاً باللغة العربية. AR85-2153

同时提供简体中文版 CH85-2168

nova scotia health

www.nshealth.ca

Ethics Tool: Help with Ethical Issues

Ethics Nova Scotia Health supports all patients, families, volunteers, staff, and health care providers when they need help making hard choices or when there is disagreement about what is most important.

Ethics is about how we connect our actions and our values. We answer ethics questions by thinking about our values, or what is important to us.

When you or someone you care about is sick or hurt, it can be hard to figure out what to do.

It may help to figure out what is worrying you or making you upset. It may also help to think about your choices and talk with others about what is going on.

This ethics tool can help you decide what is important and what to do.

How do I get started?

With ethical issues, it is important to remember that:

- There may be more than 1 answer or approach to the issue.
- The best choice you can make may still not feel fully right.
- Sometimes ethical decision-making means doing the **least bad** thing.

Using this ethics tool may help you to make better decisions. It may also help you feel better about the decisions you make.

As you use the tool, remember:

- The questions are only a guide to help you think and talk about an ethics issue.
- You **do not** have to do the questions in order.
- You **do not** have to answer all of the questions.

Exploring the issue on your own

You can think about the following questions, or it may help to make some notes.

1. What are you worried about? What is the problem you are having?

2. What are your gut feelings about the problem?

3. What kinds of things are making you feel this way?

4. Why does this issue have to be dealt with now? How important is the issue to you?

5. What do you already know about what is going on?

6. What do you need to find out?

7. Who else might be able to help you with this? (See page 3.)

8. What do you want to do next? For example, you could:
   - think more about the issue on your own.
   - talk to friends about the issue.
   - make a decision.
   - wait a bit and see what happens.

Exploring the issue with others

- You may be having big feelings. It is OK to feel this way. It may help to try to think about what is behind your feelings.
- You may also want to talk to your friends about the issue.
- It might be harder to talk about your feelings if you do not feel safe. You may feel powerless. You may be scared of being treated unfairly, judged, or misunderstood. You may also be worried about the effect that this might have on you or your loved one.
- Trying to explain your feelings to others can be hard, but often it can help everyone understand the issue better.
- We can all have a hard time seeing others' points of view if we disagree. Trying to be open to others' thoughts is important for all of us.

Who else do you want to talk to?

You can think about the following questions, or it may help to make some notes.

1. Having thought about it, and maybe talked to others, what are your options? It can help to make a list of options. Remember that you can always leave things how they are.

_____

_____

2. Which option is the best choice at the moment?

_____

_____

3. When you explain the option you think is best to someone else, what comes up in the conversation? Does it make you think about something new?

_____

_____

4. What will you do now? Who do you need to talk to?

_____

_____

Follow-up

It can help to think more about the issue after some time has passed. Time may help you see what happened in a new or different way.

Ethics resources

Ethics Nova Scotia Health

- Ethics Nova Scotia Health provides support to all patients, families, volunteers, staff, and health care providers at Nova Scotia Health when they need help making difficult choices or when there is disagreement about what is most important. For more information or to talk with the Ethics Resource Coordinator, contact:
  - Phone: 1-833-392-1413 (confidential voicemail)
  - Email: czethics@nshealth.ca
  - www.nshealth.ca/clinics-programs-and-services/ethics-nova-scotia-health
- If you have questions about this ethics tool, please contact Ethics Nova Scotia Health.
  - If you contact Ethics Nova Scotia Health someone will get back to you within 2 business days, Monday to Friday. Staff will talk with you to find out what sort of ethics support might be useful. They will let you know if there are other appropriate resources to address your concerns.

- *Making Health Care Decisions for Someone Else: Acting as a Substitute Decision-Maker (SDM)*
  - www.nshealth.ca/sites/nshealth.ca/files/patientinformation/2327.pdf

Nova Scotia Health Resources

- *Your Rights and Responsibilities*
  - www.nshealth.ca/sites/nshealth.ca/files/patientinformation/0466.pdf

prideHealth

- prideHealth works to improve access to safe, comprehensive, and culturally appropriate health services for people who are gay, lesbian, bisexual, transgender, Two-Spirited, intersex, queer, and questioning (members of the LGBTIQ+ community).
  - Phone: 902-487-0470
  - Email: prideHealth@nshealth.ca
  - www.nshealth.ca/content/pridehealth

Patient and Family Feedback

› Phone (toll-free): 1-844-884-4177

Patient Rights Advisor Services

- Rights advice is a standard form of information provided to patients in Nova Scotia who experience a change in legal status, for example upon being made involuntary, incapable of consenting to treatment etc.
- Rights advice provides protection to individuals who are experiencing a loss of freedom to make their own decisions. This protection takes the form of explaining the loss, the options available to the affected individual with respect to having the decision reviewed and obtaining legal representation if requested.
  - › https://novascotia.ca/dhw/mental-health/patient-rights-advisor-services.asp
  - › Phone: 902-404-3322
  - › Phone (toll-free): 1-866-779-3322

Nova Scotia Mental Health and Wellbeing

› https://novascotia.ca/mental-health-and-wellbeing

Nova Scotia Health Mental Health and Addictions Program

› https://mha.nshealth.ca/en

What are your questions?

Please ask. We are here to help you.

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here: https://library.nshealth.ca/Patients-Guides

Connect with a registered nurse in Nova Scotia any time: Call 811 or visit: https://811.novascotia.ca

Prepared by: Ethics Leads Group, Nova Scotia Health with support from the Nova Scotia Health Ethics Network
Reviewed by: Nova Scotia Health Patient, Family, and Public Advisory Council (PFPAC)
Adapted with permission from: IWK Patient and Family Ethics Tool
Designed by: Nova Scotia Health Library Services

The information in this pamphlet is to be updated every 3 years or as needed.

nova scotia health

Trauma-Informed Care (TIC) e-Learning Series

General Information

Duration: Approximately 3.5 hours to complete all 7 modules
Course Access:
AHS Staff: MyLearning Link
Non-AHS: www.ahs.ca/tic
Developers: Provincial AMH, Practice Supports and Provincial Partnerships Team
Contact: amh.practicesupports@ahs.ca

Course Description

The TIC eLearning Series consists of seven (7) self-study modules, each of which can be completed in approximately 30 minutes or less. The modules have been designed for a broad audience, including those providing addiction and mental health treatment services. The content has been developed using evidence-informed best practices and is organized sequentially to create a seamless, flowing learning experience; the modules should be taken in order.

The TIC eLearning modules are considered an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada and approved by the University of Calgary Office of Continuing Medical Education (CME) and Professional Development. These workshops have been reviewed and approved by the Canadian Addiction Counsellors Certification Federation.

Series Learning Objectives

By the end of the series, participants will be equipped to:

- discuss the key principles of trauma-informed care – including the difference between trauma-informed and trauma-focused practice
- describe key interventions involved in implementing trauma-informed care
- define trauma including the various types of trauma and common causation (e.g., Adverse Childhood Experiences)
- identify and describe the key short-term and long-term symptoms of trauma
- contextualize trauma stories within a social/ecological model, taking into consideration cultural, intergenerational, and family factors
- identify the basic signs of compassion fatigue and develop plans to mitigate

Module	Title	Learning Objectives	Approx. Duration
1	Trauma-Informed Care: An Introduction	• Identify the four key elements and guiding principles of Trauma-Informed Care • Explain the rationale for using Trauma-Informed Care • Explain that Trauma-Informed Care is a guiding framework and not a specific set of interventions • Describe the key differences between Trauma-Informed Care and Trauma-Focused Care	30 mins
2	Understanding Trauma	• Discuss the three components of the current Substance Abuse and Mental Health Services Administration (SAMHSA) definition of trauma • Identify and give examples of the three types of trauma (acute, chronic, complex) • Identify diagnoses directly associated with trauma (ASD, PTSD) • Describe key concepts relating to the neurobiology of trauma • Discuss findings and applications of Adverse Childhood Experiences (ACE) studies • Demonstrate how Trauma-Informed Care (TIC) guiding principles can begin to move a person towards recovery	30 mins
3	Recognizing Trauma	• Identify and explain two key questions to keep in mind that help informally screen for trauma • Describe common immediate and delayed effects of trauma, including loss and grief • Describe and discuss the social/ecological model of trauma • Contextualize and discuss potential traumatic experiences within the cultural, family, and individual frameworks • Explain how TIC guiding principles used within a social/ecological framework can help move a person to recovery.	30 mins

4	Trauma & Emotion	• Describe emotional literacy/emotional intelligence and why it is important • Describe the key features of emotion • Recall core skills for enhancing emotional literacy • Identify the connection between emotion and trauma-informed care	30 mins
5	Implementing Trauma-Informed Care	• Describe the guiding principles of Trauma-Informed Care • Describe the continuum for Trauma-Informed Care • Explain key strategies involved in the implementation of Trauma-Informed Care	30 mins
6	Workplace Trauma Exposure and Self-Care	• Define terms and concepts related to the effects of exposure to psychological trauma • Identify possible signs and symptoms of compassion fatigue • Identify possible professional impacts of compassion fatigue • Identify organizational, situational, and individual risk and protective factors • Identify and describe strategies to enhance resilience • Prepare a proactive action plan to mitigate the effects of compassion fatigue	30 mins
7	Trauma in Children	• Discuss challenges in the assessment of posttraumatic stress in children • Discuss challenges with recognizing trauma in children • Describe common reactions to trauma in children at various developmental stages • Practice screening questions used to identify risks associated with childhood trauma	20 mins

Alberta Health Services

Our People Strategy Webinar

Let's Talk Moral Distress

Resource Guide

In this resource guide, you will find information and resources to help support your experience of moral distress, or help you support the moral distress of your colleagues and teams.

What is Moral Distress?

Moral distress is an umbrella term for the stress responses (e.g., the physical, psychological, emotional, spiritual, or social/relational symptoms) healthcare workers may experience in relation to an event, decision, or patient case that challenges deeply held personal or professional values.

AHS' Commitment to Reducing Moral Distress

Our People Strategy 2.0 details AHS's commitment to taking care of the people who make up the organization's workforce. It focuses on how AHS is working to create a safe, healthy and inclusive workplace where people can bring their whole selves to work.

An important goal of Our People Strategy 2.0 is to increase psychological safety, mental health and wellness supports to help build a resilient workforce to deliver safe and efficient patient care.

Providing opportunities to talk about moral distress, and helping connect healthcare workers to supportive resources that can help address moral distress, is an important part of achieving that goal.

Webinar—Let's Talk Moral Distress

Our People Strategy hosted a webinar on June 29, 2022, called **Let's Talk Moral Distress**.

The webinar shared:

- Why values tensions distinguish moral distress from other stress-related responses
- Personal stories of moral distress experienced during the COVID-19 pandemic
- Why it is important to respond to feelings of moral distress, and work towards addressing its root causes
- An introduction to the Moral Distress Debriefing Tool, which can help staff and teams unpack important values that might be contributing to the experience of moral distress
- Helpful strategies to lessen the impact of moral distress and ways to support one another

The full webinar recording is available on Our People Strategy Insite page.
Hosted by Sean Chilton, Vice President, People, Health Professions and Information Technology

Webinar Presenters

Our Featured Storytellers

Karen Evans, LPN, BBA, CMA
Trainer, Safe Transfers Injury Protection Program

"Ethically complex situations and experiences of moral distress can become opportunities for growth, empowerment and increased moral resilience." —*Rushton, et al., 2016*

Karen recommends reading: Change the Conversation: Moral Distress Info Sheet

Mark Joffe, MD FRCP(C)
VP and Medical Director, Cancer Care Alberta, Clinical Support Services, and Provincial Clinical Excellence

"How will we learn from this? How will we be better tomorrow?"

Mark recommends reading: In Pursuit of PPE, by A.W. Artenstein, M.D.

Our Clinical Ethicists

Katherine Duthie, PhD, HEC-C
Royal Alexandra Hospital

"We may encounter many defeats, but we must not be defeated."
—*Maya Angelou*

Katherine recommends reading: How to Sit by Thich Nhat Hanh

Victoria Seavilleklein, PhD, HEC-C
Central Zone

"You never know when a moment and a few sincere words can have an impact on a life." —*Zig Ziglar*

Victoria recommends reading: The Mindful Path to Self-Compassion by Christopher Germer.

Colleen Torgunrud, BA (Soc/Psych), BSW, MA (Medical Ethics)
Edmonton Zone

"I can conceive of no greater loss than the loss of one's self-respect."
—*Mahatma Gandhi*

Colleen recommends reading: The Power of Teamwork by Brian Goldman, MD

Moral Distress

A common stress response to moral challenges in healthcare

The concept of moral distress was first introduced in the nursing literature, but healthcare workers across all disciplines and organizational positions can experience moral distress.

Healthcare is complex, and sometimes people working in healthcare are required to make difficult choices in situations where there are no clear answers in our policies, previous case examples, or best practice guidelines.

When this happens, healthcare workers must rely on a moral decision-making process to make difficult ethical choices. Moral decision-making relies on our personal and professional values, and reasonable people might disagree about which values should receive priority. This process can be stressful and may cause feelings of guilt or self-doubt for many different reasons, including:

- When a healthcare worker perceives they are unable to "do the right thing".
- When a healthcare worker believes they are witnessing or causing suffering.
- When a healthcare worker feels they are unable to deliver high-quality healthcare services or live up to the values of patient and family centered care.
- When a healthcare worker is unable to find the services, supports, or resources required to meet a patient's needs.
- When a healthcare worker is forced to prioritize certain core values over others or make compromising trade-offs.
- When a healthcare worker feels unsafe communicating their beliefs or values to others.

These are all examples of moral distress. It is the sense of powerlessness that healthcare workers experience when they are unable to live out their values.

Although it is fairly common for healthcare workers to experience moral distress at some point in their careers, not all individuals facing morally challenging situations will experience distress. The experience of moral distress, or the lack of experience of moral distress, does not mean anything is wrong with you as an individual. Whether a healthcare worker experiences moral distress, or how intensely the distress is felt, may depend on several factors, including:

- Past experiences with similarly distressing events.
- The value(s) being compromised.
- The ability of protective practices to minimize feelings of distress (e.g., self-care, moral resilience, self-reflection, etc.).
- The ability to engage with others to navigate the morally distressing event collectively.

Moral Distress and Values

What do we mean when we talk about ethics?

When we talk about values, we are speaking the language of ethics.

Ethics is the study of moral judgments, standards and moral behaviours. Part of the work of ethics involves thinking through how we come to believe that a rule or an action may be right or wrong, just or unjust; or the reasons we might think one course of action might be better or more justifiable than another.

To do that work, ethics requires us to identify and reflect upon certain values (or things that are important to us) that may be in conflict when we are making decisions that carry moral weight.

How is Moral Distress Different From Other Stress Responses?

When a person experiences stress it can show up in many unexpected ways, including negative impacts to their physical, emotional, psychological, social, or spiritual well-being.

These negative impacts can occur in response to many different types of stress. In fact, moral distress is often mislabeled as other forms of stress, including burnout or job dissatisfaction.

But each type of stress response has a different root cause. Learn more about the differences between these stress responses below.

Moral Distress

The root cause of moral distress is a compromise of a person's deeply held values.

Moral distress occurs when a person is constrained (or prevented) from acting in a way that aligns with their personal or professional values (e.g., what they think it means to be a good healthcare worker).

It often occurs alongside feelings of guilt or powerlessness because the individual perceives they are unable to change the situation in a way that would allow them to be consistent with their values. As a result, they may feel they have suffered a loss of integrity.

Recommended Resource: Morley G., et al. "The Moral Distress Model: An empirically informed guide for moral distress interventions". *Journal of Clinical Nursing*, 2021;31.

Compassion Fatigue

Compassion fatigue is the erosion of empathy, hope, or compassion associated with caregiver roles.

The root cause of compassion fatigue is the trauma experienced by those in helping professions who continuously witness tragedy, pain, or suffering.

Major symptoms include feeling hypersensitive or insensitive to the experiences of others, or feeling numb to one's surroundings.

Recommended Resource: Spicer, S. Managing Compassion Fatigue is an Organizational Responsibility. Vital Signs, April 2018.

Burnout

The root cause of burnout is chronic workplace stress (e.g., unsustainable workload, lack of control over work, insufficient rewards for effort).

Major symptoms of burnout include exhaustion, negative feelings towards one's workplace or job, or reduced productivity at work.

Recommended Resources: AHS Scientific Advisory Group Evidence Summary and Recommendations Managing and Preventing Healthcare Provider Burnout

Moss, J. The Burnout Epidemic: The rise of chronic stress and how we can fix it. Harvard Business Review Press, 2021.

Post-Traumatic Stress Disorder (PTSD)

PTSD is a psychological disorder that can occur in response to traumatic events (i.e., exposure to situations involving actual or threatened serious harm to oneself or others). There are four core symptoms of PTSD:

1. Intrusive thoughts (e.g., nightmares or flashbacks of traumatic event).
2. Avoidance of people, places, or activities that are reminders of the trauma.
3. Persistent negative thoughts or emotions (e.g., persistent anger, negative views of oneself or others).
4. Increased arousal (e.g., difficulty sleeping, feeling on guard, easily irritated).

Recommended Resource: Anxiety Canada Helping Health Care Workers Cope with COVID-19-Related Trauma

What Does Moral Distress Look Like?

The symptoms of moral distress may be expressed through negative impacts to a person's physical, psychological, emotional, social, or spiritual well-being.

The experience of moral distress might look for feel different for everyone. Below are some examples of common stress-related symptoms to help you check-in with yourself, or your colleagues, when signs of stress may be occurring.

Physical

- Difficulty sleeping
- Fatigue or lethargy
- Headaches
- Sudden weight gain or loss
- More susceptible to illness (e.g., colds, flu)
- Physical pain or tension
- Gastrointestinal disturbances or food sensitivities

Emotional

- Anger
- Fear
- Guilt
- Shame
- Emotional overwhelm or outbursts
- Resentment
- Cynical attitudes or outlook
- Emotional shutdown or apathy

Psychological

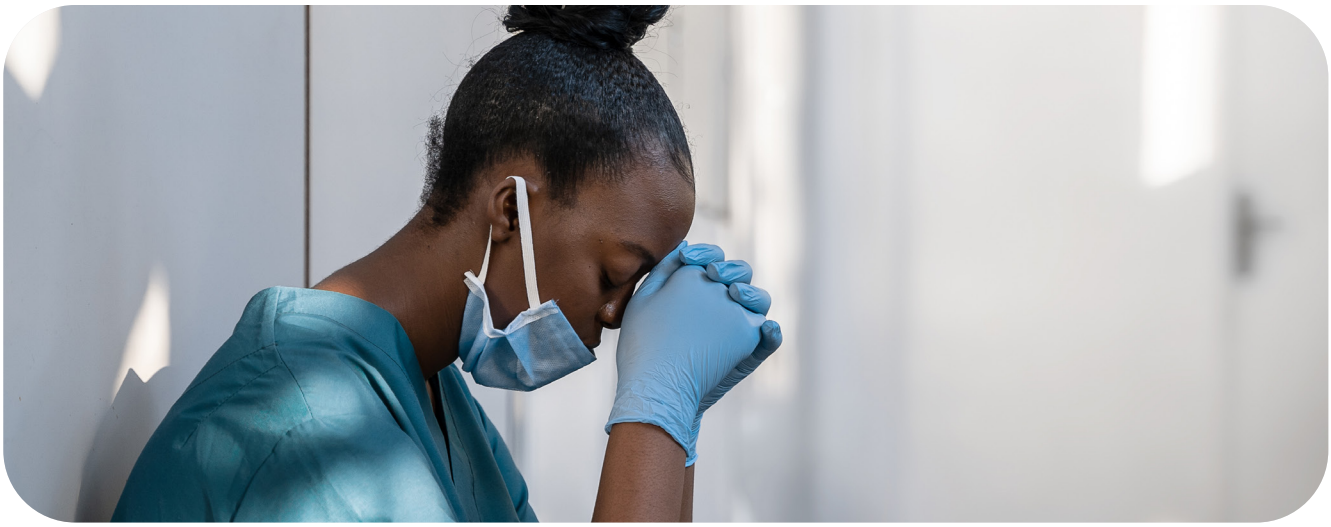
- Brain fog
- Difficulty with cognitive tasks
- Forgetfulness
- Inflexible, black and white, or rigid thinking (e.g., the need to be "right")
- Anxiety
- Depression
- Loss of self-worth

Spiritual

- Loss or reduced sense of meaning
- Feelings of hopelessness
- Feelings of grief
- Crisis of faith or loss of faith
- Less motivation to engage in spiritual practices (e.g., prayer, meditation, worship)

Social

- Self-isolation, disconnecting from the important people in our lives (e.g., colleagues, friends, family, community) or not maintaining important relationships
- Violating boundaries of other people (e.g., over-involvement or disengagement)
- Avoidance or indifference to people or social gatherings
- Increased aggressive attitudes or behaviours towards other people (e.g., "taking things out" on others, especially those who have less authority)
- De-personalizing or dehumanizing thoughts or attitudes
- Shaming others for their personal choices



COVID-19 and Moral Distress

Working in healthcare has always been complex, but the COVID-19 pandemic has created some unique challenges for healthcare workers and healthcare systems. Emergency scenarios, like pandemics, can exert a lot of pressure on workers and, at the same time, can also exacerbate underlying conflicts or unaddressed systemic issues. Some reasons the COVID-19 pandemic has contributed to moral distress include:

- Novel infection with rapidly evolving information, which challenges the evidence base we rely on to make informed choices.
- Rapidly changing policies or guidelines to keep current with evolving evidence and precautionary measures related to infection.
- The introduction of uncertainties around staff safety, patient safety, precautionary measures, or protective equipment, which can weigh heavily on staff, patients and families.
- A shift from focusing on the interests and healthcare needs of individual patients to prioritizing a community or population approach to decision making.
- Stretching staff and resources to cover the pandemic response, leading to disruptions in services, restriction of patient access to certain services or specialties, and staff working in unfamiliar settings.
- Exposing or worsening health inequalities experienced by socioeconomically disadvantaged populations, and the gaps in healthcare services required to address their needs.

For further reading

Morley G., Sese D., Rajenram P, Horsburgh CC. "Addressing caregiver moral distress during the COVID-19 pandemic". Cleveland Clinic Journal of Medicine, 2020.

Canadian Medical Association's COVID-19 and Moral Distress

Suhkera J. et al. "Structural Distress: Experiences of moral distress related to structural stigma during the COVID-19 pandemic." Perspect Med Educ, 2021; 10.

Vittone S., Sotomayor CR. "Moral Distress Entangled: Patients and Providers in the COVID-19 Era". HEC Forum, 2021; vol. 33 (4).

Anderson-Shaw LK, Zar FA. "COVID-19, Moral Conflict, Distress, and Dying Alone". Bioethical Inquiry, 2020.

Hossain F., Clatty A. "Self-care Strategies in Response to Nurses' Moral Injury during COVID-19 Pandemic". Nursing Ethics, 2021; vol. 28(1).

Spilg EG., et al. "The New Frontline: Exploring the links between moral distress, moral resilience and mental health in healthcare workers during the COVID-19 Pandemic". BMC Psychiatry, 2022; vol. 22 (19).

Take Action on Moral Distress

Taking action is the best way to respond to moral distress. Empowering healthcare workers to take action restores their moral agency, allows them to regain a sense of control over their work, and can reduce feelings of powerlessness that accompany moral distress.

It doesn't matter how big or small the action is. What matters most is that they create a plan about how to move forward and have some control over how to implement that plan.

Action to deal with moral distress may be directed towards two outcomes: taking steps towards addressing the source(s) of moral distress or taking steps towards addressing the symptom(s) caused by the experience of moral distress.

Ways that individuals, teams, and organizations can take action to prevent moral distress include creating ethical working environments, cultivating moral resilience, and communicating healthy personal boundaries.

Create Ethical Working Environments

There are certain features of working within healthcare organizations that may facilitate or constrain a healthcare worker in making moral decisions. These might include: organizational culture, policies, management support, power hierarchies, or workload responsibilities.

Healthcare leaders have a **responsibility** to create safe and supportive ethical working environments. **Ethical working environments** are spaces where constraints on moral decision-making are minimized, diversity of values is encouraged, and staff are empowered to raise and work through challenging moral situations collectively.

Cultivate Moral Resilience

Moral resilience involves being intentional about how to respond to ethical challenges in a way that preserves integrity and minimizes suffering. The concept of resilience can be applied to individuals, organizations, and communities.

Identify and Communicate Healthy Personal Boundaries

Boundaries are our own personal "rules of engagement" for safely and comfortably interacting with other people. Part of identifying personal boundaries includes getting clear about your self-worth, values, relationships, and the things that you are personally responsible for. **Setting** and communicating boundaries is an effective way to protect your well-being, physical space, time, and energy.

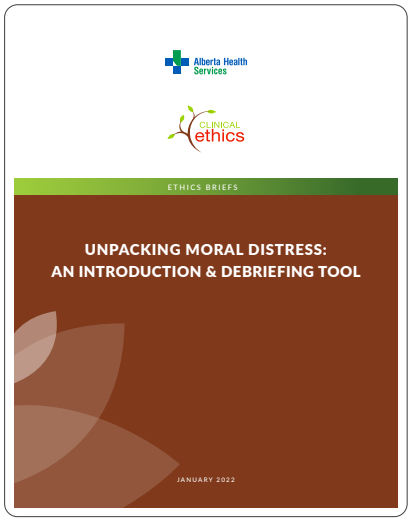
Responding to Moral Distress with Reflective Debriefing

Moral Distress Debriefing Tool

Unpacking Moral Distress: An Introduction & Debriefing Tool is a resource created by the AHS Clinical Ethics Service to support staff through a critical reflection exercise. It can be used individually or by teams to identify and reflect upon the values that may be at the root of the morally distressing event.

The Moral Distress Debriefing Tool helps healthcare workers to explore their experience of moral distress by:

1. Checking-in with themselves to note what symptoms of moral distress they may be feeling.
2. Identifying what action(s) they feel prevented from taking.
3. Identifying the barriers (internal or external) that are preventing action.
4. Reflecting on the important things they believe have been compromised.
5. Reflecting on any important values, obligations, or professional responsibilities that may be relevant to the situation.
6. Considering whether they have control or influence over other important things.
7. Identifying available actions to address the symptom(s) of moral distress.
8. Identifying available actions to address the source(s) of moral distress.
9. Thinking about the supportive resources or relationships that may be helpful in taking action.
10. Developing a plan to move forward.
11. Identifying other strategies to use in case of a possible setback.



Moral Distress Reflective Debriefs

Reflective debriefs are an evidence-based approach to responding to moral distress. They provide a safe environment to explore and address challenging moral events, encourage perspective sharing among participants, and can lead to a better understanding of one's own values.

Read More: Morely G., Horsburgh CC. **Reflective Debriefs as a Response to Moral Distress: Case Study Examples**. HEC Forum, January 2021.

Other Strategies & Supports

How Can the Clinical Ethics Service Help?

The AHS Clinical Ethics Service is a supportive resource available to help navigate ethical issues related to healthcare.

At its core, moral distress concerns our values (our understanding of what is important). If you believe that you or your team is experiencing moral distress, Clinical Ethicists can:

- Help identify and understand the experience of moral distress.
- Assist with unpacking the values or moral obligations that may be causing moral distress.
- Provide support in developing an action plan to mitigate your distress.

This support can be provided on a one-on-one basis, or within a group or team setting (e.g., facilitated conversation, reflective debrief session).

When it comes to ethical issues, there may be more than one ethically justified option for how to proceed in a given situation. Disagreements about ethical issues are often result of differences in how people are weighing and prioritizing values. By identifying and clarifying the values involved when people disagree, the Clinical Ethics Service encourages different perspectives to be heard in order to help facilitate a resolution. The Clinical Ethics Service does this by providing:

- Ethics consultation on patient care and organizational issues.
- Ethics debriefing sessions on past events or recurring challenges.
- Ethical review of policies or governance documents under development.
- Ethics education, rounds or workshops.
- Ethics support for AHS initiatives or committees.

CLINICAL ethics

Anyone can contact the Clinical Ethics Service, including AHS staff, physicians, volunteers, patients or families.

For support in working through ethical issues, including moral distress, please contact us at 1-855-943-2821 or ***clinicalethics@ahs.ca***

Evidence-Based Recommendations for Leaders to Address Moral Distress

See and Seek Moral Distress:

- Look for the presence of ethical concerns or signs of moral distress.
- Consider whether an ethics consultation is appropriate.

Understand Moral Distress:

- Acknowledge and validate ethical concerns.
- Use motivational interviewing or active listening techniques to support conversations.
- Ask questions, and avoid responding with corrections or rebuttals.
- Be receptive to diverse perspectives and experiences.
- Model self-reflective practices.

Assess Workplace Culture:

- Acknowledge serious or recurring ethical challenges.
- Seek to minimize power differentials between team members.
- Assess the professional risks or challenges of speaking up.

Promote an Ethical Working Environment and Engage Team Members:

- Promote team-based discussions or debriefs when ethical issues arrive.
- Encourage and role-model respectful communication.

Create Opportunities for Conversations:

- Encourage and promote spaces for moral conversations: multidisciplinary meetings, clinical ethics education, reflective debrief sessions.
- Ask team members how they are doing and explore additional resources, supports, or work arrangements to meet their needs.

Adapted from Morley G. et al. "Addressing Caregiver Moral Distress during the COVID-19 Pandemic". Cleveland Clinic Journal of Medicine, 2020.

Learn More about Moral Distress

AHS Resources

Clinical Ethics Service Resources:
- Unpacking Moral Distress: An Introduction & Debriefing Tool
- Ethics Brief: Considerations for COVID-19
- Ethics Brief: Infectious Disease Outbreaks and the Duty to Care
- Previously recorded Clinical Ethics Service presentations

Resilience, Wellness, and Mental Health Resource Guide

Crisis Management Services

Change the conversation: Moral Distress Info Sheet

Our People Podcast: Moral Distress

How to Support Someone Who May Be Struggling

Resources to Support Mental Health

AHS Ethics Framework

A Good Listen

Solving Healthcare:
- COVID-19: Recovering from Traumatic Stress and Rebuilding Connections
- Creating Resilience
- A Nursing Perspective on Futile Care and Moral Distress

Solving Healthcare Wellness Minicast:
- Stress Management, with Dr. Julie Foucher

Well@Work:
- Moral Distress
- Building Resilience Through Relationships
- Meaning Making
- Managing Uncertainty
- Mental Focusing During Times of Stress
- Cultivating Empathy for Others to Improve our Own Well-being

CMPA—Practically Speaking: COVID-19: Physician Moral Distress

Matters of Engagement: Moral Distress in Engagement Professionals

Sound Mind: The personal cost of leading Canada's public health response to COVID-19

The Trauma Therapist Project: Beyond Self Care with Francoise Mathieu, M. Ed.

It's Been a Minute: The Power in Owning your 'Big Feelings'

AACN: Moral Distress in a Crisis: What, Why and How to Cope

Podcast or Perish: Episode018: Bernie Pauly

The Handoff: Making ethical decisions in the face of uncertainty

Conversations in Bioethics: Moral Distress

Learn More about Moral Distress *(Cont'd)*

Videos to Watch

TEDxPenn: **How 40 Seconds of Compassion Could Save a Life**

TEDxAdelphiUniversity, Anthony Guerne: **The effects of the suck it up culture (PTSD in EMT)**

TEDxNaperville, Dr. Ed Ellison: **Doctors in Distress: How do we save the lives of those who save lives?**

Canadian Association of Paediatric Health Centres: **Moral Distress: Insight from Stories in the PICU**

Penn Nursing: **The Many Facets of Moral Distress Across Healthcare Settings**

TEDxOshkosh: **Moral Injury on the Front Lines: Lessons from Healthcare**

Further Reading

University of Kentucky's Program for Bioethics **Moral Distress Education Project**

AACN's **4A's to Rise Above Moral Distress**

Why Zebras Don't Get Ulcers by Robert Sapolsky

Mindwell Canada

Dzeng E., Curtis JR. "**Understanding Ethical Climate, Moral Distress and Burnout: A novel tool and a conceptual framework**". *BMJ Quality Safety,* 2018; 27.

Helmers A., et al. "**Moral Distress: Developing Strategies from Experience**". *Nursing Ethics,* 2020; 27(4).

Fourie C. "**Moral Distress and Moral Conflict in Clinical Ethics**". *Bioethics,* 2015; 29(2).

Sabin JE. "**Using Moral Distress for Organizational Improvement**". *The Journal of Clinical Ethics,* 2017; 28(1).

Austin, W. "**Moral Distress and the Plight of Contemporary Health Professionals**". *HEC Forum,* 2012; 24.

Mitton C. et al. "**Moral Distress Among Health System Managers: Exploratory research in two British Columbia Health Authorities**". *Health Care Analysis,* 2011; 19.

Owens J et al. "**Austerity and Professionalism: Being a good healthcare professional in bad conditions.**" *Health Care Analysis,* 2019: 27.

Ulrich CM. "**The Moral Distress of Patients and Families.**" *AJOB,* 2020; 20(6).