Moral Injury of Healthcare

Centre for Developmen and Complex Trauma
Part of St Andrew's Healthcare

'Developing guidance for defining and describing organisations that manage, mitigate and prevent moral injury in the workforce': Initial findings from a Delphi study

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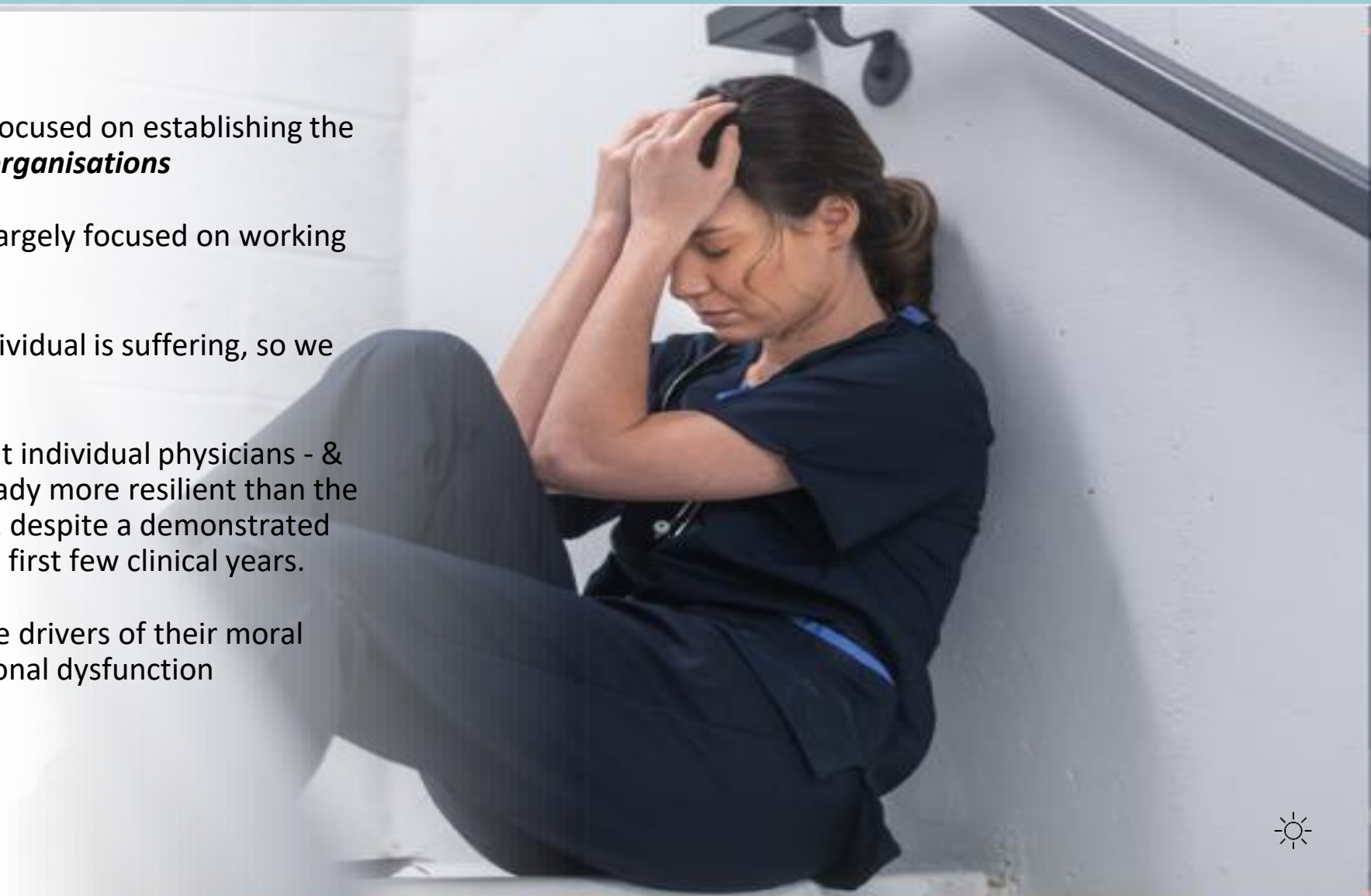
Some context

- Literature to date has largely focused on establishing the scope of moral injury, within ***organisations***
- Proposed interventions have largely focused on working with ***individuals***
- The assumption is that the individual is suffering, so we should address the individual
- BUT the evidence suggests that individual physicians - & likely most clinicians - are already more resilient than the average employed population, despite a demonstrated decline in resilience across the first few clinical years.
- *And* evidence suggests that the drivers of their moral injury reside within organizational dysfunction



Why adopt an organisational lens to addressing moral injury?

- Decades of individual intervention for other distress has been minimally effective.
- Individual interventions address the sequelae of betrayal, but do not diminish its risk.
- “Legitimate authority,” at the root of moral injury, must accept their role in the experience, even if inadvertent.

> *. . . diminishing the responsibility of organizational leadership. . . effectively exonerated corporate culpability and the liability of organizations with respect to moral injury.*

Hodgson & Carey 2017

The ‘Family’ of Healthcare

The challenges of developing functional healthy organisations

- **The nature of what we do**
- **Our (competitive) training and competition for resources**
- Different professional groups, limited shared language and goals (conflict)
- Teams ‘blended’, unstable membership, high levels of people leaving
- Metrics that often distract from our goals

In psychological terms can manifest

- Mistrust, poor attachment, hypervigilance to: threat, abandonment, being let down or betrayed (world is unpredictable)
- Poor communication between groups who have a different language and misalignment of values

In behavioural terms healthcare can experience

- Inconsistent, nagging, controlling, absent punitive parenting (leaders); parenting angry competitive children who don’t get along (sibling rivalry), display ‘push = pull’ behaviours in the context of unstable resources and relationships

Core Research Questions

1. How would we describe a non-morally injurious organisation?

2. What language or descriptive terms would use to describe such organisations?

3. What does a non-morally injurious organisation look like?

Method

Design

- A purposive sample of experts with academic or clinical knowledge of moral injury
- Delphi design - 3 round survey
- 80% consensus cut-off

Participants

- 49 experts at R1
- 41 experts at R2 (83.7% of R1)
- 39 experts R3 (95.1% of R2; 79.6% of R1)

Permissions

- Permissions gained from StAH
- Anonymous
- Consent process

Materials & Procedure

R1 27 questions, **132** items in total (derived from the literature)

- Part 1: Key defining terminology (relevant/not relevant)
- Part 2: Areas/features of a non-morally injurious organisation for inclusion in guidance (70% cut off for R2 inclusion)

R2

- Part 1: Terminology to describe a non morally injurious organisation,
- Statements from endorsed areas and thematic analysis generating additional statements from R1, were rated on importance for inclusion in guidance from 1 ('strongly disagree') to 4 ('strongly agree').

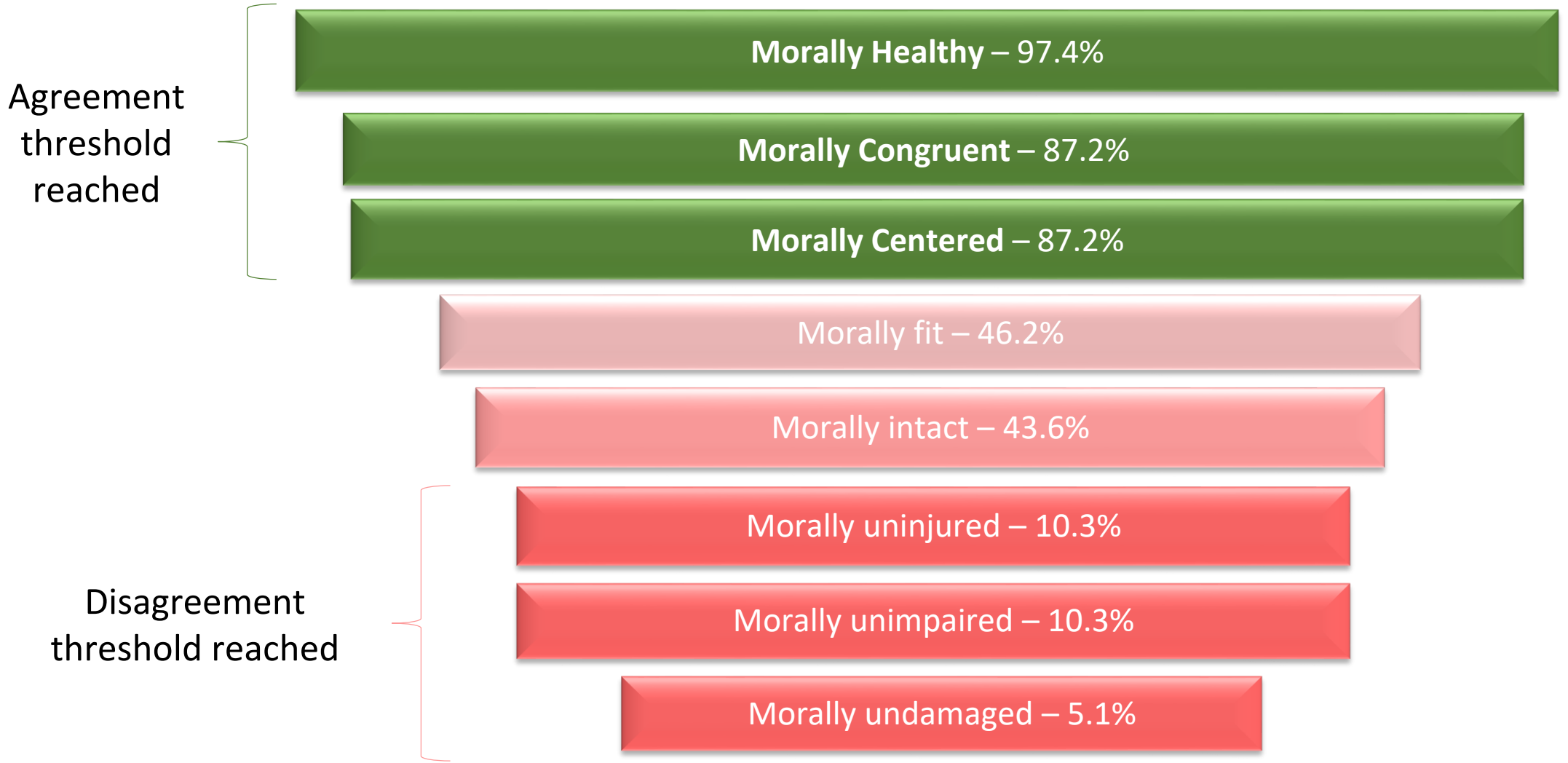
R3

- Survey re-presented. Level of agreement on each item achieved at R2 displayed to experts at R3 (agree or disagree)

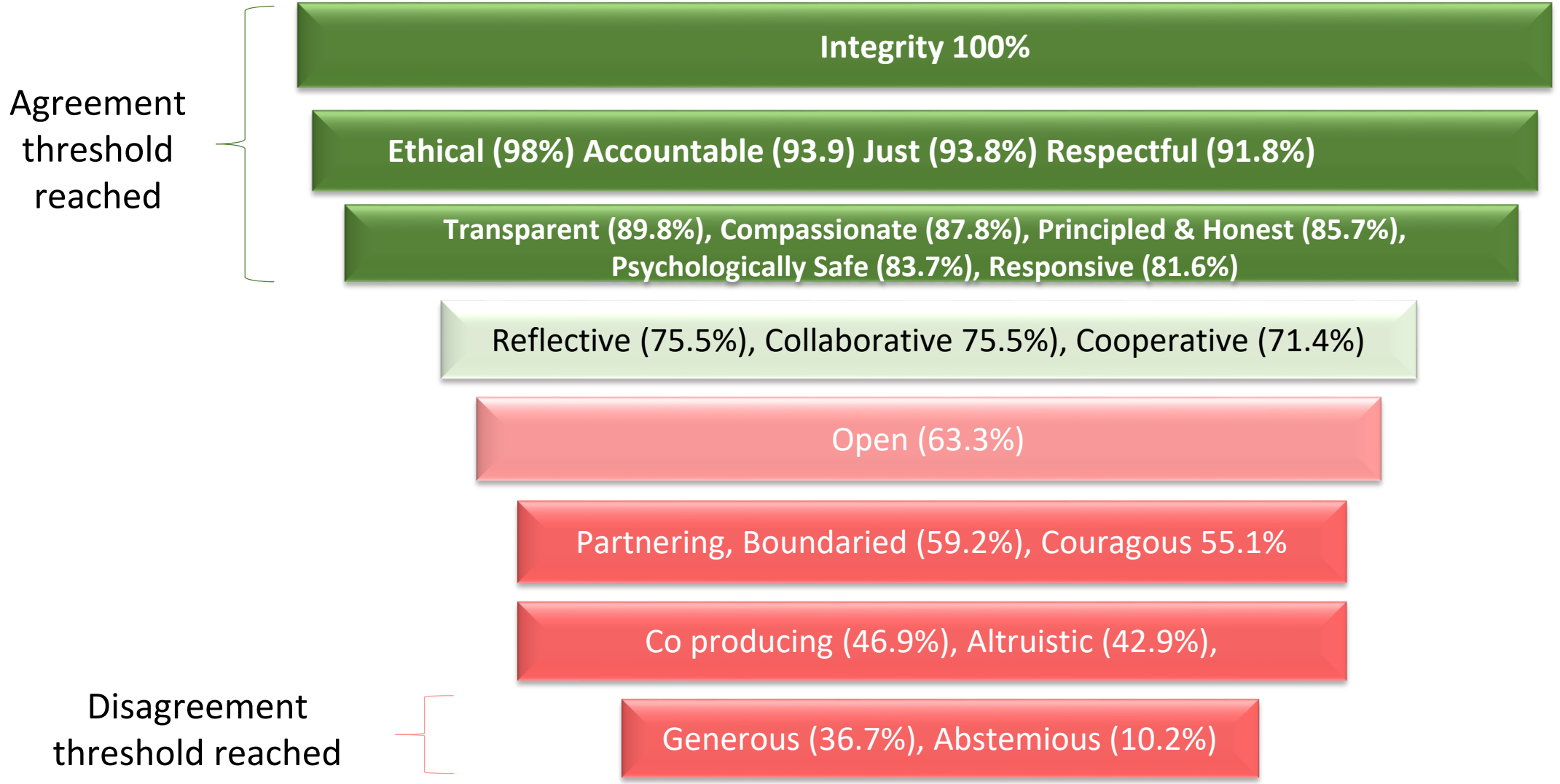
Participants

Characteristic		Round 3 (n=39)
Gender	Male	23 (59.0%)
	Female	16 (41.0%)
Age	Range:	18-65+
Nationality / Ethnicity	White British White North American White European White Irish Hispanic Asian / Asian British Other	10 (25.6%) 14 (35.9%) 5 (12.8%) 3 (0.8%) 2 (0.5%) 2 (0.5%) 3 (0.8%)
Source of expertise	Academic only	15 (38.5%)
	Clinical only	3 (7.7%)
	Both academic and clinical	21 (53.8%)
Field	Healthcare	20 (51%)
	First responders	11 (28.2%)
	Military	11 (28.2%)

Results: Part 1 Terminology



Language and descriptions reflecting a morally centred organisation

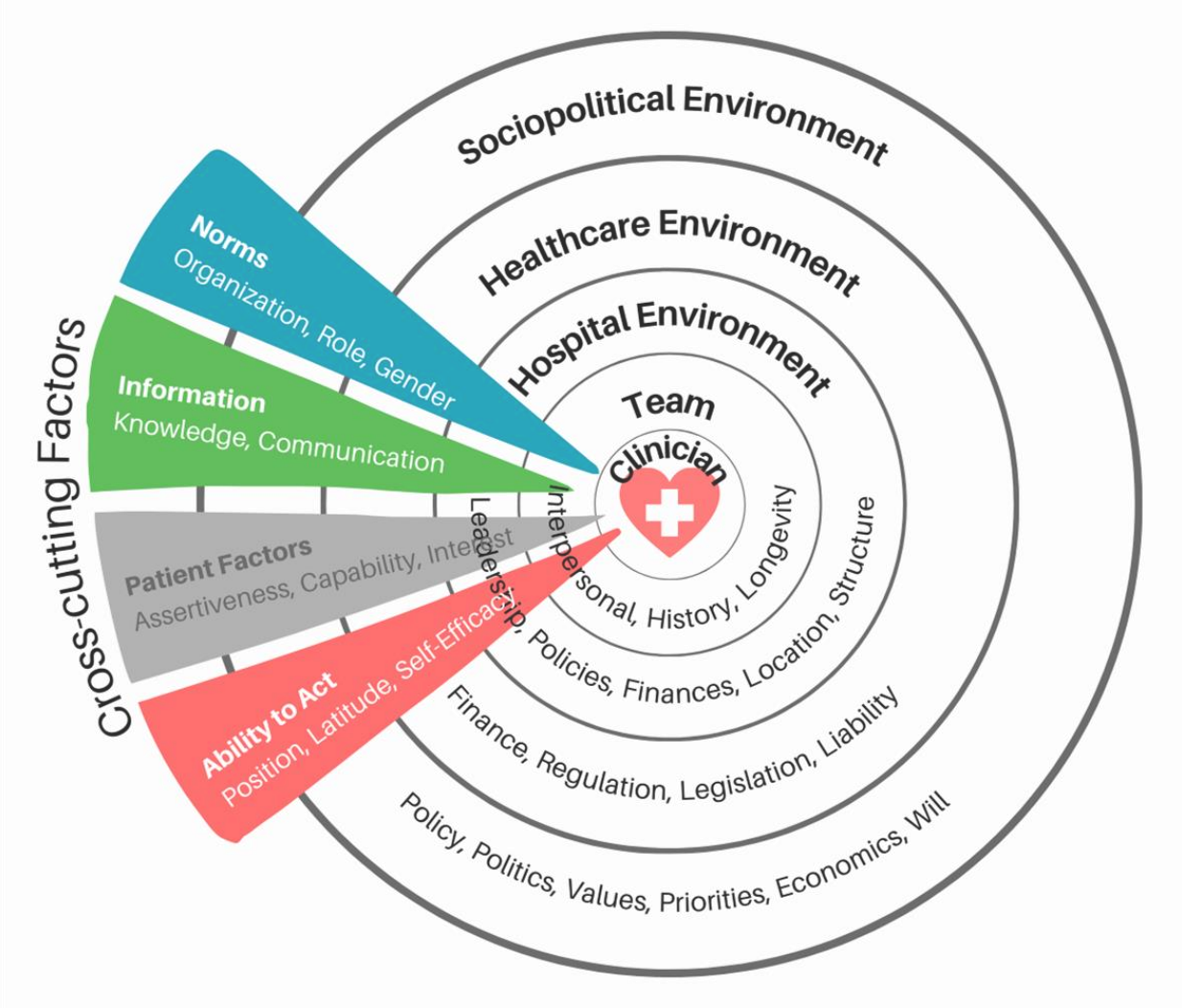


Recommendations from experts: What a morally centred organisation looks like

- 111 items (85.4%)
- 15 areas of organisational ‘behaviour and activities’
- Reached 80% threshold at Round 3 and have been included as recommendations

Experts endorsed these organisational activities

Formulating the findings from an ecological systems model perspective



Socio-political and Healthcare Environment

Regulatory environment

- **Moral justness** > **blind adherence**
- The organisation **role models** and **upholds accountability**
- Has processes for transgressions of regulations
- **Consistently** enforces / upholds regulatory processes

Healthcare Environment: Organisational priorities, culture and engagement

Proactive, pragmatic, collaborative, empowering, just

Priorities

- **Equitably** prioritises staff and service user wellbeing
- Implements processes to ensure **reasonable workloads**
- Is **realistic** about the challenges of addressing moral injury risks/impact
- **Normalises** discussion of moral challenges
- Differentiates between **avoidable and unavoidable** sources of MI
- **Actively prepares staff** to cope with moral challenges
- **Prioritises** the repair and recovery of MI

Identity

- **Just culture**
- **One team** with **shared values**
- Values relationship building

Transparent and open

- Communicates and is transparent about **all decisions** made at all levels

Employee voice

- **Empowers** the workforce to engage in discussions around moral and ethical dilemmas in the workplace

Hospital Environment: Leaders

Walk the walk. Talk the talk. Fight for right.

What leaders need

- **Recognition** of their own moral and ethical values
- **Education / training** related to moral challenges
- **Transparency** for their **goals**
- Recognition, resources and support to access spaces to support their **own wellbeing needs**
- Opportunities to **acknowledge** and discuss **conflicts** in their own values and practice

What we need from leaders

- **Embody** moral leadership
- Act **faithful** to their word
- Acknowledge, challenge, address and resolve **moral transgressions**
- Model moral resilience
- Consider the **moral impact** of their behaviour and decisions
- **Challenge** sources and incidents of **moral transgressions**
- **Engage** with staff resolve moral transgressions

Hospital Environment: Operational Leaders

See & be seen. Hear & be heard. Facilitate values-aligned work.

Workforce & resources

- Enables **autonomy**
- Ensures **clinical leadership**
- Sufficient & equitable **resources** and education / training to provide quality care
- **Minimises tasks** that distract from care
- **Encouraged** and **protected** to **speak out**

Congruent values and practice

- Regularly reviews processes and procedures to ensure **alignment** with organisational **values** and **goals,**
- Facilitate discussion and adopt **'no fault'** approaches when staff are required to make difficult decisions

Managers and supervisors

- **Adhere** to the **moral values** of the organisation and uphold these
- **Visible**
- Responsible for **monitoring** wellbeing, including **moral injury**
- **Value** and **respect** staff input

Hospital Environment: Our *valued* people . . .

Skilled, trustworthy *adults.*

- **Informed** about moral injury (prior to joining), the risk of experiencing and resources to respond to it
- Are recruited because they are **trustworthy**
- **Suitably qualified** for their roles, across the organisation
- **Equipped** with skills to recognise, respond and cope with moral challenges

- **Nurtured**
- **Empowered** to engage in discussions around moral and ethical challenges
- **Diverse**
- Receive **additional support** when they are employed **in roles most at risk** of experiencing moral injury
- **Heard**

People management policies and practices

Well workers, well & justly supervised, are most effective.

Prioritise wellbeing

- Facilitates opportunities for staff to **reflect** on and seek support for morally transgressive incidents
- Takes active steps to **prepare** staff to cope with **moral challenges**
- Implements **processes** to ensure that workloads are reasonable
- The importance of the **wellbeing of leaders** is recognised by leaders themselves, and by others in the organisation

Provide quality supervision

- Is led by individuals who engage with staff to **identify resolutions** to **moral transgressions**
- Provide a **nonjudgmental, nonpunitive space** for communication and reflection on **moral transgressions** in the form of **regular supervision**

Investigation & disciplinary processes

- Are fair, open, visible, honest, consistent, equitable and just
- Consider **support needs** and risk of harm to the **individuals** involved in the disciplinary/investigation
- Are led by **investigators** who are aware of the **moral imperatives** relevant to the disciplinary investigation
- Adopt a **systematic lens** to understanding behaviours
- Are **proportionate** and **non-punitive** in response to an incident

Investment in moral considerations

Organizational infrastructure has moral framing.

Policies & forums

- **MI policy**
- **Speaking out** policies

Education and training

- The organization provides **education** about moral injury to all staff and leaders
- Leaders and staff attend **training** in moral injury and ethics

Research

- **Monitors** moral injury
- **Open** about results
- **Curious** about whistleblower experiences
- Researches the **physical and psychological safety** of the workforce, at all levels
- Research, evaluations, and audits that focus on **systemic issues and staff-focused quality agendas**

Communications

- Adopts **bi-directional communication** with staff
- Communicates strategies and resources for **addressing moral injury risks to the workforce**
- Prioritizes sincere, open and honest feedback about decisions
- **Tackles 'toxic'** elements of the organisation
- Aims to **reduce silos**
- **Model** organisational values (~accountability, openness, integrity, etc)

Evidence that an organization mitigates moral injury

Data gathering and accountability without “checking your own homework”

- Monitoring moral injury within a framework of a policy, and evaluating its initiatives for preventing, managing and mitigating moral injury
- Transparency and open communication about moral injury in the workplace, including risks and management strategies
- Risk assessments to follow moral injury exposure and symptoms
- Interventions and feedback loops to gauge effectiveness
- Conducts and acts on the audits of key performance metrics related to the staff experience (e.g., turnover, absenteeism, job satisfaction)

Key Overarching Themes

What type of "families" and "parents" do we want to be and what type of organization do we want to join or build?

1 - Wise (normalize and anticipate moral injury)

- Careful selection of team
- Anticipation of moral challenges in workplace
- Because it hires well, the organization allows autonomy
- Decisions made appropriately, according to skill sets (i.e., clinicians control decisions that impact patient care/clinical workflow)

2 - Human

- Humble, vulnerable, imperfect
- Values based framework, not rules based
- Opportunities for everyone to acknowledge and reflect on conflicts in their values and practice
- Nurturing healthy sibling relationships

3 - Trustworthy

- Sufficiently skilled for their roles (hire qualified individuals & continually educate)
- High integrity
- Challenge sources and incidents of moral transgressions within the organisation

Key Overarching Themes (cont'd)

What type of "parents" do we want to be and what type of organization do we want to join or build?

4 - Mentoring

- Model morally congruent actions
- Training and education about recognizing and navigating inevitable moral challenges
- Support for staff exposed to job-related moral injury risks
- Set up to succeed

5 - Nonpunitive/Just

- Disciplinary processes that are fair, open, visible, honest, consistent, equitable and just
- Support for those who have transgressed
- Repair focused

6 - Courageous

- Values speaking out by the organization and by individuals
- Committed to adhering to morally just processes above mandated processes

Take-aways - Pillars of Professionalism

Our “family” of professionals - what will it be a decade from now?

- Recommit to the pillars of professionalism:
  - Technical skills
  - Human development
  - Culture
  - Ethics
- Values-based framework, not rules-based
- Introspection & reflection
- Succession planning – mentors, champions

Thank you for listening