Moral Injury Issue

January 2020

Team Care CONNECTIONS

A workforce training magazine for primary care teams

Moral Distress
what it is and why it's important

Preventing Moral Injury
in your team members

EXPERTS share
INSIGHTS and
SOLUTIONS

HOW TO CREATE
a safe environment to
talk about moral distress

conversations about moral distress and moral injury

Contributors

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Contents

Editorial Team

Gerri Lamb, PhD, RN, FAAN
Editorial Director

Lise McCoy, EdD
Senior Editor

Yvonne Price, MAMC
Design Director

Nina Karamehmedovic
Production Manager

Jody Steehler
Production Assistant

FOR EDITORIAL QUESTIONS, EMAIL:
TEAMCARECONNECTIONS@ASU.EDU

Team Care CONNECTIONS
Center for Advancing Interprofessional Practice, Education and Research (CAIPER)
Edson College of Nursing and Health Innovation
Arizona State University
550 North 3rd Street | Phoenix, AZ 85004

Editor's Note

Dear Reader,

We're pleased to bring you a new issue of the Team Care Connections magazine, *Conversations About Moral Distress and Moral Injury*.

We discovered moral distress and moral injury, how people experience conflict between what they believe in and what they see or do, in the course of our interviews for the first issue of this magazine. We felt it was important to share what we have learned with primary care teams and are grateful to the National Association of Community Health Centers for encouraging this dialogue and providing funding for this issue of Team Care Connections.

A short story about how we came upon the topic of moral distress and moral injury...

For the first issue of Team Care Connections, we interviewed primary care teams about their experience caring for vulnerable patients. Each team member, regardless of his or her role, used words like "gratifying" and "fulfilling" to describe how it felt to help patients feel better or improve access to needed services.

Many care providers referred to their work as a calling.

However, these conversations often turned to challenges; things that create obstacles to providing the care team members want and felt called to give. We heard about long days and short visits, and lack of community resources they felt their patients needed.

Editor's Note

Moral Distress and Moral Injury:

The emotions and stress that accompany discordance between what providers believe "should be" and what is, and how it affects primary care teams.

As health care professionals, we knew and had experienced these same challenges. We weren't surprised by them or comments about how frustrating they can be.

What we didn't expect – and had no interpretation for – was the degree of pain and stress that lived alongside the satisfaction most felt for their work.

We heard team members question if they were doing enough for their patients, if they were giving the level of care they expected of themselves, and most poignantly, if they were failing their patients. Our exploration of what this might be about led us to moral distress and moral injury, the emotions and stress that accompany discordance between what providers believe "should be" and what is, and how it affects primary care teams.

The intent of this issue is to open conversations about moral distress and moral injury among members of primary care teams.

As the editors and authors, we place ourselves in the role of reporters to summarize what we have learned from scholars, health care providers and administrators, and our own reflections.

Recognizing that for many of our readers this may be a first foray into this topic, we offer suggestions about how to start talking about moral distress and moral injury, examples of clinical situations that may cause them, and recommendations from experts about what to do if and when you and your team experience them.

Featured Experts

Throughout this issue, you will see exclusive quotes, audio clips and video interviews with national experts who consulted on the development of content.

We are fortunate to have worked with each of these experts and grateful for their unique contributions to this issue of Team Care Connections.

NANCY JOHNSON, RN, PHD
Executive Director and Chief Operating Officer for El Rio Community Health Center in Tucson, Arizona

DANIEL MILLER, MD
Chief of Clinical Integration and Graduate Medical Education at Hudson River HealthCare, Inc. (HRHCare) in New York

WILLIAM (BILL) NASH, MD
Staff psychiatrist for the VA Greater Los Angeles Healthcare System, U.S. Department of Veterans Affairs

CYNDA HYLTON RUSHTON, PHD, RN, FAAN
Professor, Co-Chair of the Johns Hopkins Hospital's Ethics Consultation Service, and author of *Moral Resilience: Transforming Moral Suffering in Healthcare*

GRACE WANG, MD, MPH
Family physician at International Community Health Services (ICHS) in Seattle, Washington

Special thanks to Kathy McNamara and Caryn Bernstein at the National Association of Community Health Centers (NACHC) for their guidance and support.

Icons & Interactivity

Getting the most out of this magazine

The secret to using this magazine is to jump in and make it work for you and your team. Here's some practical advice offered by community health center and primary care teams.

Icons and interactive features

In a modern approach to workforce training, this digital magazine includes a variety of interactive features to complement the articles.

The magazine can be viewed online, downloaded and viewed as a PDF, or printed and used as hardcopy. Viewing the magazine online will give you access to the full set of interactive features.

The icons to the left will help you identify and navigate the various interactive features throughout the magazine.

Keep it simple

The magazine is designed to initiate discussion and generate avenues for new solutions among team members.

Gotta' find time

Primary care teams we talked with offered a range of creative suggestions for incorporating this digital magazine in daily workflows. They recommended using time already designated for team meetings, workshops, trainings, interprofessional rounds, and other staff development exercises.

Starting the Conversation

> **Before analyzing,
> before classifying,
> before thinking,
> before trying to do anything –
> we should listen.**
>
> *— Jonathan Shay, MD, PhD, Achilles in Vietnam: Combat Trauma and the Undoing of Character*

Starting the Conversation

In the prologue to his groundbreaking book on moral distress and moral injury in the military, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, Jonathan Shay cautions readers to pace themselves and put the book down whenever needed.

Conversations about this topic can be tough. They touch on the very core of what matters to team members, and reactions when what matters is not achievable or thwarted.

As health care professionals, we recognize and understand the need to "do" and to take action. We are problem-solvers. We feel better about ourselves when we are helping others. That's likely why we're in health care.

In this prologue to *Conversations about Moral Distress and Moral Injury*, we share Shay's caution to each team member to take time to listen to each other. The factors that contribute to moral distress and moral injury are individual; they are likely to be deeply felt, and they require trust in the people listening to listen and hear. We offer strategies to do this effectively in the section of the magazine on "What You and Your Team Can Do."

Here's a few tips to get the conversation started

Consider why your team might want to have this conversation

Our experience interviewing members of primary care teams suggests to us that situations in primary care, especially caring for vulnerable patients and families, resonate with stories of why your team members care about the work they do. Exploring moral distress and moral injury taps into these "why's" and what people experience when they find conflict in achieving them.

Our hunch is that most members of primary care teams have experienced moral distress and moral injury even though they may not be named. Naming can be a first step to prevention and talking about them in a safe environment can be helpful.

Is your team a safe place?

The literature is full of studies and stories that patients need a safe and caring relationship with their providers and teams for engagement and activation. Recent articles on compassionate care for providers suggest exactly the same. Before you start these conversations, stop and assess if your team needs to deal with safety first.

Amy Edmondson, author of *Teaming and the Fearless Organization*, recommends three ways health care team members can increase everyone's sense of safety in having tough conversations.

Explore gently

Try using one or two of the discussion questions suggested in different sections of the magazine to get started. Start with a conversation about what makes team members feel good about coming to the clinic or community health center and what's important to them about the work they do. We've found this to be a meaningful ice breaker for talking about values each person holds for the care they provide.

Have strategies in place to recognize and support stress

Discussions about moral distress and moral injury may be uncomfortable. As one expert told us, "put some safeguards in place to protect each other." One useful strategy is to pair up: choose another person on the team to watch for signs of stress in each other and plan in advance what to do if you see them.

MORAL Distress and Injury DEFINED

By Gerri Lamb

Moral distress and moral injury are the emotions and bodily changes that accompany a disconnect between what you believe is right and good and what you are able to do or what you see happening around you.

Andrew Jameton, one of the first individuals to write about moral distress and moral injury, put it simply:

> ***You know the right thing to do, but you're not able to do it.***

Dr. Daniel Miller, primary care physician and expert consultant on this issue, defined moral distress as, "acting in a way that does not manifest what we hold most important to us."

When members of the health care team are not able to deliver the care they believe is right and good, it creates a moral dilemma that is experienced as moral distress.

Dr. Cynda Rushton, nurse and author of *Moral Resilience: Transforming Moral Suffering in Healthcare*, emphasizes that "moral distress comes out of caring. Something important to all of us is being threatened. We need to explore it and see if there are pathways forward."

Moral injury is what happens when the feelings and emotions of moral distress are accompanied by physical symptoms, like insomnia or loss of appetite.

Over time, the combination of emotional and physical stress associated with moral distress and moral injury may become chronic and debilitating. Emerging research on neurobiological effects of chronic moral distress and injury suggest that moral causes of stress and suffering exert the same impact as other causes.

Moral distress and moral injury commonly are depicted as a continuum in which moral distress progresses to moral injury.

One of the many benefits of initiating conversations about these topics is to recognize team members who may be experiencing moral conflict and to be able to implement strategies to prevent escalation or chronic reoccurrence.

continuum of moral distress and moral injury

MORAL DISTRESS	MORAL INJURY	CHRONIC MORAL DISTRESS & INJURY
Emotional response to value conflicts, e.g. anger, shame, self-doubt	Emotions accompanied by physical symptoms, e.g. loss of sleep or appetite	Ongoing emotional, physical, spiritual & social impacts

While there are many day-to-day stressors in clinical practice, what differentiates moral distress and moral injury from other stresses is the presence of a moral component. Something in the situation conflicts with what team members believe to be right and good. The conflict may lie with system constraints, like not having enough time or the needed resources. Value conflicts also can arise when providers believe they do not have the necessary knowledge or skills or are unsure about the right thing to do.

> *What differentiates moral distress and moral injury from other stresses is the presence of a moral component.*

MORAL Distress and Injury are about VALUES

A first step in understanding the triggers and effects of moral injury in your team practice is to ask each other:

What values are important to us?

To launch this discussion, it may be helpful to use a recent situation that members of your team agree was a good example of "how care is supposed to be." Think of a situation in which your team was proud of their care.

You also might start the conversation by describing a typical day in your practice and what each team member believes good care "should" look like in your daily work.

For instance, here's how primary care teams often described a typical day to us.

TEAM STORY

We see patients with a complex array of medical and social needs. No two patients look the same – it's hard to predict what even established patients may want or need.

As one of our team members often says, "None of our patients come in with just one problem. It's never just diabetes or hypertension. They come to us with several medical diagnoses and lots of social and economic issues. A lot of our time is spent exploring their goals and what they think will help them."

The important thing here - and necessary to launch conversations about moral distress and moral injury in your practice – is to create the foundation for talking about values. It is critical to understand what each team member believes about right and good patient care in order to identify, prevent and reduce moral conflict.

As you start these conversations, it's a good idea to keep Jonathan Shay's advice in mind:

> *"Before analyzing, before classifying, before thinking, before trying to do anything – we should listen."*

Contexts for moral distress and moral injury

WHERE YOU WORK MATTERS

By Gerri Lamb

Some work settings draw people to them because of the values they represent. They work in these settings precisely because they believe in these values and want to be a part of realizing them. When reality doesn't match values, moral distress can follow.

Being in situations in which values and beliefs conflict with what's happening around you is a common human experience. There are likely many factors that affect whether this discordance goes beyond a twinge of discomfort and becomes a source of moral distress and moral injury.

Some settings and situations may make value conflicts more evident and more deeply felt than others. This is more likely to happen when people work in settings they have chosen specifically because of the values and mission they represent.

"We love our mission"
A physician shares why he chooses to work in a community health center

Although research linking work context and incidence and severity of moral distress and moral injury is not yet well developed, we do know that people often choose professions and settings aligned with their values and beliefs.

According to experts, working in "value-forward, mission-centric" settings creates an expectation that shared values are important and will be reinforced and rewarded. When this doesn't happen, moral conflict may ensue.

For instance, it is not a likely coincidence that much of what is known about moral distress and moral injury comes out of the military and efforts to understand the roots of post-traumatic stress in combat veterans. Men and women who enlist in the military and put themselves at great personal risk often do so for reasons related to deeply held values like honor, belief in country, loyalty and fairness that they believe military service represents.

Jonathan Shay, MD, PhD, a psychiatrist and recipient of the MacArthur "Genius Grant" for his writing about Vietnam veterans and moral injury, describes extraordinarily painful conflicts for soldiers between the values that led them to enlist and what they experience in war. He attributes much of the pain and suffering in returning soldiers to these conflicts.

In Shay's words, the military comes to represent "a betrayal of what's right" and a source of moral distress for many soldiers.

Working in "value-forward, mission-centric" settings

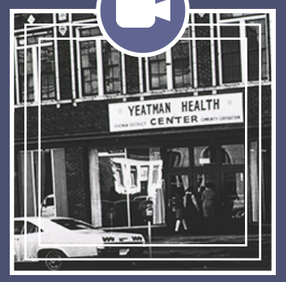
Healing:
Can we treat moral wounds?

Community Health Centers
Born in Values, Driven by Mission

While all health settings symbolize a call to healing and caring to some extent, community health centers hold a special place in the history of social change in health care.

"The Health Center Movement was grounded not just in health care, but in a fundamental struggle for justice."

— Dr. Daniel Miller



A Brief History of Community Health Centers

CHCs Today: Social Determinants and Values

Reasons People Work in CHCs

Why People Work in CHCs

Much of what is written about community health centers suggests that providers and community members choose to work in health centers because they believe in the values they represent and want to be part of realizing them.

As we heard in an overwhelming number of the interviews that led to this issue of Team Care Connections, providers working in community health centers and primary care settings are drawn to the mission of these settings to address inequality and disparities in health care.

"When I came to the CHC movement and discovered that there was a place dedicated to providing outstanding health care for everyone, regardless of whether people were insured or not, that quality was central, that equity and respect were central, it was like opening up in the sunshine."

— Dr. Daniel Miller

The modern history of community health centers (CHCs) began in the midst of the civil rights movement. Community health centers were started as a way to provide comprehensive health care to underserved and poor individuals and families with no access to care. They were a direct result of the work of community activists who believed in social justice and the right of all people, not just some, to quality care.

Today, community health centers continue to serve as a safety net and a major part of the nation's efforts to improve health equity and reduce health disparities. They have a long history of attending to the non-medical, social and economic factors that have created significant barriers to health.

To learn more about community health centers, visit NACHC.org

For Discussion

? Ask your team members what brought them to work in your setting. Ask, also, if they considered working in other settings, and why they chose this setting.

In the last segment on *What is Moral Distress and Moral Injury*, we encouraged a conversation about the values important to each team member since understanding values is core to understanding the causes and interventions for moral distress and moral injury.

Revisit or start a new conversation about shared values and talk about how these values affected each person choosing to work in a community health center or primary care setting.

RECOGNIZING

clinical situations that cause moral distress

By Gerri Lamb

There are many familiar situations that can contribute to provider frustration and distress about not being able to provide the care they believe they should.

- Too little time to address complex patient needs
- Too much time required for documentation
- Insufficient community resources
- Lack of access to team members with needed skills
- Payment incentives that don't match patient goals
- Rules that limit or delay patient access to needed services
- Patients do not want or do not accept the care team members offer

Sources of moral conflict and distress run the gamut from small to large, from micro to macro system issues. System constraints, like lack of adequate time for patient visits or team meetings or lack of needed resources, are common triggers to moral distress.

What are your team's common barriers to delivering care consistent with your shared values?

Beyond Clinical Factors

Stories From the Field:
Medical Front Desk Associate

Stories From the Field:
Case Manager

CLUES
to situations that generate moral conflict

Situations that give rise to moral distress, by definition, are associated with feelings of discordance or conflict between what is perceived as right or good care and what happens.

Dr. Grace Wang, a primary care physician and an advisor to NACHC's work on clinical workforce wellness, shared the example below from her practice.

Listening for clues to morally distressing situations

When you suspect that a situation is causing moral distress in you or a team member, listen for what Dr. Bill Nash, a psychiatrist and expert on moral distress in combat veterans, calls moral emotions, ones that convey how a provider feels when they believe something "should" happen. Use of words like "should" or "ought" are important clues that values are at stake.

"We know what the evidence-based practices are. We know what to do, but there are external forces that make it very difficult to do what we know we should be doing."

— Dr. Grace Wang

Our team was working with a gentleman who really wanted to start medication assisted therapy with buprenorphine.

The folks in the pharmacy were really supportive of getting this gentleman the medication, but the insurance company has rules about the number of pills covered for a given day; and the insurance company formulary only has pills with dosages that are different from the information in the handouts and education materials we provide to our patients who are going to do home induction.

There was also a prior authorization process which ultimately meant delays that were extremely frustrating for both the patient and the team.

— Dr. Grace Wang

Dr. Grace Wang's example highlights the key elements of situations of moral conflict that lead to moral distress and injury.

Knowing or believing you and team members know the right thing to do

Experiencing constraints to doing the right thing for patients and families

Believing that care being provided is not consistent with what "should" happen

"Health care people focus on patients. We put our patients first. We don't pay a lot of attention to what we're feeling. In fact, we're probably the last ones to attend to ourselves."

— Dr. Bill Nash

Cues to moral distress and moral injury may be subtle. They can be overlooked or minimized in the intensity and busy-ness of daily practice. They may not be recognized as stress grounded in moral conflict rather than another source.

What differentiates "moral" distress?

As we noted earlier, experts on the experience of moral distress and moral injury believe that they exist on a continuum: one end of the continuum contains emotions and physical symptoms similar to a stress response; at the far end usually with continuous, escalating exposure to morally distressing situations moves into chronic and potentially debilitating physical changes, moral injury.

As we've emphasized throughout the magazine, moral distress is differentiated from other types of stress encountered in clinical practice by the presence of a moral component. Emotions associated with moral distress – feelings that Dr. Bill Nash refers to as moral emotions – are ones experienced when values and beliefs about "what's right" and "what we stand for" are in conflict.

Clues to Moral Emotions

Moral emotions have "should" feelings associated with them and range from anger to guilt and shame. This may be accompanied by irritability and withdrawal from team interaction as well as commonly recognized signs of stress like disrupted sleep or appetite. The physiological impacts of chronic moral stress are a subject of growing interest and research. In the accompanying video clip, Dr. Bill Nash talks about the importance of understanding the biology of stress to recognize and prevent moral distress and injury.

The Neurobiology of Moral Distress

Recognizing cues to moral distress and moral injury in yourself and your team members

By Gerri Lamb

Consider moral distress when:

YOU FEEL	YOUR BODY TELLS YOU
Exhausted	Insomnia
Angry	Headache
Irritable	Upset stomach
Sad	Rapid heart rate
Frustrated	Weight loss or gain
Ashamed	Body aches
Guilty	Low energy
Isolated	

Of course, not all frustrations and stressors in clinical practice have roots in moral conflict. Recognizing moral emotions accompanied by common stress responses, like difficulty sleeping or loss of appetite may be important clues that you and your team members may be grappling with a moral dilemma.

While more is being learned about moral distress and moral injury and their lasting effects, it's important to be aware that these are common ways that moral conflict shows itself. Use these experiences to explore the possibility of moral distress with your team members and, most importantly, use them as an opportunity to prevent it and try out ways to support team members experiencing it.

Getting the Conversation Going

Dr. Cynda Rushton offers different ways to "ease into the territory" of moral distress with team members:

Reflect on a time that team members had a goal to do something and couldn't act on it.

Encourage team members to recall a situation in which they felt their values were challenged in a way that stayed with them, that they continue to think about.

1. What was happening?
2. What was at stake?
3. What did the experience feel like?
4. What did your team do?

Start a regular discussion of "a case that stayed with us" in which team members felt they didn't do their best and could have done better. Agree to listen to each other; avoid jumping to analysis or trying to solve the problem for your team members.

When your team feels ready to talk about solutions, talk about the factors that create these kinds of situations. If some of these factors are system issues, start with solutions that are within the control of your team. Begin to identify those that will require leadership and broader organizational engagement. We provide a few recommendations for these in the segment on "How Leaders Can Help."

A final comment

Research on moral distress and moral injury indicates that their long term effects may be significant including provider burn-out and loss of satisfaction in work.

Preventive strategies – as discussed in the next segment- have been shown to reduce emotional and physical stress. Conversations within a trusted group or community make a difference.

WHAT YOU AND YOUR TEAM CAN DO

By Lise McCoy

ASK

Team members play an important role in recognizing signs and symptoms of moral distress and injury in each other. Health care providers often are more aware of physical and emotional cues and distress in others than they are in themselves.

As a first step in preventing moral distress and injury, team members need to become familiar with the common signs and symptoms of moral distress and moral injury. Knowing what to look for makes it more likely you'll see these changes early and be able to support each other.

Observe for Team Patterns

Dr. Bill Nash suggests creating a "buddy" system in which trusted team members are given permission to provide each other with early alerts to signs of stress.

Before you start conversations about moral distress and moral injury, do what you need to make sure your team is a safe place to talk about values and beliefs and the emotions that accompany them. Having a skilled facilitator join your team for some stage-setting activities can be helpful.

Create a Safe Environment

A critical step in preventing and reducing moral distress is the ability to ask team members about what they're experiencing. Prepare for this by talking together about how and when this should happen.

The American Association of Critical-Care Nurses recommends that providers and teams work through the 4A's ASK, AFFIRM, ASSESS and ACT to assist them address moral distress and moral injury.

Using the 4A's, your team can help prevent and ameliorate moral distress and injury:

- *Recognize signs and symptoms*
- *Buddy up to watch out for each other*
- *Create a safe place to talk*
- *Develop team cues for asking about and acknowledging moral distress*
- *Listen closely for recurring situations that "stay with" team members*
- *Implement quick successes within the control of your team*
- *Engage administrators in solving system level issues that contribute to moral distress and moral injury*

AFFIRM

When team members are experiencing distress, positive support and recognition that "we know you work hard and care deeply" are essential. Sharing feelings – especially those associated with value-laden emotions like guilt and shame – is not easy and not something health care providers relish.

Start by acknowledging and affirming the work that each team member does. Validate each person's efforts and concerns and express appreciation for the willingness and trust it takes to talk about situations that cause moral distress.

Acknowledge Your Teams Strengths

It's especially important to uphold team communication agreements during these early conversations. If you have agreed to keep your discussions confidential, then it is not fair game to talk about what is said outside the team unless there are mitigating reasons that everyone has agreed to in advance. Similarly, agreements about how team members listen or disagree with each other need to be closely upheld.

In the previous section, we shared several ways Dr. Cynda Rushton suggested for getting into conversations about moral distress. Have your team select one or more that they think would be effective and try them out.

ASSESS

Dr. Cynda Rushton offers the observation that looking closely at "the cases that stay with us" can be windows into common situations that cause moral distress. Exploring why a situation or a group of common situations continue to linger in discussions is a useful strategy for uncovering value conflicts and sources of stress about not being able to do what team members believe is the "right thing" to do.

Recurring Narratives

Ryan's Story

During one of their huddles, a team notices they keep returning to one particular patient, Ryan, with different team members continuing to express discomfort with how his care is going. A team member observes:

> *"You know, we keep coming back to Ryan. It sounds to me that when we talk about Ryan and other people we're caring for who are experiencing homelessness, we work really hard, but we're not seeing the outcomes we were hoping for."*

Common situations in which team members feel they are not doing their best or giving the care they believe is needed provide the launch point for deeper analysis to identify potential triggers to moral distress and effective ways to prevent or reduce it.

Consider using Dr. Cynda Rushton's series of questions to explore each situation:

> What's happening in this situation?
>
> What's at stake for us in terms of our values and goals and our beliefs about what good care should look like?
>
> What does this experience feel like for each of us?
>
> What are the obstacles to our achieving what's important in this situation?

ACT

Start with changes within the immediate control of your team.

For initial stages of taking action to prevent or reduce moral distress and moral injury, experts recommend starting with changes within the immediate control of your team.

For instance, if finding time to problem-solve with certain team members is an issue, brainstorm ways to incorporate these meetings in daily workflows.

Or perhaps team members feel they don't know enough about effective ways to work with a complex and vulnerable population. Then one solution may be to have everyone identify feasible ways to gain and practice this new knowledge.

Team Checklist for Moral Distress

Some solutions will require leadership and organizational support. In the next section, we go to administrators and other resources for advice about how to engage leaders in efforts to prevent and reduce moral distress and injury.

> *Healing…depends on being able safely to tell the story to someone who is listening and can be trusted to retell it truthfully to others in the community.*
>
> — Jonathan Shay,
>
> *Achilles in Vietnam: Combat Trauma and the Undoing of Character*

HOW LEADERS CAN HELP

By Gerri Lamb

Conversations about moral distress and injury are important.

Moral conflicts are a significant source of pain and suffering for providers and like other major stressors contribute to loss of pleasure in work and burnout. As you saw in the previous segment, there are a number of things members of community health centers and primary care teams can do to identify and reduce moral distress and injury. Leaders and administrators in your organization can help.

Four Steps Leaders Can Take to Increase Joy in Work

In recent years, there have been a number of initiatives looking at ways to improve provider and team work experience and well-being. Lessons from these projects suggest that organizations and their leaders play significant roles in creating environments that support discussion of challenges to provider well-being like moral distress and taking action to prevent and reduce them.

> *"...organizations and their leaders play significant roles in creating environments that support discussion of challenges..."*

Dr. Grace Wang, primary care doctor and advisor to NACHC's work on clinical workforce wellness, shares her observations about the work:

> *"...I was so impressed with the tremendous creativity and commitment of our leaders and their capacity for taking risks – risk in a good way. ...We have leaders who are listening and taking what they have learned from the people who work in their organizations to do the right thing for their teams."*

Two immediate areas that organizations and system leaders can help open the way for conversations about moral distress and injury are working with practice teams to make time for discussion and crafting a work culture that values provider well-being and takes steps to enhance it.

finding time for meaningful conversations

Leaders Can Help Teams Find Time

Finding time for team meetings and conversations is a constant challenge and one we heard about from every team we interviewed. Teams who work with system leaders to integrate regular meetings into their daily or weekly workflow say they have good success in maintaining them over time.

In the accompanying video, Dr. Nancy Johnson, CEO of El Rio Community Health Center in Arizona, talks about several different strategies they use at El Rio to create time for important conversations. These strategies take a number of different forms from carving out practice time for team meetings, to reducing administrative burden on providers so they can focus on taking care of patients, to tasking specific team members to facilitate conversations about challenging and frustrating situations at the root of moral distress.

? ***Is time a constraint for starting conversations about moral distress and moral injury?***

? ***What strategies would work for your team to find time?***

In the introduction to this issue, we noted that having conversations about moral distress and injury are not likely to be easy or especially comfortable. Leaders play a critical role in shaping work cultures that embrace tough conversations and see them as a way to find better solutions.

Leaders interviewed for NACHC's work on clinical workforce wellness talked about the importance of being intentional about building and maintaining shared values for provider health and well-being across every member of the organization. Parinda Khatri, PhD, Chief Clinical Officer at Cherokee Health Systems said:

> *"Our leadership meets with all new employees. I'm very intentional about talking about taking care of each other. I tell them, "What we do is meaningful work and most people feel it's the most meaningful job they've ever had. But it's taxing, it can be difficult." I tell them to make sure they're taking care of themselves. I tell them if you notice someone has just come out of a room and you can just tell by their face – you have to say, "Are you ok? What can I do?"*

Building a shared culture that values conversations about moral distress and moral injury can begin with educating leaders and co-workers about these topics.

Building the Right Culture

creating cultures that value tough conversations

The importance of hope and renewal

By Lise McCoy

"I really think there's a force beyond all of us that's calling us to integrity, and all of us have to do what we can do to harness the goodness in the world and to be beacons of light for others."

— Dr. Cynda Rushton

Cultivating moral resilience: Balancing heart and mind for a better practice and better you

At the outset, taking inventory of our moral distress may seem like a difficult journey, but in fact, there is a clear destination of healing and integrity. Experts such as Dr. Cynda Rushton point to many potential benefits, explaining that the process of working through moral distress in a health care team often leads to renewal and evolution in specific ways. The experience is transformational.

Healing & Purpose

First, through the process of collectively "holding space," sharing stories of stress, the team arrives at common values and issues to address. With a clear common purpose and moral compass, each person is more secure about expectations and responsibilities, and can move forward with renewed purpose.

Open Culture

Earlier we discussed that once a psychologically safe environment is established, teams open up, conversations become more trusting and effective. Without fear of repercussions, it is easier for individuals and teams to find their voices and express authentic concerns.

Peer Support

When the health care team bonds together through a discussion of moral stressors, a groundwork of trust and support emerges. In the shelter of this community, team members feel protected and valued. For example, the team might meet monthly to reconcile cases that are complex or need additional inspiration for a positive outcome, and think of ways to protect the team from moral distress.

Empowerment

Teams with strong identity, voice and autonomy can champion change. The positive message of one team is infectious: the dynamics of hope and healing and integrity intertwine at many levels: personal, team, institution, society. When teams are high performing and successful, they tend to mentor others, or "pay it forward" to help the organization or other teams.

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Cultivating moral resilience: Balancing heart and mind for a better practice and better you

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Team Care CONNECTIONS

Moral Distress and Moral Injury Issue

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