Moral Resilience: Experiencing Inner Conflict and Still Thriving

By Jeff Cohn, MD, MHCM

Maria was 9 hours into her 12-hour shift caring for patients in the ICU. This was her third day working in a row, and this was one of two nursing jobs she juggled, trying to do her part to keep food on the table for her, her husband, and their 4 children. As was her normal caseload, she was caring for two critically ill adults today. One was 58 years old with advanced liver disease due to chronic hepatitis C, acquired through prior IV drug use. That patient was in liver failure, receiving medications and transfusions while a search for a possible liver transplant was taking place. Earlier in this shift Maria's other 74-year-old patient had been transferred out of the ICU to "step-down" unit, having recovered well enough from their episode of bronchitis that they no longer needed a ventilator, even though they remained dependent on oxygen (a support they'd likely need for the rest of their life).

Maria was now admitting her new patient from the Emergency Department (ED). This was an 88 year-old woman who resided in a nursing home. She had advanced dementia, due to Alzheimer's, multiple strokes, or some combination of the two. She was no longer able to eat and was fed via a tube directly into her stomach. She could neither walk nor communicate. She spent each day in bed, curled into an almost fetal position, silent except for occasional moans. She had been discharged from the hospital only three weeks ago following an episode of pneumonia, likely caused by her choking on her own secretions, a condition called aspiration. This time she was sent to the ED with a fever of 104 degrees. The ED team found that her blood pressure was very low, her kidneys weren't working, and she was barely breathing. They placed her on a ventilator, started medications and fluids for a presumed overwhelming infection, and consulted the renal team for possible dialysis. The record documented that this patient had one child, a son who lived in another state and hadn't seen his mother in years. As per prior discussions with him, he wished that "everything be done to keep his mother alive as long as possible." As Maria began to care for this emaciated old woman, she was saddened to realize that she was asking herself, "Is this really what I became a critical care nurse for?"

Burnout syndrome, while being reported in

a number of fields of work (law enforcement, education, firefighting), has received particular attention in healthcare. Burnout syndrome is "triggered by a discrepancy between the expectations and ideals of the employee and the actual requirements of his or her position. The triad of symptoms associated with burnout syndrome is exhaustion, depersonalization, and reduced personal accomplishment. Major contributors to burnout syndrome include excessive workload, stressors in the physical environment (crowding, noise, etc.), and moral distress. Moral distress "occurs when the person is aware of a moral problem, acknowledges moral responsibility, and makes a moral judgment about the correct action; yet, as a result of real or perceived constraints, participates in perceived moral wrongdoing." Studies have demonstrated that critical care nurses are particularly at risk for experiencing burnout syndrome and moral distress. Up to 25% of critical care nurses report leaving switching work environments due to moral distress, and one in eight may leave nursing altogether due to this conflict.

While there are a myriad of publications reporting on the prevalence and impact of moral distress, there are far fewer about an emerging concept: moral resilience. Moral resilience has been defined as "the capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress, or setbacks." Even though facing the same challenges that lead to moral distress in their peers, individuals with moral resilience are able to function and even thrive. People who have moral resilience have less stress in their lives. They are able to execute moral agency- in other words, to act upon their inner conflict and advocate for what they believe, even if they are unable to change the outcomes of the care provided. People with moral resilience seem to be healthier, both physically and psychologically than their peers.

Are people with moral resilience born that way, or are there things that can be done to foster this beneficial attribute? Researchers suggest that building moral resilience is actionable. Our work at Common Practice suggests that playing *Hello* with work colleagues may be a way to foster the building of moral resilience. The table on the next page displays suggested methods to cultivate moral resilience and how they link with the *Hello* gameplay experience.

Common Practice is looking to build moral resilience in critical care through our "Great Dad" initiative. This project, which was conceived at a design session following the End Well Symposium in December 2017, looks to enhance moral resilience in critical care staff through *Hello* gameplay and the use of a tool derived from the game. We believe that simple practices that help all people receiving critical care be viewed as more than their serious diseases and that connect clinicians to their own values and those of their peers will help reduce suffering and connect caregivers like Maria back to their purpose.

For information about "Great Dad" please contact the author at jeff@commonpractice.com.

About the author: Jeff Cohn, MD, MHCM, is Common Practice's Medical Director. Jeff is a long-time change agent and student of behavior change. He graduated from Jefferson Medical College, did his Internal Medicine Residency at Einstein Medical Center and his fellowship in Hematology/Medical Oncology at Emory and Johns Hopkins. He received a Masters in Health Care Management from Harvard School of Public Health. For 11 years, Jeff was Chief Quality Officer and Patient Safety Officer for Einstein Healthcare Network in Philadelphia. He also served as Chief of Hematology at Einstein, and spearheaded the creation of the palliative care program at Einstein.

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Moral Resilience Cultivation Domain	*Hello* Activity Supporting Moral Resilience
Foster self-awareness	Players have to answer questions for themselves about living, dying, and what matters most. By hearing responses from peers they appreciate how their own values are both similar and different.
Develop self-regulatory capacities (stay calm in face of challenging circumstances)	Writing down responses to questions in silence before discussing is related to mindfulness, a practice that fosters this MR domain.
Develop ethical competence (includes knowing one's own values and appreciating existence and potential value of other points of view)	Hearing responses voiced aloud, appreciating the differences, having the ability to change one's answer in response to what they hear from others all support ethical competence.
Speak up with clarity and confidence	Knowing one has the ability to "pass" (not voice one's response aloud) helps make it safer to say what you choose to say in public. Having someone demonstrate they appreciate what you have said by expressing gratitude with thank you chips also helps build this confidence.
Find meaning in the midst of despair	The game offers opportunities to speak with peers about situations that may have brought the them to the brink of MD and how they dealt with that challenge
Engage with others	*Hello* is played typically in groups of 3-6 individuals. Research has shown that the experience is almost universally highly satisfying and pleasurable.
Participate in transformational learning	*Hello* offers participants the opportunity to learn from one's own past, reexamine one's assumptions and positions, and decide what matters most to themselves, all elements of transformational learning.
Contribute to a culture of ethical practice	The expression of gratitude via thank you chips in response to what others express helps give all a sense of others caring about each other.