Ethics and resilience: Balancing heart and mind for a better practice and better you

Cynda H. Rushton, PHD, RN, FAAN
Professor of Clinical Ethics
Johns Hopkins Berman Institute of Bioethics and the School of Nursing

Vivian Campagna, MSN, RN-BC, CCM
Chief Industry Relations Officer
Commission for Case Manager Certification
Agenda

• Welcome and Introductions

• Learning Objectives

• Presentation:
  • Vivian Campagna, CCMC
  • Cynda Rushton, Johns Hopkins Berman Institute of Bioethics and the School of Nursing

• Question and Answer Session
There is no call-in number for today’s event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don’t appear to advance.
To submit a question, click on Ask Question to display the Ask Question box. Type your question in the Ask Question box and submit. We will answer as many questions as time permits.
• A recording of today’s session will be posted within one week to the Commission’s website, www.ccmcertification.org

• One continuing education credit is available for today’s webinar only to those who registered in advance and are participating today.
After the webinar, participants will be able to:

1. Define moral distress as it relates to case management;

2. Describe an ethical scenario that can cause moral distress for case managers; and

3. Discuss three ways case managers can manage moral distress by cultivating moral resilience.
Ethics and resilience: Balancing heart and mind for a better practice and better you

Vivian Campagna, MSN, RN-BC, CCM
Chief Industry Relations Officer
Commission for Case Manager Certification
Introduction

Cynda H. Rushton, PHD, RN, FAAN
Professor of Clinical Ethics
Johns Hopkins Berman Institute of Bioethics and the School of Nursing
Ethics and resilience: Balancing heart and mind for a better practice and better you

Cynda Hylton Rushton PhD., RN, FAAN

Anne & George L. Bunting Professor of Clinical Ethics
Professor of Nursing & Pediatrics
Johns Hopkins University
Berman Institute of Bioethics
Schools of Nursing & Medicine
Moral Suffering

• “The anguish experienced in response to moral harms, wrongs or failures and unrelieved moral stress” (Rushton, in press)

• Can be triggered by witnessing, participating in, or directly precipitating situations that produce a wide range of negative moral outcomes that imperil integrity.
Moral Distress: Definition
(Nathaniel, 2006; Epstein & Delgado, 2010)

• “Moral distress is the pain or anguish affecting the mind, body or relationships in response to a situation in which 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” cannot enact the desired action.
• The distress is in response to challenges, threats or violations of their integrity  (Thomas & McCullough, 2015)
Sources of Moral Distress: Examples

- **Causing harm to patients; overly aggressive Rx** (O’Neill & Kazer, 2014; Cavinder, 2014)
  - E.G. “following family wishes for life support when not in the patient’s best interest” and “initiating life-saving actions that only prolong death”

- **“Futile” treatment** (Cavaliere et al, 2010)

- **Inadequate pain management** (Allen et al, 2013)

- **Ineffective communication** (Huddleston, 2014; Whitehead et al, 2015)
  - Poorly defined goals of treatment
  - Disregard of patient choices
  - Incomplete or inaccurate disclosure
  - Lack of informed consent
  - Poor team communication

- **Lack of provider continuity undermining quality of care** (Papathanassoglou et al, 2012)

- **Intra professional conflict; authority differential; incompetent clinicians** (Whitehead et al, 2015)

- **Lack of or inappropriate use of health care resources** (Shorideh et al, 2012)
Case: Maria

- 62 years old—Pancreatic Cancer; Diagnosed 5 months ago
- Multiple complications; pain
- Has repeatedly been in and out of the hospital
- Has decision making capacity; says she’s had enough
- Husband of 30 years is HCA
- An adult son lives in a distant state
- Progressive conflict with husband regarding goals of treatment
- Asks you to convince his wife to continue treatment; doesn’t want her to die
Case: Maria

• What responses do you notice in your body?
• What feelings are coming up for you as you consider this case?
• What thoughts are arising? Notice the energy around the thoughts.
• What memories do you associate with this case?
Common Responses?

• What did you notice?
• What are some of your most common responses?
• What responses do you notice in others?
What’s At Stake?

• Respect for patient/family/professionals
• Honoring the patient’s choices, dignity
• Promoting patient well-being; relieving suffering
• Inflicting harm
• Justice/Fairness
  – Resource allocation
  – Access to care
• Integrity
  – Patient/family
  – Professional
  – Team/organization
Code of Professional Conduct for Case Managers

Principles 1-5
Moral residue

- Two competing moral demands; neither can be met without a partial rejection of the other.
- The unmet commitment or obligation persists following discernment that leads to prioritization to produce the “least worst outcome”
- May ignite guilt, shame, regret or remorse
- Residual from situations when faced with moral distress, we have “seriously compromised or allowed ourselves to be compromised”

(Webster and Baylis, 2000)
When we are out of integrity~ we suffer
Creating a vision of moral resilience
A Work in Progress

Conceptualizing *moral* resilience
Moral Resilience

• “the capacity of an individual to sustain or restore integrity in response to moral adversity”.
  (adapted Rushton, C., (2016))

It is not complacency, acquiescence or “positive spin” or “blaming the victim”
Moral Resilience Capacities
(Holtz, Heinze, Rushton, in press)

- Personal Integrity
- Relational Integrity
- Buoyancy
- Self Regulation & Awareness
- Moral Efficacy/Competence
- Self Stewardship
Integrity: Many meanings
(Holtz, Heinze, Rushton, in press)

- Wholeness; Harmony
- Being undiminished
- Honest and sincere
- Being your values
- Doing what is right when it is difficult
- Acting, at times with personal cost
Relational Integrity
(Holtz, Heinze, Rushton, in press)

- acknowledges the relational nature and the “embeddedness” of individuals in healthcare culture and social practices.
- having moral solidarity and community values yet distinguishing one’s own values, views, and interests from others
- be flexible and open and accepting of differences
Integrity

Whole one-ness

Kazuaki Tanahashi, December, 2013
Buoyancy
(Holtz, Heinze, Rushton, in press)

- having the ability to “bounce back” & withstand threats to integrity by leveraging their capabilities to regain or preserve one’s integrity.
- a resource to mitigate feelings of being overwhelmed by the distress and rendered broken as a result of moral suffering or threat to integrity in order to move through the distress, learn, and grow throughout the process.
- gaining a new perspective or outlook on facing difficult ethical decisions in the future.
Self Regulation/Awareness

(Holtz, Heinze, Rushton, in press)

• Self-regulatory abilities encompassing both biologic and psychological mechanisms are vital in responding to and adapting to adversity (Masten, 2014).

• Notice what is happening in the moment and be mindful of what may be transpiring without being overwhelmed or distracted by it (Mindful).
Mindful Practice

Awareness that arises by paying attention to the present moment without judgment and in service of self understanding and wisdom

(Adapted Jon Kabat Zinn, 2014)
“The nature of moral judgments depends on our capacity for paying attention — a capacity that, inevitably, has its limits but whose limits can be stretched.”
~Susan Sontag

https://www.brainpickings.org/2015/03/30/susan-sontag-writing-storytelling-at-the-same-time/
Moral Efficacy
(Holtz, Heinze, Rushton, in press)

• The belief in one’s ability
  – to bring about desired and beneficial results though one’s efforts and
  – the exercise of one’s moral agency individually and collectively

• Possessing required knowledge, skills, qualifications; adequacy

• Confidence and capability

• Capacities
  – Embodiment
  – Perception or sensitivity
  – Discernment; reflection,
  – Behavior, Action
Self Stewardship
(Holtz, Heinze, Rushton, in press)

• Embodies a commitment to know oneself;
• Responsibly and mindfully manage one’s personal resources;
• Recognize and compassionately respond one’s limits; and
• Choose actions that are wholesome and healthy.
Case: Maria

• What insights do you have about Maria’s case?
• What might you consider doing differently in a similar case?
• In what ways could you support the patient, yourself, or your team?
Contact info:
crushto1@jhu.edu
Question and Answer Session

Cynda H. Rushton, PHD, RN, FAAN
Professor of Clinical Ethics
Johns Hopkins Berman Institute of Bioethics and the School of Nursing
Thank you!

- Please fill out the survey after today’s session
- Those who signed up for continuing education will receive an evaluation from the Commission.
- A recording of today’s webinar and slides will be available in one week at http://ccmcertification.org

Commission for Case Manager Certification
1120 Route 73, Suite 200, Mount Laurel, NJ 08054
1-856-380-6836 • Email: ccmchq@ccmcertification.org
www.ccmcertification.org