Identity and Integrity: The Ethical Foundations to Support Clinician Well-Being

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Conflict of Interest Statement

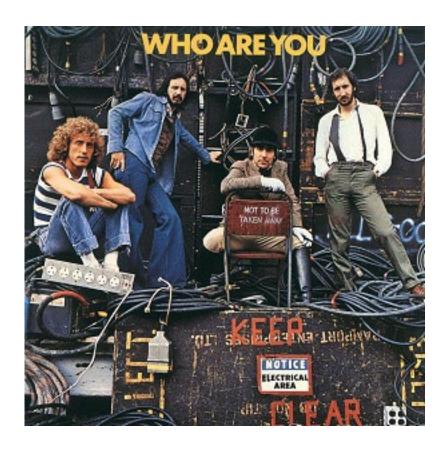- No financial relationships with any ineligible company (i.e., commercial interest).

Objectives

1. Describe the relationship between professional integrity and well-being

2. Discuss how relationships within the health care team play a key role in well-being initiatives

3. Describe how moral resilience skills promote the well-being of clinicians
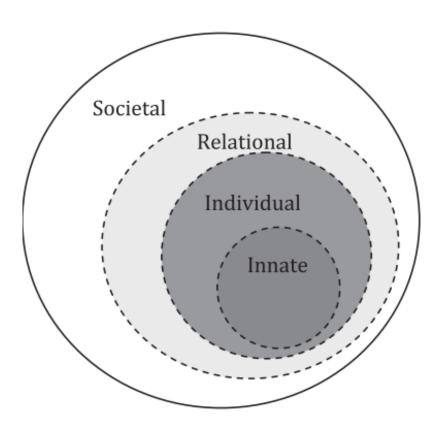
Identity: Who Are You?

Personhood

Ring Theory of Personhood.

- **Innate:**
  - Being alive, being human
  - Divine connections

- **Individual:**
  - Personality, characteristics
  - Values, hopes, beliefs
  - Self-expression, self-awareness

- **Relational:**
  - Close personal relationships

- **Societal:**
  - Individuals of wider community
  - Expectations/obligations of role

Radha Krishna LK, Alsuwaigh R. *Bioethics*. 2015;29(3):171-181.

Identity

"Identity is defined as ideology cognized through the individual engagement with discourse, made manifest in a personal narrative constructed and reconstructed across the life course and scripted in and through social interaction and social practice."

Identity

- *Ideology*
  - system of ideas providing an individual with a worldview
  - situates a person within a culture

- *Narrative*
  - more than just traits or personal concerns
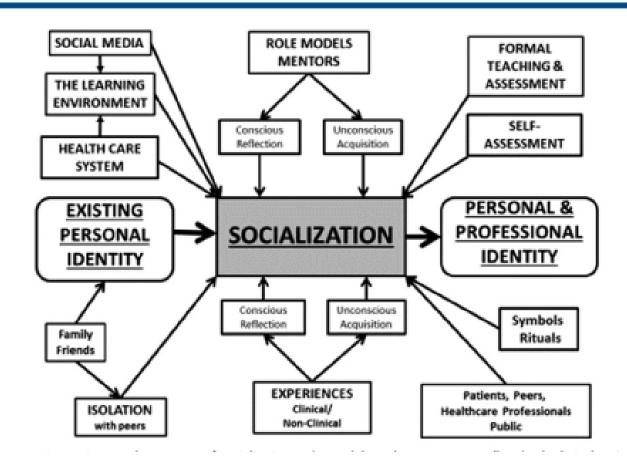 - construction of a meaningful story over the course of life

- *Social Practice*
  - identity created in dialogue with larger cultural system
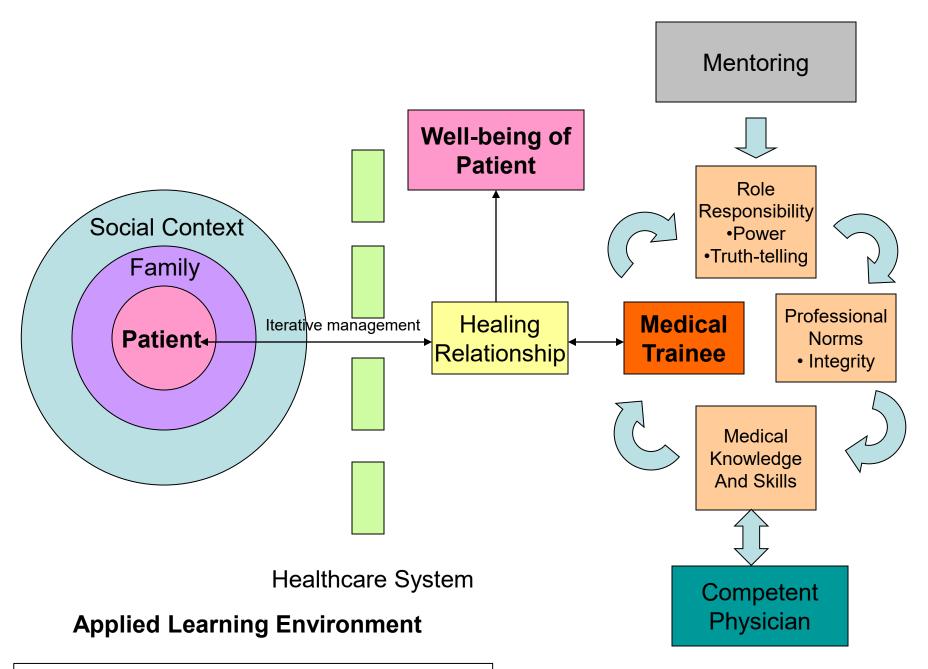 - identity relies on participation in social processes/rituals
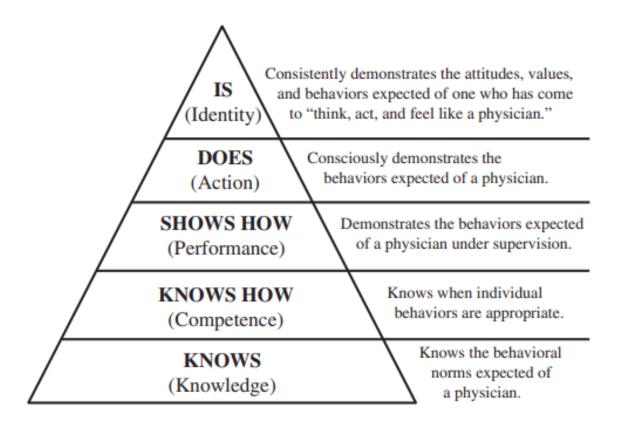
Professional Identity Formation

Cruess SR, Cruess RL, Steinert Y. *Med Teach*. 2019;41(6):641-649.

Mentoring

Well-being of Patient

Social Context

Family

Patient

Iterative management

Healing Relationship

Medical Trainee

Role Responsibility
•Power
•Truth-telling

Professional Norms
• Integrity

Medical Knowledge And Skills

Competent Physician

Healthcare System

Applied Learning Environment

Taylor HA et al. *Medical Education* 2009: 43: 952–959

Patterns of *doing* become patterns of *being*

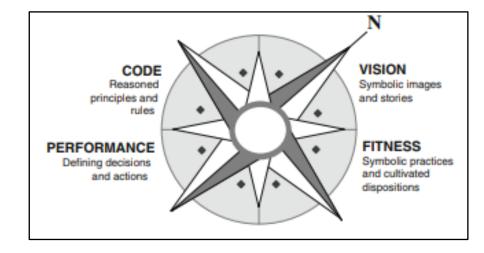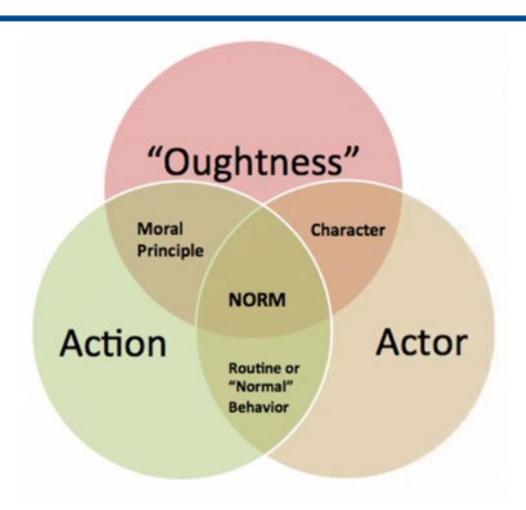Cruess RL, Cruess SR, Steinert Y. *Acad Med*. 2016;91(2):180-185.

Moral Compass

- Innate and culturally constructed system that people use to manage moral challenges.

- Developed in the context of broader wisdom tradition of values, principles, codes, and practices.

- Reflected in character, decision-making, agency, behavior, responsibility, and relationships.

Thompson LJ. J Business Ethics 2010. 93(Suppl 1);15–32.

Right action

Integrity

- **The person of integrity**
  - Moral wholeness
  - Formation of good character
  - Making morally good decisions

- **Integrity of the person**
  - Balanced relationship between the physical, psychological, intellectual, and social elements
  - Integration of the values that identify a person as a unique individual

Pellegrino ED, Thomasma DC. *The Virtues in Medical Practice*. p. 129-30

Clinician attributes impacting moral appraisal

- **<u>Empathic concern</u>** – emotional attunement
  - Focused on other's suffering vs. personal distress

- **<u>Perspective taking</u>** – cognitive attunement
  - Understanding and appreciating the other's viewpoint

- **<u>Memory</u>** – personal and professional experiences
  - May elicit positive or negative emotional responses

- **<u>Moral sensitivity</u>** – ethical attunement
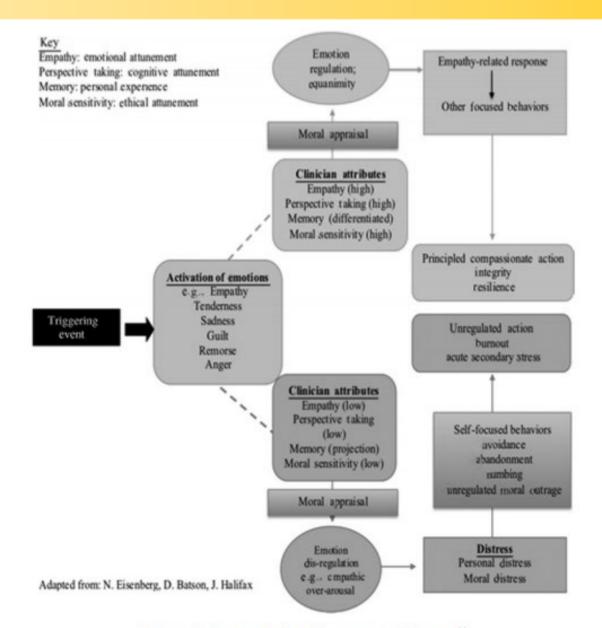 - Recognize the presence of moral issues in real world

Rushton CH et al. *J Palliat Med*. 2013 Sep;16(9):1074-9.

FIG. 1. A framework for addressing moral distress.[11]

Rushton CH et al. *J Palliat Med*. 2013 Sep;16(9):1080-8.
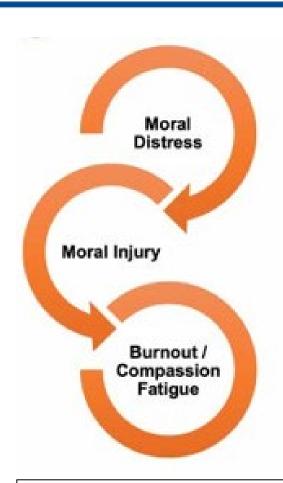
Clinician distress

Moral distress

- Arises when clinicians are unable to translate their moral choices into action because of internal or external constraints.

- Results from challenges to, threats from, or violations of a clinician's integrity.

- Distress ensues when faced with situations of moral adversity and the path out of the adversity is unclear or impeded.

Rushton CH. *Moral Resilience: Transforming Moral Suffering in Healthcare*. 2018

Moral Suffering

Moral Distress

Moral Injury

Burnout /
Compassion
Fatigue

- Anguish experienced in response to moral harms, wrongs or failures and unrelieved moral stress.

- Situations produce a wide range of negative moral outcomes that in some way imperil integrity.

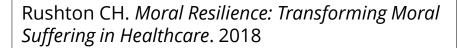- Suffering ensues when the capacity to remain whole has been overwhelmed.

Rushton CH. *Moral Resilience: Transforming Moral Suffering in Healthcare*. 2018

Moral injury

- Typically occurs in high stakes situations
- Clinicians may cause harm or bear witness to others causing harm
- Clinicians may not be able to prevent transgressions by others
- Injury may result in negative outcomes
  - Moodiness, anger, resentment, avoidance, guilt, shame, regret, loss of empathy, burnout

Rushton CH. *Moral Resilience: Transforming Moral Suffering in Healthcare*. 2018

The Concept of Trauma

- "Individual trauma results from an event, or series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

- The three "E's" of trauma: events, experience, effects

SAMHSA – Substance Abuse and Mental Health Services Administration

Coping with a traumatic event

- Top-down approach – cognitive
  - Provide facts, achieve understanding, activate reasoning
  - Make decisions, achieve meaning, make sense of event
- Bottom-up approach – neurobiologic
  - Attention to autonomic nervous system responses
  - What is occurring below the level of consciousness
  - Intervene at sensation level before addressing thoughts and feelings

Top-down Approach: Ethical Analysis

Ethical theory, moral experience, and moral appraisal

- Experiences in the clinical moral world lead to deliberation about courses of action
- Ethical theory opens the lens to the moral realm and can be used as a tool of applied ethics
- Ethical theory can serve two functions:
    1. **Framing** - Clinician can clarify the problem and use imagination to find solution amidst moral complexity
    2. **Naming** – Clinician can render judgment about acceptable and unacceptable behavior based on ethical reasons and foster moral courage to address wrongness of action

Monteverde S. *Nurs Ethics*. 2014 Jun;21(4):385-401.

Fortitude (Moral Courage)

- "The important point about "excellence of character" (*arete*) is that it is a matter of choice. One chooses to act on feelings and natural inclinations in a certain way, and one chooses to be disposed in this way as well. In short, the virtues control the natural impulses of personality and circumstances, toward goodness."
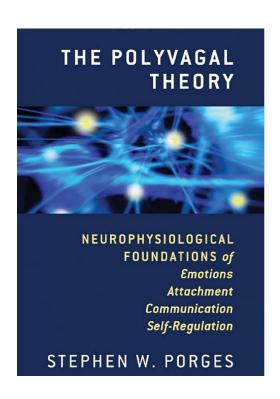
Pellegrino ED, Thomasma DC. *The Virtues in Medical Practice*. p. 110

Bottom-up Approach: Trauma Resiliency Skills
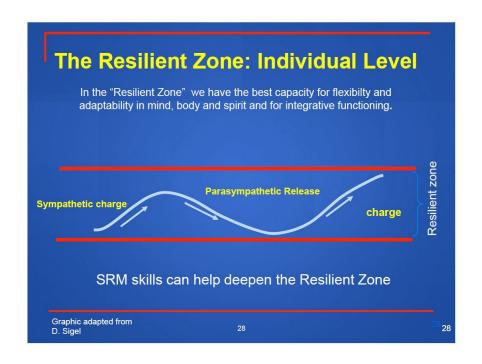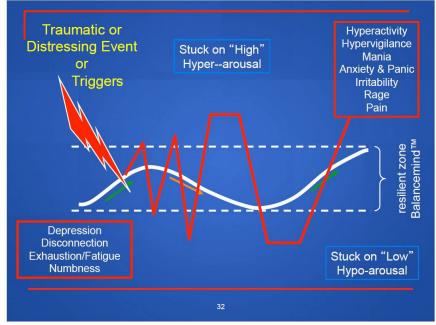
Neurophysiology

- Under stress, human uses survival strategies:
  - Social engagement
  - Fight/flight
  - Freeze
- When traumatized, "survival brain" strategies become the default in responding to ordinary life events to the exclusion of social engagement
- When safety is detected, parasympathetic NS inhibits brain activity for defensive strategies
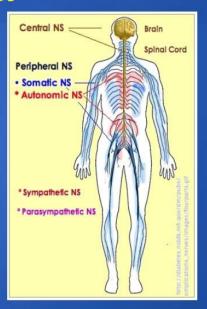
Social Resilience Model (SRM)

The Resilient Zone: Individual Level

In the "Resilient Zone" we have the best capacity for flexibilty and adaptability in mind, body and spirit and for integrative functioning.

Sympathetic charge
Parasympathetic Release
charge
Resilient zone

SRM skills can help deepen the Resilient Zone

Graphic adapted from D. Sigel
28

Traumatic or Distressing Event or Triggers

Stuck on "High" Hyper--arousal

Hyperactivity
Hypervigilance
Mania
Anxiety & Panic
Irritability
Rage
Pain

resilient zone Balancemind™

Depression
Disconnection
Exhaustion/Fatigue
Numbness

Stuck on "Low" Hypo-arousal

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Living an embodied life

Primary Focus of SRM- Biology vs. Pathology

❖ Responses to stress-spectrum events have a major effect on the nervous system

❖ SRM uses attention to and knowledge of neurobiological patterns in the body

❖ The nervous system lens changes an individual's appraisal from threat to challenge

❖ Greater awareness of the non-traumatic sensations in the body helps people live an embodied life

Central NS — Brain

Spinal Cord

Peripheral NS
• Somatic NS
• Autonomic NS

° Sympathetic NS

° Parasympathetic NS

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Trauma Resiliency Skills

- **Use of somatic tracking** ("felt-sense")
  - Attuning to body and how it is feeling
  - Naming internal and external body sensations
- **Resourcing and Resource Intensification**
  - Identifying [X] that brings a sense of comfort, peace, or joy
  - Describing [X], noticing what is being felt in body, and experiencing sensation for some moments
  - Developing positive neural pathways

Grabbe L, Miller-Karas E. *J Am Psychiatr Nurses Assoc*. 2018 Jan/Feb;24(1):76-84.

Trauma Resiliency Skills

- **Grounding**
  - Present-moment awareness of body contact with surfaces (e.g., floor, chair)
  - Gravitational security gives sense of safety
- **Shifting focus/Deactivation**
  - Use when out of resilience zone
  - Shift focus to something other than distress
  - Drink water, push against a wall, notice sounds, count backwards, name colors/objects in room

Grabbe L, Miller-Karas E. *J Am Psychiatr Nurses Assoc*. 2018 Jan/Feb;24(1):76-84.

Thought Model

- Circumstance

- Thought

- Feeling

- Action

- Result

- Hold space

- Process emotions – all feelings are valid

- Bring awareness to thoughts and fixed beliefs

- Look for wisdom within

- Choose the story that serves you
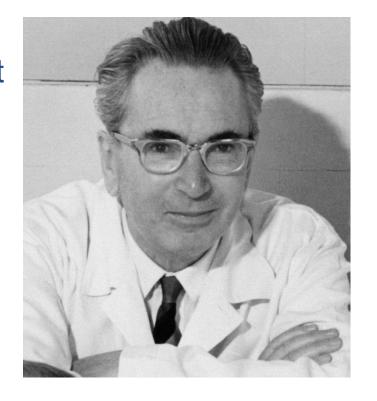
Freedom to choose one's attitude

"everything can be taken away from a man but one thing: the last of the human freedoms--to choose one's attitude in a given set of circumstances, to choose one's own way."
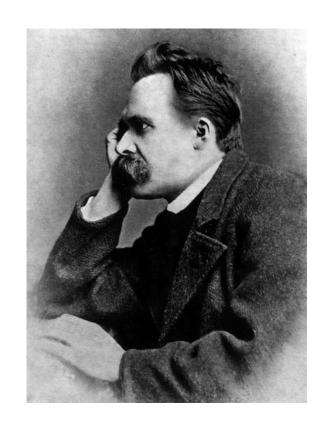
-- Viktor Frankl

Man's Search for Meaning

Having a Why

"If we have our own why in life, we shall get along with almost any how."

-- Friedrich Nietzsche

Twilight of the Idols

Moral Resilience

Resilience

"The ability to bounce back or cope successfully despite substantial adversity."

Moral Resilience

"The capacity of an individual to sustain or restore, or deepen integrity in response to moral adversity."

Holtz H et al. J Clin Nurs. 2018 Feb;27(3-4):e488-e494.

Characteristics of Moral Resilience
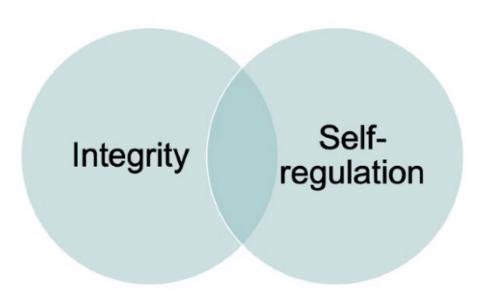
- **Personal integrity** – staying true to one's values

- **Relational integrity** – listening to different viewpoints

- **Bouyancy** – bouncing back and withstanding threats

- **Self-regulation** – noticing own somatic, mental, and emotional state and finding balance

- **Self-stewardship** – caring for oneself/acknowledging one's needs and limitations

- **Moral efficacy** – having confidence in recognizing and responding to ethical challenges

Moral Resilience in action

Integrity Self-regulation
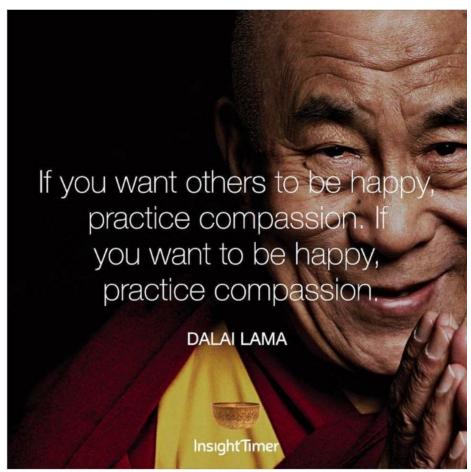
- Attunement
  - Thoughts
  - Feelings
  - Physiologic state
  - Actions
- Cultivating experiences of wholeness, alignment, connection, kindness
- Moving from empathy into compassion

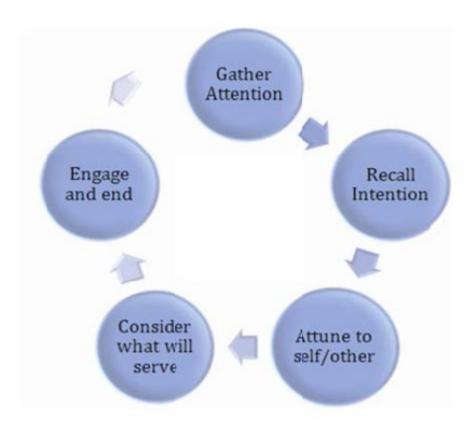# Compassion: Kindness, Caring, Warmth, Connection

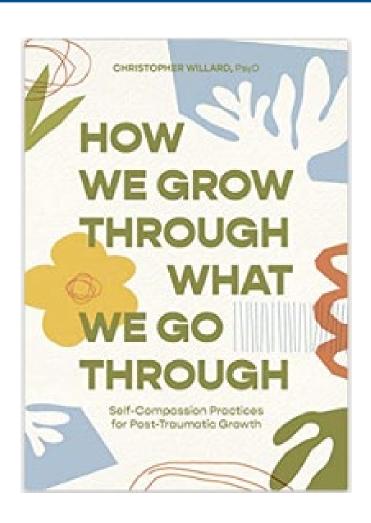# Cultivating Compassion in Clinical Interactions

G.R.A.C.E. Process as a Base for Cultivating Compassion in Interactions

Halifax J. *J Nursing Education and Practice* 2014;4(1):121-128

Practicing Self-Compassion

- **A** Acknowledge the difficulty of the moment
- **C** Connect yourself to the larger human experience
- **E** Extend yourself whatever compassion you need in the moment

Thich Nhat Hanh:

- "*Sometimes your joy is the source of your smile, but sometimes your smile is the source of your joy*"

Building Personal Resilience and Well-Being

1. Physical exercise
2. Cognitive exercise
3. Relaxation practice
4. Interpersonal support
5. Active optimism
6. Know your limitations
7. Faith in something greater than yourself

Everly GS, Lating JM. *Clinical Guide to the Treatment of Human Stress Response*. 2019.

Hedonic vs. Eudaimonic Well-Being

Hedonic Viewpoint

- Subjective well-being/pleasure
- More positive affect
- Less negative affect
- Greater life satisfaction/happiness

Eudaimonic Viewpoint

- Fulfilling/realizing one's true nature
- Self-actualization and vitality
- Life activities are in line with values
- Purpose/Meaningfulness

Ryan RM, Deci EL. *Annu Rev Psychol*. 2001;52:141-166.

The Sources of Meaning

- **Experience** - nature, art, relationships, love

- **Attitude** - attitude taken towards existential problems and suffering, limitations, uncertain future

- **Creativity** - work, deeds, causes

- **Historical** - individual, family, community history; legacy: past, present, future

Breitbart W. *Meaning-Centered Psychotherapy in the Cancer Setting: Finding Meaning and Hope in the Face of Suffering*. 2017

The Stanford Model of Professional Fulfillment

Factors Affecting Clinician Well-Being and Resilience – Conceptual Model

EXTERNAL FACTORS

SOCIETY & CULTURE
- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

LEARNING/PRACTICE ENVIRONMENT
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

RULES & REGULATIONS
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

HEALTH CARE RESPONSIBILITIES
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

ORGANIZATIONAL FACTORS
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and Inclusion
- Harassment and discrimination
- Level of support for all healthcare team members
- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

INDIVIDUAL FACTORS

PERSONAL FACTORS
- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS & ABILITIES
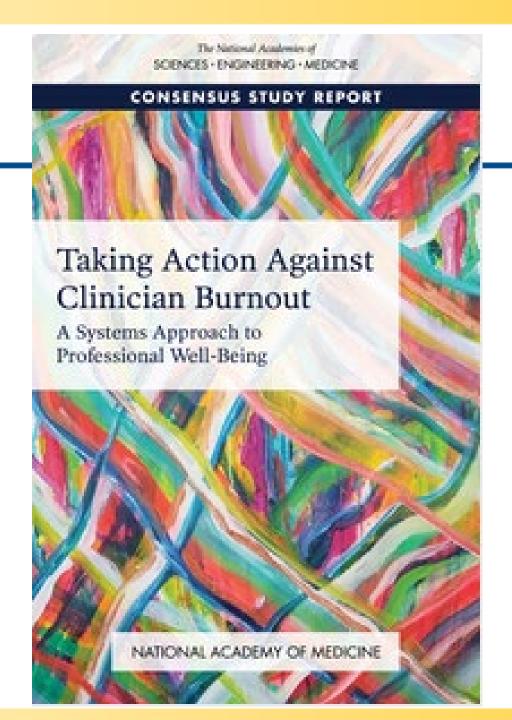- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing work flow
- Organizational skills
- Resilience skills/practices
- Teamwork skills

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https://nam.edu/clinicianwellbeing/resources/factors-affecting-clinician-well-being-and-resilience-conceptual-model/

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https://nam.edu/clinicianwellbeing/resources/factors-affecting-clinician-well-being-and-resilience-conceptual-model/

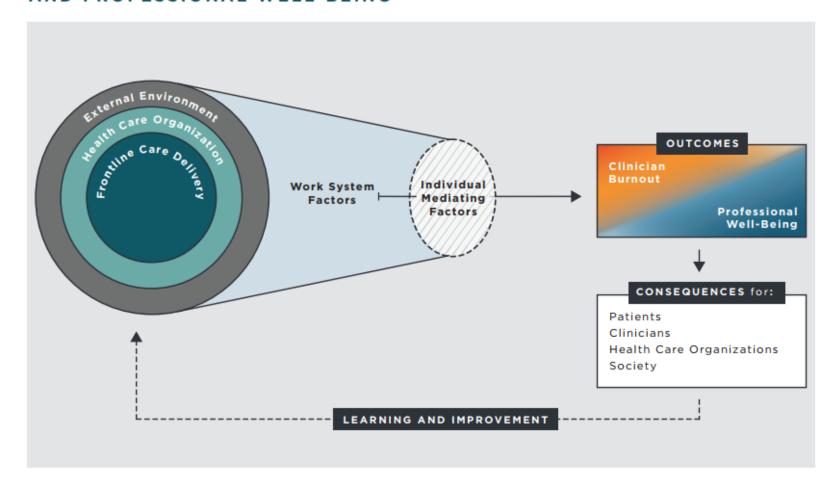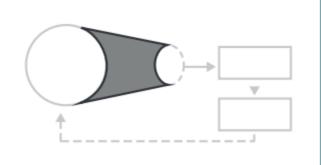# A SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

FIGURE S-1 The systems model of clinician burnout and professional well-being.

WORK SYSTEM FACTORS OF THE SYSTEMS MODEL OF CLINICIAN BURNOUT AND PROFESSIONAL WELL-BEING

Work System Factors include:

Job Demands
- Excessive workload, unmanageable work schedules, and inadequate staffing
- Administrative burden
- Workflow, interruptions, and distractions
- Inadequate technology usability
- Time pressure and encroachment on personal time
- Moral distress
- Patient factors

Job Resources
- Meaning and purpose in work
- Organizational culture
- Alignment of values and expectations
- Job control, flexibility, and autonomy
- Rewards
- Professional relationships and social support
- Work–life integration

FIGURE S-3 Work system factors of the systems model of clinician burnout and professional well-being.

Wellness-Centered Leadership

Shanafelt T, et al. *Acad Med*. 2021;96(5):641-651.
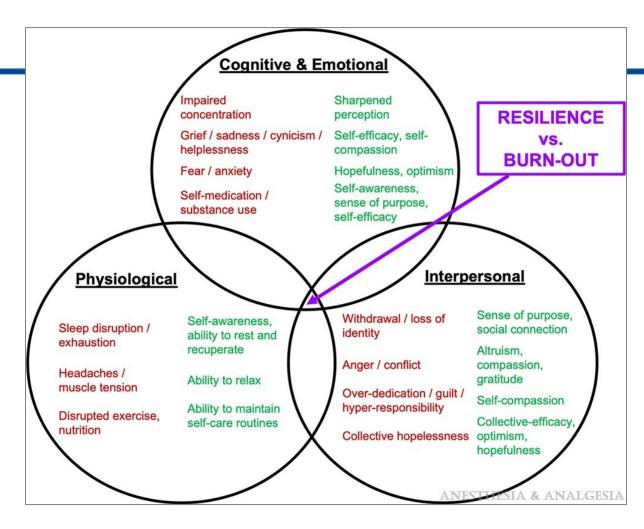
Institutional Resources to Support Clinicians and Trainees

- Create pauses to check-in, acknowledge and listen
  - Not necessarily to fix problem
- Help people recognize what they DO have control over
- Find ways to connect people to their purpose/calling
- Leverage knowledge and skills to build self-efficacy
- Remind people they are not alone
  - Create "resilience buddies"
- Provide psychological first aid
  - Stabilize/mitigate acute distress, instill hope, refer if needed
- Offer peer support opportunities

Figure 1.

The physiological, cognitive/emotional, and interpersonal response of a given individual to their stressful situation determines resilience versus burnout. Items in green represent adaptive responses while items in red may be maladaptive. Note that responses are interdependent (physiological responses affect cognitive/emotional responses, etc) and that resilience and burnout lie at the confluence of these dimensions.

Peer support

- Name sources of distress and how they threaten integrity
- At end of day, have ritual or practice to let go of the things that are not mine to carry
  - What happened today?
  - What part of this am I responsible for?
  - What part of this do I need to put down so I can come back tomorrow?
  - How do I re-enter home life feeling grounded?

Creation of Moral Communities

- Acknowledge shared moral/ethical commitments

- Strengthen social bonds

- Foster commitment to relational integrity

- Facilitate socialization and discernment

- Create opportunities to talk about ethical challenges

Ethics Debriefing Sessions

- **Begin session:** *Introductions, acknowledge distress*
- **Set rules/expectations:** *Respect, safety*
- **Summarize case:** *Shared understanding of facts*
- **Reflect on experience:** *"What was it like for you…?"*
- **Explore emotions:** *"How have you been feeling…?"*
- **Share coping skills:** *Personal/institutional resources*
- **Identify take-aways:** *"What did you learn from case?"*
- **Wrap-Up:** *Summarize action plan, validate team*
- **Follow-Up:** *Check in with struggling team members*

Shashidhara S, Kirk S. *J Clin Ethics* Winter 2020;31(4):364-71.

Moral Resilience Rounds (MRR)

- The meeting offers a space:
  - To discuss ethical challenges and burdens arising in clinical work, and share ideas, practices and possible solutions with the aim of building moral resilience.
  - To offer support and solidarity among the members of the health care team.
  - To think creatively about the nature of ethical care and the values we hold as a clinical community.
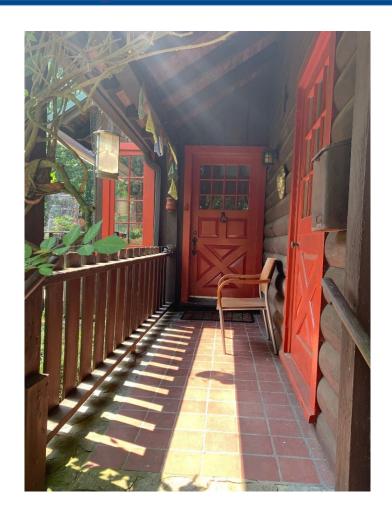
MRR Format

- Beginning of session
  - Welcome with a musical interlude
  - Setting guidelines for confidentiality and safety
  - Grounding activity (somatic awareness, mindfulness, breathing)
  - Sharing themes from previous session
- Participants share concerns or issues
- Facilitators reflect on issues that are shared
  - Not there to provide expert answers
- When the opportunity presents itself, a poem is read
- At end, participants share a take-away message.

The Guest House
by Rumi

This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.
Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.
The dark thought, the shame, the malice.
meet them at the door laughing and invite them in.
Be grateful for whatever comes.
because each has been sent
as a guide from beyond.

Lessons learned from MRR

- Created a community of regular attendees
- Provided an opportunity for interdisciplinary sharing
- Connected clinicians from different departments
- If clinicians from same unit attended together, allowed for deeper sharing than might be possible on unit
- Hearing others' concerns helped distressed clinicians take the focus off themselves to help others
- Just taking a pause to listen to music and eat lunch with others was rejuvenating
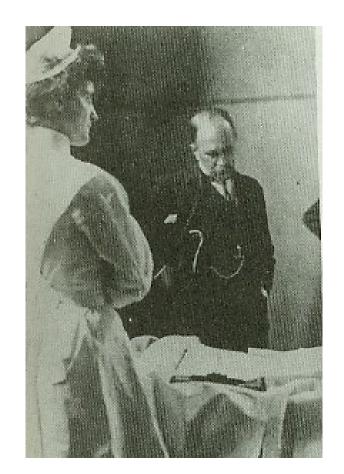- Generated a sense of gratitude

Facing adversity

"Be calm and strong and patient. Meet failure and disappointment with courage. Rise superior to the trials of life, and never give in to hopelessness and despair. In danger, in adversity, cling to your principles and ideals."

--William Osler

THANK YOU!
STAY SAFE AND BE WELL

Happy to take questions

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Recommendations

1. Create new narrative focused on well-being, not sacrifice
2. Enhance learning environment with culture of well-being and ethical practice
3. Engage end users as cocreators to transform learning environment
4. Expand ethics education to include public health ethics, health systems science, and diversity, equity, and inclusion
5. Integrate ethics and moral resilience skills in training
6. Provide social support and connection
7. Develop coaching/mentoring skills of faculty
8. Foster learning communities as moral communities
9. Establish interprofessional wellness programs with communities of practice for mindfulness, compassion, cognitive appraisal, and physical well-being
10. Create spaces for relational and experiential learning

Josiah Macy Jr. Foundation Conference on COVID-19 Recommendations

1. Academic leaders must collaborate with learners to redesign learning environments to prioritize antiracism, DEI, and cultural humility.

2. Health system and health professions education leaders must facilitate adoption of competency-based and interprofessional education across continuum.

3. Educational leaders, educators, and learners must examine and eliminate the detrimental effects of social determinants of education on learners and build equitable learning environments.

4. Educational leaders, educators, and learners must build learning environments that nurture professional identity formation and foster personal integrity, mutual respect, compassion, personal well-being, and belonging.

5. Leaders must identify and eliminate racism, oppression, harmful biases, and inequities in health professions education policies, procedures, and practices.