Resilience

A Paradigm Shift in Focus

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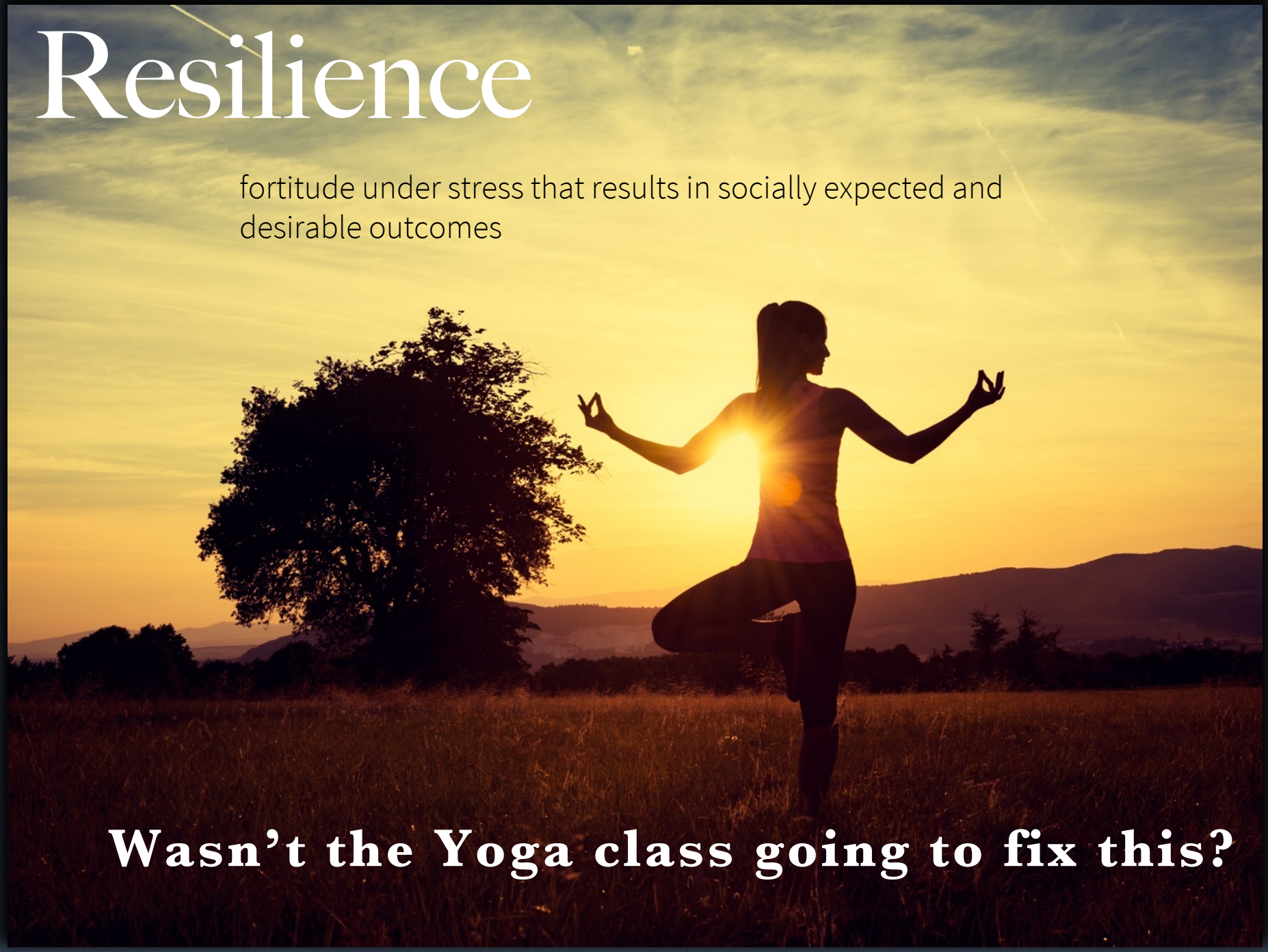
Resilience

fortitude under stress that results in socially expected and desirable outcomes



Wasn't the Yoga class going to fix this?

Barely Hanging On


You are all
set now!

When The Going Gets Tough…

You figure it out

We can't add anything to the day.

We can't afford to offer more self care programs.

Good professionals don't complain.

Risk being seen as "weak."

Suffer in silence.

I survived it, you can too.

Not our responsibility

Institutions don't see this as their fundamental responsibility.

Answer: provide resilience training

To help cope with the emotional demands of the work.

Offer many individual solutions.

These can help with individual coping styles to manage issues that are within our control.

Training fixes everything!

Costs

Millions/Billions

What COVID-19 Revealed

- Confirmed **what we already knew**
- Brought it to a crisis point
- Impacted everyone in healthcare
- Push for change from institutions

But we are Heroes…….

Do/Did we disenfranchise providers by calling them heroes?

Unethical Abdication

First, by giving the illusion of a simple solution, it (resilience training) may preempt the hard work required to address systems failures. And second, it may send the message to affected doctors that they are the problem, that they need to do better at "absorbing negative conditions," and that failure to "tough it out" is a sign of weakness. **This is an unethical abdication of duty on the part of health care managers.**

The term resilience can be misused to mask structural and psychological problems.

Is resilience always adaptive and functional, or can resilience be maladaptive in contexts where it masks vulnerability or prevents effective action to address risk?

Mahdiani, H., Ungar, M. (2021). The Dark side of Resilience. *Adversity and Resilience Science, 2*, 147-155.

JAMA 2020

US physicians exhibited greater resilience than the general working population.
Physicians are not generally resilience-deficit and burnout rates are substantial **even among the most resilient physicians**.

West, C. P., Dyrbye, L. N., Sinsky, C., Trockel, M., Tutty, M., Nedelec, L., Shanafelt, T. D. (2020). Resilience and Burnout Among Physicians and the General US Working Population. *JAMA Netw Open, 3*(7), e209385. doi:10.1001/jamanetworkopen.2020.9385

Consider...

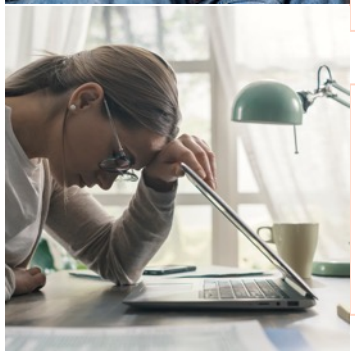
- Suggest a focus on sustainability rather than resilience due to the assumption that resilience in a particular system is only being achieved at the expense of another system's vulnerability.
- Self-confidence and high levels of self-efficacy—factors necessary for personal resilience—are only helpful when the goal or the desired outcome is realistically achievable.

Mahdiani, H., Ungar, M. Adversity and Resilience Science (2021) 2:147–155
https://doi.org/10.1007/s42844-021-00031-z

Occupational Suffering

Unavoidable suffering.

Psychological stress in inherent to the work. Mitigate the harm is responsibility of individual and institution.



Avoidable suffering.

Overworked, understaffed, hierarchy, resource issues. Demand system changes.

Co-design strategies, including clinical experience.

Systems Issues

"For avoidable suffering, which by definition can be eliminated, the primary goal should be prevention, and interventions should focus on systems improvement, not on individual resilience."

Card, A. J. (2018). Physician Burnout: Resilience Training is Only Part of the Solution. *Ann Fam Med, 16*(3), 267-270. doi:10.1370/afm.2223

Power

"…in particular contexts, resilience can be wrongly deployed as an inducement to **tolerate disparity and inequality**, accepting the deferral of demands for change, or as an excuse to assign individuals who lack power the responsibility to change their lives.

Mahdiani, H., Ungar, M. Adversity and Resilience Science (2021) 2:147–155
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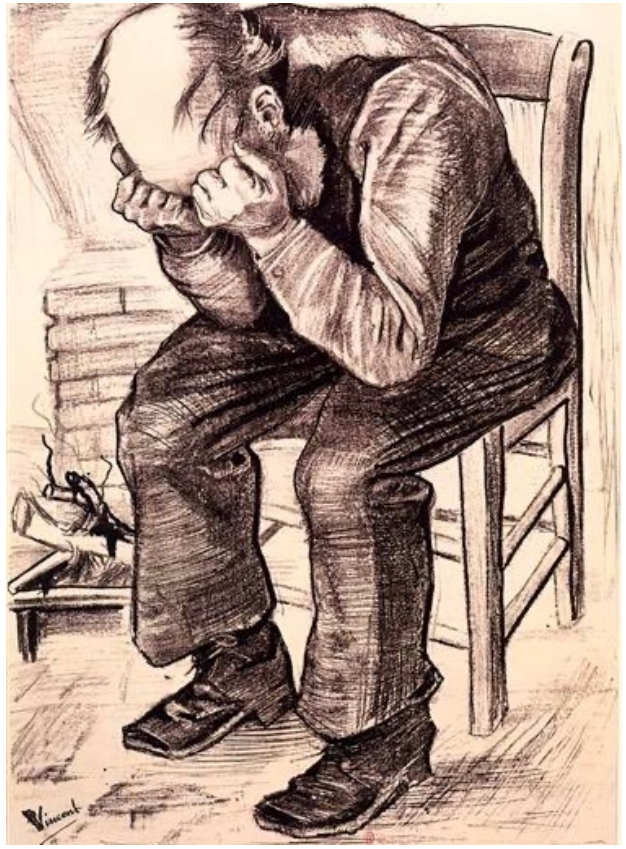
3.1 "Stop Calling Me Resilient": poster on lamppost in New Orleans. Courtesy of Candy Chang. This image is created by Taiwanese American artist Candy Chang,

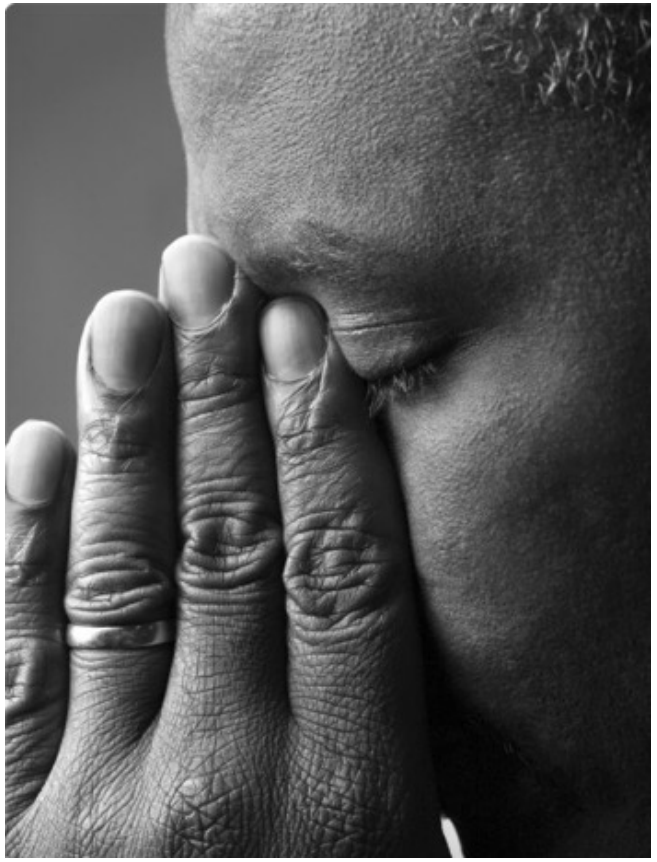
Healthcare Professionals

"We acknowledge that "resilience" and "self-care" have become triggering concepts during the pandemic, given that HCPs have often reported feeling abandoned by multisectoral leaders and often have **very little time or energy to devote to wellness."**

Rosa, W. E., Roberts, K. E., Schlak, A. E., Applebaum, A. J., Breitbart, W. S., Kantoff, E. H., . . . Lichtenthal, W. G. (2022). The Critical Need for a Meaning-Centered Team-Level Intervention to Address Healthcare Provider Distress Now. *Int J Environ Res Public Health, 19*(13). doi:10.3390/ijerph19137801

WORN OUT...





Working in Healthcare

You witness difficult situations/emotions

- Medical futility
- Moral distress
- Chaotic situations
- Poor communication among teams
- Pathology
- Sadness
- Frustration/powerlessness

Shift

Focus on Institutional Options

The workplace is responsible for providing a manageable work environment.

Provide the funding

Put some money into this.

Bake it into the system

Recognize there is ongoing, expectable stress, therefore interventions & strategies should be available all the time.

Work with teams & individuals

Get feedback from teams and providers.

Goal

"The aim is not to eradicate the phenomenon but rather to mitigate its negative effects, including preventing caregivers from feeling unable to provide compassionate patient-centered care, feeling withdrawn, unable to return to work or continue in their profession."

Morley, 2020. Addressing caregiver moral distress during COVID19 Pandemic

Call for Moral Community

"What we need is leadership willing to acknowledge the human costs and moral injury of multiple competing allegiances. We need leadership that has the courage to confront and minimize those competing demands…"

Epstein. 2021

Challenges

Fast Paced

We see a lot of people everyday. The pace is fast and unpredictable.

High Caseloads

How many is too many patients on your list? When does it start to effect the quality of your work?

It's Up to You

So much emphasis on what YOU are supposed to do to take care of yourself.

"Healthcare professionals are often self-reliant and many do not ask for help."

"Reinforcing healthcare professional compassion helps them overcome empathic distress and fear to provide care under extraordinary clinical circumstances everyday."

Morley 2021. Mayo Clinic

A little history

Burnout

Individual is locus of control

Positive Thinking

Self Actualization

~~Compassion Fatigue~~

Work/Life Balance

Positive Adaptation

Empathic Strain

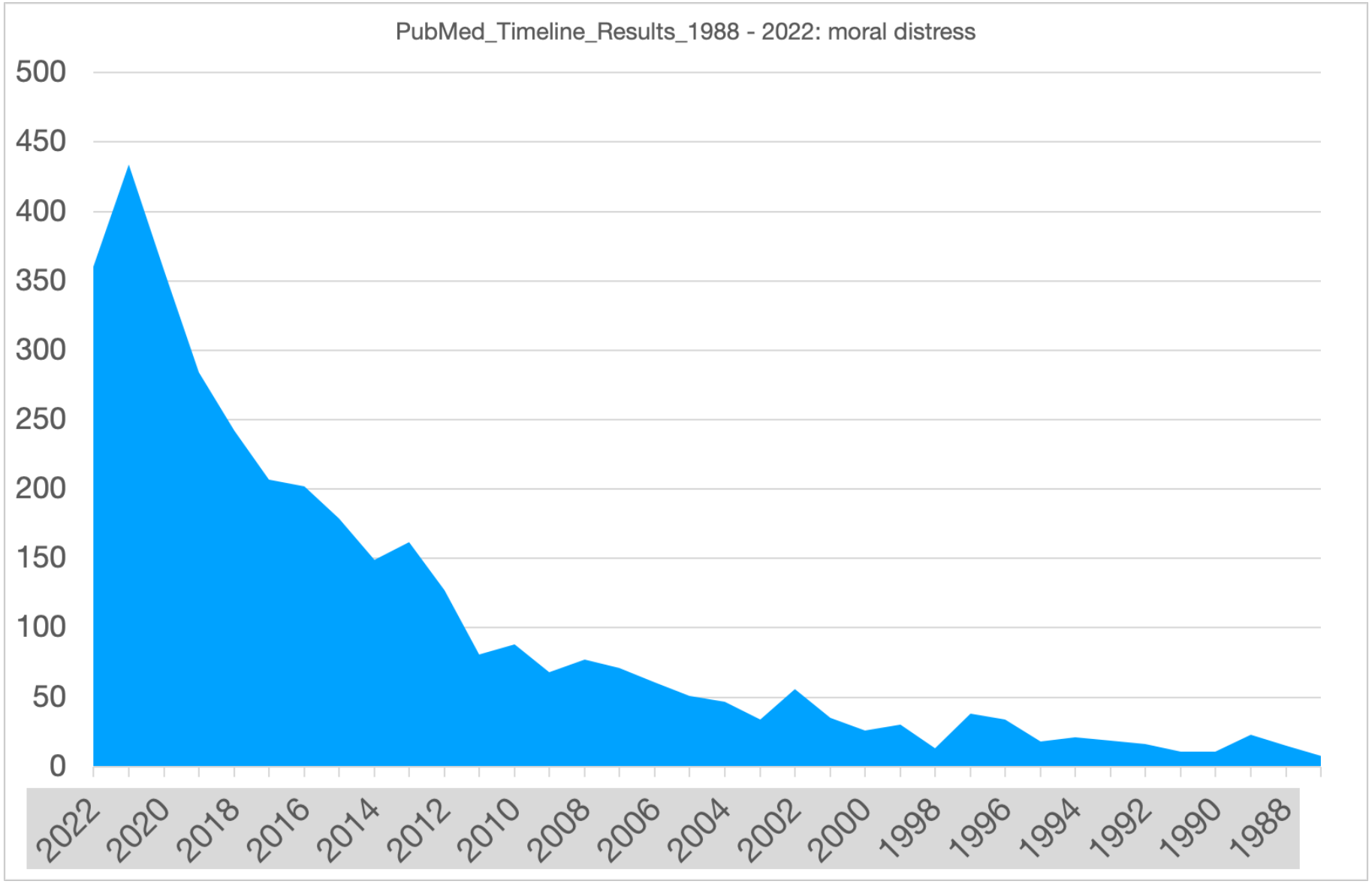
Moral Distress & Injury

Ethics Training

Resilience and Wellness

Coaches

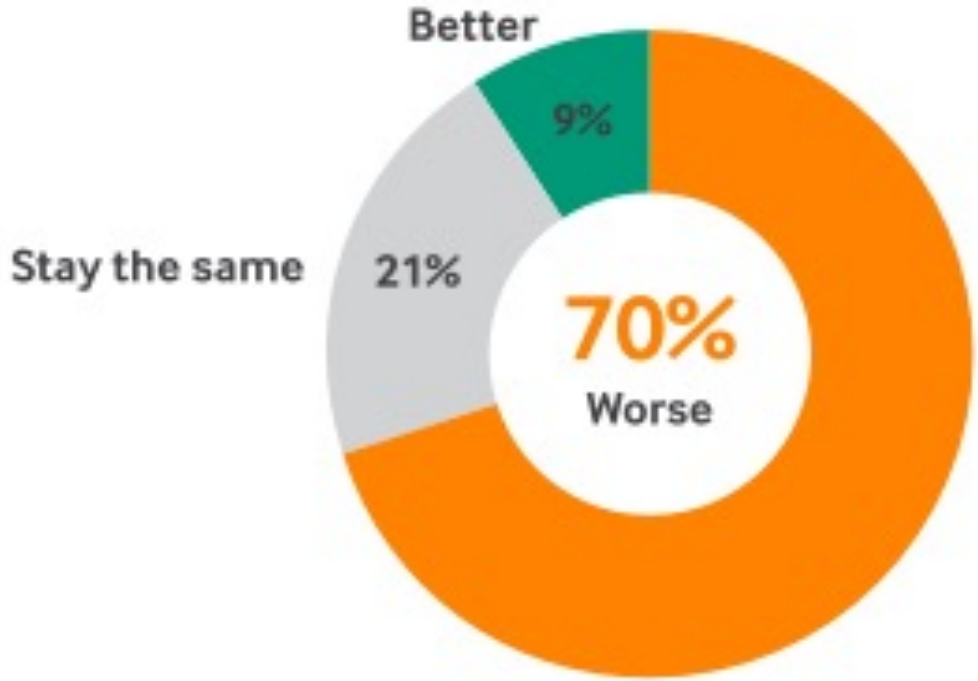
Articles on moral distress 1988 - 2022




Sets us up for failure.

NEJM Catalyst | Innovations in Care Delivery

Do you anticipate that health care provider burnout will get better, stay the same, or get worse in the next 2–3 years at your organization?



Base: 733

MUST DO SOMETHING (DIFFERENT)

There'll be no one left to do the work...

Palliative and Hospice Social Workers' Moral Distress during the COVID-19 Pandemic

Participants shared descriptions there was not a single source of distress but rather a complex entanglement that reflected their reality of navigating patient care during the COVID-19 pandemic.

Three themes that reflect the most morally distressing sources:

1. clinical care,
2. system, and
3. personal impact.

Latimer, A., Fantus, S., Pachner, T., Benner, K., & Leff, V. (2022). Palliative and hospice social workers' moral distress during the COVID-19 pandemic. Palliative and Supportive Care, 1-6. doi:10.1017/S1478951522001341

Moral Distress and Social Workers

Guan and colleagues (2021) study of oncology social workers, those who provided direct care and worked in in-patient and out-pt settings had higher moral distress than those in strictly out patient or administrative departments.

Latimer, A., Fantus, S., Pachner, T., Benner, K., & Leff, V. (2022). Palliative and hospice social workers' moral distress during the COVID-19 pandemic. Palliative and Supportive Care, 1-6. doi:10.1017/S1478951522001341

Moral Distress

DATA

Table 3 Top three most frequent situations of moral distress (*Italics = also in top 3 of intensity*).

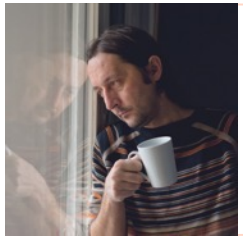
Situation	Control ($n = 30$) Mean (SD)	Rank	Experimental time 1 ($n = 6$) Mean (SD)	Rank	Experimental time 2 ($n = 6$) Mean (SD)	Rank
Following family's wishes to continue life support against patient's best interest	3.13 (0.82)	1	3.63 (.52)	1	3.38 (.92)	1
Initiate extensive life-saving actions when I think they only prolong death	3.10 (.76)	2	3.38 (.52)	2	2.88 (1.25)	2
Continue to participate in care for hopelessly ill person who is being sustained on a ventilator, when no one will make a decision to withdraw support	2.57 (1.01)	3	3.13 (.83)	3	3.00 (1.07)	3

No difference between nurses and physicians on top two reasons.

- Feel overlooked in health care decisions
- Undervalued
- 79% wanted more active involvement in decisions
- Needing more support received from managers

- Balancing needs of pt and hospital with d/c planning
- ACP: conflicts with personal values.
- Conflictual relationships among multidisciplinary team members
- Poor supervisory experiences (Or eliminated)

Moral Distress: Root Causes



Internal. Perceived powerlessness

External: Poor communication

Clinical: Witnessing futile, non beneficial care

Hamric, et.al. 2012)

Impact on Health care system

- Overly aggressive, non beneficial rx are associated with reduced qol at EOL
- Sx of PTSD more likely among caregivers
- Moral Distress is an ethical root case of burnout
- Examine what the ethical decision making climate is

“Clinician well-being needs to be a marker of the success of the health care enterprise.”

—Epstein, R., Privitera, M. (2021) Finding Our Way Out of Burnout. JCO Oncology Practice. 17(7)

Individual Strategies

- Remain open minded and curious
- Resist making conclusions
- Know where our own suffering/angst begins and ends
- Use cognitive reframing to help us understand the plight of the pt (not use all or nothing thinking)

Self-Awareness:
Why it is (always) important

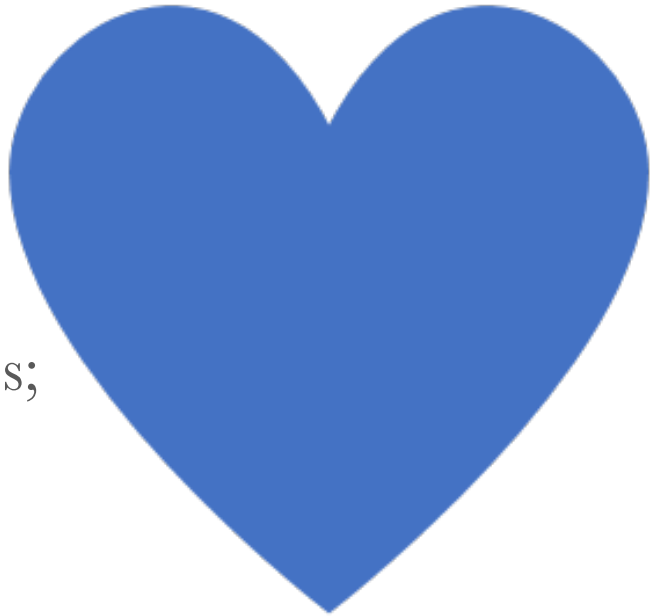
We must offer assistance that comes from a **genuine and empathic** place in ourselves;

We should not visit our issues on our clients/families;

Helps us be better clinicians;

It happens all the time.

It is our professional responsibility.



What does your institution offer/do?

Self care strategies	Hero signs	Increase in staff	Bonus pay

Clinicians standing up to overcome constraints take risky action.

- ✓ Aggressive
- ✓ Confrontational
- ✓ Bitchy
- ✓ Pushy
- ✓ It’s Your Problem (gaslighting)

System Strategies

- Naming the problem: Moral Distress alleviates shame. This is not burnout. (Not due to individual lack of coping skills)
- Collaborate with other disciplines (IPE).
- Create opportunities for interdisciplinary conversations about treatment.
- Culture of ethical practice (committees, debriefs, didactics)
- Develop work environment that fosters reflection and communication, rewards raising ethical questions

TABLE 2

Evidence-based recommendations for leaders to address moral distress

See and seek moral distress

- Look for ethical concerns and signs of moral distress.
- Inquire and consider whether an Ethics Consultation is indicated.

Understand moral distress

- Understand through active listening.
- Be receptive to diverse perspectives.
- Model a self-reflective process: be aware of your own biases, remember that ethical issues often are not black and white, and avoid responding with correction/rebuke.

Pay attention and assess workplace climate

- Acknowledge ethical challenges and moral distress.
- Assess the unit climate, culture, tone.
- Work to mitigate power differentials between caregivers.
- Explore and note repeated occurrences and problems.
- Assess professional risks of speaking up.

Promote a receptive environment and engage team members

- Encourage and create spaces for moral dialogue.
- Encourage and role-model respectful communication across disciplines.
- Promote team-based dialogue and discussion when ethical issues arise.

Open opportunities for dialogue

- Encourage debriefing.
- Ask whether members of the team might benefit from further discussion with an ethics expert: consider whether a Moral Distress Reflective Dialogue or Debrief is indicated.
- Utilize resources: bring team members to multidisciplinary meetings, invite bedside nurses to family meetings, and participate in Bioethics rounds.

Reflect, evaluate, and revise

- Establish self-care as a custom, ask team members how they are doing, and explore whether they need any additional support.

Transform negative environments

- Acknowledge that the environment is changing, be transparent and ready to answer questions.

Take time to reflect and acknowledge.

This work is complex and impacts everyone in some way. We must normalize this experience & learn from each other to be able to do the work for the long haul.

TABLE 3

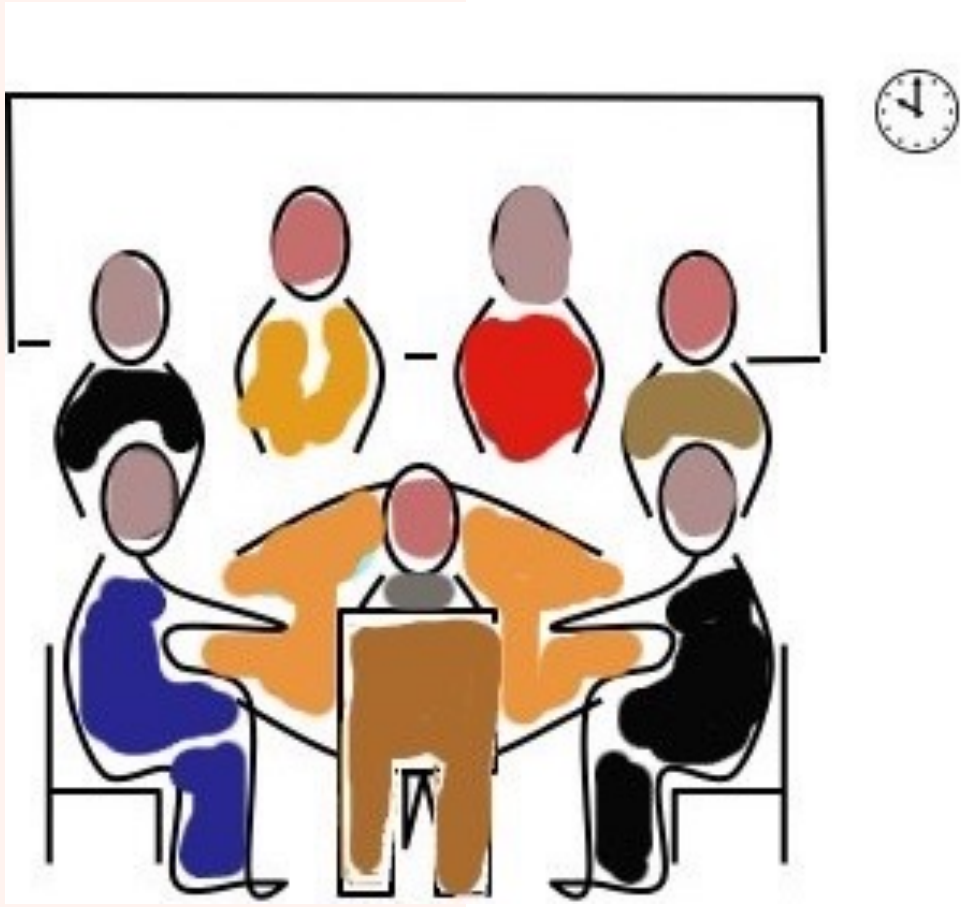
Cleveland Clinic caregiver resources for coping with moral distress

Effective strategies to manage moral distress: consider the need to address the moral event and the distress (psychological/emotional/spiritual) caused by the event.

Moral Event and Distress

Moral Distress Reflective Dialogues and Debriefs (MDRD) are facilitated by a clinical ethicist and independently licensed social worker or chaplain to provide caregivers with a safe space to reflect on the moral event(s) that cause them to experience distress. During the COVID-19 pandemic, virtual MDRDs are available.

Healthcare Provider Debriefings



One example of

Systems Strategies &

Responsibilities

Why?

"As a provider, my participation in debriefing has helped me develop better relationships with the nursing staff both by understanding how I can support the nurses but also by being a part of us all sharing our common experiences on the unit ." Hospitalist, PA

The positive impact of the (sic) debriefing sessions cannot be overestimated among the MICU housestaff. These residents often see more death and sadness in 2 weeks of MICU time than in the entire remainder of their clinical year. Therefore, to have a time and a safe space in which to talk through their experiences, feelings, and emotions is invaluable. And the fact that the sessions are led by two world experts in palliative care and communication is a huge plus. The MICU is a strong supporter of this!", Dr. Chris Cox, Duke Univ. Hospital, MICU Director.

"These debriefing meetings provide a palpable improvement in the mood of the staff that participate - like a sigh of relief that they have a safe space to voice feelings and feel heard in a supportive environment." Hospitalist APP

What are Healthcare Provider Debriefings?

Peer-facilitated informal groups.

Structured time for healthcare workers to give voice to the impact of the work on them.

Opportunity to increase social support, reduce isolation, normalize emotional reactions to difficult situations and learn coping strategies from colleagues.

Opportunities for collegial support, reflection and understanding.

SOCIAL SUPPORT IS KEY

"**Positive social support** can have a buffering effect on neurobiological mechanisms, physiological stress responses, **help with mental and physical health**."

Intentionally and deliberately creating a community of support.

Southwick. Why are some individuals more resilient that others: the role of social support. World Psych. 2016

Healthcare Debriefings are not:

- Critical Incident Debriefings
- Psychotherapy Support Groups
- Crisis Intervention
- Trauma care

Not meant to "fix" anything.
Invites reflection and learning over time.

Provide opportunity

Social support among colleagues

Normalization of reactions

Learn from each other: What works & what doesn't

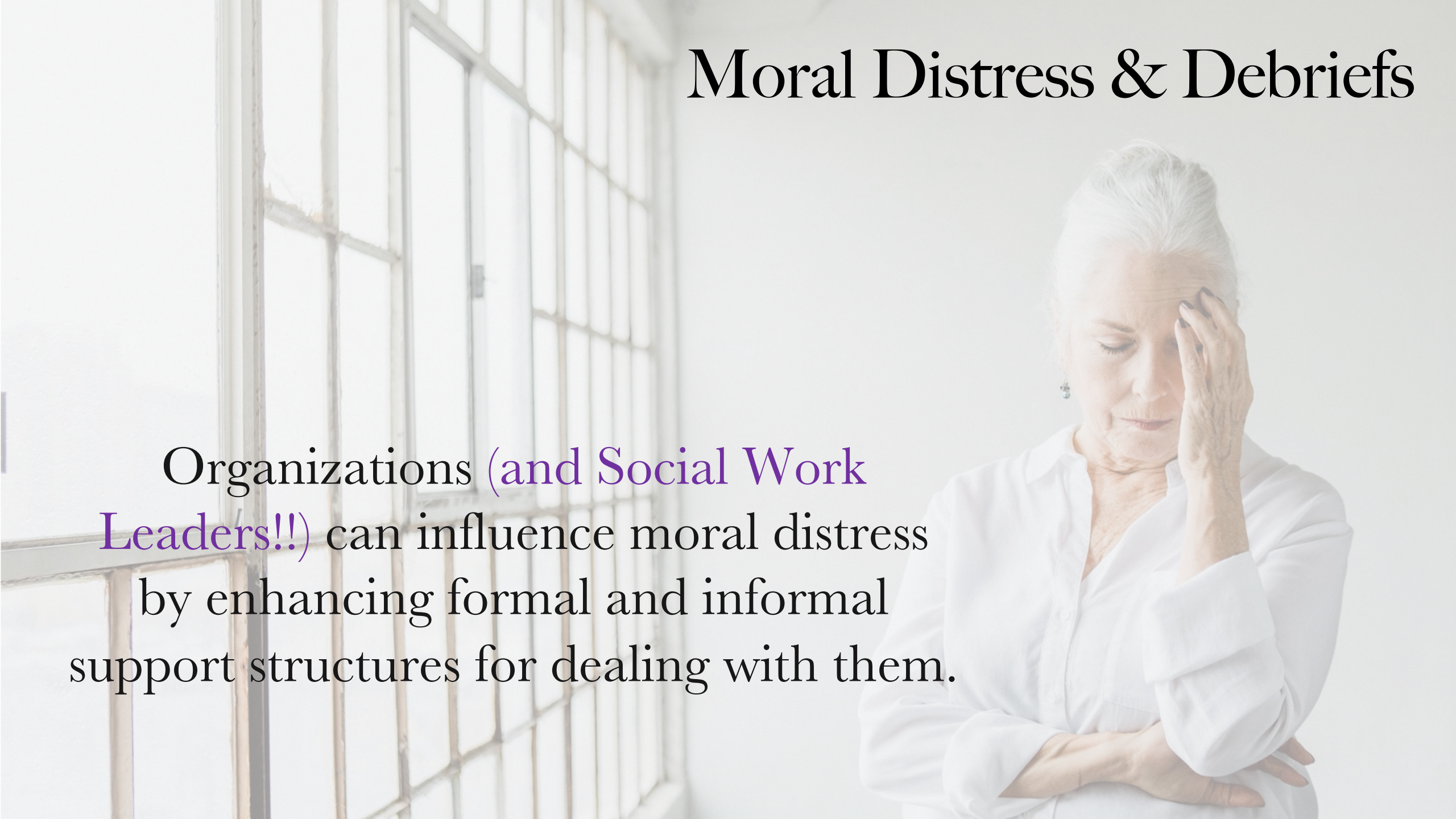
Build a culture of caring (organization supports takes time).

Encourages self-awareness leading to improved coping and understanding.

Dealing with these reactions

- Isolation
- Feeling overwhelmed and stressed
- Morally distressed, conflicted
- Frustrated
- Grief
- Empathy strain
- Emotional exhaustion
- Depersonalization

Moral Distress & Debriefs



Organizations (and Social Work Leaders!!) can influence moral distress by enhancing formal and informal support structures for dealing with them.

Key ingredients to success

Environment is safe and structured (setting expectations and boundaries)

Strong support from management

Involves emotional expression

Provides validation

Provides opportunity for meaning making

Strengthens self awareness - resiliency

Promotes ~~resilience~~ sustainability

More than a resilience strategy

Ongoing, baked into the culture, opportunity & obligation.

Shared responsibility

Debriefings provide opportunity for individual, team and **institutional support.**

Organizational level efforts profoundly effect on clinician well-being.

Shanafelt & Noseworthy. Executive Leadership and Physician well-being: Nine organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clinic Proc 2017.

Make the space.

This should be a priority, not an "extra".

- Instead of trying to fit the Debriefings into schedules: Make the space for the Debriefings!
- **Change the narrative.**

Individual strategies

Going to yoga class isn't going to fix it either. (Though it can help!)

Repair, Mend and Sustain

Kintsugi

Kintsugi (金継ぎ, **"golden joinery"**), **also known as kintsukuroi** (金繕い, **"golden repair"**), is the Japanese art of repairing broken pottery by mending the areas of breakage with lacquer dusted or mixed with powdered gold, silver, or platinum

embracing your flaws and imperfections

Summary

- Identify what is normal – provide data.
- Shared responsibility with institution.
- Get rid of perfectionistic professional selves.
- Self awareness increases ability to sustain ourselves in this work.
- Debriefs offer social support.

And now...this

You are what you do,

not what you say you do.

—Carl Jung

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