

# THE NEW FRONTLINE: EXPLORING THE LINKS BETWEEN MORAL DISTRESS, MORAL RESILIENCE AND MENTAL HEALTH IN HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC

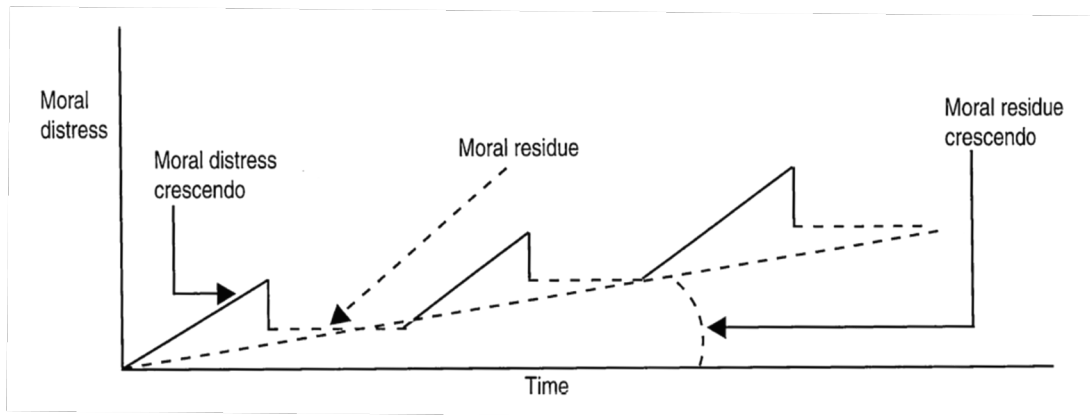
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# MORAL DISTRESS, MORAL RESIDUE, AND THE CRESCENDO EFFECT (EPSTEIN & HAMRIC, 2009)

- ▶ As each episode of moral distress passes, either it is resolved with sufficient processing or leaves moral residue.
- ▶ Moral residue makes subsequent incidents of moral dilemma or moral distress less tolerable.
- ▶ As moral residue accumulates, moral injury becomes more likely with subsequent dilemma or distress.



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# MORAL RESILIENCE (1)

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- ▶ The capacity of an individual to sustain or restore their integrity in response to moral complexity [adversity], confusion, distress, or setbacks (Rushton, 2016).
- ▶ The ability and willingness to speak and take right and good action in the face of an adversity that is moral/ethical in nature (Lachman, 2016).
- ▶ It is postulated that all health care professionals have innate and learned capacities that can be leveraged toward and strengthened to address distress.



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## MORAL RESILIENCE (2)

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- ▶ Raised as a potential way to mitigate moral adversity through transforming the profound despair and powerlessness associated with morally distressing situations (Rushton, 2016).
- ▶ Allows for the exploration of factors, both individual and organizational, that help clinicians practice in a manner that reflects their intentions, character, and integrity (Rushton, 2017; Rushton, 2018)
- ▶ Allows for dealing with an ethically adverse situation without lasting effects of MD and MI (Lachman, 2016).
- ▶ Is premised on the belief that moral adversity in these high stakes contexts is unavoidable; our response to it can produce beneficial, growth producing outcomes or degrade the well-being and integrity of those who experience it.



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# MORAL RESILIENCE INVOLVES...

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- ▶ self regulation
- ▶ moral agency
- ▶ self-stewardship
- ▶ moral sensitivity
- ▶ moral judgement and reasoning
- ▶ moral action



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# Measuring Health Care Interprofessionals' Moral Resilience: Validation of the Rushton Moral Resilience Scale

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# RUSHTON MORAL RESILIENCE SCALE MEASURES...

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- ▶ Response to moral adversity (Buoyancy)
  - Feeling powerless, overwhelmed, weighed down from facing ethical challenges.
- ▶ Personal integrity
  - Consistency with which one can uphold values in response to moral adversity.
- ▶ Moral efficacy
  - How confident/capable one feels to be able to addresses ethical challenges and advocate for themselves and their values in the face of ethical conflicts.
- ▶ Relational integrity
  - Interplay between personal values and values of other interdisciplinary clinicians.



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# MORAL RESILIENCE

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- ▶ Cultivating **MORAL RESILIENCE** with systematic redesign of healthcare systems to dismantle impediments to ethical practice offers a promising direction for culture change.
- ▶ A better understanding of **MORAL RESILIENCE** may
  - mitigate against burnout where areas of integrity and ethical practice can be fostered.
  - impact organizational culture
  - create healthier work environments
  - distinguish unique aspects (both moral and ethical) which contribute to burnout
  - create a foundation for tailored programs



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# The new frontline: exploring the links between moral distress, moral resilience and mental health in healthcare workers during the COVID-19 pandemic

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## THE NEW FRONTLINE: EXPLORING THE LINKS BETWEEN MORAL DISTRESS, MORAL RESILIENCE AND MENTAL HEALTH IN HEALTHCARE WORKERS AMIDST THE COVID-19 PANDEMIC (SPILG ET AL., 2022)

- ▶ During the first COVID-19 wave, 962 Canadian healthcare workers (88.4% female, 28.1% nurses, 16.9% physicians; mean age 46.5 years) completed an online survey with validated scales assessing moral distress, perceived stress, anxiety and depression symptoms, and moral resilience.
- ▶ Compared subgroups based on exposure to patients who tested positive for COVID-19.
- ▶ Evaluated associations between exposure to potentially morally distressing events, moral resilience, moral distress, and demographic/professional factors.



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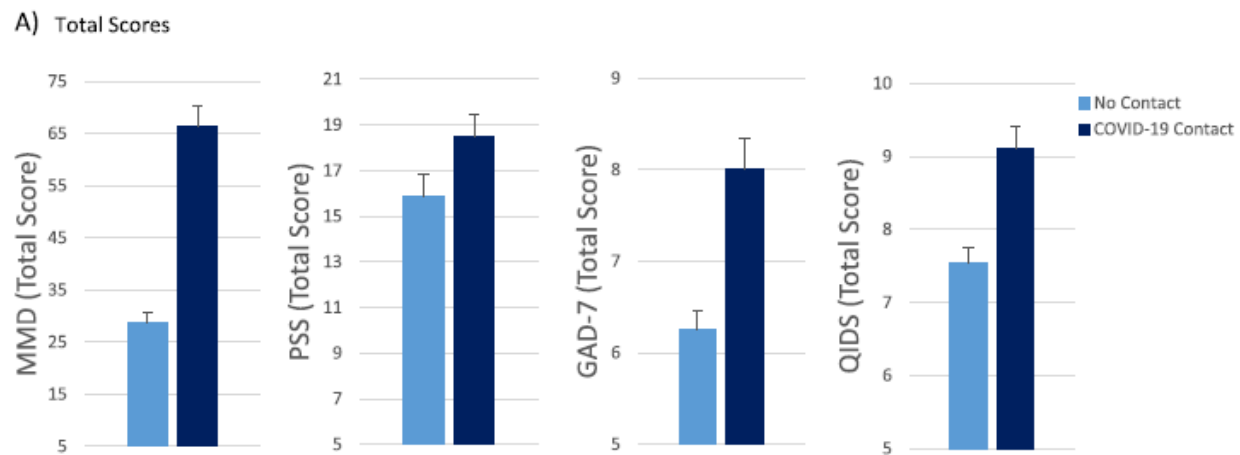
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# THEORETICAL MODEL



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B) Individuals scoring in the 2<sup>nd</sup> and 3<sup>rd</sup> tertile for moral distress and positive for stress, anxiety and depression symptoms

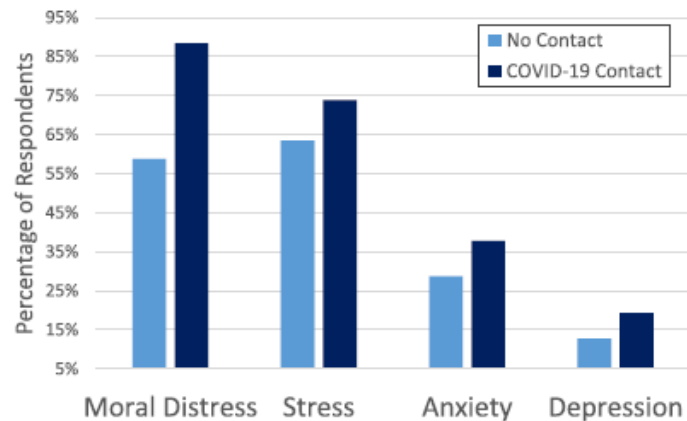
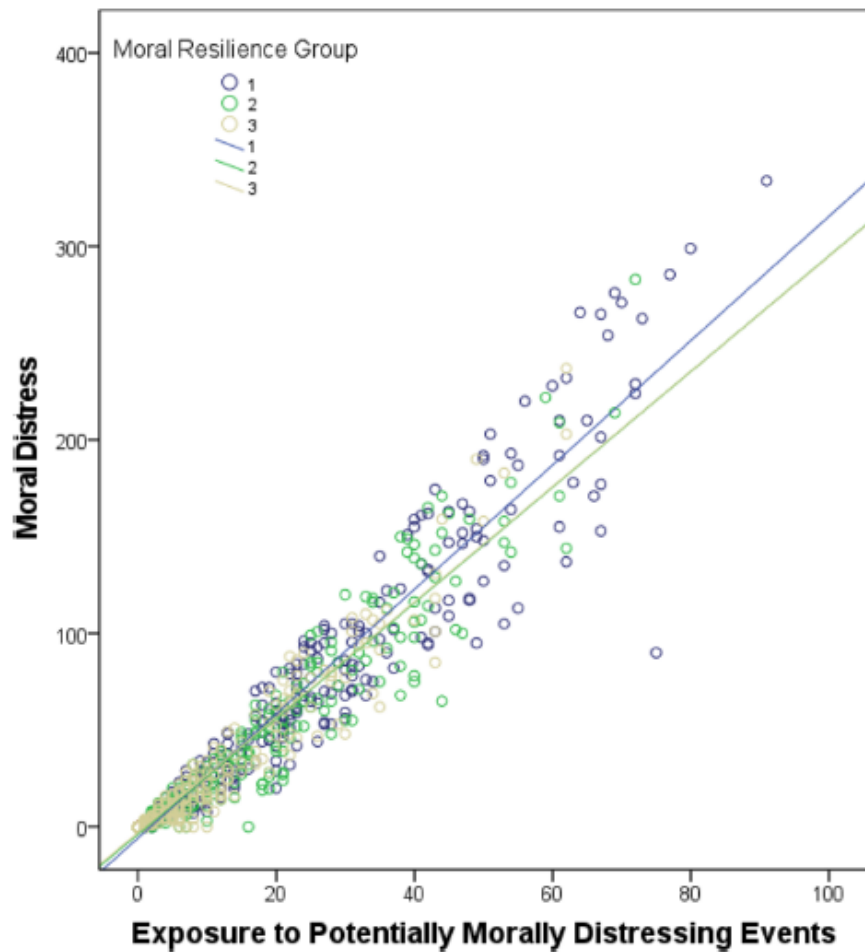


Fig. 2 Moral distress and mental health based on exposure to patients with COVID-19



**Fig. 3** Relationship between moral resilience, exposure to morally distressing events and moral distress

**Table 3** Factors associated with moral resilience

	B	SE	95% CI		p
			LL	UL	
Time Elapsed since the pandemic declaration (per 7 days)	<0.01	<0.01	<0.01	0.01	.592
Demographics					
Male Sex (vs Female)	0.12	0.05	0.03	0.21	.008
Age (per 10years increase)	0.08	0.01	0.05	0.10	<.001
Current mental disorder (vs none)	-0.19	0.04	-0.26	-0.12	<.001
Profession (vs Health Administrators)					
Physician	-0.02	0.05	-0.13	0.08	.654
Nurse	-0.07	0.05	-0.17	0.02	.128
Other Allied Health	-0.05	0.05	-0.15	0.05	.301
Allied Mental Health Specialist	0.07	0.05	-0.03	0.17	.166
Social support since the beginning of the outbreak					
Family (Scale 1–11, per 5 points increase)	0.05	0.03	<0.01	0.11	.057
Employer and Colleagues (Scale 1–11, per 5 points increase)	0.12	0.03	0.06	0.17	<.001
Usual sleep duration (per 1 h increase)	0.02	0.01	<0.01	0.04	.048

Coefficients from the multiple linear regression for moral resilience (i.e. total score on the ... (RMRS)). B: Unstandardized coefficients (calculated per one unit for continuous variables, except for the time elapsed since the pandemic declaration (which was calculated for each 7 days), age (which was calculated per 10years), and social support ratings (calculated per 5-points increase). Units (for continuous variables) and reference groups (for categorical variables) are presented in parenthesis in the first column. SE standard error of B, CI confidence interval, LL lower limit, UL upper limit

# KEY RESULTS

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- ▶ HCWs in contact with patients with COVID-19 showed significantly more severe moral distress, anxiety, and depression symptoms, and counted a higher proportion with self-reported diagnoses of mental disorders compared to those who were not.
- ▶ Higher exposure to potentially morally distressing events and lower moral resilience were associated with worse moral distress.
- ▶ Moral resilience moderated the relationship between exposure to potentially morally distressing events and moral distress, and correlated with lower stress, anxiety and depression symptoms.
- ▶ Factors independently associated with stronger moral resilience included: being male, older age, no mental disorder diagnosis, sleeping more, and higher support from employers and colleagues



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## SO WHAT NOW....

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- ▶ Intervention studies
- ▶ Moral Repair
- ▶ Application to LTC HCPs
- ▶ Differences between different professional groups





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# Reliability and validity of the revised Rushton Moral Resilience Scale for healthcare workers

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## Abstract

**Aim:** To refine the Rushton Moral Resilience Scale (RMRS) by creating a more concise scale, improving the reliability, particularly of the personal integrity subscale and providing further evidence of validity.

**Background:** Healthcare workers are exposed to moral adversity in practice. When unable to preserve/restore their integrity, moral suffering ensues. Moral resilience is a resource that may mitigate negative consequences. To better understand mechanisms for doing so, a valid and reliable measurement tool is necessary.

**Design:** Cross-sectional survey.

**Methods:** Participants (N = 1297) had completed ≥1 items on the RMRS as part of the baseline survey of a larger longitudinal study. Item analysis, confirmatory factor analysis,



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- ▶ Spilg, Edward G., Cynda Hylton Rushton, Jennifer L. Phillips, Tetyana Kendzerska, Mysa Saad, Wendy Gifford, Mamta Gautam, et al. “The New Frontline: Exploring the Links between Moral Distress, Moral Resilience and Mental Health in Healthcare Workers during the COVID-19 Pandemic.” *BMC Psychiatry* 22, no. 1 (December 2022): 19. <https://doi.org/10.1186/s12888-021-03637-w>.
- ▶ [Good Tech, Compassionate Healthcare: Restoring Humanity in Healthcare by Addressing Moral Suffering \(libsyn.com\)](#)
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