Think Tank on Moral Distress in LTC (Waterloo, September 29, 2023): Presentation Abstracts

Oluwagbohunmi (Olu) Awosoga (MA, MBA, MSc, DPhil), Associate Professor, Faculty of Health Sciences, University of Lethbridge

Reducing Moral Distress in Nursing Providers of Dementia Care: Knowledge to Action in Continuing Care (REMIND-KTAC)

Despite growing awareness of moral distress among nurses, little is known about the moral distress experiences of nursing staff in dementia care settings. To address this gap, our research team developed a tool for measuring the frequency, severity and effects of moral distress in nursing staff working in dementia care. The research team employed an exploratory sequential mixed method design to generate items for the moral distress questionnaire. Data were collected between January 2013 and June 2014. The team collected 389 completed surveys from registered nurses, licensed practical nurses and healthcare aides, representing a 43.6% response rate across 23 sites. In this presentation, we report on developing and validating the Moral Distress in Dementia Care Survey instrument, which emerged as a reliable and valid instrument to measure the frequency, severity and effects of moral distress for nursing staff in dementia care settings, and evaluating measures taken to mitigate moral distress.

Awosoga, O., Pijl, E., Hagen, B., Hall, B.L., Sajobi, T.T., & Spenceley, S. (2018). "Development and Validation of the Moral Distress in Dementia Care Survey." *Journal of Advanced Nursing*, 74(11), 2685-2700. https://doi.org/10.1111/jan.13803

Pijl-Zieber, E., Awosoga, O., Spenceley, S., Hagen, B., & Hall, B. (2016). "Caring in the Wake of the Rising Tide: Moral Distress in Residential Nursing Care of People Living with Dementia." *Dementia*, 17(3), 315-336. https://doi.org/10.1177/1471301216645214

Sheila Boamah (PhD), Assistant Professor, School of Nursing, McMaster University

Experiences of Healthcare Workers in Long-Term Care during COVID-19: A Scoping Review

This research review consolidated existing literature regarding the experiences of healthcare workers (HCWs) in long-term care (LTC) settings during the COVID-19 pandemic. Despite the substantial emotional and psychological distress faced by these HCWs, there is limited knowledge about their distinct experiences. In alignment with the framework established by Arksey and O'Malley, the study collected data from six databases, encompassing publications from March 2020 to June 2022. Among 3808 articles screened, 40 articles were included in the final analysis. Analyses revealed three interrelated themes: carrying the load

(moral distress); building pressure and burning out (emotional exhaustion); and working through it (a sense of duty to care). Considering the profound effects of the pandemic on the well-being of HCWs and the quality of patient care, it is imperative to take extensive measures to confront the workforce crisis in LTC and to assess the most effective strategies for aiding HCWs dealing with mental health challenges both during and after the pandemic.

Boamah, S.A., Weldrick, R., Havaei, F., Irshad, A., and Hutchison, A. (2023). "Experiences of Healthcare Workers in Long-Term Care during COVID-19: A Scoping Review." *Journal of Applied Gerontology*, 42(5), 1118-1136. https://doi.org/10.1177/07334648221146252

Boamah, S.A., Weldrick, R., Lee, T.J., and Taylor, N. (2021). "Social Isolation among Older Adults in Long-Term Care: A Scoping Review." *Journal of Aging & Health*, 33(7-8), 618-632. https://doi.org/10.1177/08982643211004174

Boamah, S.A., Weldrick, R., Yous, M., Gao, H., Garnett, A., Dal Bello-Haas, V., and Kaasalainen, S. (2023). "'Picturing a way forward': Strategies to Manage the Effects of COVID-19-Related Isolation on Long-Term Care Residents and Their Informal Caregivers." *The Gerontologist*, gnad035. https://doi.org/10.1093/geront/gnad035

Cera Cruise (MA), Researcher, CaRER Lab, Community Health Sciences, University of Calgary

LTC Workers' Experiences of Moral Distress During the COVID-19 Pandemic: Lessons Learned and Paths Forward

The CaRER Lab, led by PI Dr. Bonnie Lashewicz and based out of the Department of Community Health Sciences at the University of Calgary, has been engaged in research on LTC+ workers' experiences of moral distress since the early stages of the COVID-19 pandemic. Our Canadian Institutes of Health Research (CIHR)/Healthcare Excellence Canada-funded rapid response mixed-methods project titled "Supporting mental health and preventing moral injury among LTC+ workers" understands LTC+ workers as anyone who works in an LTC+ facility. Data for the study were collected through: 1. Semi-structured, one-on-one interviews with LTC workers from across Canada through which we gathered qualitative accounts of experiences working in LTC facilities during the COVID-19 pandemic and how these experiences impacted worker mental health and risk for moral injury (n=50); and 2: A quantitative "moral distress" survey of LTC workers in the Canadian provinces of British Columbia, Alberta, and Ontario (n=485). By centering LTC+ workers and their staffing policy recommendations in our study outputs we hope to play a role in renewing and sustaining Canada's LTC+ system to better meet the needs of Canadians in both pandemic and non-pandemic situations.

Cruise, C., Mfoafo M'Carthy, N., Boettcher, N., Celis, S., McDonagh-Hull, P., & Lashewicz, B. (2023). "Staffing in Long-Term Care During the Covid-19 Pandemic: Insights, Lessons, and Paths Forward. Healthcare Excellence Canada." Healthcare Excellence Canada. https://www.healthcareexcellence.ca/en/resources/staffing-in-long-term-care/

Lashewicz, B., & McDonagh-Hull, P. (2023). "Making Good on Promises: Long-Term Care Workers' Mental Health Is a Shared Long-Term Responsibility." *The Conversation*. https://theconversation.com/making-good-on-promises-long-term-care-workers-mental-health-is-a-shared-long-term-responsibility-205372

Lashewicz, B., Aboumrad, M., & Cruise, C. (2022). "Long Term Care Workers in Canada: We Needed Help but We Were Supposed to Be the Help." Video. https://www.youtube.com/watch?v=zGj2u25QD_8

Kristen Jones-Bonofiglio (PhD, RN), Associate Professor and Director, School of Nursing, Lakehead University / Director, Lakehead University Centre for Health Care Ethics / Head, 1st Canadian Unit, International Chair in Bioethics

Moral Distress in the Context of Long-Term Care

Based on over 40 years of research on moral distress (as detailed in her book), Kristen will apply evidence-informed knowledge and practical wisdom to possibilities for managing and healing from moral distress (and moral injury) experiences in the context of long-term care settings.

Jones-Bonofiglio, K. (2020). *Health Care Ethics through the Lens of Moral Distress*. Part of the book series: The International Library of Bioethics (ILB, volume 82). https://link.springer.com/book/10.1007/978-3-030-56156-7

Heather Keller (RD, PhD, FDC, FCAHS), Professor and Schlegel Research Chair in Nutrition & Aging, University of Waterloo and Schlegel-UW Research Institute for Aging

When Mealtimes Don't Live Up to Expectations

During the pandemic, family and visitors were excluded from LTC and retirement homes. As well, residents were secluded to their rooms during the initial stages of the pandemic and during outbreaks to reduce infection spread, including at mealtimes. The long duration of these preventative measures, however, had a negative impact on residents, family and team members. A survey and two qualitative studies were conducted during the pandemic to determine the impact of public health measures on dining and the meaning of mealtimes. This research confirmed the importance of congregate meals, including family members, in the social fabric of the home, but also the moral distress that resulted from seclusion measures. Mealtimes were viewed as a place for building and sustaining the community, especially for residents who had few visitors. Team members acknowledged the conflict they felt in following public health measures that resulted in resident seclusion and eating in their rooms. Participants also reported changes in physical health status as a result of these events. Family were seen as essential care partners that could support meals, promoting not only food intake, but also providing much-needed social interactions for residents. Learnings from this work are that shared meals are unique events in the

home that need to be supported and promoted. During outbreaks, minimizing length of time in seclusion and adding in social contacts for residents is needed.

Keller, H., Trinca, V., Dakkak, H., Wu, S.A., Bovee, S., Carrier, N., Cammer, A., Lengyel, C., O'Rourke, H.M., Rowe, N., Slaughter, S.E., & Quiring, S. (2021). "Impact of COVID-19 on Relationship-Centred Residential Dining Practices." *Canadian Journal on Aging*, 40(4), 604–618. https://doi.org/10.1017/S0714980821000568

AnneMarie Levy (MSc, PhD), Lecturer, Faculty of Science, and Research Associate, Lazaridis School of Business and Economics, Wilfrid Laurier University / Research Coordinator, University Health Network

Implementation of the Dementia Isolation Toolkit in Long-Term Care Improves Awareness but Does Not Reduce Level of Moral Distress amongst Staff

In this study, we examined the experiences of healthcare providers working in long-term care homes (LTCH), and the impact of an intervention called the Dementia Isolation Toolkit (DIT) on moral distress. We measured self-reported levels of moral distress before and after the implementation of the DIT in three LTCHs and conducted 1:1 semi-structured interviews with a total of N=23 providers. Participants described daily experiences of moral distress related to implementing public health directives, chronic staff shortages, and professional burnout that reduced the perceived quality of care delivered to residents. Following implementation, moral distress as measured by the Moral Distress in Dementia Care Survey did not change. However, in the interviews, participants who used the DIT reported improved awareness of moral distress and reductions in the experience of moral distress. They related this to feeling that the quality of resident care was improved by integrating principles of person-centred care and information gathered from the DIT. The study highlights the prevalence of moral distress amongst long-term care providers and how the pandemic exacerbated these experiences. We report divergent findings with no quantitative improvement in moral distress but evidence from interviews that the DIT intervention can ease some forms of moral distress.

Iaboni, A., Quirt, H., Engell, K., Kirkham, J., Stewart, S., Grigorovich, A., Kontos, P., McMurray, J., Levy, A., Bingham, K., & Rodrigues, K. (2022). "Barriers and Facilitators to Person-Centred Infection Prevention and Control: Results of a Survey about the Dementia Isolation Toolkit." *BMC Geriatrics*, 22(1), 1-2. https://doi.org/10.1186/s12877-022-02759-4

Hsu, A.T., Mukerji, G., Levy, A.M., & Iaboni, A. (2022). "Pandemic Preparedness and Beyond: Person-Centred Care for Older Adults Living in Long-Term Care during the COVID-19 Pandemic." *Healthcare Quarterly*, 25(SP), 13-19. https://doi.org/10.12927/hcq.2022.26983

Margaret McKinnon (PhD), Homewood Research Chair in Mental Health and Trauma / Professor and Associate Chair, Research, Department of Psychiatry and Behavioural Neurosciences, McMaster University

Mobilizing Insights Surrounding Moral Injury among Canadian Healthcare Providers
Since early in the COVID-19 pandemic, our team has been surveying the mental health and well-being of Canadian healthcare workers, including long-term care providers. Survey data, along with qualitative interviews, points towards moral injury as driving the onset of post-traumatic stress disorder among healthcare workers. Many of our participants also endorsed moral distress as underlying their desire to leave their clinical positions. Organizational support and spirituality were identified as two factors protective against the onset and maintenance of moral injury in this population. Our team developed Healthcare Salute (https://healthcaresalute-soinsdesantesalute.com) as an online resource that provides prevention and early intervention for moral injury among Canadian healthcare workers.

Ritchie, K., D'Alessandro, A.M., Brown, A., Xue, Y., Pichtikova, M., Altman, M., Beech, I., Millman, H., Levy, Y., Foster, F., Hassall, K., Hosseiny, F., Rodrigues, S., Heber, A., O'Connor, C., Schielke, H., Malain, A., Heber, A., Lanius, R.A., & McKinnon, M.C. (2023). "The Hidden Crisis: Understanding Potentially Morally Injurious Events Experienced by Healthcare Providers during COVID-19 in Canada." *International Journal of Environmental Research and Public Health*, 20(6), 4813. https://doi.org/10.3390/ijerph20064813

Anthony Nazarov (PhD, PMP), Associate Scientific Director, MacDonald Franklin OSI Research Centre / Associate Scientist, Lawson Health Research Institute / Research Scientist, Department of Psychiatry, Western University

Moral Distress and Moral Injury among Canadian Armed Forces Personnel Following Deployment to Operation LASER
Elderly residents of long-term care facilities (LTCF) were particularly vulnerable to COVID-19 outbreaks and experienced subsequently high rates of morbidity and mortality, especially during the early waves of the COVID-19 pandemic. As part of Operation LASER (Op LASER; Canada's military support to the COVID-19 pandemic response), Canadian Armed Forces (CAF) personnel deployed to support operations in LTCFs that were identified to be in greatest need across Ontario and Quebec. Due to the nature of the operation (e.g., witnessing the suffering of others), it was recognized that moral dimensions would be invoked, and in turn, moral distress and injury may be of particular concern for those deployed. To date, the pattern of exposure to potentially morally distressing experiences during this deployment and their impact on adverse moral injury outcomes are unknown. This presentation will highlight the study protocol and initial findings stemming from this Operation.

Litz, B.T., Plouffe, R.A., Nazarov, A., Murphy, D., Phelps, A., Coady, A., Houle, S.A., Dell, L., Frankfurt, S., Zerach, G.,Levi-Belz, Y., & The Moral Injury Outcome Scale Consortium (2022). "Defining and Assessing the Syndrome of Moral Injury: Initial Findings of the Moral Injury Outcome Scale Consortium." *Frontiers in Psychiatry*, 13, 923928. https://doi.org/10.3389/fpsyt.2022.923928

Nazarov, A., Fikretoglu, D., Liu, A., Born, J., Michaud, K., Hendriks, T., Bélanger, S.A., Do, M.T., Lam, Q., Fraser, B., King, K., Sudom, K., Jetly, R., Garber, B., & Thompson, M. (In press). "Moral Distress, Mental Health, and Risk and Resilience Factors among Canadian Armed Forces Personnel Deployed to Canadian Long-Term Care Facilities during COVID-19 (Operation LASER COVID-19 Response): Research Protocol and Participation Metrics." *JMIR Research Protocols*, 28/07/2023:44299 (forthcoming/in press). https://preprints.jmir.org/preprint/44299

Elizabeth Peter (PhD, RN, FAAN), Professor, Bloomberg Faculty of Nursing, and member of the Joint Centre for Bioethics, University of Toronto / Associate Editor, *Nursing Ethics* / Chair, Bioethics Expert Panel, American Academy of Nursing / Chair, Ethics Review Board, Public Health Ontario

Registered Practical Nurses' Experiences of the Moral Habitability of Long-Term Care Environments during the COVID-19 Pandemic

The COVID-19 pandemic has had a deleterious impact on the lives of nurses who work in long-term care, however, the moral conditions of their work have been largely unexamined. The purpose of this qualitative study, therefore, was to explore Registered Practical Nurses' (RPNs) experiences of the moral habitability of long-term care environments in Ontario, Canada during the COVID-19 pandemic. Four themes were identified: 1. Striving to meet responsibilities in a failed system; 2. Bearing the moral and emotional weight of residents' isolation and dying in a context of strict public health measures; 3. Knowing the realities of the work yet failing to be heard, recognized, or supported by management; and 4. Struggling to find a means of preservation for themselves and the profession. Attention to the moral habitability of RPNs' work environments is necessary to achieve a high quality, ethically attuned, and sustainable nursing workforce in long-term care.

Peter, E., Mohammed, S., Boakye, P., Rose, D., & Killackey, T. (2023). "Registered Practical Nurses' Experiences of the Moral Habitability of Long-Term Care Environments during the COVID-19 Pandemic." *Canadian Journal of Aging*. https://doi.org/10.1017/S0714980823000491

Kim Ritchie (PhD), Assistant Professor, Trent University, and **Heather Millman** (MA, MSc), Clinical Research Co-Lead, Trauma and Recovery Research Unit, McMaster University / Addiction and Mental Health Therapist, Homewood Health Centre

Understanding Moral Injury in Healthcare Providers Who Worked in Long-Term Care during the COVID-19 Pandemic

Studies have demonstrated that healthcare providers (HCP) are at increased risk of moral injury due to their exposure to potentially morally injurious events (PMIEs) during the pandemic. Currently there is limited knowledge about the types of PMIEs experienced by HCP working in LTC during the pandemic. The purpose of this study was to identify the types of PMIEs described by HCP working in LTC during the COVID-19 pandemic and their associated psychological and functional outcomes.

HCP from across Canada participated in virtual interviews from February 2021 to September 2022. During the interview, participants were asked to describe events during the COVID-19 pandemic that transgressed their morals and the impact of these experiences. Qualitative data will be analyzed through an inductive thematic approach. A total of 14 HCP participated in this study, including nurses, personal support workers (PSW), and recreational therapists. Thematic analysis is currently underway and results will be available for the presentation. This study will contribute knowledge about MI in a diverse group of Canadian HCP who worked in LTC during the pandemic. Organizations must be aware of the types of occupational situations which put HCP at risk of MI to respond with needed supports and resources.

D'Alessandro, A.M., Ritchie, K., McCabe, R.E., Lanius, R.A., Heber, A., Smith, P., Malain, A., Schielke, H., O'Connor, C., Hosseiny, F., Rodrigues, S., & McKinnon, M.C. (2022). "Healthcare Workers and COVID-19-Related Moral Injury: An Interpersonally-Focused Approach Informed by PTSD." *Frontiers in Psychiatry* 12:784523. https://doi.org/10.3389/fpsyt.2021.784523

Ritchie, K., D'Alessandro, A.M., Brown, A., Xue, Y., Pichtikova, M., Altman, M., Beech, I., Millman, H., Levy, Y., Foster, F., Hassall, K., Hosseiny, F., Rodrigues, S., Heber, A., O'Connor, C., Schielke, H., Malain, A., Heber, A., Lanius, R.A., & McKinnon, M.C. (2023). "The Hidden Crisis: Understanding Potentially Morally Injurious Events Experienced by Healthcare Providers during COVID-19 in Canada." *International Journal of Environmental Research and Public Health*, 20(6), 4813. https://doi.org/10.3390/ijerph20064813

Julia Smith (PhD), Assistant Professor, Faculty of Health Sciences, Simon Fraser University / Michael Smith BC Scholar / Faculty Member, Centre for Gender and Sexual Health Equity

An Intersectional Analysis of Moral Distress and Intention to Leave Employment among Long-Term Care Providers in British Columbia

In this study, we aimed to explore the relationship between intersectional inequities and moral distress among those working in LTC in British Columbia. This was an observational, cross-sectional, and retrospective study administered through a survey. Data collection occurred between October and December 2022. We estimated mean levels of moral

distress through an adapted version of the Moral Distress Scale (MDS) at the two-way intersections of gender and racial/ethnic identity among LTC providers. We also estimated an equivalent distress mitigation score. Then, we explored which worker attributes (i.e., gender, racialized experiences, profession, work arrangement, migratory information, and professional distress levels) were more predictive of intention to leave work using a Random Forest model. We found notable difference in experiences of moral distress across intersecting identities, including high moral distress scores among Indigenous men (77.0, 95% CI: 65.7 to 88.4) and women (72.43, 95%CI: 65.44 to 79.43) and white women (68.17, 95% CI: 65.67 to 70.67). Significant differences in mitigation scores were also found by intersectional identities. Moral distress was the most important predictor of intention to leave work. The differences across racial and gender identity groups suggest the need for tailored interventions to address moral distress among LTC providers.

Smith, J., Tiwana, M., Samji, H., Morgan, R., Purewal, S., & Delgado-Ron, J. A. (2023). "An Intersectional Analysis of Moral Distress and Intention to Leave Employment among Long-Term Care Providers in British Columbia during the COVID-19 Pandemic." https://doi.org/10.31219/osf.io/t4asc

Smith, J., Korzuchowski, A., Memmott, C., Oveisi, N., Tan, H. L., & Morgan, R. (2023). "Double Distress: Women Healthcare Providers and Moral Distress during COVID-19." *Nursing Ethics*, 30(1): 46–57. https://doi.org/10.1177/09697330221114329

Kathleen Sorensen (MDiv), Chaplain, Village of Winston Park

Recognizing and Responding to Moral Injury in Recreation Therapists in Long Term Care during COVID-19

A majority of the recent work on moral injury has focused on medical and personal care providers. However, those people who provide opportunities for our long-term care residents to live fulfilling lives via recreational activities have been largely ignored. Their experience, and the harm that the limitations placed on them, has significantly impacted their spiritual health. My work is to recognize these harms and help them heal, using spiritual health interventions.

Edward Spilg (MD), Assistant Professor and Staff Physician, Department of Medicine, University of Ottawa and Division of Geriatric Medicine Ottawa Hospital / Department of Medicine
Research Chair in Physician Wellness

The New Frontline: Exploring the Links Between Moral Distress, Moral Resilience and Mental Health in Healthcare Workers During the COVID-19 Pandemic

Background: Global health crises, such as the COVID-19 pandemic, confront healthcare workers (HCW) with increased exposure to potentially morally distressing events. The pandemic has provided an opportunity to explore the links between moral distress, moral

resilience, and emergence of mental health symptoms in HCWs. Methods: A total of 962 Canadian healthcare workers (88.4% female, 44.6 + 12.8 years old) completed an online survey during the first COVID-19 wave in Canada (between April 3rd and September 3rd, 2020). Respondents completed a series of validated scales assessing moral distress, perceived stress, anxiety, and depression symptoms, and moral resilience. Respondents were grouped based on exposure to patients who tested positive for COVID-19. In addition to descriptive statistics and analyses of covariance, multiple linear regression was used to evaluate if moral resilience moderates the association between exposure to morally distressing events and moral distress. Factors associated with moral resilience were also assessed. Findings: Respondents working with patients with COVID-19 showed significantly more severe moral distress, anxiety, and depression symptoms ($F > 5.5$, $p < .020$), and a higher proportion screened positive for mental disorders (Chi-squared > 9.1, $p = .002$), compared to healthcare workers who were not. Moral resilience moderated the relationship between exposure to potentially morally distressing events and moral distress ($p < .001$); compared to those with higher moral resilience, the subgroup with the lowest moral resilience had a steeper cross-sectional worsening in moral distress as the frequency of potentially morally distressing events increased. Moral resilience also correlated with lower stress, anxiety, and depression symptoms ($r > .27$, $p < .001$). 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 (B [0.02, |-0.26|].

Spilg, E.G., Rushton, C.H., Phillips, J.L., Kendzerska, T., Saad, M., Gifford, W., Gautam, M., et al. (2022). "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(1), 19. https://doi.org/10.1186/s12888-021-03637-w

Nisha Sutherland (PhD), Associate Professor, School of Nursing, Lakehead University / Research Affiliate, Centre for Education and Research on Ageing and Health

Moral Distress During the Pandemic: Impacts on the Mental Health of Long-Term Care Home Staff in North Western Ontario

The pandemic, with COVID-19 restrictions in LTC homes, has led to an increase in ethical dilemmas, resulting in moral distress among staff. Moral distress is an emotional response experienced by health care workers who face ethical dilemmas when constraints on what they can do conflict with values and what they know should be done to adequately provide care. Moral distress can lead to job dissatisfaction, burnout, and ultimately termination of employment. To date, few studies have elicited staff stories for description and context related to moral distress during the pandemic. The purpose of this qualitative study is to gain an in-depth understanding of local LTC home staff's experiences of moral distress

during the pandemic, and the subsequent impacts on their mental health, as well as their resilience and adaptation. I will discuss preliminary findings.

Giebel, C., Hanna, K., Cannon, J., Shenton, J., Mason, S., Tetlow, H., Marlow, P., Rajagopal, M., & Gabbay, M. (2022). "Taking the 'Care' out of Care Homes: The Moral Dilemma of Institutional Long-Term Care Provision during COVID-19." *Health & Social Care in the Community*, 30(5), e2127–e2136. https://doi.org/10.1111/hsc.13651

Haslam-Larmer, L., Grigorovich, A., Quirt, H., Engel, K., Stewart, S., Rodrigues, K., Kontos, P., Astell, A., McMurray, J., Levy, A., Bingham, K. S., Flint, A. J., Maxwell, C., & Iaboni, A. (2022). "Prevalence, Causes, and Consequences of Moral Distress in Healthcare Providers Caring for People Living with Dementia in Long-Term Care during a Pandemic." *Dementia*, 22(1), 5-27. https://doi.org/10.1177/14713012221124995

Estabrooks, C.A., Straus, S.E., Flood, C.M., Keefe, J., Armstrong, P., Donner, G.J., Boscart, V., Ducharme, F., Silvius, J.L., & Wolfson, M.C. (2020). "Restoring Trust: COVID-19 and the Future of Long-Term Care in Canada." *Facets*, 5(1), 651–691. https://doi.org/10.1139/facets-2020-0056

Campbell, S.M., Ulrich, C.M., & Grady, C. (2016). "A Broader Understanding of Moral Distress." *American Journal of Bioethics*, 16(12), 2–9. https://doi.org/10.1080/15265161.2016.1239782

Tracy J. Trothen (MDiv, ThD), Professor of Ethics, School of Religion and School of Rehabilitation Therapy, Queen's University

Moral Distress and Relational Autonomy: MAiD

Conscientious objection regarding the provision of medical assistance in dying (MAiD) is divisive. Discussion has tended to frame the issue in terms of the rights. However, a rights based approach neglects the relational nature of conscience, and the impact that violating one's conscience has on the care one provides. Using MAiD as a case study, bioethicist Mary Heilman and I have suggested that what has been lacking in the discussion of conscientious objection thus far is a recognition and prioritizing of the relational nature of ethical decision-making in healthcare and the negative consequences of moral distress that occur when healthcare professionals find themselves in situations in which they feel they cannot provide what they consider to be excellent care. We propose that policies that respect the relational conscience could benefit our healthcare institutions by minimizing the negative impact of moral distress, improving communication among team members, and fostering a culture of ethical awareness. Constructive responses to moral distress including relational cultivation of moral resilience are urged.

Heilman, M.K.D., & Trothen, T.J. (2020). “Conscientious Objection and Moral Distress: A Relational Ethics Case Study of MAiD in Canada” (extended essay). *Journal of Medical Ethics*, 46(2), 123-127. http://dx.doi.org/10.1136/medethics-2019-105855

Webber, J., Trothen, T.J., Finlayson, M., & Norman, K. (2021). “Moral Distress Experienced by Community Service Providers of Home Health and Social Care in Ontario, Canada.” *Journal of Health and Social Care in the Community*, 30(5), e1662-e1670. https://doi.org/10.1111/hsc.13592