Restoring human Values Reclaiming the Soul in healthcare

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What do we mean by ‘values’?

- Hard to define and liable to being ‘hijacked’ e.g. for political or bureaucratic agendas.
- Values give life meaning and purpose. “What really matters”.
- Engage emotions and cognitions. “Heart, mind & soul”.
- They are selected and lived in the moment. They are ‘discovered’ by reflection and lived experience.
- Values are reflected by what we *do*, not what we say.

Values in organisations

- They are at the heart of an organisation and create ‘the culture’.
- Shared or aligned values can sustain and support collective wellbeing and sense of solidarity.
- Empirical studies show that individuals working in healthcare are motivated by socially-driven values.
- NHS values include compassion, respect, commitment to quality, inclusivity and egalitarianism - ‘everyone counts’.
- But is this what professionals and

The importance of values in healthcare

“The importance of values cannot be underestimated...The graces of civilization underpin the attributes of compassion, caring, honesty, good communication and trust. Those values struggle to survive in a culture which is over-managed and

The Soul in Healthcare

- ‘Soul’ is not fashionable in modern medicine - dominated by scientific materialism and bureaucracy.
- It is hard to define, but we instictively know what we mean by it. When it’s lacking - “souless” – we feel alienation, meaninglessness, rootlessness, even inhumanity.
- *”A perduring, moral and emotional core to [his] being – a vital human essence, a spiritual touchstone that cannot be conveyed by technical psychiatric terms.”* (Kleinman, 2019)

Compassionate Systems

Require:

- Compassionate leadership at all levels.
- Compassion to the healthcare workers as well as to the patients.
- Treat as a *living human system* not as a machine.

de Zulueta P: Compassionate leadership – an integrative review (2015)
Compassion in 21st century medicine – Is is sustainable? (2013)

West M : *Compassionate leadership – sustaining wisdom, humanity and presence in health and social care* (2021)

What enables us to flourish in our work?

Purpose and Meaning (spirituality)

Relationships (positive)

Autonomy, control

Mastery

Ryan, R. M., & Deci, E. L. (2000). Self determination theory.

TWO TYPES OF MOTIVATION

EXTRINSIC - “IF-THEN”

FITS WITH ‘MACHINE’ MODEL

- “Carrots & sticks” may work for routine simple (algorithmic) tasks, but short-lived.
- Can lead to gaming, cheating, envy, & demotivation.
- *Undermines* intrinsic motivation

INTRINSIC MOTIVATION

FITS WITH ‘COMPLEX HUMAN LIVING SYSTEM’ MODEL

- Does not need external rewards.
- Best for complex , creative, relational or “noble” tasks.
- Linked to autonomy & professionalism.

But what if purpose & meaning of one’s work is undermined, relationships are disrupted, autonomy is eroded

and mastery is discounted?

CAUSES OF CLINICIAN BURNOUT Mismatch in five areas of worklife

LOSS OF CONTROL

WORKLOAD – excessive or unsustainable. Paperwork/bureaucracy. Work/life imbalance.

COMMUNITY – Loss of teamwork & continuity of care. Lack of time/space for conversations.

VALUES – Lack of congruence

REWARD & FAIRNESS. Bullying/coercion. Lack of mutual respect or gratitude.

Professional/personal values in conflict with organisational values

Pavlova et al. Large empirical study (>1,000 HCP's) in New Zealand, 2023:

Working in environments discrepant with personal values has *negative* effects on key outcomes, even after controlling for key variables:

- **Ability to provide compassionate care**
- **Job satisfaction**
- **Burnout (emotional exhaustion, cynicism, reduced sense of efficacy)**
- **Absenteism & early retirement intention.**
- **These lead to attrition, lower productivity, higher costs, and worse patient care and outcomes.**

Researchers' Conclusion

- *"In response, healthcare organisations, policymakers, and government agencies must critically assess how operational processes, practices, performance indicators, and resource allocation models contribute to value discrepancies and begin to make changes that bring values in line with one another.*
- *Consonance between values will likely lead to better employee performance, professional well-being and patient care, and consequently, lower healthcare costs and more efficient healthcare*

Do personal and professional values differ significantly?

Dunn et al. 2021 – Qualitative study 15 nurses. Professional and personal values were congruent.

Moral Distress

Original definition by Andrew Jamiton (1984):

“When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action”.

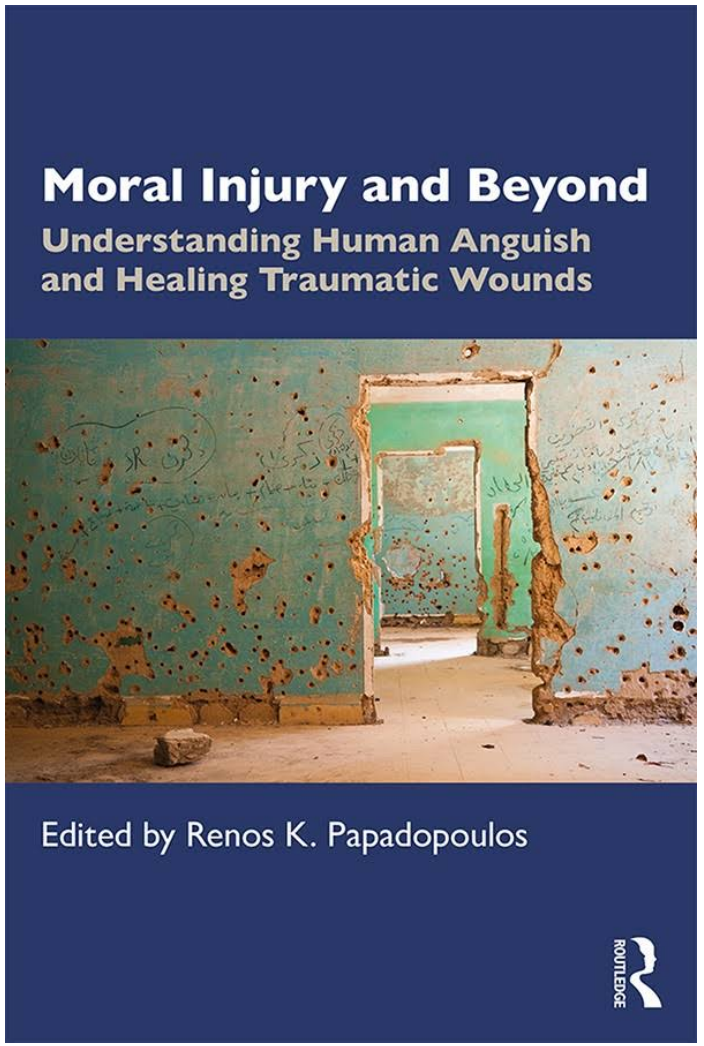
Since then MD has been extensively explored and developed, particularly in the nursing literature.

Moral distress
A complex and contested (but useful) concept

Distress may arise from:

- Being prevented by external/internal *constraints* from acting in a way that aligns with professional (and personal) values and deemed ethically appropriate. But may also arise from moral *perplexity* –what is the right thing to do?
- MD may arise from lack of power or agency, structural barriers, insufficient staff, training or time. Moral distress relates to the nature of the work environment.
- MD may lead to guilt, self-blame, isolation and psychological sequelae such as anxiety, depression and PTSD, but is *not* a mental illness.

Moral injury and beyond



Moral injury

First coined by Shay (2002) in the military context. Has a profound existential dimension leading to a disruption of one's moral framework, how one views oneself (moral identity) and the world.

*Betraya*l (often by leaders) and *loss of trust* are key features.

"An experience in which a person suffers severe moral conflict, trauma or anguish to do with real or apparent transgressions and/or falling short of personal, professional, and moral ideals" [Nancy Sherman 2020].

May arise from repeated episodes of moral distress – 'moral residue and the crescendo effect.' [Epstein & Hamric 2009]

Moral Identity

- MI is not static but is fashioned as experiences are integrated into an evolving narrative and it is shaped through engagement with others.

- MI is a ‘becoming’ – a dynamic and continually shaped by dialogue with others but greater coherence is associated with greater moral clarity and exercise of agency.

[Cahill, Moyse and Dugdale, 2023. “Ruptured selves: moral injury and wounded identity”]

Moral Residue

- “The result of moral distress when we have seriously compromised ourselves or allowed ourselves to be compromised, threatening or betraying deeply held cherished beliefs and values.”

  [Delgado et al. 2021]

The danger of psychologising moral distress & injury

“The sense of right and wrong is an integral part of our settled sense of who we are and how we relate to ourselves and the world around us...Once the resulting disorientation is limited to psychiatric-medical pathology, then no consideration can possibly be given to other forms of disorientation, e.g. moral issues, and even less to the possibility of growth and transformation.”

[Papadopoulos 2020].

Moral resilience
A term still under construction

“Moral resilience is the ability to deal with an ethically adverse situation without lasting effects of moral distress and moral residue. This requires morally courageous action, activating needed supports and doing the right thing”. [Lachman 2016]

The capacity of an individual to preserve or restore integrity in response to moral adversity, including situations that include moral complexity, confusion, distress or setbacks. [Rushton]

Interprofessional perspective of moral resilience

Qualitative study of 184 of clinician/non clinician healthcare workers

[Holtz, Heinze & Rushton 2017]: **Integrity** – personal & relational, and **buoyancy**.

Sub-themes: **self-regulation, self stewardship, and moral efficacy**

“Moral resilience involves not only building and fostering the individual’s capacity to navigate moral adversity, but also developing systems that support a culture of ethical practice to providers.”

Moral courage

- Aristotle: The virtue of courage is the balance between rashness and cowardice. ”The golden mean”.
- Moral Courage means the courage to act according to one’s own ethical values and principles despite a certain risk of negative consequences to oneself.
- Certain skills are required to enact moral courage: self calming and positive reframing, the *ability to assess ris*k and have contingency plans, being able to *engage support*, and to possess *assertiveness*/negotiation skills. [Lachman

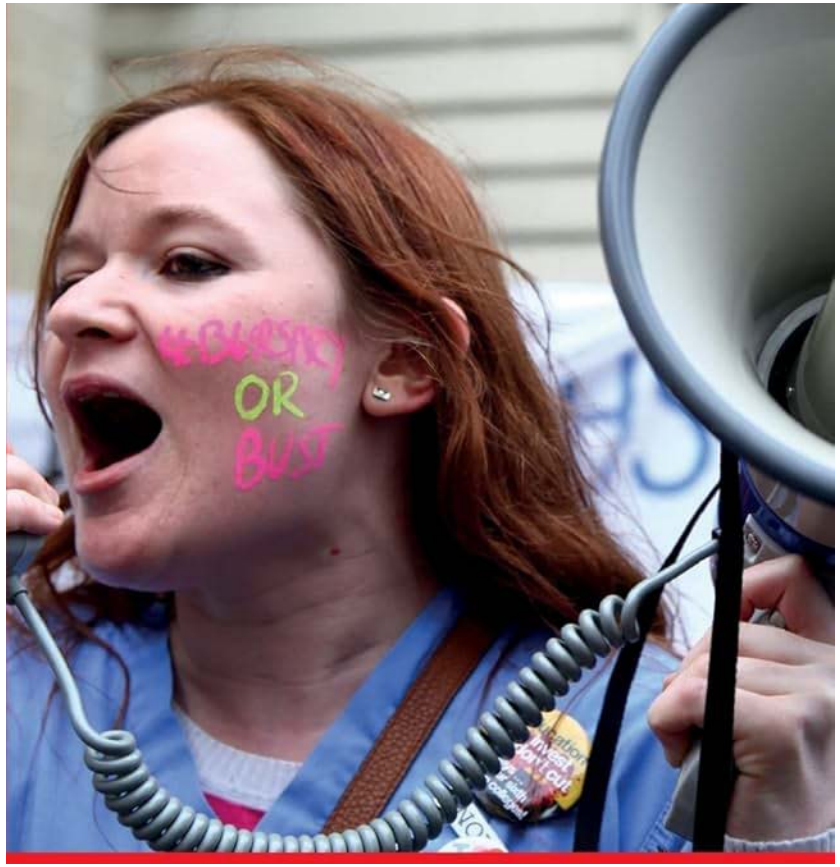
Moral Resilience - critique

- Moral resilience’ as conceptualised could lead to persons retaining their ‘integrity’ but not challenging the structural conditions/root causes that led to the moral injury. Too individualistic.

- How much must/can individuals put themselves at risk when they believe patient care is compromised? (Whistleblowers)

“Critical resilience”

- Michael Traynor urges nurses to become informed about the systems they are working in, to form mutually supportive groups and to take action rather than complain or acquiesce.
- Not be passive and self blaming but to use creative energy for changing the system.



[Traynor M. *What’s wrong with resili*ence. (2018)]

Beyond the individual

- An individualistic approach to treating MI does not focus on the context. The sources of MI must be seen as fundamentally social.
- A communal rebuilding approach is needed with an emphasis on ethical reflection and reaffirmation of professionalism. [Resnick & Fins 2021]
- “Healthcare systems must seek ways to mitigate the underlying social conditions that give rise to moral injury.” Fostering moral communities and empowering injured HCW’s to exercise their agency in productive ways. [Cahill, Kinghorn & Dugdale 2022]

Beyond the individual
Collective moral resilience

“We propose the term “collective resilience” as a shared capacity arising within a group with mutual trust and connectedness, through the process of sharing ethically challenging situations, thinking together about the challenges, and dialogue to sustain and restore moral integrity in response to moral suffering.” [Delgado et al 2021]

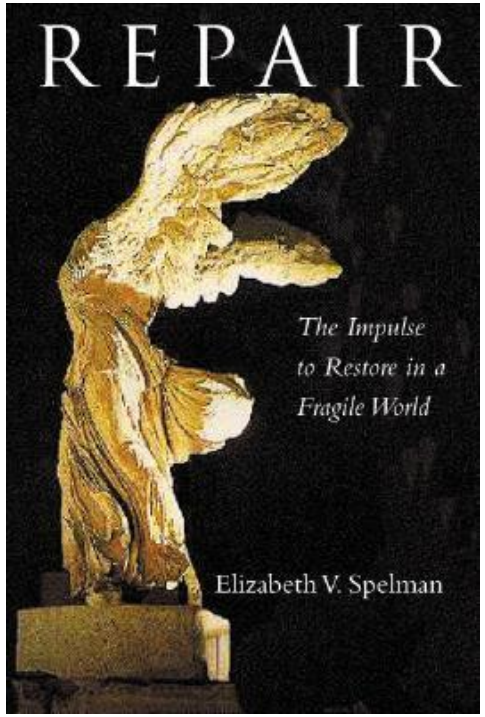
Allow groups of survivors to express solidarity and cohesion, and thereby to coordinate and draw on collective sources of support, to deal with

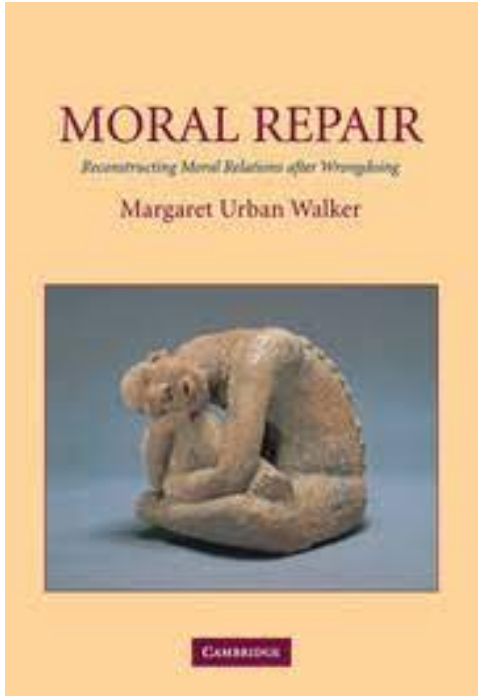
Kingtsugi - The art of repair

Wabi – Sabi - Acceptance of transience, imperfection and the beauty of simplicity

Moral repair

Homo Sapiens is *Homo Reparans*





Moral repair

“Moral repair, which can be seen as preventive as well as reparative, aims to re-establish a sense of moral equilibrium within indviduals and between people.” Suzanne Shale 2020.

“ We need to understand kinds of moral repair as such within a common perspective that links them to the basic task of replenishing the trust and hope on which moral relations depend.” Margaret Urban Walker *Moral repair and its limits* 2001.

Principles for moral repair
Aims to restore trust, confidence & hope

Acknowledging:

1. The injured party as a moral equal – respect
2. The authority and validity of shared norms
3. Injury
4. Full Responsibility (no ifs and buts)
5. Remedy are due - rectify the wrong, take steps to prevent recurrence
6. Righteous anger is justified and should not rush recovery.
7. That in injuring another, we should experience sorrow & regret – it must be authentic.

Moral repair needs a reparative community .

- “Moral injury is not the result of individual deficiencies nor does repair come from solitary practices. The repair or moral injury requires the transformation of a moral identity in community.”

- “Reparative communities also take form in the summons to solidarity, collective action and advocacy for systemic change to improve working conditions and the health of patients can be both empowering and therapeutic.” [Delgado et al 2021]

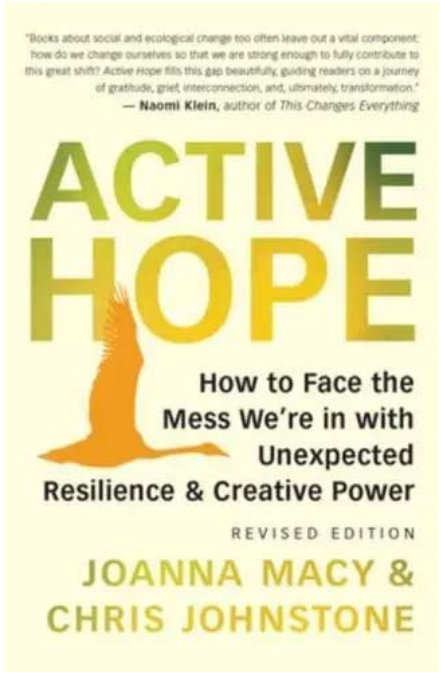
What is hope?

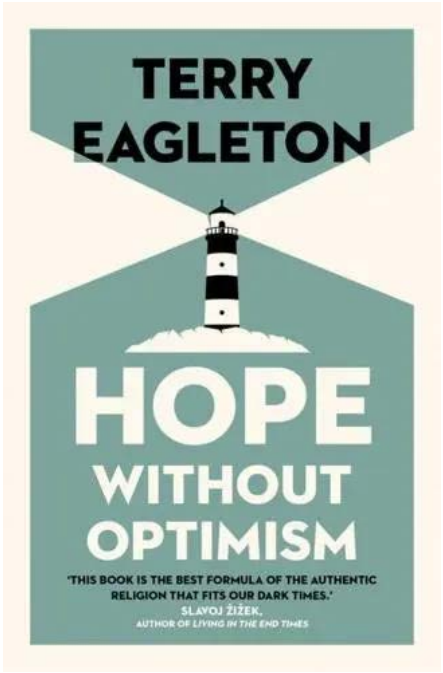
“Hope, like love, is a *doing* word.

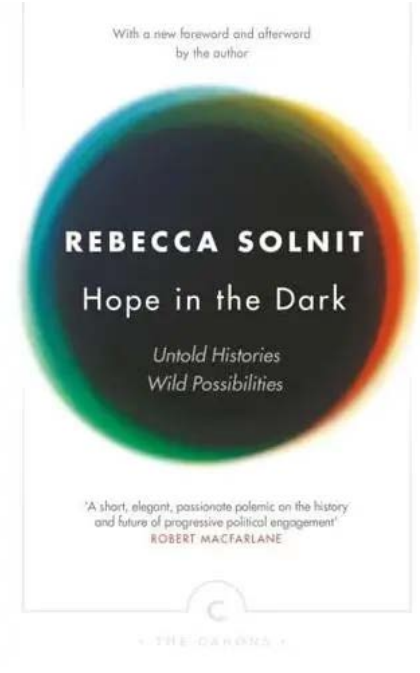
Hope is created by engagement and action.

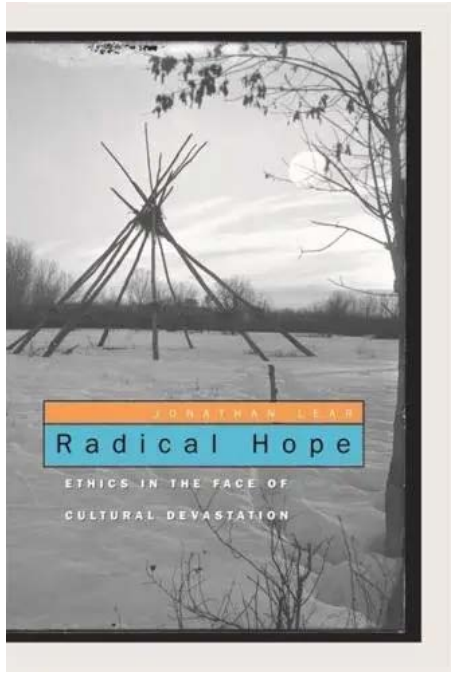
Hope is built from effort, not bestowed.”

[Rachel Clarke. June 27th 2024]









Post traumatic Growth

Includes 5 domains:

- Deeper relationships
- Openness to new possibilities
- Greater sense of personal efficacy/strength
- Stronger sense of spirituality
- Greater appreciation of life

[Tedeschi and Calhoun 2004]

ADVERSITY ACTIVATED DEVELOPMENT

- ”AAD refers to all new strengths, positive qualities, developments and improvements, all the constructive functions, characteristics, behaviours and relationships that are activated as a direct result of the very exposure to adversity.”

  [Papadopoulos 2021]

PTG and COVID-19

Large study of UK healthcare professionals among mental health and community staff (854). Best predictors for PTG [Barnicot et al. 2023]:

- Positive self reflection
- Ethnicity
- Developing new skills and knowledge
- Connecting with friends and family
- Feeling supported by senior management & people in the UK

CONCLUSION

- Restoring and sustaining values in healthcare requires collective moral resilience, collaboration and systemic change.
- Moral repair occurs within a community and will not occur unless the root causes of moral injury are addressed.

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HUMAN VALUES IN HEALTHCARE FORUM [HVHF]

- Our mission is to **rehumanise healthcare**.
- We do so by supporting and collaborating with those who are working to promote human values in health & social care and to highlight and challenge dehumanising practices and policies.
- We aim to be a **community of practice** and to provide educational & reflective spaces promoting interdisciplinary dialogue.
- We explore **ethical issues and challenges** in everyday healthcare as well as the ethical and social impacts of scientific & technological developments on relational care.
- Our **values** include compassion, wisdom, integrity, inclusivity, courage and justice. We are a charitable organisation.

Thank you for listening. Any questions?

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