MORAL RESILIENCE IN MEDICAL WORKERS DURING COVID-19

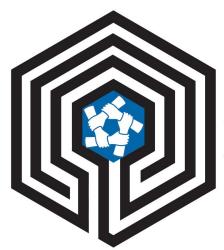
Information Handout

Webinar April 17, 2020

Host: **Rev. Dr. Al Boyce,** Chaplain, Northern New England Affiliate, Volunteers of America

Speakers:

Rev. Dr. Rita Nakashima Brock, Senior Vice President and Director of the Shay Moral Injury Center, Volunteers of America
Dr. Cynda Hylton Rushton, Anne and George L. Bunting Professor of Clinical Ethics in the Johns Hopkins Berman Institute of Bioethics and the School of Nursing



Shay Moral Injury Center At Volunteers of America

©2020 by Volunteers of America Not to be used without citation

MORAL RESILIENCE IN MEDICAL WORKERS DURING COVID-19

Resilience Strength Training: Part 1 Rita Nakashima Brock, RelM, MA, PhD <u>rbrock@voa.org</u>

What Is Moral Injury?

- Moral injury comes in the wake of high stakes situations in which things go very wrong and harm results.
- It can emerge in
 - o those who do the wrong,
 - o those who are harmed by those they trust who have power or authority,
 - o those who are witnesses, and
 - o those who have an emotional investment in an event and later hear about the harm.
- It disrupts our love and meaning systems.

Signs of Collapse of Moral Identity=Moral Injury

(list courtesy of Dr. William P. Nash, Greater Los Angeles VA)

- Social problems
 - Isolation; aggression
 - Substance misuse
 - Feeling lack of Safety
- Trust issues
 - Mistrust and suspicion of others
 - Intimacy impairment
- Spiritual challenges
 - Loss of faith
 - Loss of ordinary relationships
 - Loss of personal discipline/respect structures
- Existential issues
 - Fatalism; despair
 - Sorrow
 - Guilt/shame/remorse
- Negative self
 - Self-loathing; damaged sense of self
 - Suicide

Main Points to Remember

- We are born moral.
- Moral injury is not a disorder but a profound war inside that comes from our humanity fighting our experience.
- Alleviating that suffering requires re-membering our humanity and finding a sense of meaning and purpose that makes sense of our lives.

Resources:

- Alcorta, C. S. and Sosis, R. (2005) "Ritual, Emotion, and Sacred Symbols: The Evolution of Religion as an Adaptive Complex." *Human Nature*, 16 (4): 323–359.
- Brock, R. N. and Lettini, G. (2012) *Soul Repair: Recovering from Moral Injury After War*, Brock and Lettini. Beacon Press.
- Decety, J. and Ickes, W. eds. (2011). *The Social Neuroscience of Empathy*. Cambridge, MA. MIT Press.
- Drescher, K., et. al. (2013) "Morality and Moral Injury: Insights from Theology and Health Science." *Reflective Practice: Formation and Supervision in Ministry*, 33 http://journals.sfu.ca/rpfs/index.php/rpfs/article/viewFile/262/261.
- Drescher, K., et. al., 2011. "An Exploration of the Viability and Usefulness of the Construct of Moral Injury in War Veterans." *Traumatology*. 17 (1): 8-13.
- Graybiel, A. M. 2008. "Habits, Rituals, and the Evaluative Brain." Neuroscience 31: 359-387.
- Jordan, A. H., Eisen, E., Bolton, E., Nash, W. P., & Litz, B. T. (2017, January 9). Distinguishing War-Related PTSD Resulting From Perpetration- and Betrayal-Based Morally Injurious Events. *Psychological Trauma: Theory, Research, Practice, and Policy*. <u>http://dx.doi.org/10.1037/tra0000249</u>
- Keefe-Perry, L. C. & Moon, Z (2018) Courage in chaos: The importance of traumainformed adult religious education, *Religious Education*.
- Knowles, C. (2013) Notes toward a Neuropsychology of Moral Injury. *Reflective Practice: Formation and Supervision in Ministry.* 33.
- Litz, B. T., et al. 2016. Adaptive Disclosure: A New Treatment for Military Trauma, Loss, and Moral Injury. Guilford Press.
- Ozawa-de Silva, B. 2016. Contemplative Science and Secular Ethics. Religions. 7 (8).
- Ozawa-de Silva, B. 2012. Compassion and Ethics: Scientific and Practical Approaches to the Cultivation of Compassion as a Foundation for Ethical Subjectivity and Well-Being. *Journal of Healthcare, Science and the Humanities.* II (1).
- Shay, J. 2014. Moral Injury. *Psychoanalytic Psychology*. American Psychological Association. 31 (2): 182–191.

Visit the moral injury resources page at www.voa.org/moralinjury for additional resources, including films, videos, blogs, and news articles.

Cultivating Moral Resilience

Cynda Hylton Rushton, PhD, RN, FAAN

In this video, The Art of G.R.A.C.E., Dr. Rushton explores how to respond with compassion to families who are not able to visit a member in the hospital. <u>https://vimeo.com/jhunursing/review/402535623/a4b47a776b</u>

Powerpoint from her webinar can be viewed at:

https://voa.zoom.us/rec/share/7OtUAZazrD5JGafD7mrbVp8mF4foeaa80yIW-6EMnRlgCNlfII9WeaJR0WWRvkqu (Access Password: E5@20J^?)

Resources:

Rushton, C. H., ed. (2018) *Moral Resilience: Transforming Moral Suffering in Healthcare*. Oxford Press. This book:

- Is the first to explore the emerging concept of moral resilience from a variety of perspectives including nursing, bioethics, philosophy, psychology, neuroscience, and contemplative practice;
- Offers tangible solutions to support the healthcare workforce in light of ethically inspired burnout, which include what individuals, healthcare leaders, and the system itself can do to shift the ever-increasing prevalence of moral suffering;
- Applies a template for culture change, used worldwide, to guide system re-design to foster a culture of ethical practice.

Suffering is an unavoidable reality in healthcare. Not only are patients and families suffering, but more and more the clinicians who care for them are also experiencing distress. The omnipresent, daily presence of moral adversity is, in part, a reflection of the burgeoning complexity of healthcare, clinicians' role within it, and the expanding range of available interventions that must be balanced with competing demands.

Moral resilience is a pathway to transform the effects of moral suffering in healthcare. Dr. Rushton and colleagues offer a novel approach to addressing moral suffering that engages transformative strategies for individuals and systems alike and leverages practical skills and tools for a sustainable workforce that practices with integrity, competence, and wholeheartedness.

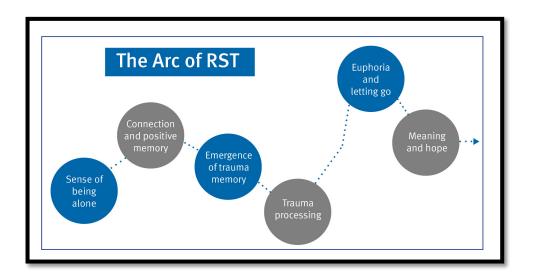
Rushton, C. H. (2016) Moral Resilience: A Capacity for Navigating Moral Distress in Critical Care. AACN Adv Crit Care. 27 (1): 111–119. <u>https://aacnjournals.org/aacnacconline/article/27/1/111/2285/Moral-Resilience-A-Capacity-for-Navigating-Moral</u>

Rushton, C. H. (2013) Principled Moral Outrage : An Antidote to Moral Distress? *AACN Adv Critl Care.* 24 (1): 82–89.

https://pdfs.semanticscholar.org/a2c2/f69be5cc3fe27f0a97b0daeca0d862187fa8.pdf

Resilience Strength Training: Part 2 Rita Nakashima Brock

- In the long aftermath of devastating crises, moral injury is likely to surface. Resilience Strength Training (RST) is an evidence-based process designed to address moral injury, post-emergency. Below are exercises constituting stages of processing used in RST, which is designed as a Peer or Friend-Facilitated Group Process (2 people trained in co-facilitation and 8-12 participants) to mitigate moral injury and support resilience. The group context is important to how the stages work to enable trust and validation of participants. Crucial to this process is practicing deep listening, described at the end of the exercises. (When in-person programs become possible, VOA will restart its facilitator training and certification program.)
- The flow of RST takes people from the isolation of moral injury to a restoration of trust and reestablishment of self-worth and significant relationships.



Step 1: Creating Liminal Space via Rituals

Goal: Forming a Group

• Create an "altar" that is a symbol of the group and grows with new items as the group proceeds to create liminal time outside ordinary time.

One activity to bless the altar with presence it is to ask each person to find an important object they wear, have in a pocket or purse, and is something they almost always have with them. Have them introduce themselves by holding the object so everyone can see it and explaining why it is important to them. If they can, have them place the object on the altar for the duration of the first session.

- Use a sound (bell or gong) to begin all sessions. Begin first session by teaching mindfulness breathing (or singing or chanting) and do this breathing to begin every session. Be sure to introduce mindful breathing right away, so it can be used to modulate the emotional heat of the group when deep sharing takes place.
- Start with check-in.
- Do the same ritual to start every session

Step 2: Creating an Arc for Life Stories

Goal: Establish a memory that precedes the moral injury as a place to start of a life narrative as more than trauma and pain.

Strategy: begin with love from the earliest person they can remember

Use photos, guided meditation, journaling, or art to assist memory.

Guided Meditation (don't hurry the steps):

- i.) Think of someone from your childhood who was really important to you, someone who made a big impact on your life when you were young, someone who loved you. [Keep in mind that *this may be hard for some, because this person can also be someone who hurt them*].
- ii.) See that person's face and appearance.
- iii.) Remember a time when you were with that person when you felt loved.
- iv.) Listen to see what you're hearing or remember what the person was doing that made you feel loved.
- v.) Try to remember how you felt at that time.
- vi.) When you're ready, relax your feet and knees, ... relax your legs and hips, ...feel your seat in the chair and relax your torso, ...relax your shoulders and arms, ...relax your neck and head. ...When you are ready, open your eyes....
- vii.) Look around and take a deep breath. Let it out slowly.

Give the group 10 minutes to write about the person they saw and experienced answering four questions. Tell them to keep writing for the whole time without stopping. If they run out of things to write, they should write the same things again.

- What did you receive from the person?
- What did you give to the person?
- What problems did you cause the person?
- How do you feel now about the person?

Step 3: Remembering Moral Injury Experiences

Goal: Sharing Moral Injury Experiences, Releasing Pain, and Validating Suffering

- Use homework journaling or a in-meeting guided meditations with a series of questions to pull up traumatic experience(s). If you use guided meditation, ask them to write about it before the group shares.
- If you have time, you can also have people make a mask of their feelings before they share.
- Prepare group to listen using breathing and remind them about compassionate listening as silent, focused, empathic presence.
- Ask group members to share what they can from what they wrote. Use breathing if the listening starts to break down from emotional intensity.
- Have the group share each story in a separate session. Don't try to do both stories in the same meeting time.

Before facilitating the sharing of each of these stories, remind them about how to listen deeply, begin with breathing (and use it at any point you feel the person sharing is getting ahead of the group's ability to stay emotionally with her or him), and invite participants to share all or part of what they wrote (this helps them manage how vulnerable they want to be).

Moral Injury Story 1

Write continuously for 20 minutes about a difficult or traumatic experience when you felt betrayed or harmed by someone else who had power over you. This should be an experience that still haunts you or that you feel unfinished about. Try to recall the person or people involved, what happened, and how you felt.

Moral Injury Story 2

Write continuously for 20 minutes about a time when your heart was broken, or you felt guilty or ashamed of something you did or were involved with, or you felt despair, or unmoored from meaning. Write about the experience and how you feel about it.

Step 4: Letters of Unfinished Business

- Give them at least an hour to write, then a break to recover.
- Invite them to share their letters with each other.
- Ask them to think about how the person they wrote to might respond or how the person might remember them
- Or you can have them read the letter to someone in the group who takes the part of the person written to and responds to the letter.
- Give them time to discuss those responses and how they feel about them.
- a. Pick a key person with whom you have unfinished emotional business—living or dead.
- b. The person may be someone you harmed or who harmed you.
- c. Then write about what you want to say to the person.

Step 5: Rebuilding Moral Identity

Goal: Begin the process of discovering what they've learned about themselves and what they can believe in and trust.

Identifying Values

- a. Write continuously for 10 minutes, sentences that say: I used to believe_____, but now I believe_
- b. Have them write for 10 minutes about the experiences or people involved in the changes. Or, if there has been little change in their beliefs, how have the beliefs supported the challenges in their life and who and what have held them to those values and beliefs? (10 min)
- c. Have them write for 10 minutes on how the person(s) important to them now are related to what they believe.
- d. Have people pair up and share their writing with each other. (30 min)
- e. Bring group back together and go around and have them share what they learned about themselves, their values, and their beliefs. (60 min)

Decision-Making Self-Examination (60 min)

- a. Ask them to go back to their "I used to believe, now I believe" writing in their journal. Ask them to identify the key values that are most important to them and write them down. (10 min)
- b. Have them rank-order those key values in terms of importance. (5 min)
- c. Invite them to discuss:
 - 1. How they want to live now and
 - 2. How they will make decisions that honor their values and
 - 3. What else they would like to do moving forward to honor those values. (45 min)

ADDITIONAL RESOURCE: TRANSFORMATION THROUGH DEEP LISTENING

Deep listening is based on empathy and respect, and it can be profoundly transformative and healing. It is rare that anyone has a chance to talk about their deepest pain and most difficult struggles and feel deeply heard without the listener trying to fix or soothe away the pain because they are uncomfortable listening.

The speaker benefits by having their pain and struggle acknowledged by another person. She or he is no longer alone and lost inside their pain, even as it is honored as real and true. Sharing with others who accompany them in our struggle lightens the weight of suffering.

The listener also benefits. When we listen with our hearts to another, it is hard to forget what we heard because we have felt their pain, not just heard it. Such a gift of trust touches our humanity and affirms it.

Kay Lindahl in *The Sacred Art of Listening*, writes:

There's something beyond technique when two or more people are deeply listening to each other. It is an awareness that not only are we present to each other, we are present to something that is spiritual or sacred.

Such "deep listening" goes against the cultural grain. Lindahl cites research studies by the International Listening Association: we spend about 45 percent of our time listening, but we are distracted, preoccupied, or forgetful about 75 percent of that time. The average attention span for adults is about 22 seconds. Immediately after listening to someone talk, we usually recall only about half of what we've heard; within a few hours, only about 20 percent. (This is probably worse now because of technology devices and their distractions.)

How to deeply listen.

- Start with a ritual. At the beginning, light a candle or sound a gong, for ex., to signify that this
 is a time for focused attention. The ritual marks the space as special and heightens the
 feeling of intimacy during a conversation. It also signals a beginning and ending to the time.
 Then breathe mindfully for a few minutes before beginning to quiet the mind and to be fully
 present.
- 2. As a person shares, listen for understanding, not judgment or evaluation. Give your full attention to the speaker. This is easier to do when you are not distracted by planning what you want to say, your opinion, or how you should to respond. You are not there to analyze, judge, or try to fix another's experience, just to be fully aware of them and to be present to

them. Lindahl writes: "You do not have to agree with or believe anything that is said. Your job is to listen for understanding."

- 3. Respect the power and difficulty of speaking and allow silences and tears without trying to make the pain go away. Let the full feelings of the speaker be present as a gift of trust.
- 4. Follow what someone says with silence. This allows the speaker to hear what they just said, take it in, and calm down from emotional agitation. It also allows the listeners to allow what is said to settle into their hearts and be received.
- 5. If, after the silence, you want to offer a response, do it from your heart. This means you must be open and vulnerable, willing to describe your own feelings. The listening space is less safe place if we are not hearing with open minds and loving hearts -- and more anxious if listeners respond by evaluating and judging—these are ways of keeping others out of our hearts.
- 6. Always ask first if you want to share someone's story (this agreement of whether or not comments need to be confidential should be decided ahead if a group is closed and private).

Be truly present to the speaker. Don't be distracted by your plans, assumptions, judgments, or need to respond. Experience the deep communion that is possible as you deeply listen to another. This style of listening without comment is not always appropriate. Obviously, there are occasions when you need to

This style of listening without comment is not always appropriate. Obviously, there are occasions when you need to be engaged in dialogue and your responses are expected. But try this approach to listening at least some of the time. (http://www.spiritualityandpractice.com/practices/features.php?id=15570)

From "Slowing Down to the Speed of Love" by Joe Bailey, a licensed psychologist.

Deep listening occurs when your mind is quiet. Your thoughts are flowing rather than crowding your mind with distractions, interpretations, judgments, conclusions, or assumptions. Your mind is open, curious, interested -- as though you were hearing this person for the first time. Deep listening is listening intently and openly, not analyzing or figuring out -- we are simply letting the feelings and sounds affect us. Deep listening is not defensive, argumentative, or intrusive. It is not about struggling to analyze or interpret. It is a purely receptive state of mind. In a state of deep listening, we realize our oneness.

We realize that we are not separate, but truly one spirit -- we are connected. When we listen deeply, we let go of any beliefs we have about the other person. We let go of our prejudices and past memories of him or her.

Preparation via Meditation:

- Try to sit stable and still, like a mountain. Be relaxed and alert.
- Listen to what you hear.
- Do not imagine, name, or analyze what you hear. Just listen with wide-open awareness.
- As thoughts, emotions, memories, associations arise in your mind, notice them, gently let them go, and return to the speaker.
- Radar that goes out looking for something and a satellite dish with a wide range just sits in the backyard, waiting. Be a satellite dish. Stay turned on and receive.
- If there are no sounds, listen, and rest in the silence.

Deep listening applies not only to communication with another, but also to listening to ourselves. The goal is to hear beyond the words to the essence of what the words and feelings are pointing to. When your mind and heart are joined -- you are listening wholeheartedly.

The goal of deep listening is to be touched by the other person, embrace his or her story and truth, and to hear the essence of what he or she is saying. (http://www.selfgrowth.com/articles/what is deep listening.html)