PRoF Award abstract – Call 2018

Deadline for submission: Thursday March 1st 2018 (12 o'clock noon)
Please send to: PRoF-Award@uzgent.be.

Re•Mo•Ve

From Moral Distress to a Culture of Moral Resilience

1. Research Outline

Acronym	Re•Mo•Ve
Project name in English	From Moral distress to a Culture of Moral Resilience
Pitch (1 sentence)	From Moral distress to a Culture of Moral Resilience
Executive summary (max. 10 lines)	

This further practical research arises from the Nursing Research cluster 'Ethics in Care' of Howest in Bruges.
In the preceding ESF trajectory, many methods have been developed focussing on elderly care in view of detecting *moral distress*, of making it a topic of discussion and of dealing with it on the individual, team, managerial and organisational level. These methods have been compiled on www.morelestress.be.

Our digital tool Re•Mo•Ve is an answer to make the methods more accessible and to use these within a continuous process in the care organisation in order to grow towards moral resilience.

We address care organisations as moral distress is inherent in the care profession. A user group of service suppliers (HR, external services of prevention and protection at work, education and training centre) and facilities from health care (home care services, nursing homes and hospitals) support, advise and facilitate the contents of the trajectory.

2. Cause and context of the research

"Moral distress? I have just finished in a room and I notice that the resident in fact wants to start telling a story. I immediately think: "Oh no, I do not have time for this." Actually, I do want to listen, but then I think of all those other people I still have to wash. I'm starting to get nervous and while I'm getting to the door, I hear myself say: "I'd better go now. It is very busy." And I run outside. Then, I am in the hallway and I think: "I should have had the possibility to listen to him/her!". - Nurse, female, 30 years old -

Moral distress is the harsh feeling experienced by professional caregivers when they feel unable to act upon deeply held (professional) values and their personal view on what 'good care' should be.

Research does not only show that *moral distress* often occurs with caregivers, but also that it can make an enormous claim on their well-being and functioning. In this way, the phenomenon of *moral distress* often in the psychological field comes with feelings such as anger, loneliness, depressive feelings, guilt, powerlessness, frustration, outrage, fear, guilt, incompetence, decreased self-confidence, depression, powerlessness and feelings of stress (Schluter et al., 2008; Rittenmeyer and Huffnan, 2009; Varcoe et al., 2012b; Burston & Tuckett, 2013). In addition to an influence on the emotional condition of the caregiver, there is also an effect on his/her physical health, such as fatigue, sleeping problems, neck pain, headache and stomach complaints (Schluter et al., 2008; Wiegand & Funk, 2012). Moral distress also leads to burnout symptoms, such as cynicism and emotional exhaustion (Pines & Aronson, 1998).

Chronically unresolved moral distress is also related to - reduced quality of care - lower job satisfaction - increased turnover and absenteeism - physical, emotional, behavioural and spiritual effects on the individual level: emotional exhaustion, sleeping problems, rumination, feelings of anger, powerlessness, guilt, shame, depressive feelings, burnout and compassion fatigue, disengagement, desensitization, restlessness, agitation, cynicism.

Conflicts within care teams on the occasion of moral distress can block an effective communication and cooperation, which can affect the quality of the care. The emotional drop-out of caregivers leads to decreased empathy and compassion (compassion fatigue), avoidance behaviour and a less favourable alignment to the patients' needs. Caregivers who suffer from moral distress, focus on (dealing with) their own emotions and stress instead of on the resident. This is related to higher reported pain by patients, longer hospital admissions and inappropriate care (in hospital settings, Lang, 2008).

Moral distress is inherent in health care situations. It develops from the moral values and beliefs held by professional caregivers and their engagement to provide good care. Hence, it is neither possible nor desirable to root out moral distress. Moral distress causes professional caregivers to reflect upon their actions and to re-evaluate the quality and the

organisation of the provided care. The discontentment caused by moral distress often results in positive changes (that benefit the patients).

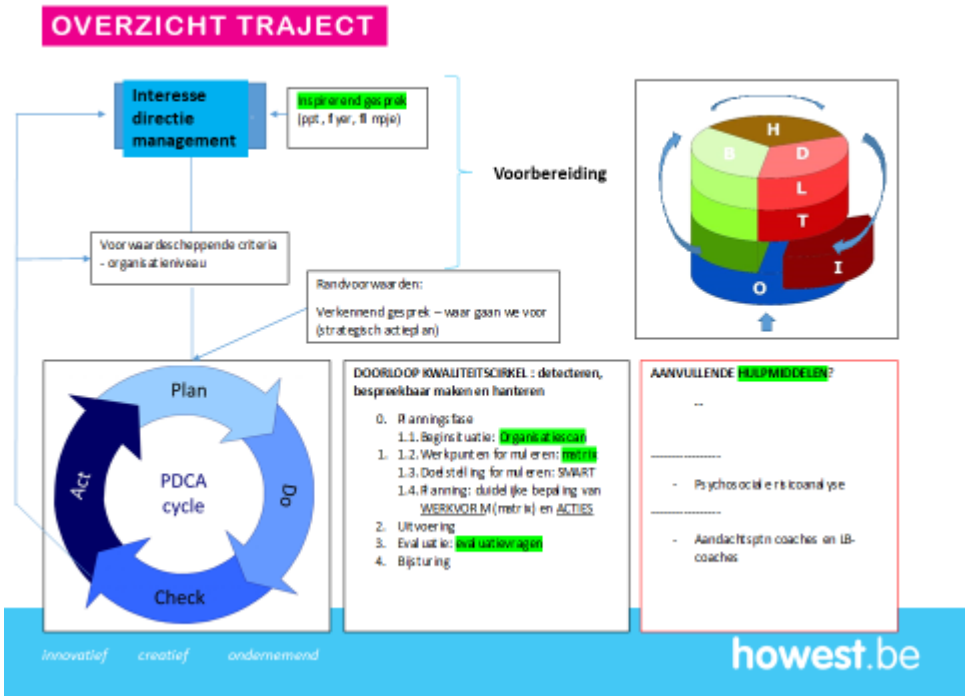
Benefits when working towards a moral resilient culture:

CARE ORGANISATIONS	***CAREGIVERS***
○ Faster and more efficient **innovation** by means of the expansion of a **well-being policy** which is relevant and adjusted to the actual challenges of the sector. ○ More efficient use of means through impact on costs: **savings** as a result of decreased outflow and drop-out (by e.g. burnout) of personnel and the associated decrease of recruitment costs. ○ A positive impact on **employer branding** (an organisation with attention for the well-being and the involvement of staff members is an attractive employer). ○ Impact on the **quality of the care** (core business of care organisations).	○ Attention and recognition for the **perception** of the caregivers. ○ **Decrease of (the negative consequences**) of moral distress. ○ Larger **work satisfaction.** ○ The caregiver feels **recognised** and supported in his/her striving to give qualitative care. The feeling of 'failing' is recognised and dealt with. ○ The caregiver is given a **'language'** to discuss difficult moments and satisfaction in care with colleagues and superiors.

At present, care facilities do not have the knowledge of the concept to deal with moral distress in a constructive way and caregivers (such as External Services for Prevention and Protection at Work, HR, consultants) do not have a specific, integrated offer regarding moral distress (or the concept is not integrated in the existing offer regarding stress and burnout prevention).

In Re.Mo.Ve we bring both parties together to evolve from moral distress to a culture of moral resilience within organisations.

3. Innovation results achieved



. *The digital tool Re.Mo.ve* as a tool in the growth towards moral resilience: we deal with moral resilience in a methodical process-based and continuous way in the facility/the company and embed it.

Facilities must be able to work on moral resilience themselves with the manual and the digital tool.

Digital tool Re•Mo•Ve

Résilience Morale/Moral resilience

Moral resilience, a process of movement, rest and movement!

The tool is accompanied by a manual. Anyone can use the manual, possibly also without the tool. Nevertheless, we recommend the tool so that one is stimulated to work step by step and to think about every step. For each trajectory, the tool also generates a final report.

.Re.Mo.Ve. starts from *condition creating criteria on the organisational level* to grow from the most ideal situation today to a culture of moral resilience. These conditions are described, supported by literature research and tested within the user group.

The use of Re.Mo.ve is facilitated and motivated by a film with testimonies about moral distress and moral resilience of caregivers from the work field.

- Give *workshops* about sensitisation of care facilities and caregivers on the subject of moral distress.

Existing methods are adjusted to the various branches within the health care sector. The educational offer is specifically rolled out on the level of the organisation, the team, the manager and the individual in view of detecting moral distress, making it a topic of discussion and dealing with it.

. *Train the trainer training* which allows external and internal prevention services, education institutions and coaches to work with the digital tool Re.Mo.ve.

. Moral distress is not just recognised as a *psycho-social risk,* but especially seen as a *psycho-social opportunity*. We plead towards public authorities and other bodies active in the field of workable work to recognise moral distress as a psycho-social opportunity.

4. Link to the PRoF values

To know how to convert moral distress into a culture of moral resilience is a real task for every organisation.

Moral distress is the sour feeling that caregivers experience when they cannot put their values and visions on good care into practice. This form of stress arises when **convictions, as well as the values and the vision of a person on good care come into conflict with reality.** More specifically, values of a society, organisation, colleagues, caregivers, care recipients and their family.

However, the big problem here is that this form of stress can shift towards a lack of involvement in the work content, sick leave and even people leaving the sector.

So, in the care for the patient, the care for our staff members is also a priority! This is important in all sectors. With our project we put the focus on the care sector given the need for good, professional, but also morally competent caregivers in order to be able to answer to the increasing demand for care in the future!

Hereby, we start from the following vision:

'WELL CARED-FOR' STAFF MEMBERS GIVE GOOD CARE

The project sensitizes and learns how to detect moral distress, to make it a topic of discussion and to deal with it on the individual, team, managerial and organisational level.

By means of an offer of trajectory development within organisations and workshops we increase the awareness with each individual in the organisation. Persons become aware that having moral distress is a characteristic of the care profession and that it testifies of moral sensitivity. Nevertheless, this sensitivity may not shift towards something negative, but must give individuals, teams and organisations the tools to grow towards moral resilience.

Through the trajectory we learn to see our own convictions and to put our values in perspective with regard to others. You learn to see what is important to others! People who are aware of this, take the values which are at that particular moment important to that person, into account and respect these!

As a consequence, moral distress becomes a 'barometer for the care', creating a situation in which contact is made with the patient in order to know what is important to the patient. This leads to the patient saying what is comfort for him/her and what privacy means without projecting your own value judgement.

Learn to understand each other's values, also learns us to approach people in a less stigmatising way – this both as regards patients and colleagues. Everyone's values have the

right to exist. Nevertheless, we must be prepared to understand each other's framework of values. Especially where several generations and/or several cultures live together, the attention for 'how to deal with each other's framework of values' becomes more important in our society.

Learn to address people about matters that are important to them and in which we put effort and take time to have a look at these matters from their perspective, leads to larger involvement! Literature and practice learn us that the intensity of a short presence with great, honest involvement on the person is strongly appreciated and that the quality of care scores high. Involved attention has an influence on decreasing loneliness!

Nevertheless, work on moral resilience is something we must do day in day out. Every day there are internal (certain procedures and regulations; big turnover of patient and staff members flow) and external factors (savings) which jeopardise the resilience with staff members. So, therefore, we must work on all levels at the same time, if we want to have a culture of moral resilience flourish in an organisation. An assignment for the individual and the organisation invites, through trajectory development, to flexibility in the growth towards a culture of moral resilience, … or in other words …'An organisation where it is good to be every day!'

5. Applicable IPR rules

< Vlaio: Regulation concerning aspects of intellectual property user group
The project parties as research organisation acquire the property rights to the project results (technical knowhow, database, logo, etc.) which result from the project and can at their discretion establish intellectual property rights on these. They hereby commit themselves to strictly comply with the European regulations regarding state aid so that each of them, for each allotment of user rights on the project results to companies, receives a compensation that corresponds with the market price for the project results involved. The project results which exist from general insights are widely spread. The project parties will address, both at the execution of the project and at the subsequent valorisation of the project results, as wide as possible a group of companies or social profit organisations.

In any case, all companies in the EU have on an equal and non-discriminating basis and in return of a market-compliant compensation, access to the economically valorisable results of the project. No company has preferred access to the project results, nor have the members of the user group. Nevertheless, the latter can deduct the contribution they paid from the price for the user rights.

In the scope of optimal establishment of intellectual property rights, the project parties can enter into a (temporary) non-disclosure agreement with the participants of the user group.

The members of the user group who disclose company-proprietary information in the framework of the execution of the project, maintain their full property rights and can make arrangements for the confidential treatment of this information.

6. Information on the partners

Our partners are both profit and non-profit organisations with whom we cooperated in the development of the concept, essential structure and practical tools. We did interviews, focus groups, discussions with employees, supervisors and management, we tested our tools and refined them based on the feedback.

Care institutions:	**Service suppliers:**
AZ Groeninge	IDEWE
Familiehulp vzw	Provikmo
AZ Damiaan	Securex
OCMW Kortrijk De Weister	Arista
OCMW Oostende	Verso
Sint-Elisabeth	Randstad
Woonzorggroep Gvo	Anker
Jan Palfijn	
AZ Delta	
AZ Sint- Rembert	
Wit-Gele Kruis West-Vlaanderen	

Note:

If your project is selected as laureate for the Award Symposium, a PowerPoint presentation that reflects the project as suggested, will be required (in advance), including a future plan on how the funding will be used.

If your project is selected as the winner of the Award, you will be invited to present the results achieved thanks to the award during the Award Symposium of the next year.

Addendum: Contact information

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