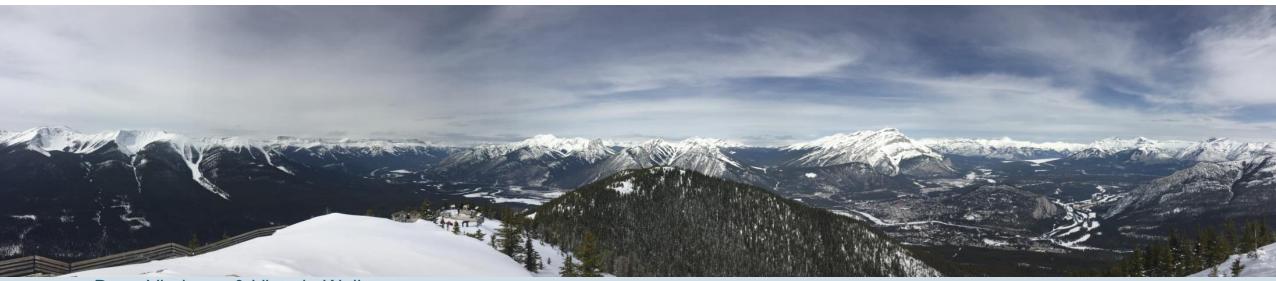


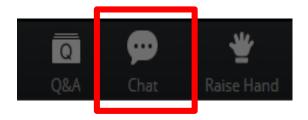
# Psychological Stress and Healthcare Work

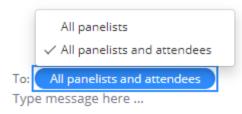


Dana Vladescu & Victoria Walker Resilience Integration Specialist

## Webinar Housekeeping

- Everyone will be muted except the host and moderator
- Ask questions through the Zoom chat box





- ► All webinars will be recorded and posted on Regional Ethics Network website
- Evaluation to follow
- Next month's speaker







# **Ethics Education Series for Community Service Providers**



- ► Use "Raise Hand" feature, *or* type question in chat box
- ► If we didn't get to your question, please forward to: regionalethics@HHSC.CA









We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.







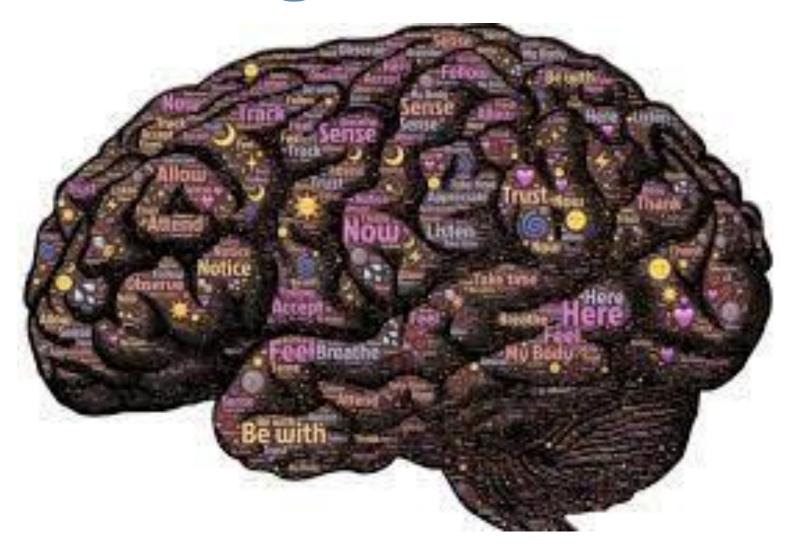
# Objectives

- Outline what is moral distress and how does it inter-connect with ethical dilemmas
- Identify sequalae of working in trauma-exposed environments
- Explore the ways in which moral distress presents itself in individuals and groups/teams
- Discuss the resources and supports available to you and your team when addressing ethical ambiguity and moral distress

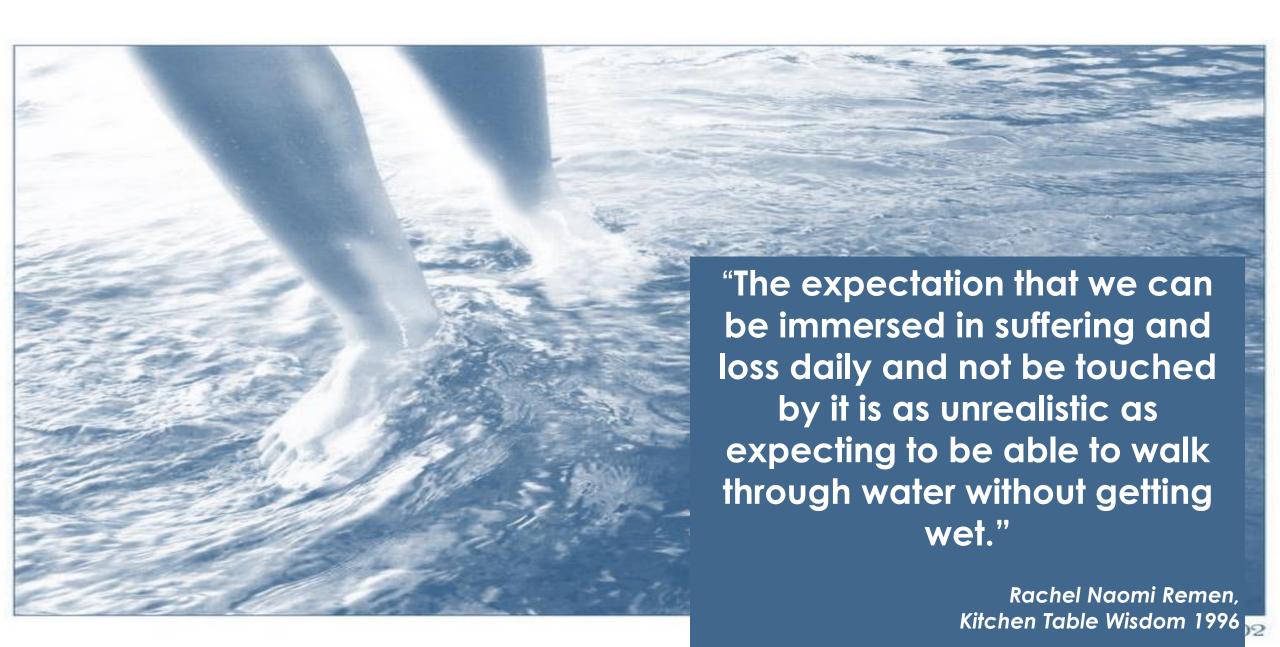




# Settling In Exercise





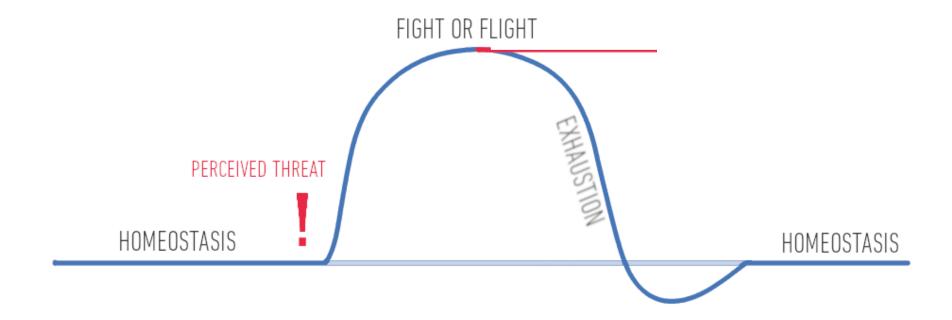


### Threat Response = Stress Response



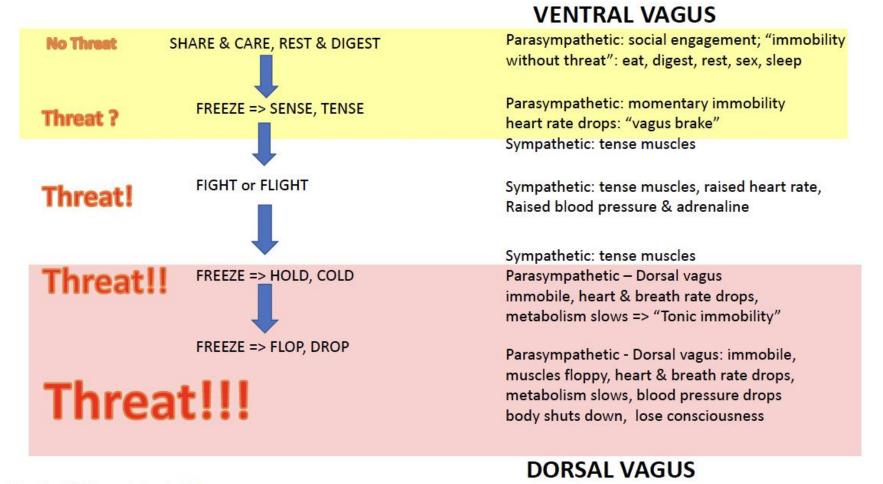


### **Chronic Stress**





# The Polyvagal Theory





# Stress Response



#### THE COMPLEX STRESS MODEL

#### **AMPLIFIED STRESS IN TRAUMA-EXPOSED WORKPLACES**



Dr. Patricia Fisher, R. Psych, L. Psych

#### Our work is not like other work



"Work related stress? No more than anybody else."



# Occupational Environment - The Reality...

- Compromised systems
- Constant change
- Ongoing challenges i.e., staffing
- Competing demands
- Poor communication
- Difficult stories
- Increasing complexities
- Limited resources
- Losses





#### **Moral Distress**

a state of emotional and psychological anguish that occurs when one is unable to act in accordance with one's own values and moral judgements or commitments due to social or institutional constraints.

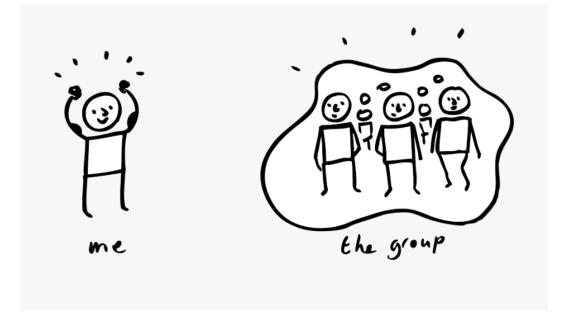


This is the discharge nurse, she'll be able to tell you about all the services you aren't able to get any more when you leave.



## How to Identify Moral Distress

- Moral distress impacts us individually and collectively, whether that be on our team, in our department, or within the greater organization as a whole
- We must begin to recognize the impacts from both the individual and collective lens, in order to know how we might wish to proceed





## Individual Responses

- Moral Distress can be shown through one's thought, feelings, and behaviours:
  - "Should I be engaging in this type of work?"; "I don't know that this
    is what I should be doing"; "I don't belong"; "I'm the only one
    feeling this way so I might as well quit"
  - A pit in the stomach, dismissed, isolated, fearful, questioning their decisions, thoughts, or approaches; double checking their work, disengaged/over-engaged and taking control
  - Psychological and neurological symptoms might include: fatigue, anxiety, GI concerns, fight/flight/freeze responses

## Collective Responses

- Moral Distress impacts team dynamics and it is critical to identify these responses in order to progress collectively
- Teams might notice:
  - Silence, conflict, expressing concerns, toxic positivity, triangulation,
     questioning work purpose and meaning; violence (physical or verbal)
  - The team might turn to their fight/flight/freeze response and be in survival mode (e.g. lack of engagement during meetings, disengaging from team activities, verbal arguments and team conflict, decreased collaboration)



### **Benefits to Moral Distress**

- Professional growth
- Deeper understanding of the values & beliefs of oneself and the team
- Increased awareness
- Ability to identify and set boundaries





### **Moral Distress Scenarios**

- A patient does not want life sustaining measures. The physician disagrees
- You're supporting a client and you feel they are not safe in their home, but there are not enough resources for accessing supportive housing or enhanced in-home supports
- ► The family of your client wants them to be in long-term care and you do not feel the individual requires long-term care supports







# **D PAUSE**

- Stop.
- Take a breath
- Can you take a moment to?
  - notice what is present in thought, emotion and body sensation.
  - Without judgement, just notice with an attitude of curiosity.





# Reset: Grounding and Centering

- Feet on the Floor
- Breathe
- Sense of Purpose
- External & Internal Awareness
  - •Alternate between noticing the external...
  - "I see... "I hear...
  - •And the internal... "I feel... (body sensations)
  - Repeat a few times





# Nourish

- Can you take a moment to?
  - Notice once again what is here for you in thought, emotion and body sensation. Has anything shifted, even just a little?
  - Nourish yourself by engaging in a small gesture of kindness for yourself.



#### How Do You...



### **Individual Strategies**

#### Personal:

- Rest, sleep, nutrition, exercise
- Engaging in activities that you enjoy
- Social Connections/Relationships
- Connection to meaning and purpose

#### **Professional:**

- Balanced workload, training
- Team Support/connection
- Belief that our work is valuable
- Respite time/time off





Collective Strategies

- Regular check-in's or huddles
- Promoting 2-way feedback
- No blaming, no shaming
- Honouring diverse perspectives
- Supporting healthy discussion and reflection
- Promoting change culture by welcoming "experimentation, failure and learning"





### **Ethics Consultation**

- ▶ If you or your team is experiencing moral distress and would benefit from support and/or assistance from an ethics professional, contact the ethics consultation service, ethics champions, or the clinical ethics consultation team
- ► You can also contact the HHS Ethics Consultation Service (ECS) at:
  - E-mail <u>officeofethics@hhsc.ca</u>; or <u>regionalethics@hhsc.ca</u>
  - Call the office at 905-521-2100 ext. 73661





