SOCIEDAD ARGENTINA DE PEDIATRIA
Comité nacional de Estudios Fetoneonatales (C.E.F.E.N.)
4 ° CONGRESO ARGENTINO DE NEONATOLOGIA
10 ° Jornadas Interdisciplinarias de Seguimiento de Alto Riesgo
4 ° Jornada de Perinatología
4 ° Jornada de Enfermería Neonatal
22, 23 y 24 de mayor de 2019
Panamericano Hotel & Resort - EXE Hotel Colon

Distres Moral: el enemigo silencioso

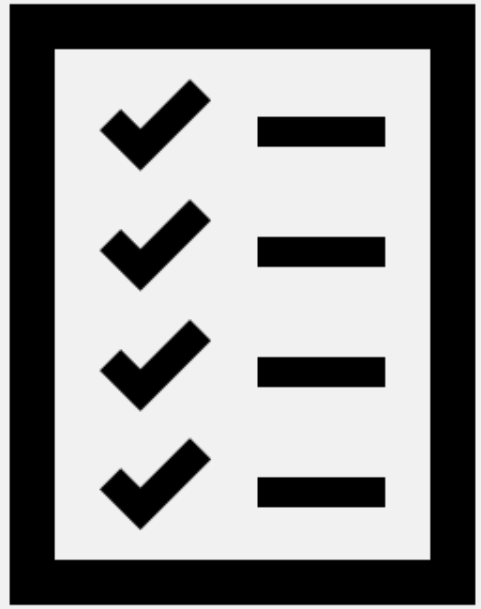
Dra. Laura Konikoff
Lic. Ignacio Usandivaras
Dr. Nicolas Cacchiarelli
Dra. Cristina Catsicaris
Lic. Yanina Mazzitelli

DISTRES MORAL

Dra. Laura Konikoff

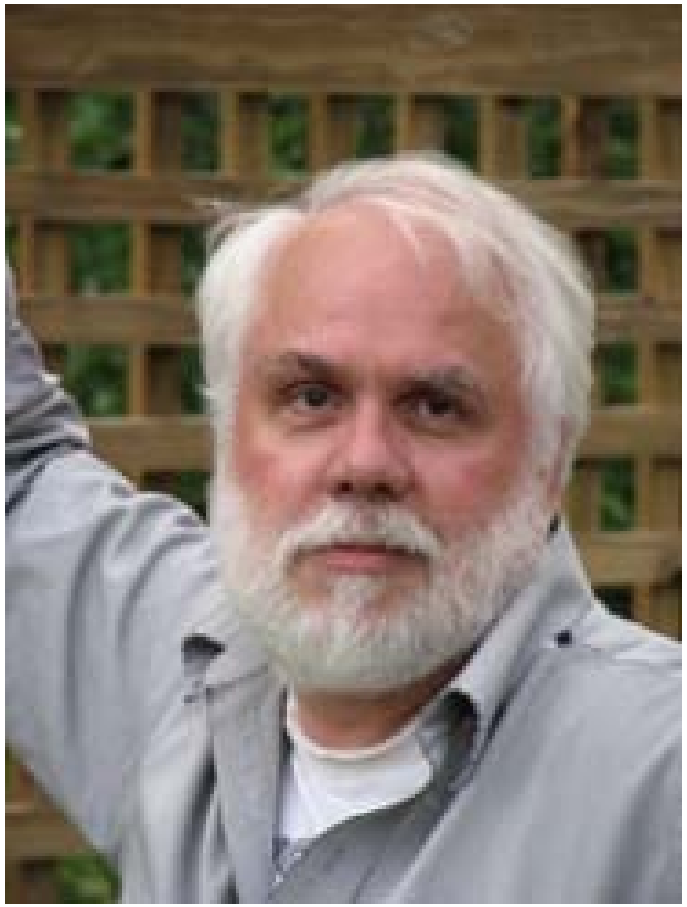
OBJETIVOS

- ✓ El origen del DM
- ✓ Desarrollo y ampliación del concepto
- ✓ Mayoría de edad: no lo podemos evitar… y entonces?
- ✓ Moralejas



EL PRINCIPIO: **ARTHUR JAMETON, PHD**

- Incerteza Moral → cuando uno desconoce cuál es la naturaleza del problema moral o cuáles son los principios morales involucrados
- Dilema Moral → cuando los principios morales y el camino a seguir están en conflicto.
- **Distrés Moral** → no hay dudas sobre cual es el camino a seguir pero factores externos se interponen.
  - INICIAL: sentimientos de frustración y enojo ante el impedimento
  - REACTIVO: la tensión resultante no poder actuar ante estos sentimientos genera cuestionamiento interno



METHODOLOGICAL ISSUES IN NURSING RESEARCH

Development and evaluation of a moral distress scale

Mary C. Corley PhD RN
Associate Professor, Virginia Commonwealth University, Richmond, Virginia, USA

R. K. Elswick PhD
Associate Professor, Virginia Commonwealth University, Richmond, Virginia, USA

Martha Gorman RN MS
Chief Nursing Officer, South-west Medical Center, Oklahoma City, Oklahoma, USA

- Conceptos de Jameton
- Teoría del conflicto de roles de House y Rizzo (1972): miembros de la organización tienen expectativas que entran en conflicto con las del personal
- Sistema de valores e Rokeach (1968): cómo el sistema de valores de una persona motiva el comportamiento
- Concepto de autonomía: el poder de hacer lo que uno considera debe hacerse, manteniendo equilibrio entre responsabilidad y autoridad

Work in a situation where the number of staff is so low that care is inadequate
Carry out the physician's orders for unnecessary tests and treatments for terminally ill patients
Assist the physician who in your opinion is providing incompetent care
Work with 'unsafe' levels of nurse staffing
Initiate extensive life-saving actions when I think it only prolongs death
Follow the family's request not to discuss death with a dying patient who asks about dying
Follow the physician's request not to discuss death with a dying patient who asks about dying
Carry out the physician's order for unnecessary tests and treatment
Follow the physician's order not to tell the patient the truth when he/she asks for it
Follow the physician's request not to discuss Code status with the family when the patient becomes incompetent
Observe without intervening when health care personnel do not respect the patient's dignity
Continue to participate in care for a hopelessly injured person who is being sustained on a respirator, when no one will make a decision, to 'pull the plug'
Follow the family's wishes to continue life support even though it is not in the best interest of the patient
Let medical students perform painful procedures on patients solely to increase their skill
Assist physicians who are practicing procedures on a patient after CPR has been unsuccessful
Prepare a terminally ill elderly patient on a respirator for surgery to have a mass removed
Carry out a work assignment in which I do not feel professionally competent
Provide better care for those who can afford to pay than those who cannot
Ignore situations of suspected patient abuse by care givers
Ignore situations in which I suspect that patients have not been given adequate information to insure informed consent
Discharge a patient when he has reached the maximum length of stay based on diagnostic related grouping (DRG) although he has many teaching needs
Perform a procedure when the patient is not adequately informed about procedures which he/she is about to undergo
Carry out orders or institutional policies to discontinue treatment because the patient can no longer pay
Avoid taking any action when I learn that a nurse colleague has made a medication error and does not report it
Assist the physician who performs a test or treatment without informed consent
Give only haemodynamic stabilizing medication intravenously during a Code with no compression or intubation
Follow the physician's request not to discuss Code status with patient
Prepare an elderly man who is severely demented and a 'No Code' for surgery to have a gastrostomy tube put in
Follow the family's wishes for the patient care when I do not agree with them
Give medication intravenously to a patient who has refused to take the medication orally

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Identificaron tres factores determinantes de distrés moral en la población estudiada:

- ✓ **Responsabilidad individual**: cuando no se tiene la autonomía necesaria para cumplir con sus obligaciones
- ✓ **Actuar en detrimento del paciente:** cuando no se puede actuar de acuerdo a lo que dicta la conciencia
- ✓ **Decepción**: resultado de no poder hacer nada ante estos sentimientos

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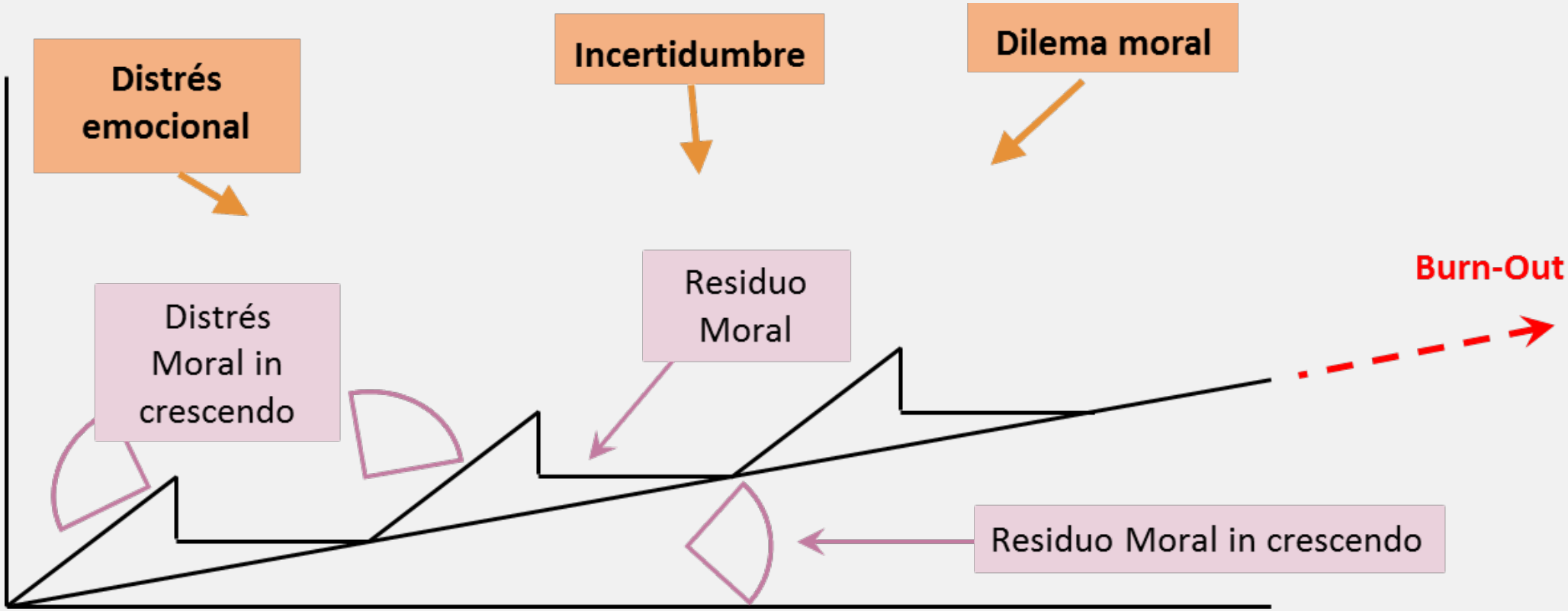
Published in final edited form as:
J Clin Ethics. 2009 ; 20(4): 330–342.

Moral Distress, Moral Residue, and the Crescendo Effect

Elizabeth Gingell Epstein, PhD, RN [Assistant Professor] and
University of Virginia School of Nursing in Charlottesville

Ann Baile Hamric, PhD, RN, FAAN [Professor]
University of Virginia School of Nursing



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Patrones de respuestas al DM:

- Entumecimiento Moral: retraimiento y alejamiento de situaciones éticamente desafiantes.

- Objeción consciente: incluye expresar opiniones al equipo, documentar el desacuerdo, convocar a un eticista o a algún colega que pueda cambiar el plan propuesto, o rehusarse a cumplir ordenes.

- Burnout y abandono del puesto/profesión: muchos trabajadores de la salud sienten una verdadera vocación, un verdadero “llamado”. El burnout no surge del cuidado del paciente si no de la sensación de falta de poder ante relaciones jerárquicas, políticas obstructivas, patrones de comunicación inefectiva, falta de recursos y otras cosas fuera del individuo.

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Estrategias para minimizar el DM:

- El modelo de las 4 A: ASK – AFFIRM – ASSES – ACT

- Servicio de consulta para DM: podría funcionar similar a un comité de ética pero con el objetivo de dedicarse al personal afectado, no al problema desencadenante. **El solo hecho de escuchar y validar las experiencias de DM brinda un sentimiento de alivio** de quienes solicitaron la consulta, aliviando el efecto residual.

Published in final edited form as:
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Moral Distress, Moral Residue, and the Crescendo Effect

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Ann Baile Hamric, PhD, RN, FAAN [Professor]
University of Virginia School of Nursing

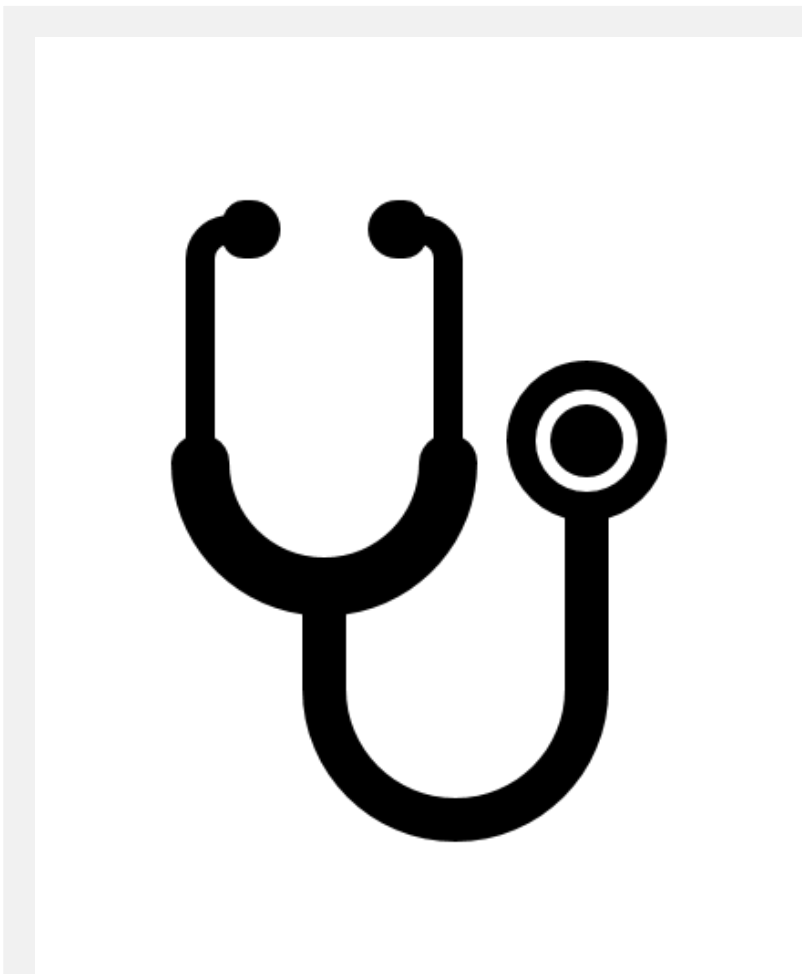
"Si todos están buscando la respuesta al dilema ético pero el verdadero problema es el distrés moral, estamos diagnosticando erróneamente la situación y fallaremos en tratar el problema. Las estrategias para 'tratar' el DM no son necesariamente las mismas que sirven para razonar un dilema moral."

IMPACTO EN LA ESFERA PERSONAL

- Enojo (Wilkinson, 1989)
- Culpa (Gutiérrez, 2005)
- Tristeza (Nathaniel, 2006)
- Ansiedad (Elpern et al, 2005)
- Depresión (Wilkinson, 1987)
- Sensación de desamparo (Fry et al, 2002)
- Sentimientos de fracaso (Brown-Saltzman, 2013)
- Vergüenza (Corley, 2002)
- Compromiso de integridad (Webster & Baylis, 2000)

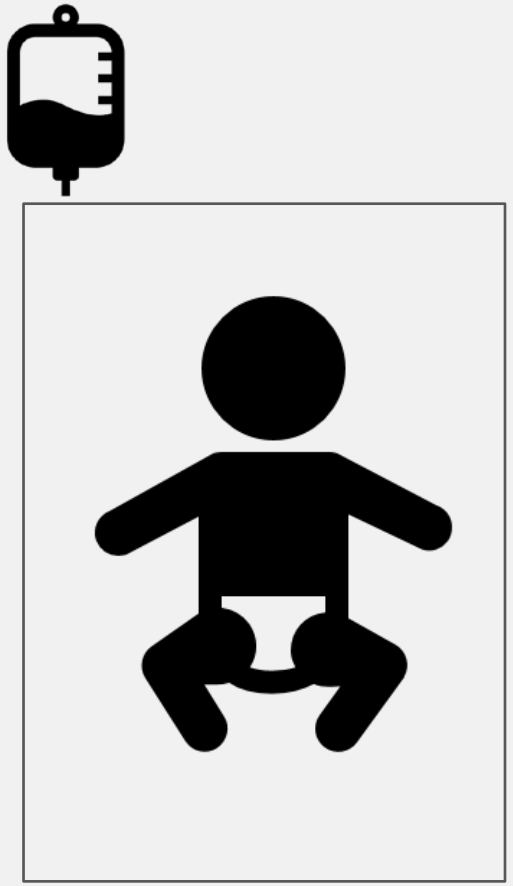
IMPACTO EN LA ESFERA LABORAL

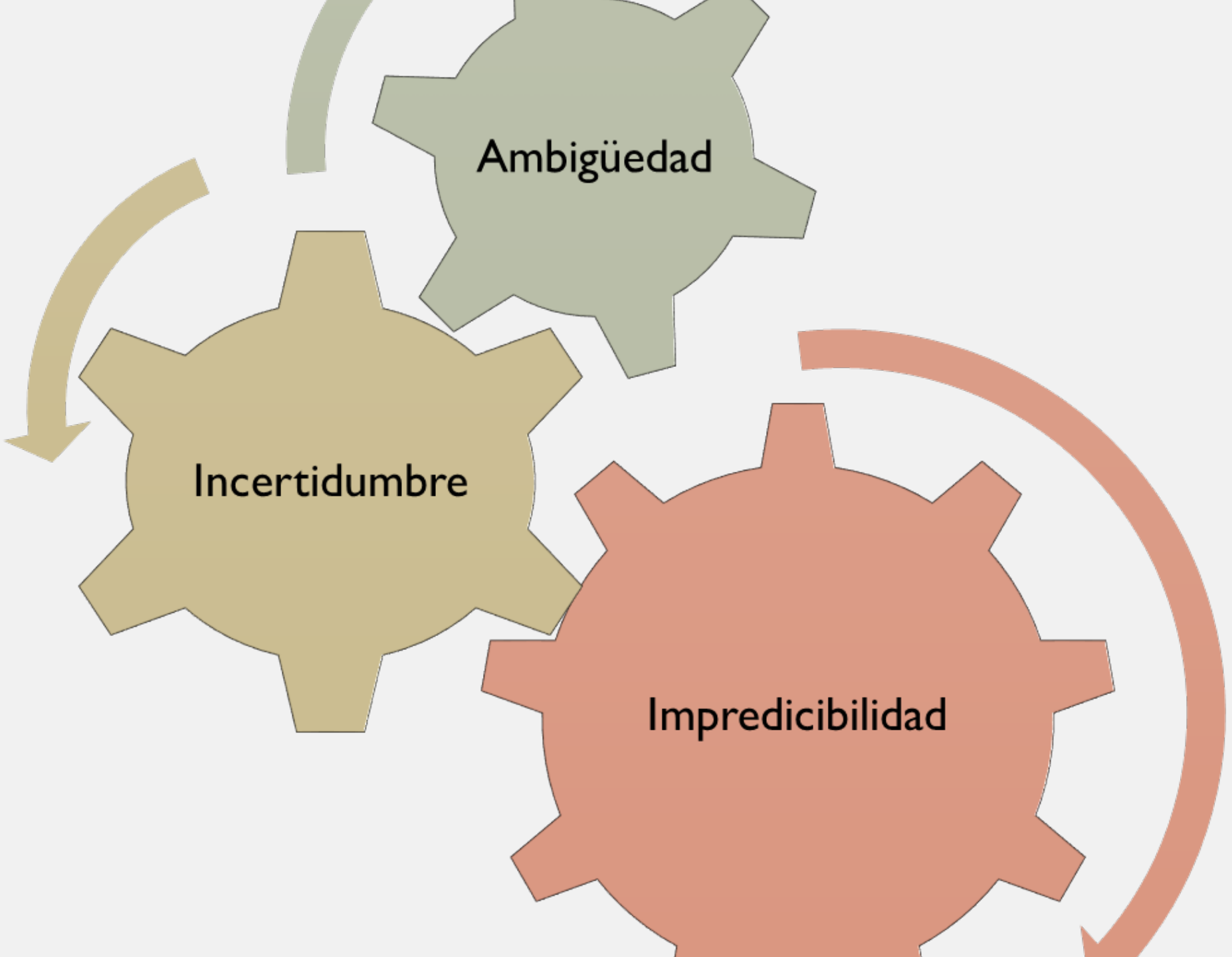
- Recambio de staff frecuente (Gaudine & Thorne, 2000)
- Baja moral (Rodney & Starzomski, 1993)
- Falta de colaboración entre disciplinas, falta de cohesión en el equipo de trabajo (Rushton, 2006)
- Resistencia a ir a trabajar (Davies et al, 1996)
- Impacto directo en el paciente: mayor dolor, internaciones más largas (Corley, 2002)



POR QUE EN LA UCIN?

- Área de cuidados intensivos (Dale, 2010)
- Perspectivas que entran en conflicto (Cavaliere et al, 2010)
- Aliviar el sufrimiento vs. deseos de seguir (Green et al, 2015)
- Para muchas situaciones no hay una sola respuesta correcta (Van Manen, 2014)
- Grupo vulnerable: residentes. Experiencias afectan su sentido de ser y sus valores morales (Boss, 2015)

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The use and misuse of **moral distress** in neonatology.
Prentice TM et al. Semin Fetal Neonatal Med. (2018)

Moral distress in critical care nursing: The state of the science.
McAndrew NS et al. Nurs Ethics. (2018)

Measuring **Moral Distress** Among Critical Care Clinicians: Validation and Psychometric Properties of the Italian **Moral Distress** Scale-Revised.
Lamiani G et al. Crit Care Med. (2017)

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Am J Crit Care. 2019 May;28(3):183-192. doi: 10.4037/ajcc2019512.
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Lee S, Robinson EM, Grace PJ, Zollfrank A, Jurchak M.
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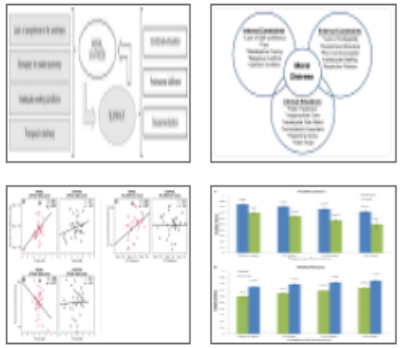

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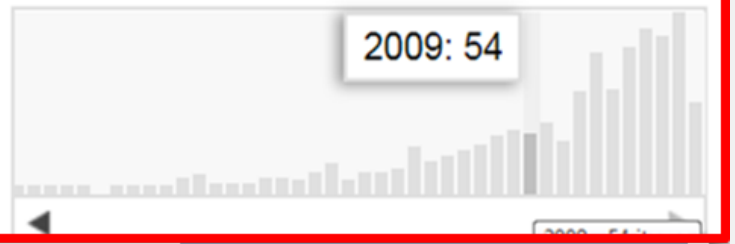

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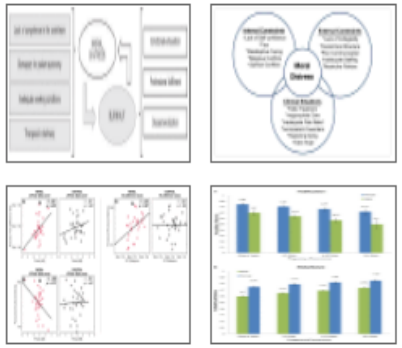

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EL DM ES TODO MALO?

Neonatal Research

Following important research in neonatology / newborn medicine from around the world

A Collaborative State of the Science Initiative: Transforming Moral Distress into Moral Resilience in Nursing

Rushton, Cynda Hylton PhD, RN, FAAN; Schoonover-Shoffner, Kathy PhD, RN; Kennedy, Maureen Shawn MA, RN, FAAN

Always a burden? Healthcare providers' perspectives on moral distress

Trisha M Prentice,[1,2,3,4] Lynn Gillam,[4,5] Peter G Davis,[1,6] Annie Janvier[7]

Ethical conflicts and moral distress in the NICU, are they

https://doi.org/10.1016/j.siny.2017.09.007

Contents lists available at ScienceDirect

Seminars in Fetal & Neonatal Medicine

journal homepage: www.elsevier.com/locate/siny

The use and misuse of moral distress in neonatology

Trisha M. Prentice [a, b, d, *], Lynn Gillam [c, d], Peter G. Davis [a, e], Annie Janvier [f]

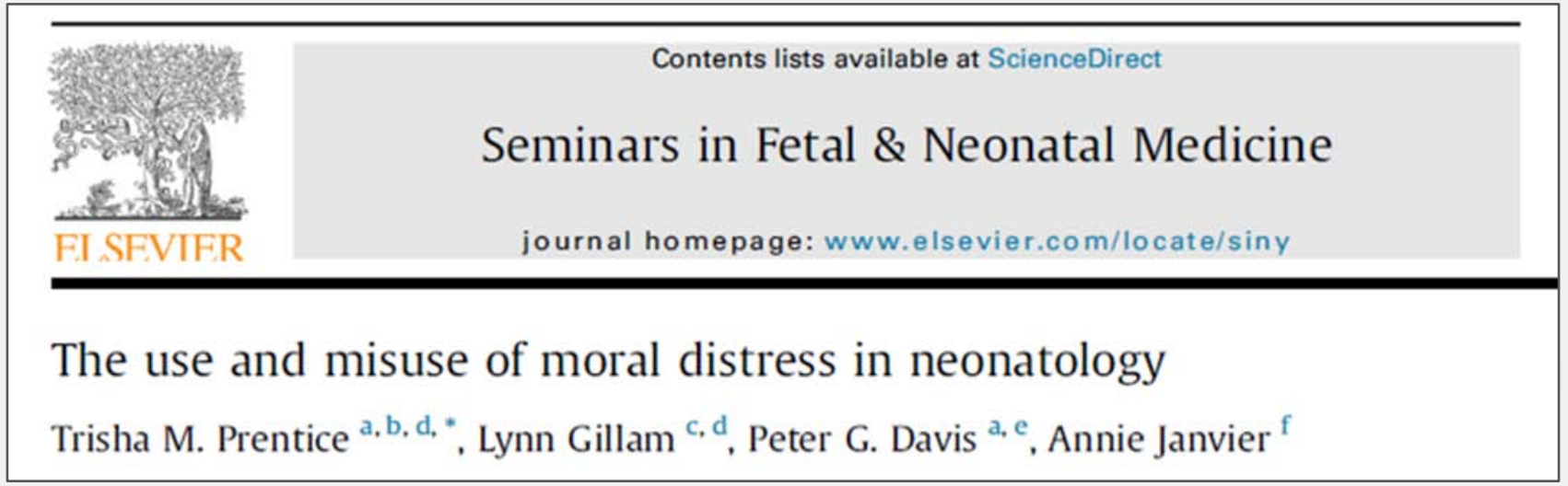
questioned staff in two NICUs, both physicians and nurses, about their understanding of

Search

Recent Posts

- Ethical conflicts and moral distress in the NICU, are they all bad?
- Recent publications
- What to do with mild encephalopathy?
- The last word on delayed cord clamping in the preterm? part 3.
- The last word on delayed cord clamping in the preterm? Part 2.

Respire, bébé, respire!



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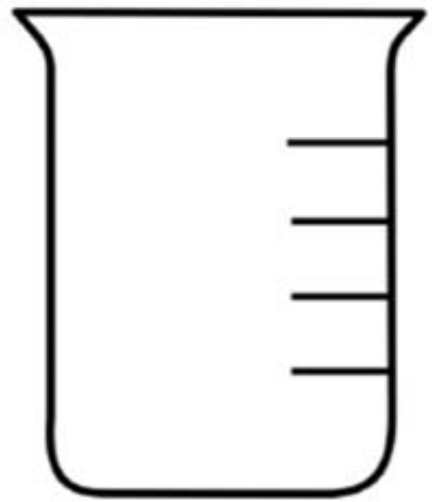
“Es la angustia que aparece cuando los individuos tienen criterios morales claros con respecto al camino a seguir pero no pueden hacerlo debido a impedimentos externos, ya sean institucionales, sociales o contextuales. El resultado final es el impacto negativo en la integridad personal, el bienestar físico y emocional, la satisfacción laboral y el cuidado del paciente.” (2017)

Moral Distress
Extrinsic factors
+
disproportionate
care
+ lack of resources
+ medical
hierarchy
+ inadequate skill
set
+ negative ethical
environment
+ stressful
environment



Moral Resilience =
capacity to tolerate
moral distress

+ flexibility
+ moral sensitivity
+ sense of purpose
+ willingness to
engage with different
views

Personal factors
+ self care (sleep,
exercise, mindfulness,
etc.)

Journal of Perinatology (2007) 27, 201–202

www.nature.com/jp

EDITORIAL

Moral distress and ethical confrontation: problem or progress?

JD Lantos
Pediatrics and Medicine, The University of Chicago, Chicago, IL, USA

Such a study begs the question of whether ethical confrontation or ethical controversy is a good thing or a bad thing. Some of the study's findings suggest that it may not be all bad. For example, respondents who reported fewer ethical confrontations at their place of work were also less knowledgeable about outcomes for tiny babies. They were more likely to incorrectly underestimate the likelihood of a good outcome for premature babies. Often, these incorrect assessments led them to not offer resuscitation to babies who would likely have had a good outcome. In doing so, they were acting in harmony with the prevailing practices at their centres. They seemed to feel good about it. There was no ethical confrontation.

This finding suggests that a prevailing consensus about appropriate practice can minimize ethical controversy without necessarily being associated with up to date and accurate knowledge or the best practices. The authors tactfully note that a lack of ethical confrontation 'does not necessarily mean that the practices are more ethically appropriate.' Conversely, the presence of ethical controversy does not necessarily mean that the practices are less ethically appropriate.

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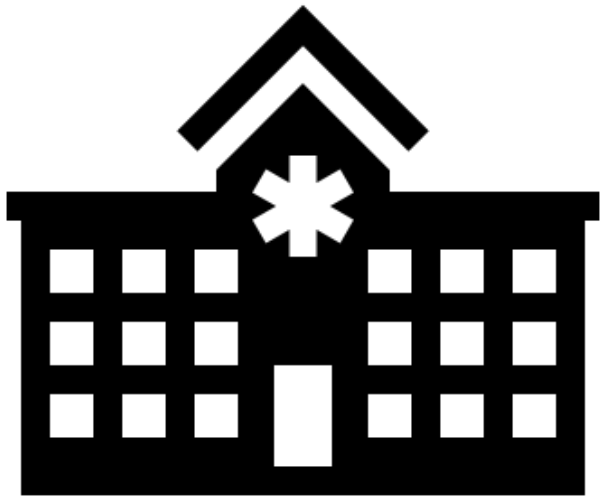

EL CONTEXTO

Navigating the Dangerous Terrain of Moral Distress: Understanding Response Patterns in the NICU

Qualitative Health Research
1–19

DOI: 10.1177/1049732317753585
journals.sagepub.com/home/qhr
SAGE

Sally Thorne[1], Laura Konikoff[2], Helen Brown[1], and Susan Albersheim[1,3]

We found that an interaction between the highly sensitive and difficult clinical scenarios and the organizational and relational context within which they were being handled helped explain the conditions that trigger *undue* moral distress for these professionals. The ambiguity and complexity of many NICU cases mean that clinicians may inevitably be left, regardless of the professionalism of their actions, feeling that they may not have done enough, other options could have been followed, errors may have been made, and other conversations could have been had with parents of such medically complex infants. However, to some extent, clinicians accept these as a fundamental part of the difficult work their field demands of them. What adds a significantly complicating layer to their distress and can make the difference between its being manageable and unmanageable, is the structural and cultural dynamics of the workplace and the interactional patterns between the members of the health care team that work within it. On the basis of these findings, we see numerous possibilities for further exploration and evidence building around how best to lead, organize, and manage NICU workplace to minimize the untoward consequences of decisional hierarchies and power imbalances.

Navigating the Dangerous Terrain of Moral Distress: Understanding Response Patterns in the NICU

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Nursing Ethics
2015, Vol. 22(1) 103–116

10.1177/0969733014542674
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Impact of ethical climate on moral distress revisited: Multidimensional view

Gülem Atabay, Burcu Güneri Çangarli and Şebnem Penbek
İzmir University of Economics, Turkey

Registered Nurses' Perceptions of Moral Distress and Ethical Climate

Bernadette Pauly, Colleen Varcoe, Janet Storch and Lorelei Newton

JONA'S Healthcare Law, Ethics, and Regulation / Volume 10, Number 4 / Copyright © 2008 Wolters Kluwer Health | Lippincott Williams & Wilkins

Healthcare Provider Moral Distress as a Leadership Challenge

Jennifer Bell, MA • Jonathan M. Breslin, PhD

HEC Forum (2016) 28:53–67
DOI 10.1007/s10730-015-9266-8

Organizational Influences on Healt… Experiences of Moral Distress in PICUs

Sarah Wall · Wendy J. Austin · Daniel Garros

Assessing and Addressing Moral Distress and Ethical Climate Part II

Neonatal and Pediatric Perspectives

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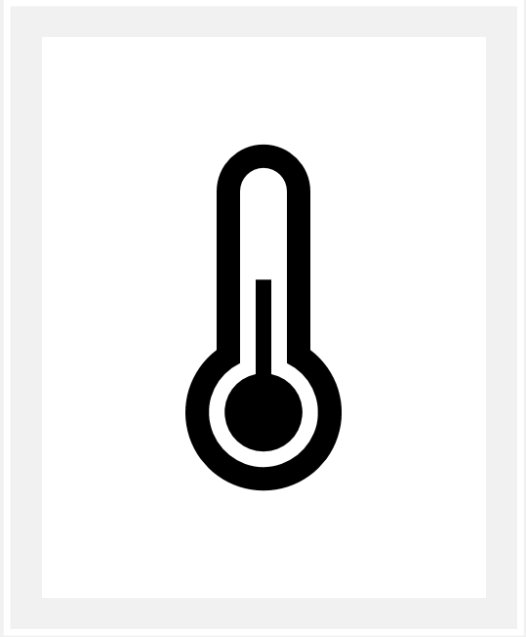
CLIMAS

- **Clima Laboral**: conjunto de características psicológicamente significativas que caracterizan las prácticas y los procedimientos de un sistema, de acuerdo a quienes forman parte de él.

- **Clima ético**: valores implícitos y explícitos que conducen el cuidado de la salud y que dan forma al sistema al cual pertenecen. Se basan en creencias comunes sobre lo que es correcto y lo que no, y sobre como cuestiones éticas deben ser tratadas.

  → basado en estudios que relacionan el clima ético y el distrés moral, Gallagher concluyó que para prevenir que los enfermeros sufrieran DM, las instituciones deben desarrollar un clima ético que favorezca **el coraje, la sabiduría y la integridad.**

  → el DM tiene mayor intensidad cuando el clima dominante se basa **en reglas, individualismo o intereses institucionales.**



FACTORES CONTRIBUYENTES

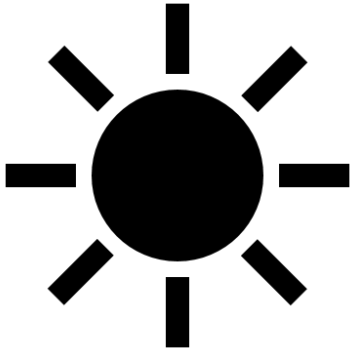
- ✓ Excesiva carga laboral
- ✓ Gravedad del paciente
- ✓ Poco recurso humano
- ✓ Pobre dinámica de equipo
- ✓ Guardar silencio por miedo a represalias
- ✓ Estructuras jerárquicas rígidas
- ✓ Clima ético insuficiente o poco comprometido.

- ✓ Hoy en día la salud esta influenciada por ideologías neoliberales que enfatizan la autonomía y la responsabilidad individual: los trabajadores de la salud son vistos como **débiles** cuando sufren DM (Varcoe et al. 2012).

- ✓ Históricamente la ética clínica se ha dedicado a intervenir en la resolución de casos clínicos discretos: los profesionales de la salud no consideran la importancia de generar un clima ético en la institución.

SUGERENCIAS

- ✓ Involucrar a todos los miembros del equipo
- ✓ Desarrollar políticas de apoyo para lidiar con cuestiones éticas, incluyendo el DM: contribuye a que los empleados deseen mantener sus puestos.
- ✓ Debriefing de situaciones complejas o críticas
- ✓ Acompañamiento terapéutico del duelo
- ✓ Establecer protocolos para cuidados de confort
- ✓ Facilitar el intercambio informal
- ✓ Estimular el desarrollo de **resiliencia moral**
- ✓ **Educar**



“El distrés moral y el clima ético de un sistema están entrelazados. Esto es un cambio de paradigma en términos de que ya no se habla de la vulnerabilidad o el fallo de un trabajador, si no del sistema al cual pertenece” (Pauly, 2009)

RESUMIENDO

Existe

Parece ser parte de nuestro trabajo diario ineludible

Factores externos pueden empeorarlo o paliarlo

Hay posibles soluciones


Conflictos
Tecnología
Falta de mentores
Falta de preparación
Sobre Comunicación
Impaciencia del sistema de salud
Poco trabajo en equipo
Falta de recursos
Combo del médico (D/I)
Aspectos médico legales
Sobre información
Falta de liderazgo
Vida personal
Podemos vs. debemos
Relaciones sin confianza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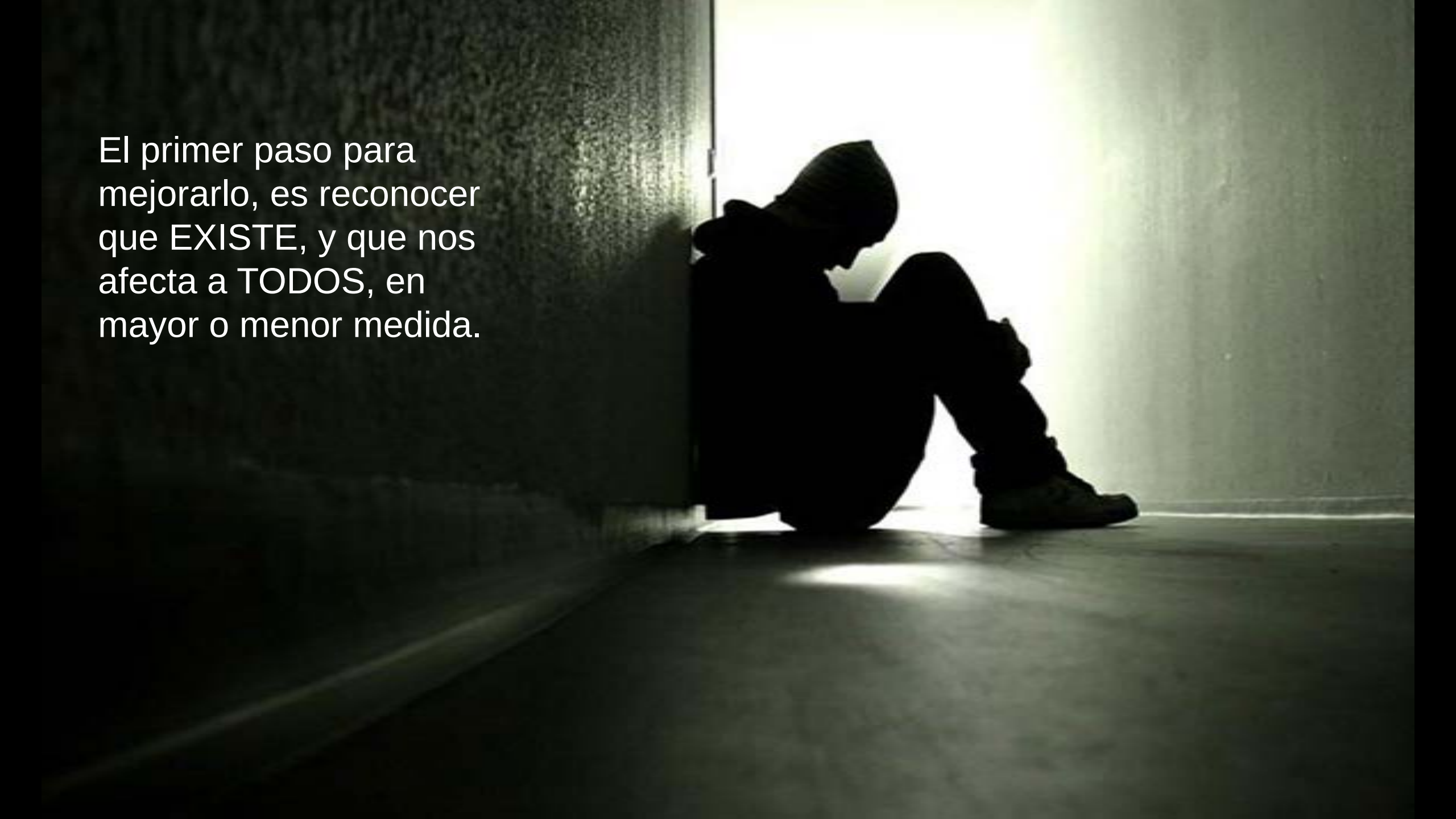
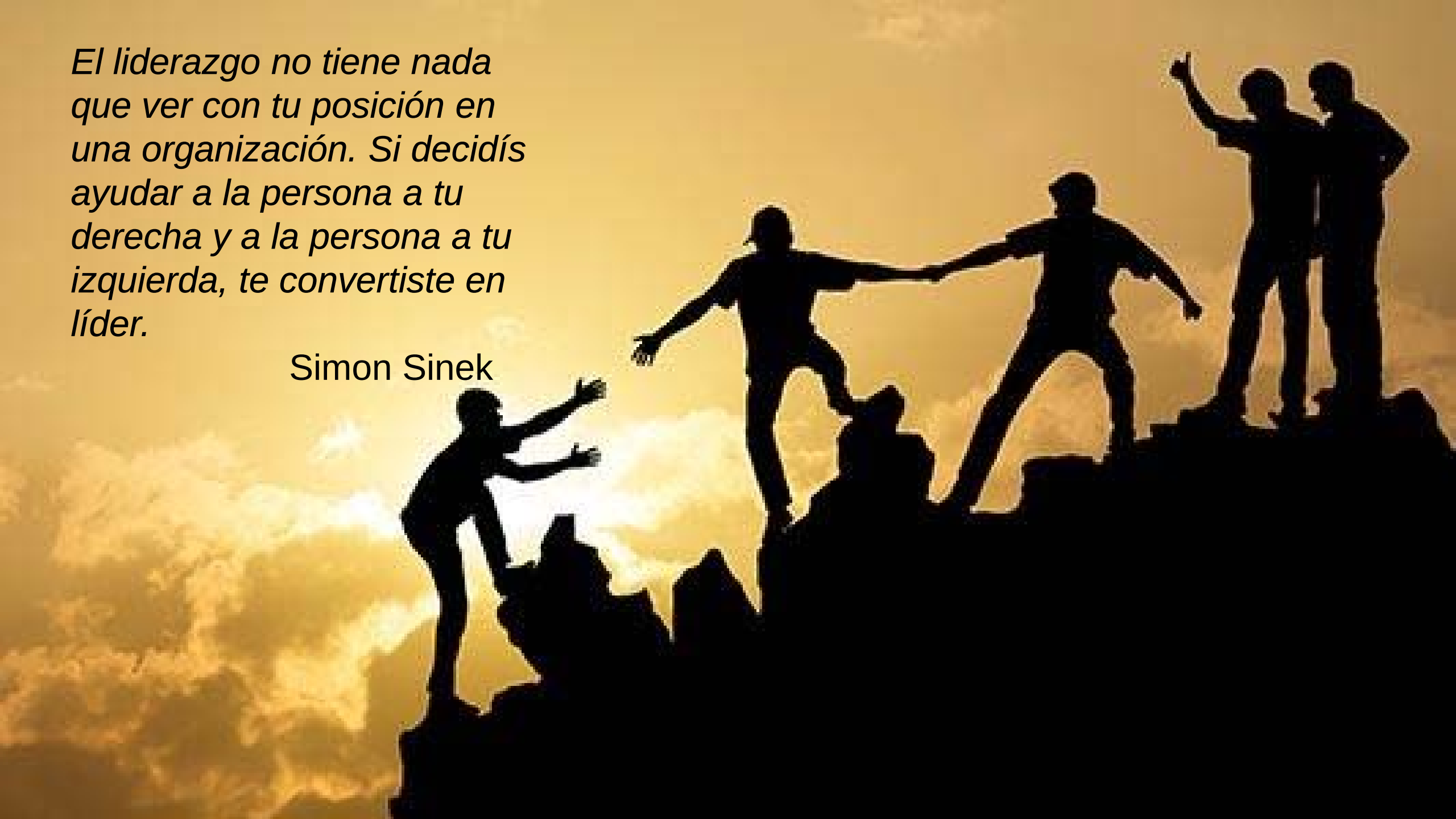
DISTRES MORAL
FATIGA EMOCIONAL


BAR


El primer paso para mejorarlo, es reconocer que EXISTE, y que nos afecta a TODOS, en mayor o menor medida.


El liderazgo no tiene nada que ver con tu posición en una organización. Si decidís ayudar a la persona a tu derecha y a la persona a tu izquierda, te convertiste en líder.
Simon Sinek


2° Congreso Argentino de Neonatología