

Project Title

Understanding Moral Distress and Adaptive Responses of Healthcare Professionals in Advance Care Planning

Project Lead and Members

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Organisation(s) Involved

Geriatric Education and Research Institute, Khoo Teck Puat Hospital, Nanyang Technological University, National University Hospital, Tan Tock Seng Hospital, Singapore General Hospital, Woodlands Health,

Healthcare Family Group(s) Involved in this Project

Allied Health, Healthcare Administration, Medical

Applicable Specialty or Discipline

Palliative Care

Aims

1. Examine factors of moral distress and ethical dilemma faced.
2. Differentiate those who cope well with moral distress, their coping strategies.
3. Derive information usable for developing future training programmes.

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Lessons Learnt

- 1) Frontline ACP facilitators and clinicians may face significant levels of moral distress in the course of ACP work. Some of the top psychological reactions are feeling “conflicted”, “distressed”, “struggle” and “discomfort”.
- 2) Some of the major sources of distress are when conflicting opinions from various stakeholders are difficult to reconcile, when patients are not ready or adequately prepared or the ACP conversations are emotionally challenging and when documented antecedent wishes are difficult to interpret or honour and apply.
- 3) Developing approaches to facilitate team work, sharing and supervisory support as well as enhancing system level processes may be helpful to address some of these challenges.

Additional Information

Singapore Health & Biomedical Congress (SHBC) 2023: Best Poster Award (Health Services Research) – (Merit Award)

Project Category

Applied/ Translational Research

Qualitative Research

Keywords

Advance Care Planning, Moral Distress, Healthcare Professional

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Understanding Moral Distress and Adaptive Responses of Healthcare Professionals in Advance Care Planning

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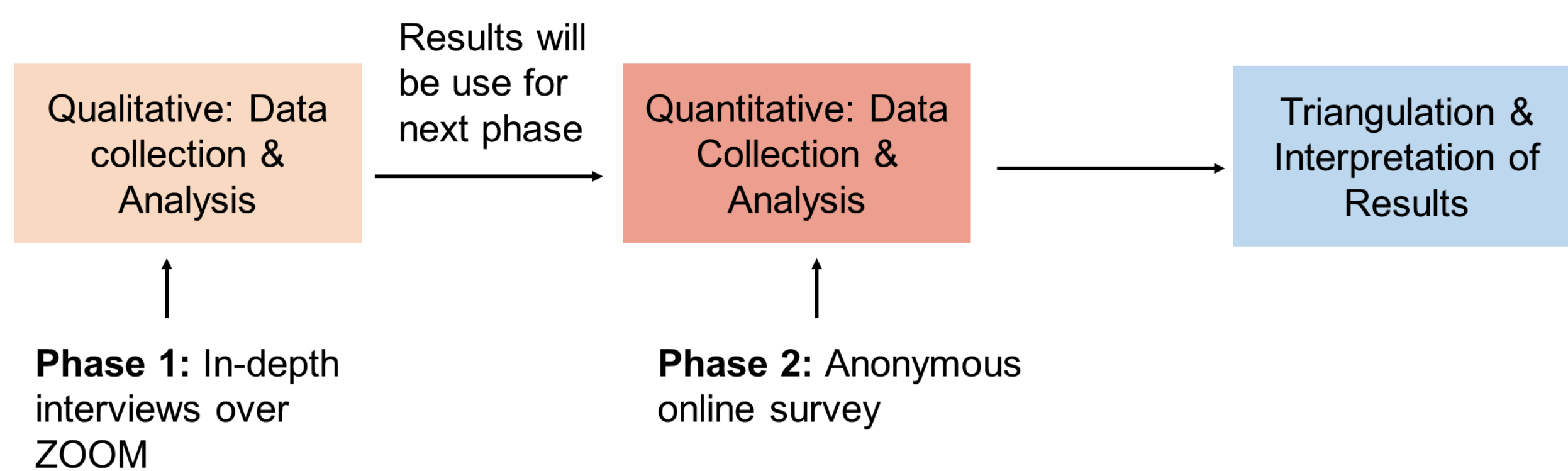
Introduction

- Advance Care Planning (ACP) allows for communication of patient's preferred care plans in the future with family members and healthcare professionals (HCPs) in the event if patient falls seriously ill¹.
- Oftentimes, ACP facilitators and HCPs may face moral distress in the process of facilitating and honouring the ACP.
- Moral distress was first defined as "knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action"². This definition has since been adapted into various versions in the literature.
- A recent review suggested that for moral distress to happen, one needs to experience both a moral event and the 'psychological distress' that are related³.
- However, there is little empirical research on the moral distress faced by both ACP facilitators and HCPs.

Thus, the **aims of this study** are (1) to examine factors of moral distress and ethical dilemma faced, (2) differentiate those who cope well with moral distress, their coping strategies, and (3) derive information usable for developing future training programmes.

Methodology

- Two-phase exploratory sequential mixed-methods study design



- Purposive sampling was used to recruit participants from various public hospitals in Singapore.
- Eligibility criteria:** (1) Healthcare workers who are either involved with ACP facilitation or clinical work involving ACP implementation, (2) Trained in ACP facilitation and/or directly care for patients with ACP documentation (3) Have at least or more than 1 year of relevant experience in ACP related work.
- Interviews were audio-recorded and transcribed verbatim.
- A preliminary analysis was done using transcripts (n=16) and notes taken (n=4) during the interviews. Recruitment is still currently ongoing.

Demographics of Participants

Characteristics	(n=20)	(%)
Mean age (years)	43.5	
Gender		
Female	17	85
Male	3	15
Ethnicity		
Chinese	18	90
Indian	1	5
Others	1	5
Professional role		
ACP coordinator	4	20
Doctor	7	35
Medical Social Worker	2	10
Nurse	7	35
Years of experience in professional role		
1-10 years	5	25
11-20 years	11	55
21-30 years	3	15
> 30 years	1	5
Trained in ACP	19	95
Number of ACP done per year		
1-10	5	25
11-20	3	15
21-30	1	5
31-40	2	10
41-50	3	15
> 50	1	5
> NA	3	15
Highest Education level		
Diploma	2	10
Bachelor's Degree	11	55
Master's Degree	7	35

Results

1st Difficulty: Reconciling differences

ACP work causes distress when opinions are difficult to reconcile

- Impact patient autonomy**
 - Amongst medical team [001]
 - Between family members [011]
 - Between family member and patients [002, 005, 016, 008]
 - Between patient and everyone else [014, 018]
- Impact best interest**
 - Family's voice overrides everyone else [001, 017, 019, 012]
 - Patient's point of view on best interest differs from medical team [016, 018]
- Unsure about motive behind decision**
 - Question motive of all family members involved [003, 005, 020]
- Have to deal with collusion**
 - request from family [011, 012]

Summary of scenario

[002] Patient do not want CPR but family members still want CPR (even though it is futile)

[019] Consensus was to have conservative treatment but pressure from family members to resuscitate the patient

[005] Daughter and son have differing opinions on the treatment option for mum. Both have ulterior motives (financial)

The Four Difficulties

That cause moral distress and ethical dilemma

3rd Difficulty: In Interpretation

ACP work causes distress when retrieved forms are difficult to interpret

- Will impact decisions downstream- documents lack depth or clarity**
 - Document ends up as checklist [015]
 - Document lacking details [011]
 - Documentation differs from expressed wishes [018]
- Documents were not able to aid treatment decisions**
 - Interpretation of what was documented vary [009, 007]
 - Medical's team adhering to ACP documentation could turn out to be wrong [001]
 - Patient don't recalled having documented wishes [013]

Summary of scenario

[015] Participant felt forms were not doing justice to the conversation and doubt an in-depth understanding of preferences is possible given the checklist approach.

[009] Interpretation of limited intervention can vary. Participant felt some clinicians ended up not looking at the clinical context as well as the function of the patient

[001] Doctor made the decision to adhere to patient preference for limited care. Also assessed to be in the 'best interest'. Family requested for full and active resuscitation to be done which proved to be 'right' and patient did recover

2nd difficulty: Completing discussions

ACP work causes distress when sessions are difficult to complete

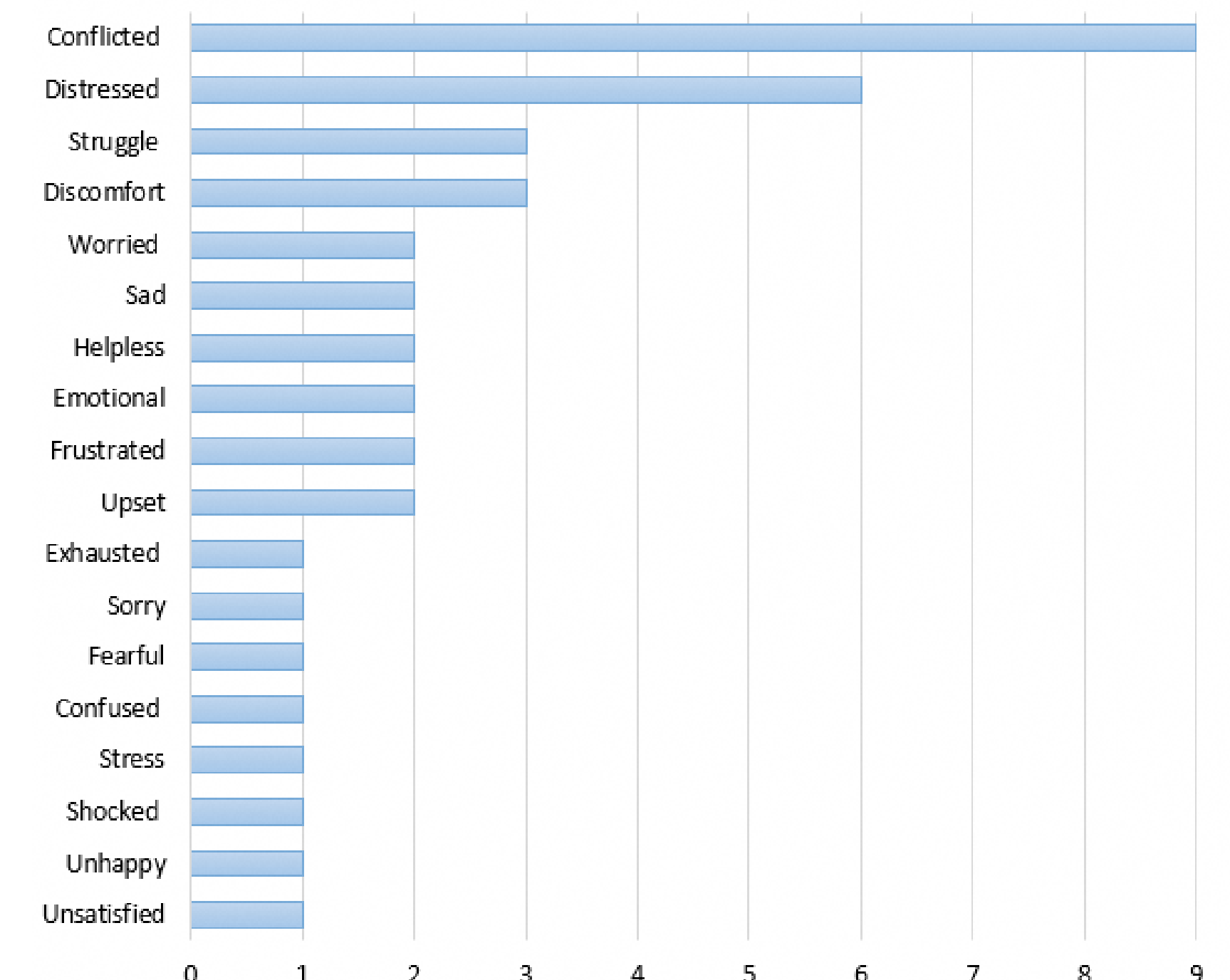
- Referral issues**
 - Patient not ready [003, 004, 008, 009, 014]
 - Poor understanding of goals of ACP by patients [009, 014]
- Too emotionally charged**
 - Patient require comforting [017]
 - Participating in a sorrowful session [008]
 - Family members quarrelling [017]
 - Family and patient quarrelling [003, 020]

Summary of scenario

[009]: Patient wanted comfort care but opted for CPR

[003]: Conversation was discontinued after the argument of the father & DG about going to the nursing home and payment issues

Psychological Reactions (associated with MD)



Conflicted

"I guess ethical dilemma is when you are stuck in a situation, where what seems right is not so clear. And so it's a very grey zone in that sense and I guess also it's a kind of conflict with what you believe and what are your values as well. Ya." [004]

Distressed

"Because I think the distress come when we feel that there is a conflict, right? The...the conflict might come upon when I think...we might not know a lot...ya. And we feel distress because we are fearful that our action, what will be the consequence from it. So I think that...have a better understanding of the ethic parts might be helpful to alleviate that kind of distress." [011]

Helpless

"I feel... I feel stuck, I feel very stuck and very distressed. Because I know this is not supposed to be. But yet I do not know how to do it, that time. So I feel very helpless. I just feel very helpless. So I bring back, I did discuss with my senior, like Sister XXX. So...so it's not an easy journey, I would say. Additional part is feeling that I spent so much time trying so hard, yet I reached nowhere." [006]

Exhausted

"Actually I feel very exhausted, to be honest. I feel very exhausted. You know, he come to me just repeat the same topic, some stories and have to draw back to continue the next session or discussion. Actually I feel quite exhausted mentally." [016]

4th Difficulty: In honouring

ACP work causes distress when preferences were difficult to honour

- Medical decision not concordant with wishes**
 - Medical team assessed that active treatment in best interest as patient can recover [004, 006, 010, 002, 001]
 - Active treatment provided as ACP forms were not accessed [019]
- Active resistance of treatment recommendation**
 - Severe consequences for patient [009]
- Preferred setting not possible**
 - Nursing home care would be more optimal than home discharge [015]
 - Care setting not possible for various reasons [010]

Summary of scenario

[010] In ACP, patient want comfort measure, but patient's condition (blood in urine) requires some treatment which goes against his wishes. Condition mean unable to discharge patient to any nursing home

[009] Patient declined nasogastric tube feeding. Team assess patient still quite well to continue. Patient rather starve.

[010] not possible to honour passing away at home due to lack of caregiver.

Discussion and Conclusion

- Findings showed that ACP facilitators and frontline clinicians have a strong sense of morality – augur well for the healthcare system
 - Strong sense of principle
 - Sense of right and wrong
- Participants reported that ethical dilemma or morally challenging situations they faced do lead to some form of psychological distress
- Ethical decision making training is required
 - Important to understand ethical principles and means to navigate various scenarios
 - Use of Jonsen's 4 box approach potentially a solution for medical education
- Develop approaches to facilitate team and supervisory support
- Enhancing processes at the system level

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