

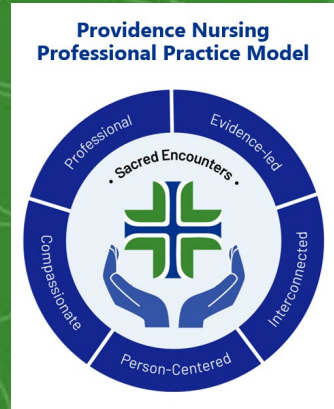


Providence System Nurse Research and Clinical
Scholarship Symposium 2024

Clinical Inquiry: The Catalyst to Nursing Excellence

Alleviating Health Professionals' Moral Distress through Hospital- based Chaplain Care

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Our Team

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Background and Problem Statement

- Healthcare workers (HCW) experience occupational stressors that negatively impact emotional well-being and could impact turnover intentions
- Few evidence-based interventions for managing occupational stress that positively impact well-being
- Spiritual support staff may provide spiritually-based stress reduction initiatives
- At Providence, as perceived chaplain importance increases, compassion satisfaction increases, burnout decreases (Gaines et al. 2023)



Clinical Question and Project Aims

- The Institutional Review Board (IRB)-approved purpose of this study was to assess perceptions of caregivers in acute care hospital settings regarding the role of hospital-based chaplains in addressing emotional well-being, especially stress and burnout.
- Research questions included:
 - How do healthcare workers (HCW) conceptualize workplace stress?
 - What impact does speaking with Chaplains have on workplace stress?



Methods

- Qualitative descriptive research study
- Setting: Providence, system-wide
- Sample: Employed caregivers (≥ 18 years)
- Procedures:
 - Participants who completed survey (2/22 – 4/22) from parent study were invited to participate in recorded virtual interviews
 - 33 participants (2/22 – 12/22)
 - Semi-structured interview questions
 - Transcripts recorded under a pseudonym
 - A-priori coding manual was developed, analyzed according to qualitative descriptive procedures (Miles, Huberman, & Saldana, 2020; Sandelowski, 2000; 2010)
 - Findings presented as thematic sentences (Sandelowski & Leeman, 2012)



Inclusion and Exclusion Criteria and Considerations for Vulnerable Populations



Demo	N	%
RN	25	76
Female	30	91
5+ yrs	19	58
Day shift	19	58
Non-CC	23	70
Christian	18	55

Considerations
<ul style="list-style-type: none"> • Time and space • Private • Trained interviewers • Non-supervisory • Frequent team meetings (“going native”)



Analysis of Data

- Elements of qualitative descriptive analysis
 - Concurrent
 - Coding manual, sensitizing concepts (Charmaz, 2009)
 - Transcripts read against video, corrected for accuracy
 - Wide right margins (marginal remarks: “fleeting and emergent reflections” MHS, p.86)
 - Meaning units
 - First-level coding (“prompts or triggers that condense data”)
 - Analytic memos (“narrative that documents the researcher’s reflection and thinking process” MHS, p.88)
 - Second-level coding (themes: “an extended phrase/sentence that identifies what a unit of data is about” MHS, p.73)
 - Cognitive map/thematic display
 - Tactics for generating meaning and confirming findings (MHS Ch. 11)
 - Thematic sentences (Sandleowski & Leeman, 2012)



Findings

Thematic sentence #1: As a result of performing my job duties, I experience moral distress.

- Obstacles to moral/ethical behavior included: training/time, volume of deaths, lack of PPE, community assaults, physical separation
- *“In a long-term care setting, we were having to keep people away from their families. And that is not OK. I know why we needed to do it, but like it's horrible to have patients separated by glass. It's horrible to have families outside and we can't invite them in. It's just not OK. **And it's really hard to reconcile these feelings because you know that in a normal situation, it's wrong.**”*
- *“I've been there for a several years and it's unusual to have [so many of our patients pass away] over that short a period of time.”*
- *“You know, personally I go to church, I'm a Christian. I'm a spiritual person. But when it comes to speaking with patients and families, I can't quite always verbalize what it is I'm trying to say to them. Those words of comfort, you know, being able to get them out the way I want to. I just can't quite figure that out.”*



Findings

Thematic sentence #2: Because of the stress I am carrying, I seek help from the chaplain.

- HCW knew how how/when to access chaplain care; *“It’s easy access; like calling the IV therapy nurse.”*
- Chaplains provided care in a myriad of ways: recorded prayers, cleansing the room ceremonies, blessing of the hands, code de-brief, blessing for the day, *“he just sort of hung out,”* rounding with a cookie/coffee cart
- *“She’s just so aware of the stress we might be going through. On a personal level, she’s always checking in with us. Hey, what do you need? How are you guys doing? Yesterday was a hard day, what can we do for you?”*
- *“If she knows something happened overnight, the chaplain will stand right outside her door, and all the staff from the intensive care unit walked right by her as they were leaving. It was an open door. Her office is like this warm, inviting place. And so you could certainly just get caught up in a conversation with her and go process, which is great.”*



Findings

Thematic sentence #3: In small and significant ways, chaplains help to relieve my moral distress.

- *“Oh my gosh, that’s **exactly what I needed**. It feels like when they show up, then you think of what you might really need.”*
- *“Chaplains are a great **source of stress reduction** for me because they take care of things” “that I would have a very difficult time doing.”*
- *“You know you can vent to somebody, you can express your feelings. We’re looking for a listening ear, and someone to be there for us.”*
- *“When the chaplain comes and assumes some responsibility for it, it really **eases your mind** and opens you up to being able to focus on the clinical care.”*



Discussion

1. HCW experienced moral distress



- The feeling of being compromised; it is the dissonance between thinking you know what the right course of action is and your perceived inability to act accordingly (Jameton, 1984)
- Ethically driven; when you know what the right thing to do it, but you cannot do it

2. Moral distress can progress



- Compound stress, moral residue, moral injury vs.
- Moral comfort (Corley, 1995) or moral resilience (Rushton, 2022)
- Impaired well-being, burnout, turnover

3. Relief from moral distress



- Scant literature on evidence-based ways to support HCW
- Chaplains may be ideally situated (finding common ground in the midst of ethical dilemmas)



Clinical Implications

- Ethical (and financial) imperative to recognize and manage moral distress among HCW
- Future research:
 - Continuum of distress: moral distress, moral resilience
 - Chaplains as a fully functioning member of the care team
 - Evidence-based methods for resolving moral distress

Questions? Thank you



Curated bibliography

Full list of reference available upon request karen.colorafi@providence.org

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