Building moral communities for reflection and dialogue in pediatric and adult healthcare settings

David Browning, MSW, LICSW
Co-Founder, Institute for Professionalism and Ethical Practice
Boston Children’s Hospital

david.browning@childrens.harvard.edu

Susan Gerbino, PhD, LCSW
Clinical Professor
Director, Zelda Foster Studies Program in Palliative and End-of-Life Care
NYU Silver School of Social Work

susan.gerbino@nyu.edu

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Our focus this morning...

- Introductory rationale
- Defining terms
- What *is* a moral community?
- Examples from our practice
- Discussion
Introductory rationale:

 Clinicians practicing in healthcare settings, especially those who work with chronic and complex patients, or in intensive care or palliative care settings, are increasingly beset with heavy workloads, intra- and inter-professional tensions, and ethically challenging situations.
Introductory rationale (cont’d)

- These occupational burdens contribute to well-documented instances and patterns of compassion fatigue, moral distress, and burnout across healthcare disciplines.

- Insufficient attention and resources are devoted to creating spaces and places where professionals can reflect on the moral and ethical stresses embedded in their daily practice.
Defining terms…..

- **Moral imagination:** our capacity to envision various possibilities for acting in a given situation and the potential help or harm of these actions.

- **Moral agency:** our ability to make moral judgments based on our sense of right and wrong and to be held accountable for our actions.

- **Moral identity:** how we perceive ourselves in terms of moral agency and our capacity for moral imagination.
Defining terms (cont’d)…

- **Moral integrity**: our experience when there is a reasonable match between our moral agency/moral identity and what we are asked or required to do professionally  

- **Moral distress**: our experience when there is a mismatch between our moral agency/imagination/identity and what we are asked or required to do professionally

- Affects what we see in mirror at end of the day…
What *is* a moral community?
What do we mean by “moral”?

**Morality** is...

- “a socially embodied medium of mutual understandings and negotiation between people over their responsibility for things open to human care and response” (Walker 1998)
- relational and contextual
- grounded in the roles and responsibilities of everyday social life.

[As contrasted with ethics/ethical]
Keeping moral space(s) open…

**Moral communities** are…

- places, both literally and figuratively, that “keep moral space open,” (Walker 1993)

- Places/spaces where moral language can flourish in conversations about
  - our moral and professional identities,
  - our understandings of mutual responsibilities,
  - the values and beliefs we hold as members of a particular community. (Liaschenko 2016)
These spaces can be:

- “structured” or informal
- with individual or multiple disciplines
- within or outside physical boundaries of healthcare organizations

Our examples will include:

1. Informal, single discipline, within org.
2. Structured, multiple disciplines, within org.
Types of questions raised..

- What is your understanding of the situation/topic under discussion?
- What knowledge do you have that is unique to your role and your context?
- What’s at stake for you? What’s at stake for others?
- How do you think your perspective is valued by others inside or outside your own discipline?
- Where and how do you voice your perspective?
- How do you understand the perspective of others?
Essential ingredients for psychological safety that facilitates open dialogue...

- Honoring multiple perspectives across lines of difference (including professional discipline, experience level)
- Validating practice knowledge
- Suspending hierarchy
- Supporting reflection/self-awareness
- Addressing “elephants in the room”
Ground rules
(collective responsibilities)

- Listen attentively—contribute to a learning atmosphere of equality, trust and respect.
- Create a climate receptive to the sharing of thoughts, feelings, and experiences.
- Support the expression of multiple perspectives, even if you may not agree.
Ground rules (cont’d)

- Risk sharing your own perspective, even if you think others may not agree.
- Create space in the conversation for less vocal participants to speak.
- Maintain confidentiality in regard to any personal or patient/family information that is shared.
Where does social work fit in?

- Moral concerns drove development of social work as a profession
- Emphasis on knowledge base at the expense of social work values/mission (Bisman 2014)
- Unique relationship to value of social justice
- Obligation to bear witness to injustice, to speak up, and to act (moral outrage) (McAuliffe et al 2016)
Where does social work fit in? (cont’d)

- Challenge of bridging gap between values/mission and practice (McAuliffe et al 2016)
- Moral distress: social workers often in role of supporting other professions.
- Importance of understanding and addressing…
  - how moral distress manifests itself for social workers
  - what role social workers play/should play in the creation and maintenance of moral communities
Examples from our practice
Discussion


