ResetEthics
THE MORAL HARM PROJECT

Scenario 6 – a chaplain and clinical psychologist - transcript

Helen - My name's Helen. I'm a clinical psychologist embedded in clinical teams in hospitals, with a specific remit to provide staff support within the team. Staff can drop in and see me, they can make an appointment, or they can speak to me on the ward. And we have a designated space where they can speak to me confidentially.

Sarah - My name's Sarah, and I work in the chaplaincy. I cover the whole of the hospital, supporting staff, patients and their families. We provide a multi-faith room where people can come if they need to. I like to be quite visible throughout the hospital. You will see me walking around, just to be there for people to see and come and chat to if they need to.

Interviewer - Briefly describe what your overarching approach to supporting staff within the trust is, please.

Sarah - The chaplaincy can draw on knowledge of religions and faiths, and some of us have had formal ethics training which is very helpful when we're working in an environment with an awful lot of moral issues do come up.

Helen - And, as a clinical psychologist, and for yourself, Sarah, we provide a space where staff can feel heard. We'll listen to them, show some compassion and understanding for what they're going through. I draw on psychological theories and take a psychological interventions approach. I'll try to identify in cases where I think it is moral distress that's causing the problems. I will try to identify and explore the originating cause or situation.

Interviewer - How do you recognise moral harm or distress when a member of staff approaches you for support?

Helen - Staff can approach with various emotions and feelings, but there are certain things that they'll say that would indicate that it's probably moral distress that's causing them to feel that way. For example, they might say that something feels very wrong. fundamentally wrong to them. It might not fit in with their sense of professional identity or they might even say that this isn't why they came into this profession.

Sarah - Staff will often identify or mention a sense of unfairness or unjustness, underpinning that is this general sort of sense of hopelessness or helplessness or even powerlessness comes across.

Helen - And they feel unable to cope, whereas they'd cope usually in a particular situation, on this occasion they feel unable to cope. They'll probably be showing anxiety. It might be that they don't know what they're going to be asked to do next. They might be anxious about being assigned a particular patient on a ward. And sometimes they'll be anxious about how they're going to support themselves. To the patient's family, especially if the patient wants a different course of action to that being taken. It can be really difficult. I mean, sometimes they'll be quite tearful as well. They feel like they don't know what to do with themselves. They don't know where to go for help, that kind of thing, and that general feeling of not coping.

Interviewer - How do you support people experiencing moral harm?

Sarah - We support people who are experiencing this moral harm by normalizing the feelings. For example, I might say, you didn't come into the profession to feel like this, or to have to deal with this. I also like to clearly and quickly sort of identify with the member of staff that this is moral distress, so that they know that it's not just them feeling this, this is actually something.

Helen - And exploring, in more detail, the reasons for them feeling this way can be really helpful. Identifying how it conflicts with their personal values and also considering the impact on their professional sense of self. Looking at that in a wider context, in terms of their gender, their ethnicity, their social class, that kind of thing.

Sarah - It's also about supporting them to think about what can be done to make them feel better. What have they done already? Did this help? What do they see? What can we provide or do for them that's going to help them not feel like this?

Helen - Sometimes, we can help them to step back from how they're feeling. For example, if a manager has said to them "you just need to be more resilient" that's not helpful, but we can help them to step back from that. So, it's not personalized and individualized to them. We can help them to look at it in a broader context and help them to untangle the moral aspects of the situation. And it's so important that someone listens and that they are heard. Sometimes, we'll facilitate meetings with the decision makers that have been involved. That might be in the Clinical Ethics Committee meeting, or it might be in the MDT.

Also, we might point them towards things that might help like more professional training. Mentorship or identifying organizational failings is a big part.

Sarah - In the chaplaincy, we sometimes will create a ritual or a prayer with them. We can work with staff to deepen their connections with others, with others' faith and a sense of community. We can be a connector between cultures.

Interviewer - Do you think that the kind of work that you're describing gives you wider responsibilities within the organization, and if so what kind of responsibilities are these?

Helen - In our roles, it is our responsibility to bring these issues to the wider organisation. As it often involves people within the wider organisation, individual sessions might not always be enough. We have a duty to inform managers of things that are happening. Especially as often it'll be something that we see repeatedly, with different staff presenting with the same situation where they're experiencing moral distress.

Sarah - So, I think it's important to talk to managers about moral distress in multi-disciplinary team meetings so that everybody's aware that this happens.

Helen - Also, it's a responsibility of the organization to have things in place to help staff when this happens. For staff to feel validated, often it's important for them to hear from the decision-makers, why a particular decision has been made. I've heard staff say that these decision-makers will swan in, make a decision and then swan back out again, leaving them to carry it out and deal with the consequences or the outcomes of that. Being able to have that broader context for that decision can sometimes be helpful as well.

Sarah - Because of our religious training, we're called upon to assist with ethical decision making. In discussions, some members of the chaplaincy are members of the Clinical Ethics Committee so they can help there too.