An Ethical Framework for Health Care Leaders Working With Older Adults

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An Ethical Framework for Health Care Leaders Working With Older Adults:

**Faculty/Presenter Disclosure**

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**RELATIONSHIPS WITH (NON-PROFIT)**
**COMMERCIAL INTERESTS:**

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Managing Potential Bias

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An Ethical Framework for Health Care Leaders
Working With Older Adults:

Learning Objectives

- Discuss the nature and consequences of ethical challenges experienced by older adult residents, families, care providers, and health care leaders in long term care.

- Identify how an ethical framework can support residents, families, care providers and health care leaders in long term care.
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- Karen Pott, (Co-Researcher), PHC Registered Occupational Therapist, BScOT(Hons)
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We are a group of interdisciplinary health care team members who have used Action Research to understand and address:

(a) how long-term care facility team members are affected by the increasing number of deaths of the residents they are looking after; and

(b) what strategies team members find helpful in supporting them to cope with resident deaths.
Despite significant work to support better end of life decision making (e.g. advance directives) over a few decades, many patients still experience what they would consider to be over-treatment at the end of their life.

At the same time, many patients with chronic illnesses/life limiting conditions have difficulty accessing appropriate treatment and care, including symptom management and supportive care.

The impacts on patients/residents (e.g. suffering), families (e.g. traumatic grief), and health care providers (e.g. moral distress) are significant.
Recent research in residential long term care is warning that *HCPs’ responses to the stress generated by residents’ deaths can lead to increased sick time, burnout and attrition*, as well as other stress-related consequences such as ill health (Gao et al., 2014; Gorman, Yu, & Alamgir, 2010).

Research on such consequences is still evolving (and focuses mainly on nurses), but it is also becoming clear that *older, full-time workers, long-term care workers and those with a lower hourly wage are particularly at risk* (Gorman, Yu, & Alamgir, 2010).

Registered care aides often fit the criteria above. *Their well-being, as well as the well being of the other health care providers they work with*, is crucial (Marcella & Kelley, 2015).
To further Illustrate:

- Using an exploratory qualitative methodology, researchers in Ontario (Marcella and Kelley, 2015) studied RLTC staff’s grief and bereavement experiences and identified the perceived support needs of nurses and personal support workers (a category similar to RCAs).

- Marcella and Kelley (both of whom are social workers) found that their participants’ experiences were complex, and “shaped by the emotional impact of each loss, the cumulative burden of ongoing grief, an organizational culture in LTC where death is hidden, and the lack of organizational attention to staffs’ support and education needs” (p. 1).
VALUES: How Ethical Inquiry Can Help

IS (or MIGHT BE)

OUGHT
ETHICAL THEORY

Autonomy
Beneficence/Nonmaleficence
Justice

Fidelity
Care
SOCIAL Justice
RELATIONAL Autonomy
Thinking of Ourselves as *Moral Agents*

“*Relationship centred care delivers patient centred care*”

*(Dr. David Kuhl, Catholic Health Association Presentation, September 20, 2018; see also Kuhl 2003; 2006)*
Moral Climate and Patient Safety

The safety of patients and their families is linked to the safety of nurses and other members of the health-care team. Both depend on a safe moral climate in which the required organizational, material and interpersonal resources are available and the values for safe, competent, ethical care are in place. A safe moral climate fosters effective communication, and vice versa.

(adapted from Rodney, Doane, Storch, & Varcoe, 2006)
...”relational autonomy embraces (rather than ignores) the fact that persons are inherently socially, politically, and economically-situated beings. A relational approach to autonomy directs us to attend to the many and varied ways in which competing policy options affect the opportunities available to members of different social groups,... and to make visible the ways in which the autonomy of some may come at the expense of others. Relational autonomy encourages us to see that there are many ways in which autonomy can be compromised. It allows us to see that sometimes autonomy is best promoted through social change rather than simply protecting individuals’ freedom to act within existing structures” (Kenny, Sherwin, & Baylis, 2010, p. 10; see also Baylis, Kenny & Sherwin, 2008).
Looking Through a Relational Ethical Lens....

Larger Provincial and National Systems

Communities and Regions

Health Care Agencies

Families, Communities

Individuals
Levels of Action

MICRO: Individuals

MESO: Organizations, Policies

MACRO: Communities, Regions, Provinces, Countries
Understanding the patient/client/resident health and illness story within the family and community context...

Understanding the team members’ perspectives and experiences within the health care agency context...
Individual Strategies to Consider...

- Self-reflection, centering
- Self-care strategies
- Peer support/mentoring, formal and informal
- Understand your individual and organizational responsibilities
- Know your health care organizational resources
Leadership Implications

- Expertise in Professional Practice
- Knowledge of Ethics
- Thoughtful Self-Reflection
- Conflict Resolution Skills
- Expertise in Group Leadership
Policy Action

Ethical evaluation of existing policies

Attention to ethics in policy development

Authentic engagement of those affected by policies

Reflection and evaluation
Promote authentic collaborative engagement of those diverse groups affected by policies—the public, health care professions, and all levels of government.

Aim for "overlapping consensus" vs competing rights (JCB).

Reflection and evaluation, feedback at all levels. Pay particular attention to those who are most marginalized by our society, and the situated vulnerability (Anderson, 2004; Anderson et al., 2009) of all.
Organizational Action

• Interdisciplinary Team Support
• Participatory Decision Making
• Thoughtful Resource Allocation
• Creating a Sense of Moral Community
...an ongoing project by palliative care nurse leaders in British Columbia (BC) points out that it is not just resources that are important—specialized education and leadership to foster a palliative approach to EOL care are also needed in diverse practice contexts”.

(Canadian Nurses Association, Canadian Hospice Palliative Care Association, Canadian Hospice Palliative Care Nurses Group, 2015; Sawatzky, Porterfield et al., 2014; Sawatzky et al., 2016).
Some Related References

Some Related References cont.


