

# Long-Term Care Community of Practice Series

Mental Health and Resilience During COVID- Part 1



Host: Jeffrey B. Moat, CM  
Presenter: Françoise Mathieu  
Date: November 10<sup>th</sup>, 2022

# Territorial Honouring



# The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



# LEAP Long-Term Care

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Case studies contextualized to the long-term care setting.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) working in long-term care and nursing homes.
- Accredited by CFPC for **27.5 Mainpro+ credits** (online) and **26.5 Mainpro+ credits** (in-person).



Learn more about the course and topics covered by visiting

[www.pallium.ca/course/leap-long-term-care](http://www.pallium.ca/course/leap-long-term-care)

# Introductions

## Host

**Jeffrey Moat, CM**  
CEO, Pallium Canada

## Presenter

**Françoise Mathieu, M. ED., RP., CCC.**  
Secondary Traumatic Stress Specialist  
Executive Director, TEND Academy

# Disclosure

Relationship with Financial Sponsors:

## **Pallium Canada**

- Not-for-profit
- Funded by Health Canada

# Disclosure

## **This program has received financial support from:**

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

## **Host/ Presenters**

- Jeffrey Moat: CEO, Pallium Canada
- Françoise Mathieu: Executive Director of TEND

# Disclosure

## Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content.



# Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Dec. 9, 2021 from 12-1pm ET
Session 2	The Palliative Approach as Part of the Continuum of Care	Jan. 13, 2022 from 12-1pm ET
Session 3	The Palliative Approach as an Inter-Professional, Team-Based Approach	Feb. 10, 2022 from 12-1pm ET
Session 4	Individuals and their Families as Members of the Team	Mar. 10, 2022 from 12-1pm ET
Session 5	Advance Care Planning	Apr. 14, 2022 from 12:30-1:30pm ET
Session 6	Resources for Long-Term Care	May 12, 2022 from 12:30-1:30pm ET
Session 7	Spiritual and Religious Care as Part of the Holistic Approach	Jun. 9, 2022 from 12-1pm ET
Session 8	Supporting New Team Members	Jul. 14, 2022 from 12-1pm ET
Session 9	Honouring Personhood in Dementia Care	Aug. 11, 2022 from 12-1pm ET
Session 10	Diversity and Inclusion in the Long-Term Care Setting	Sep. 8, 2022 from 12-1pm ET
Session 11	Meaningful Measurement to Support Health System Improvements in LTC	Oct. 13, 2022 from 12-1pm ET
Session 12	Mental Health and Resilience During COVID: Part 1	Nov 10, 2022 from 12-1pm ET
Session 13	Mental Health and Resilience During COVID: Part 2	Dec 8, 2022 from 12-1pm ET

# Welcome and Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from and what your role is in the Long-Term Care setting
- Your microphones are muted. There will be time during this session for questions and discussion.
- You are welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties, but also please also feel free to raise your hand!
- This session is being recorded- this recording and a copy of the slides will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **12 Mainpro+** credits.

# Mental Health and Resilience During COVID- Part 1

# Objectives of this Session

## Upon completing the session, participants will be able to:

- Describe what is meant by “moral distress” related to palliative and EOL care in the Long-Term Care setting.
- Identify situations that lead to moral distress.
- Proactively address situations that may result in moral distress or navigate these when they occur.
- Describe the experiences of residents, families and staff during COVID-19 and the impact of these on their mental health



# This is where I live



# This is what I do for work



Internet Crimes Against Children  
Task Force Program



## Housing For All



# Life after COVID: Preparing Yourself for the New Normal

“[...] One of the most useful things that people can do is be **intentional** on a **review** [...]. And, some people will do that, some people won't.

Dr. Bruce Perry

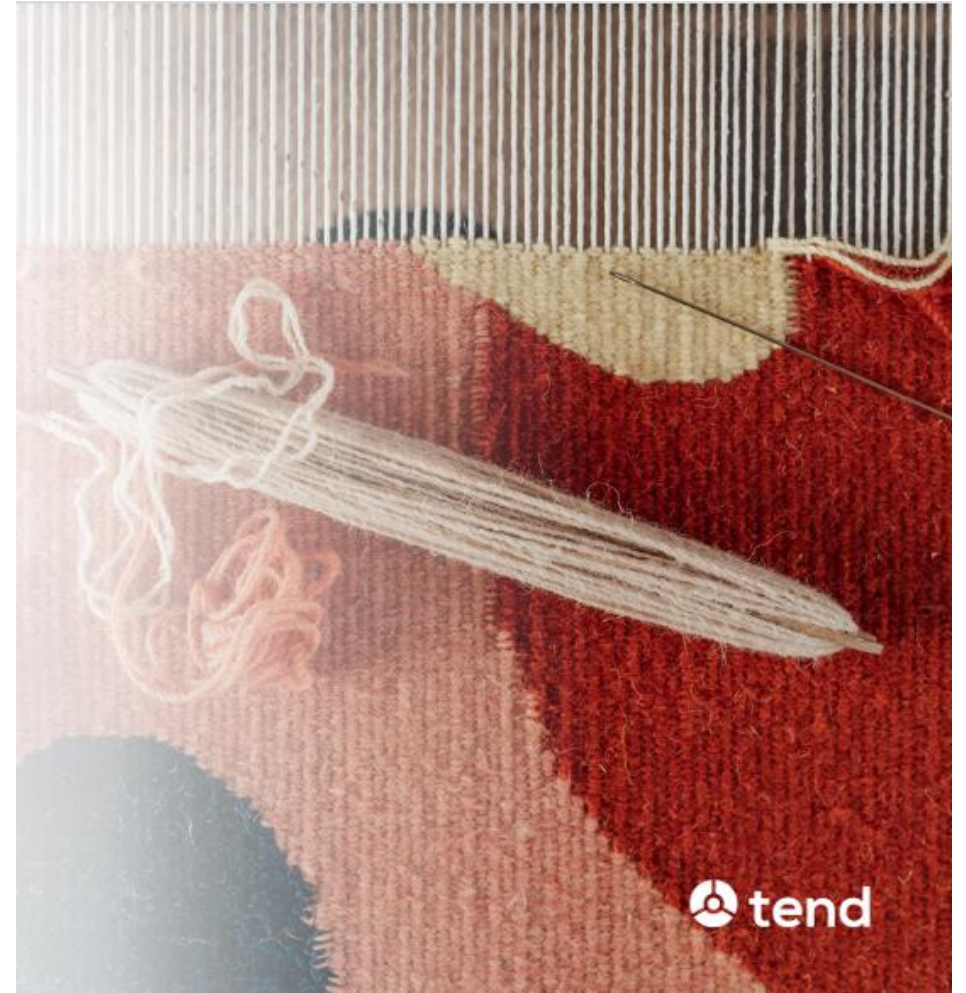
(2021, May 21-21). *Life After COVID: Preparing yourself for the new normal*. <https://www.rickhanson.net/life-after-covid-free-online-summit/>



“...Instead of viewing the pandemic experience as one thing, I would encourage people to start to dissect out the strands of this tapestry.”

Dr. Bruce Perry

Source: Life After COVID: Preparing Yourself or the New Normal, free Online Summit.



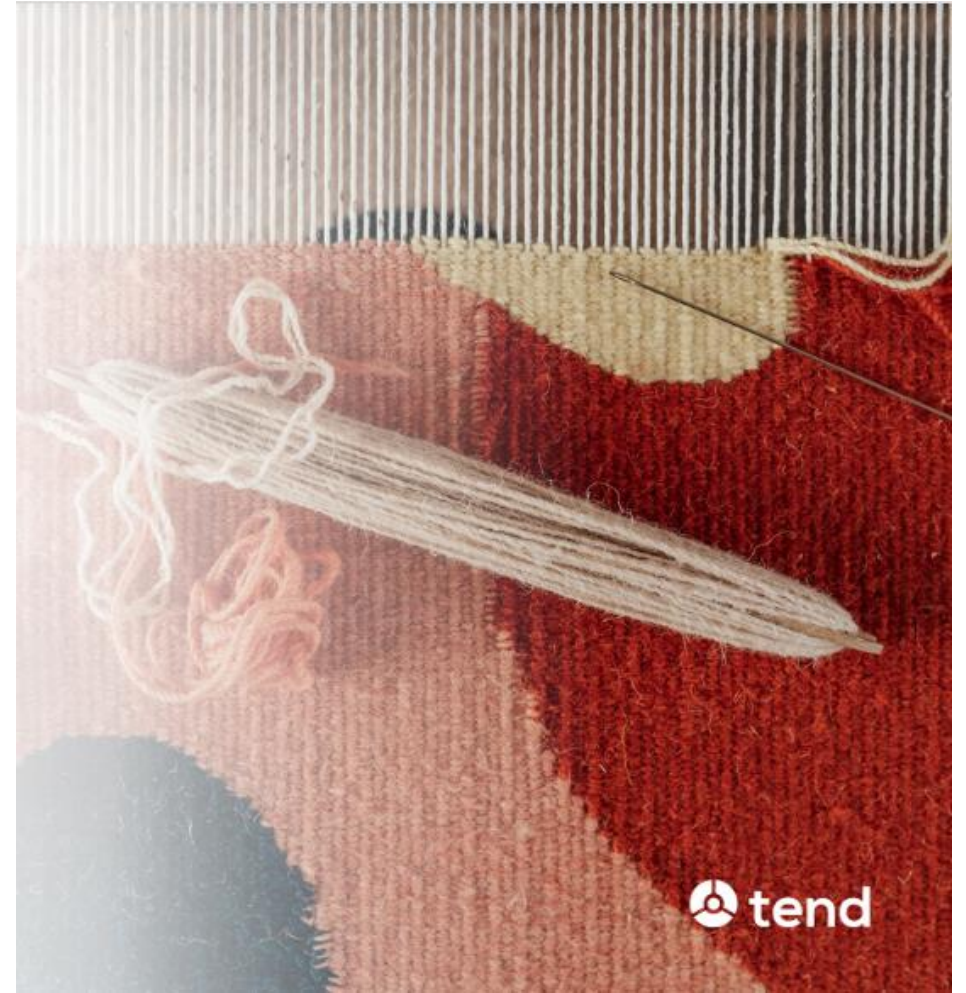
“What are these brightly colored threads that actually are little things that we should carry forward?”

What are the things that we don't want to carry forward?

And what did we learn?”

Dr. Bruce Perry

Source: Life After COVID: Preparing Yourself or the New Normal, free Online Summit.

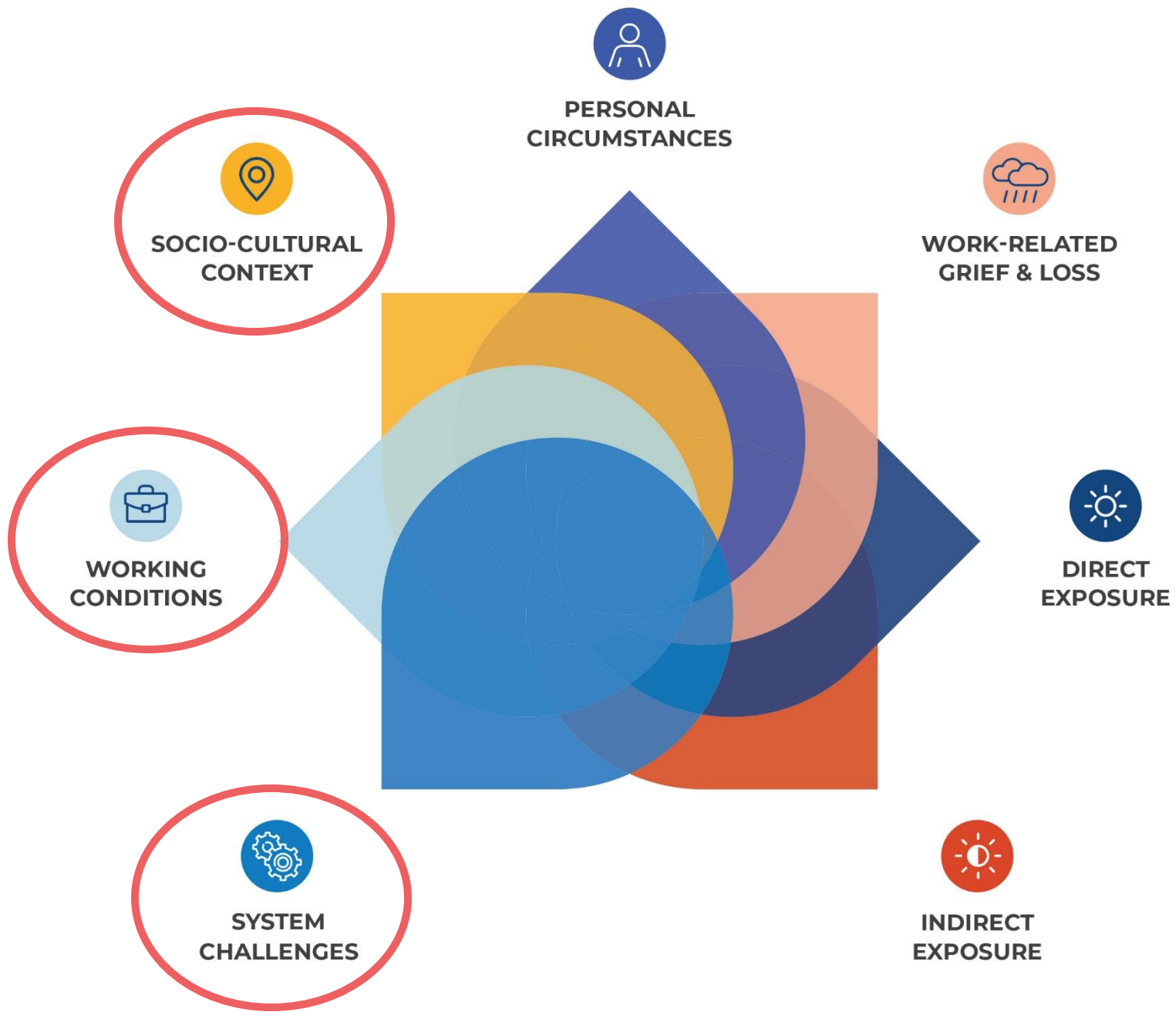


# What are your lessons learned?



# Moral Distress

...and other feelings  
of anger or grief



*The*  
SPIRIT CATCHES YOU  
AND YOU FALL DOWN  
*A Hmong Child, Her American Doctors,  
and the Collision of Two Cultures*  
ANNE FADIMAN

WINNER OF  
THE NATIONAL  
BOOK CRITICS  
CIRCLE AWARD



WITH A NEW  
AFTERWORD BY  
THE AUTHOR

ESQ CLASSICS

# Culture, Race, Identity and Discrimination

- Being asked to be “expert” on diversity at work because of your race, culture, gender, identity, provenance, etc.
- Having experienced or continuing to experience the same barriers & discrimination as some of your patients/families.
- Being criticized by your family/friends for being part of “the system”
- Feeling voiceless to take part in debate/dialogue (is it safe? Will there be negative consequences?).

# The difference between moral distress and a moral dilemma





# Moral Dilemma

A situation in which you are faced with several options that have different and important values – and you do not know the correct moral choice.



# Reflection on Moral Dilemmas

Think about a **personal** dilemma that you couldn't solve on your own or resolve at all.

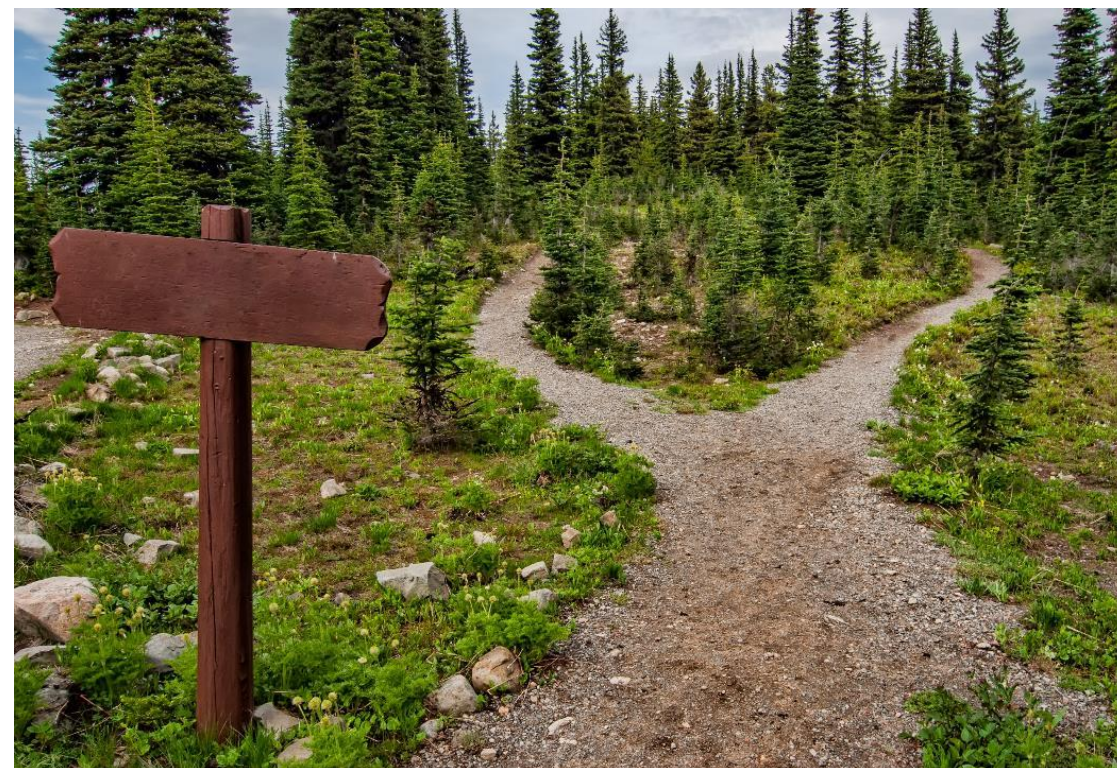
E.g. Two of your very close friends, Vij and Sam, are married to each other.

You find out accidentally and without a doubt that Sam is having an affair and Vij has no idea. What should you do?



# Reflection

When faced with a moral dilemma, where in your body did you first notice your reaction?



- What did you notice yourself doing next?
- Act on it immediately?
- Obsess over it?
- Feel the urge to talk to someone right away?
- Get angry and defensive?
- Push it away and distract yourself?
- What else?
- What did you do next if you couldn't solve it?



# Reflection on Moral Dilemmas

- Think about a **work-related** dilemma that you couldn't solve on your own or resolve at all.
- When our actions are mandated by law, it is not considered a moral dilemma, even if it is distressing. (e.g. duty to report).
- Some experiences may feel like a dilemma but are, in fact, moral distress.

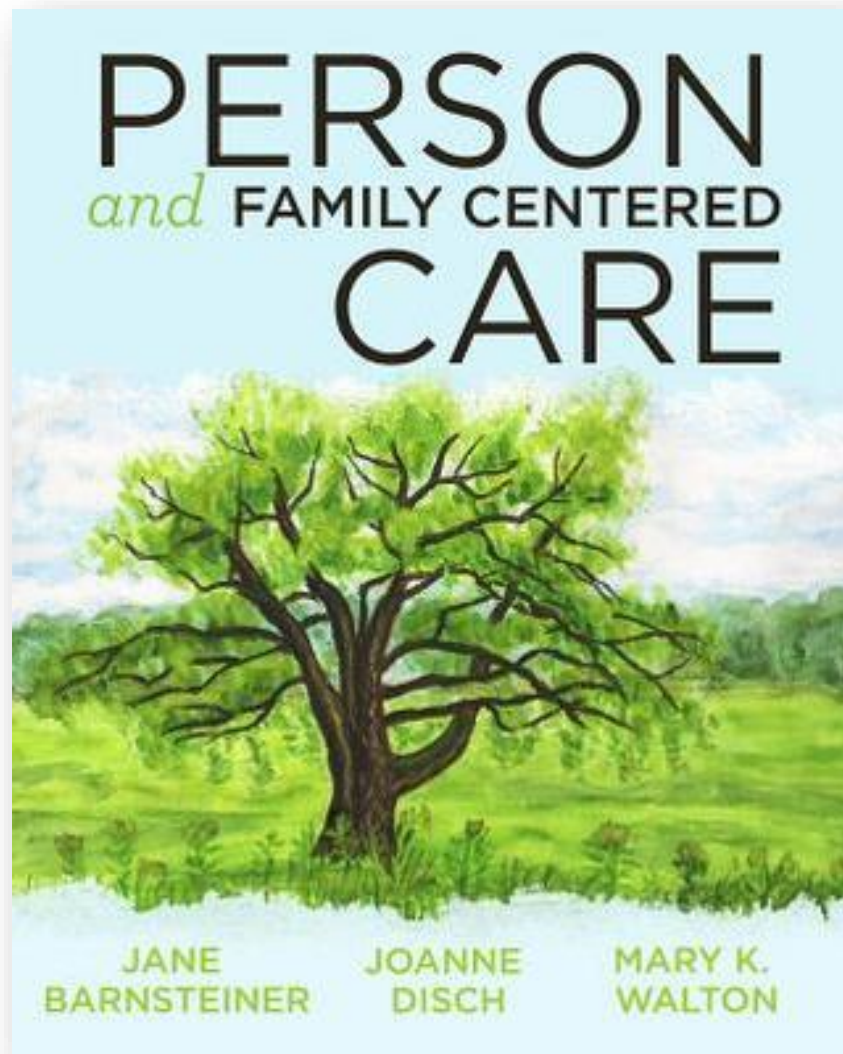


The term “**moral distress**”  
originated in healthcare





*“This is the discharge nurse, she’ll be able to tell you about all the services you aren’t able to get any more when you leave.”*



Mathieu, F., & McLean, L., (2014) Managing Compassion Fatigue, Moral Distress and Burnout in a context of patient-centered care in Walton, M., Barnsteiner, J., & Disch, J. (eds) Patient/Family Centered Care – Patient and Care Provider Considerations, Sigma Theta Tau International. Recipient of the 2014 AJN Book of the Year Award.

## Chapter 20

### Managing Compassion Fatigue, Burnout, and Moral Distress

*Françoise Mathieu, MEd, CCC*  
*Leslie McLean, MScN, RN*

*Jana is a registered nurse (RN) working in a hemodialysis unit. She has been there for 15 years and takes pride in knowing all of her patient's special needs and idiosyncrasies. She looks forward to going to work and enjoys most of the patients and families she works with. In the past 2 years, however, the volume of work on the unit has dramatically increased. There are fewer nurses on the floor, and as a result, Jana has to monitor more patients than before. She spends most of her time rushing from one bed to the next, checking on patients' dialyzers and vitals.*

*Recently, she had to spoon-feed lunch to two of her patients, which took a great deal of time, and she had to frequently interrupt what she was doing to respond to alarm bells. One of the patients she was feeding was experiencing difficulty swallowing, and Jana found herself becoming very impatient with the patient's slowness in eating her meal. Later, on her way home, Jana felt very guilty about this and regretted being so irritable with this lovely elderly patient.*

Over the past 2 decades, the healthcare system in the United States has been in a state of flux: We have experienced numerous budgetary cutbacks that, in turn, have led to a reduction in staffing, more hospital mergers (Small & Small, 2011), and a decrease in resources to care for patients:

During the 5 years ending December 31, 2009, there were at least 278 hospital mergers covering 639 hospitals with 108,711 beds. This represents 11% of the American Hospital Association estimate of the 944,277 total staffed hospital beds in the United States. (Small & Small, 2011, p. 3)

Nurses all over North America report that they are being asked to do more with less (Duxbury, Higgins & Lyons, 2010) and are having to care for a larger number of sicker patients who require

Mathieu, F., & Mclean, L., (2014)



# Moral Distress

A situation in which you recognize your moral responsibility, evaluate, and identify the morally correct action in accordance with your values - but are prevented from following through by **constraints** or barriers.

Sources: Rushton, 2017; Morley et al, 2019





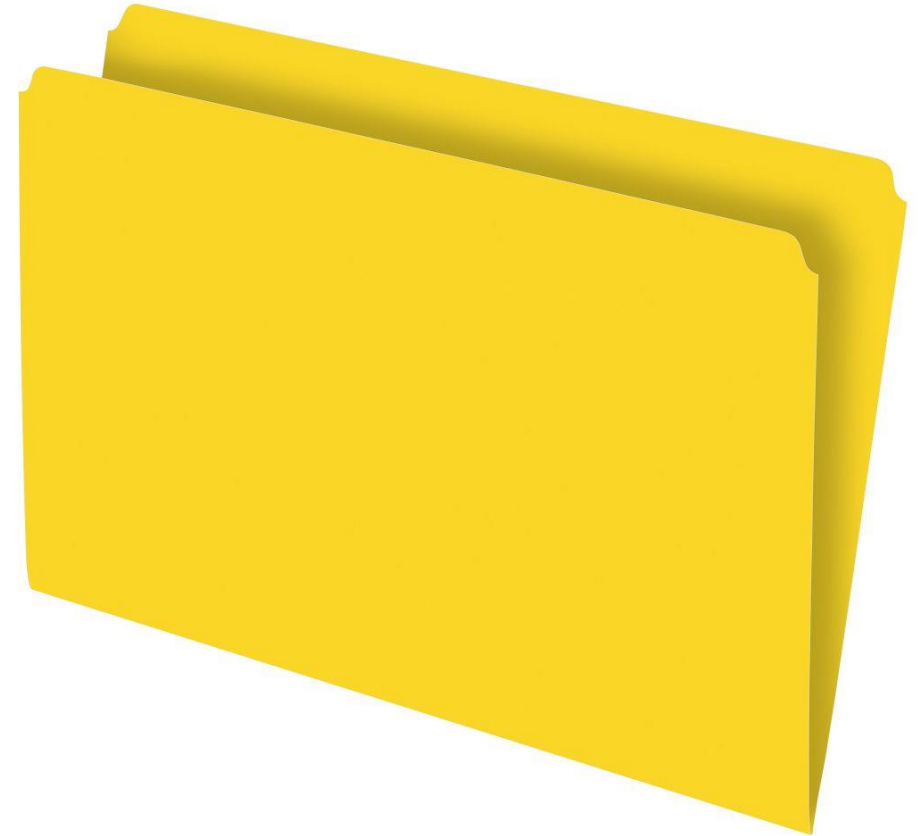
# Case Example



- 85 year-old pt with diabetes, end stage kidney disease/dialysis and cancer
- Home care
- Language barrier
- Very strong family engagement

# Problems Emerge

- Advanced directives?
- Cancer diagnosis?
- Patient's right to discontinue dialysis?



# Case Example



- Cultural barriers
- Family wishes vs patient wishes
- Clarifying my role and mandate
- Sitting with what feels wrong
- Getting support

# Example of Moral Distress in community services

- Eligibility criterion
- Long wait times
- Lack of resources
- Gaps in services
- Disagreement with agency/province/national level policies and procedures
- What else?



Moral Distress doesn't  
only affect front line  
health & community  
service workers



# Questions to ask ourselves:

- Who is the client/patient?
- What is your role?
- What is outside the scope of my role?
- Are there any legal mandates for me?
- What, if anything, should I do?
- How do I handle my feelings about this?
- Can I talk to my supervisor about this?
- Is there anything we can advocate to change short term or longer term?



# Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat
- A recording of this session and a copy of these slides will be emailed to registrants within the next week
- Please join us for the next Long-Term Care Community of Practice Session:
  - **Title:** Mental Health and Resilience During COVID: Part 2
  - **Guest speaker:** Françoise Mathieu
  - **Date/ Time:** December 8<sup>th</sup>, 2022 from 12-1pm ET

# Thank You



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