Voicing Your Values: Demonstrating Moral Courage

OVERVIEW

This activity will help staff recognize the importance of moral courage and give them an opportunity to practice it. During this facilitated group discussion, learners will be introduced to the key concepts of moral distress and moral courage and be given an opportunity to reflect on the importance of these concepts for themselves and the organization. Learners will be asked to role-play a scenario that demonstrates moral courage.

Audience: All employees
Facilitation: The training requires a session facilitator
Equipment:
- A meeting room configured for small group discussion
- Slides, provided to the participants as a hand-out or projected from a computer
- Printed handouts for participants
- Optional: Large envelopes or file folders are helpful to pre-package the trio of role play handouts for easier distribution

Time required: The exercise is designed to be completed in 30 or 45 minutes. In a 45-minute session, the role play can be run twice, having learners switch roles.

Learning objectives: At the end of this activity, participants will be able to do all of the following:
- Explain the concept and impact of moral distress on employees and care of Veterans
- Describe moral courage
- Recall phrases and scripts to use when expressing moral courage
- Implement strategies to display moral courage in the workplace

Training series: To create community and build psychological safety, the facilitator may wish to establish a training series in which this training is but one session conducted with the same group of employees. Additional sessions could include "Practicing Integrity and Advocacy Using 3Ws" available from the National Center for Ethics in Health Care (Handouts, Facilitator Guide, Slides).
Facilitator Guide

The session facilitator will provide learners with information on moral distress and moral courage. The group will review the impact of moral distress on themselves and the care of patients and will learn about the importance of displaying moral courage. The facilitator will guide the group in practicing statements that rely on moral courage.

The facilitator should have a clear understanding of moral distress and moral courage. Facilitators may wish to review the resource “Moral Distress Initiative Guide: Identifying and Addressing the Causes of Moral Distress” and the references therein.

During the training, the facilitator will do all of the following:

- Use the attached slides to provide brief contextual information
- Give instructions for the small group activity
- Facilitate the group discussion following the group exercise
- Suggest follow up activities to continue to engage learners in this topic after they leave the session
- Share resources for employees who experience moral distress

Participant Pre-work
Participant pre-work is not required for this training session.

In-person Session Timing (30 Minutes)
1. Overview of moral distress and moral courage, and how to express moral courage: 10 minutes
2. 3-4 person small group discussion to role play speaking up: 10 minutes
3. Session feedback and close: 10 minutes

In-person Session Timing (45 Minutes)
1. Overview of moral distress and moral courage, and how to express moral courage: 10 minutes
2. 3-4 person small group discussion to role play speaking up: 10 minutes
3. Second small group role-play with roles and clinician switched: 10 minutes
4. Session feedback and close: 15 minutes

Materials
1. Slides with speaker’s notes
2. Handout 1 – Observer Sheet
3. Handout 2 – Medical Resident Role (Negative)
4. Handout 3 – Medical Resident Role (Neutral)
5. Handout 4 – Nurse Role

Role Playing Exercise Notes

1. There are two versions of the clinician role, neutral and negative. Groups should be arranged so that half of the groups receive the neutral resident and half the negative. During the debrief, elicit feedback from groups who had different scenarios. Ask the observer in each case what the speaker did to stay on message. During the debrief, inform the participants about the difference in role and try to elicit the different challenge presented by a negative recipient.

2. In a 45-minute session, you should try to run the scenario twice, asking the groups to switch roles for the second run. With a longer session, discussion questions can range toward what it felt like to occupy different roles, and whether the experience of being on different sides of the conversation changed the experience for learners.

3. The observer sheet includes the tips from the 3W method, read these tips to the group, as suggested in the notes on slide 10:
   - Be respectful; ask permission, and use the person’s name
   - State facts not motives
   - Use team language (i.e., we and us)
   - Be empathetic and normalize behavior (e.g., I feel the same, anyone could)
   - Frame your concern in terms of values
   - Be inquisitive, ask questions, gain perspective
   - Invite problem solving, ask them what should be done

4. The facilitator should be sure to prepare the handouts in advance of the session. Packets for the role play should be created with: 2 duplicate observer sheets (2 pages each), 1 resident, and 1 nurse (half of the packets should include neutral resident sheets and half of the packets should include negative ones). Envelopes can be helpful for organizing the handouts, but they could also be organized with paper clips or binder clips. For a 45-minute session, 4 observer sheets should be included in each packet so there is space for new observers to make notes when the roles switch.

Preparation and Points to Consider

1. The facilitator should consider whether separating participants into supervisory and non-supervisory groups for this training will make it more likely that employees will be engaged and comfortable speaking during the session.
2. The facilitator should review the slides with the goal of understanding the concepts of moral distress and moral courage.

3. The facilitator should be sure to review the role-play characters.

4. The facilitator may want to practice using language to that will encourage conversation during the training. Refer to the “Observer Sheet” in this training and the longer explanation of the same material in the training reference below in suggestion #5.

5. The facilitator should understand the 3W approach to cultivating moral courage (What I see, What I am concerned about, What I want). More background is available from the National Center for Ethics in Health Care in “Practicing Integrity and Advocacy Using 3Ws” (Handouts, Facilitator Guide, Slides).

Optional Follow-up

At the end of the session, the facilitator may ask group members to plan for a follow-up activity. Follow-up activities encourage learners to follow through on implementing the skills learned.

In preparation for a follow-up session, the facilitator should ask participants to do all of the following:

1. Learners should again reflect on their feelings of moral distress over the past few months and identify at least one situation that has caused them moral distress.

2. For each situation they describe, learners should identify the person or persons who could help them address the situation or could give advice about how to handle such a situation the next time it arises. This might be their supervisor, a senior person in the unit, or an experienced colleague.

3. Prepare a “3W” based script to use with this person. But instead of telling the person what you want in the third W, ask them what they would do differently. How would they frame the third W?

4. Ask for a meeting with this individual. Let them know that you have been troubled by an event in the past and you would like to get their advice on how to handle similar situations in the future.

5. Use your script to guide the conversation. Your goal is to leave the meeting with advice from them about what to say the next time a similar event occurs.

6. Summarize the advice you receive and keep it handy for next time.

Schedule a follow up session with the group in one month. The follow up session is an opportunity to share their learning and growth and create mutual support for changing culture. Ask the participants to complete the above exercise prior to the meeting. During the follow up session, ask participants to share and discuss the advice they received. Also ask them to share any opportunities they may have had to practice moral courage over the intervening time. Ask about events that caused moral distress but which they
did not attempt to manage through displays of moral courage. As a group, take the opportunity to troubleshoot those events and offer advice to the participant about how to handle the situation the next time it arises.
Slide 1

VOICING YOUR VALUES: DEMONSTRATING MORAL COURAGE

Learning Goals

- Through role playing, learn skills to respond effectively to situations that cause moral distress and gain confidence in displaying moral courage

Slide 2

Today our goal is to understand moral distress and gain confidence in our ability to act in a way that is consistent with our values. We will be practicing moral courage through case scenarios and scripts in a role play.

Slide 3

What Is Moral Distress?

- Moral Distress is knowing what the right thing to do is, but being unable to do it
  - Individual feels unable to act in accordance with his or her values or obligations
  - Moral distress can result in emotional and even physical symptoms that contribute to
    - Increased levels of burnout
    - Decreased employee retention
    - Decreased quality of patient care

We experience moral distress in situations where we know the right thing to do, but are unable to do it. This can occur because of lack of managerial support, an unethical culture, or being worried about the personal cost of speaking up — what would your boss think or what would your colleagues think if you spoke up? Moral distress can have consequences for employees personally, like increased feelings of burnout and stress, and for an organization, with decreased retention and decreased quality of care for patients.

Slide 4

Moral Distress

- Have you experienced moral distress?
- How did you feel?

Moral distress has been observed in hospital and outpatient settings among many different kinds of providers, including nurses, physicians, social workers, pharmacists, and health care managers. While studies haven't examined the issue specifically in VA, we expect to see similar moral distress in VA.
Let's start with everyone thinking about moral distress you may have experienced.

Reflect for a few moments on the past few months, and see if you can identify at least one situation where you felt you were prevented from taking action consistent with your values – where you thought you couldn’t do the right thing for patients, or colleagues, or yourself.

[Give the group a minute. Then ask if anyone is willing to share how the event made them feel: were they frustrated or upset? How do they feel now about it? How did it make them feel about their leadership team or about working at VA? Emphasize that they should focus on how the experience felt not the details of the event that occurred.]

[Connect the response you elicit to the findings in the literature. You would expect staff to feel anger, frustration, disappointment, even guilt. This may have led to burn out, physical illness, and a reduction in loyalty and attachment to supervisors and VA and perhaps a desire to quit.]

I heard a lot of emotions in your responses [anger, frustration, disappointment…] When those emotions arise a lot at work, I think it makes many of us feel like we don’t want to come to work in the morning. We don’t feel good about VA and often don’t feel good about our leaders. I am sure it makes some of us consider quitting. The literature on moral distress shows all of this. Knowing the right thing to do and not being able to do it really disengages us from our work and our mission to serve Veterans.

**Slide 5**

**What Is Moral Courage?**

- Moral Courage is the capacity to overcome fear and stand up for our core values
- It is having the willingness to speak up and do what is right despite personal risk
- Moral courage is how we put our ICARE values into action

Moral Courage is the capacity to overcome fear and stand up for our core values. It is having the willingness to speak up and do what is right despite personal risk. Moral courage is how we put our ICARE values into action.

Today, the examples we use will focus on Integrity and Advocacy but Moral Courage can advance any core value.

**Slide 6**

**The 3W Approach**

Borrowed from patient safety, 3W is an approach to voicing your concerns and displaying moral courage

3W Stands For:

- What I see
- What I am concerned about
- What I want

The 3W approach is a framework for raising concerns to work colleagues. In VA, the approach is used in patient safety training to promote direct, honest and clear communication. The technique serves the same purpose here. The approach avoids blame, and instead focuses on the facts of what happened and how the team can improve their subsequent practice to resolve the cause of moral distress.
Slide 7

**Moral Distress: Cause**

You are a nurse in a busy emergency department in a large city. You see all kinds of patients come through the ER. As a Veteran with your own struggles, you feel empathy for many of the patients who visit the unit. Some of the clinical staff don’t always seem to feel the same. You have heard them make rude comments about some of the patients. Indeed, you have just heard two of them talking in disparaging tones about a homeless Veteran in need of substance use treatment. Their tone and words make you angry.

What do you do?

As an example, let’s consider the following scenario of moral distress: You are a nurse in a busy emergency department in a large city. You see all kinds of patients come through the ER. As a Veteran with your own struggles, you feel empathy for many of the patients who visit the unit. Some of the clinical staff don’t always seem to feel the same. You have heard them make rude comments about some of the patients. Indeed, you have just heard two of them talking in disparaging tones about a homeless Veteran in need of substance use treatment.

What do you do? [Give the group a moment to consider before moving on to next slide]

Slide 8

**Moral Courage: Resolution**

You decide to speak up and advocate for these Veterans. You approach one of the doctors.

Dr. McGar, can I speak to you for a moment?

I couldn’t help but overhear your conversation with Dr. Jones about Mr. Jones. You both made statements about Mr. Jones which I thought disrespected him. I know it is hard to be sympathetic toward a guy who drinks until he shows up at everyone. But Vietnam was hard on all of us who served. We all have more empathy for him and what he has been through. I am concerned that you aren’t honoring that service and being respectful. It would make me feel a whole lot better if you could just be respectful toward him and keep things professional.

You’ll have the opportunity soon to role play a similar scenario, but for now let’s look at the response [pause while group reads the slide].

The best option is to speak directly with the person or persons that created the moral conflict for you. Having the courage to speak up to someone who has more authority and power in the organization than you is risky and scary—facing that risk and that fear is what it means to have moral courage.

Sometimes speaking up feels too risky. If you find that you don’t believe you can confront those responsible, you can start with smaller steps to building courage. Consider speaking to a manager, supervisor, or someone else with oversight of the situation. They can help coach you in how to frame a response or, if asked, may be willing to join a meeting with you and the individual to help support you. But the idea isn’t to create a confrontation but rather to be direct, clear, and fact based.

Slide 9

**3W in this Scenario**

- What I see: You both made statements about Mr. Jones which I thought disrespected him
- What I am concerned about: I am concerned that you aren’t honoring that service and being respectful
- What I want: be respectful toward him and keep things professional

You can see how the 3W approach works in the scenario that we just went through [read slide]
We will now break up into groups of three or four to role play a similar scenario where Moral Courage is called for. Once you’re in groups, you’ll need to choose roles. One of you will be a resident, one of you will be a nurse, and there will be one or two observers, depending on the group size.

The observer will pass out the roles and take the observer sheet. Observers also have a list of tips for how to ease value-conflict interactions:

- Be respectful; ask permission, and use the person’s name
- State facts not motives
- Use team language (i.e., we and us)
- Be empathetic and normalize behavior (e.g., I feel the same, anyone could)
- Frame your concern in terms of values
- Be inquisitive, ask questions, gain perspective
- Invite problem solving, ask them what should be done

Observers should note on their worksheet where these tips are being used and where they could be used more effectively.

Once you get your role, read the task and prepare for the role. Think about how you would feel if you were the resident, if you were the nurse.

Then the nurse should begin the role play, while the observer takes notes on the observer sheet [note for facilitator, give about 10 minutes for this]

When you’re done, the observer should give feedback to the group based on what they saw and heard.

[If you are facilitating a 45 minute session, when the groups are finished, have them switch roles, and have the new clinicians use the opposite version, i.e. groups with neutral clinicians will now have negative clinicians and vice versa. Give the groups another ten minutes to complete the second role play.]
What was the experience like of playing the clinician, how did that feel?

Some groups will have had a neutral clinician and some had an aggressive clinician. Which groups had a neutral clinician? How was the experience of speaking up to them? Who had a negative clinician? What was the experience like of speaking up to the negative clinician?

Observers, how did your nurses do presenting their concerns?

What was it like to role-play experience moral distress and moral courage? Did anyone recognize feelings from their daily experience? Ways that they could bring this back to work?

[In a 45 minute session, questions can also be asked about what it was like to switch roles, and how that changed the experience, as well as comparing how the different ways that different people spoke up or reacted to speaking up]

For More Information

• See the National Center for Ethics in Healthcare’s website
• For more on moral distress, read the Moral Distress Implementation guide and visit NCEHC’s Addressing Moral Distress home page
• For more on the 3Ws, “Practicing Integrity and Advocacy Using 3Ws”
Handout 1 – Observer Sheet

The 3W approach is used to promote better team communication and help build a culture where all members of the team feel they can raise questions about potential patient safety issues. The approach can also be used to frame and raise questions about ethics.

The 3W stands for:

1. What I see
2. What I am concerned about
3. What I want

When framing a 3W response try to use the following tips:

- Be respectful; ask permission, and use the person’s name
- State facts not motives
- Use team language (i.e., we and us)
- Be empathetic and normalize behavior (e.g., I feel the same, anyone could)
- Frame your concern in terms of values
- Be inquisitive, ask questions, gain perspective
- Invite problem solving, ask them what should be done
As you observe the role play, look for the use of these tips. Record your observations below. Following the role play, be prepared to comment about how well these techniques were or were not used.

**OBSERVATIONS**

<table>
<thead>
<tr>
<th>Be respectful; ask permission, and use the person’s name</th>
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<tbody>
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<td>Invite problem solving, ask them what should be done</td>
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<td>Other</td>
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Handout 2 – Medical Resident Role (Negative)

Role: You are a medical resident

Situation: You are with a group of other medical residents. You just finished seeing a particularly difficult patient case — a Veteran who is likely to die — and you were discussing the patient and his case with your fellow resident while riding in the elevator on your way to lunch. You became very animated discussing the case and his potential imminent death from his difficult medical circumstances. You found it fascinating and wanted to share your insights with your friends. You were careful not to mention the patient’s name so as not to disclose personal information.

Attitude: You are very self-confident, an exceptional clinician, and an acknowledged leader. You expect to become chief resident someday. You accept feedback from residents and physicians but you don’t appreciate it when the APN or even the RN correct your technique or practice. You are easily offended.
Handout 3 – Medical Resident Role (Neutral)

**Role:** You are a medical resident

**Situation:** You are with a group of other medical residents. You just finished seeing a particularly difficult patient case — a Veteran who is likely to die — and you were discussing the patient and his case with your fellow residents while riding in the elevator on your way to lunch. You became very animated discussing the case and his potential imminent death from his difficult medical circumstances. You found it fascinating and wanted to share your insights with your friends. You were careful not to mention the patient’s name so as not to disclose personal information.

**Attitude:** You are an exceptional clinician and an acknowledged leader. You expect to become chief resident someday. You accept feedback from residents and physicians and welcome suggestions from the nursing staff when they correct your technique or offer insights on a patient and their loved ones.
**Handout 4 – Nurse Role**

**Role:** You are a nurse

**Situation:** On your way to get another cup of coffee, you rode down in the elevator with a group of medical residents on an already crowded elevator. One of them was talking in a very loud and animated voice about a particular patient, the details of his case, even commenting on how long he might live. Although the resident didn’t give the patient’s name, the rest of the patient’s details were all discussed including what ward he was on! You were uncomfortable during the ride and wondered what the other folks on the elevator thought of this conversation.

**Action:** You decide to say something. Be sure to convey the three essential 3W points below. Also be polite, use team language, frame your concern in terms of values, normalize the behavior, and engage in problem solving.

1. **(What I see)** — I noticed you shared a lot of details about a patient when we were in the elevator together.

2. **(What I am concerned about)** — I was concerned that I was hearing medical details I shouldn’t know about.

3. **(What I want)** — Can I count on you to protect patient privacy and not discuss that kind of medical detail in a public space like an elevator in the future?

When the team is ready to begin the role play, you will begin by speaking to the clinician.
**Additional Resource Links**

1. Department of Veterans Affairs, National Center for Ethics in Health Care: Moral Distress Implementation guide.

2. Department of Veterans Affairs, National Center for Ethics in Health Care Addressing Moral Distress home page.

3. Department of Veterans Affairs, National Center for Ethics in Health Care “Practicing Integrity and Advocacy Using 3Ws”.

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