Coping with Moral Distress in Primary Care Medicine: How Doctors Use Moral Boundary Management Approaches

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Moral Distress in Primary Care Medicine

- **Paradox**: Tensions between contradictory yet interdependent elements that persist over time (Schad et al., 2016)
  - Commercial-Social (Sharma & Bansal, 2017)
  - Short-term-Long-term (Sharma & Bansal, 2015)
  - Cost-Care (Pradies, 2023)
- **Moral phenomena**: issues relating to society's generally accepted standards for good/bad behaviour (Fairhurst & Putnam, 2023)
- **Power relations**: negotiated configurations of social order that differentially shape actors' ability to behave – or influence others to behave – in accordance with their will (Fairhurst & Putnam, 2023)

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Research questions yet to be <u>explicitly</u> investigated:

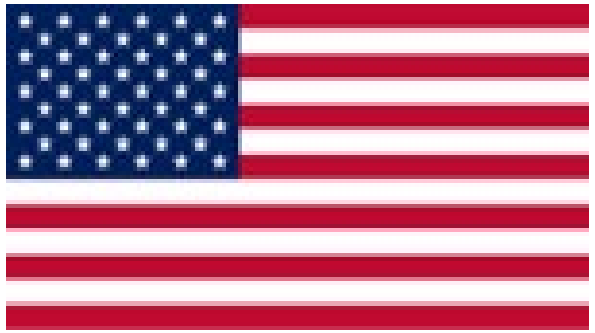
- How do individuals cope and respond when imbalanced power relations prevent them from engaging morally important paradox poles?
- Are there certain configurations of power relations that could unleash the generative potential of moral asymmetries in paradox?

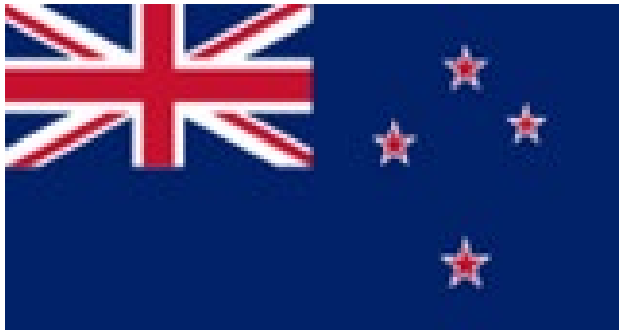
Our research question:

How do power relations influence the experience of paradox when it entails moral asymmetries, and how do individuals respond?

Cross-national Research Project on Meaningful and Meaningless Work in Primary Care Medicine

N = 24





N = 26

N = 18

N = 20

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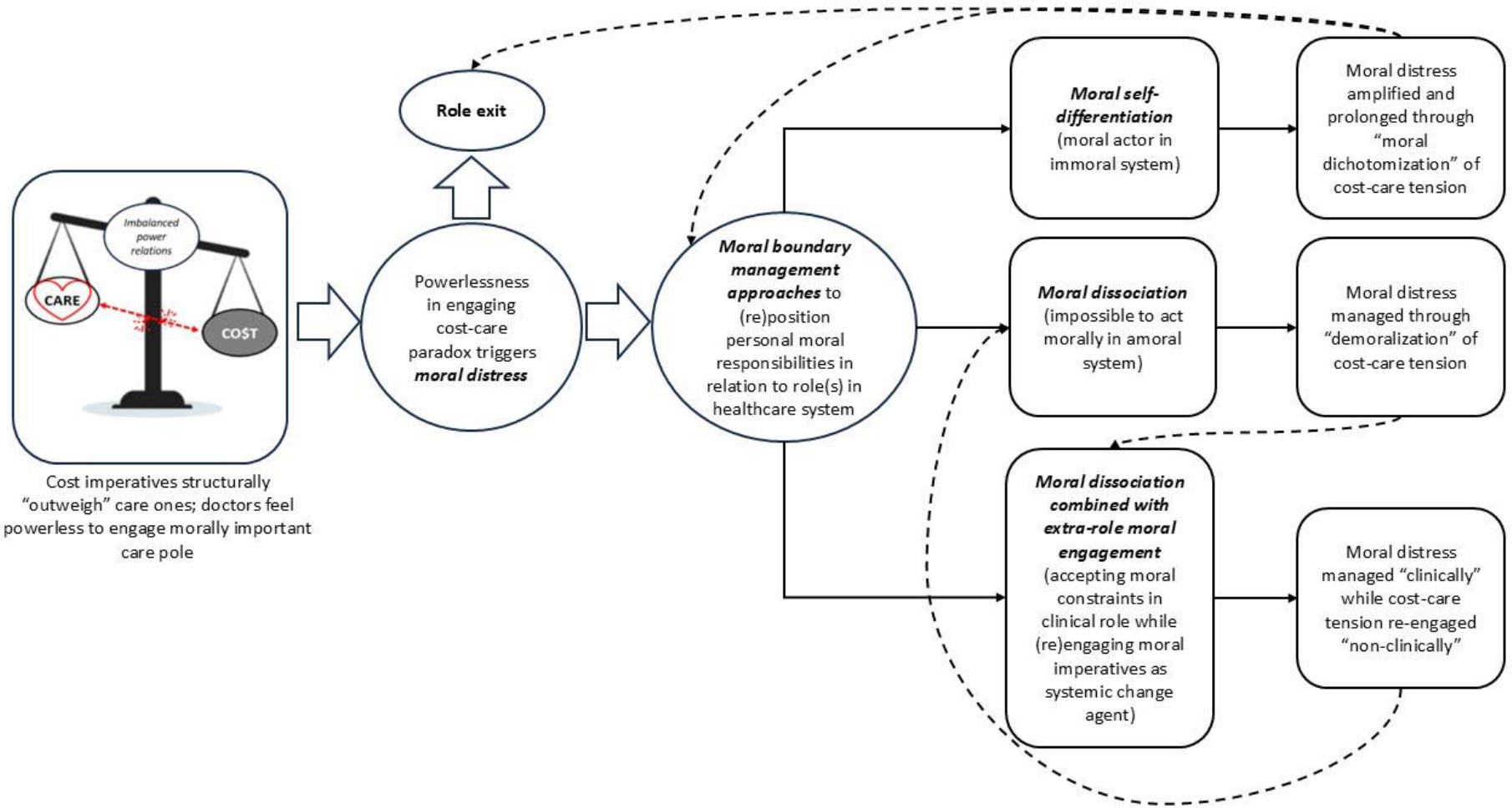

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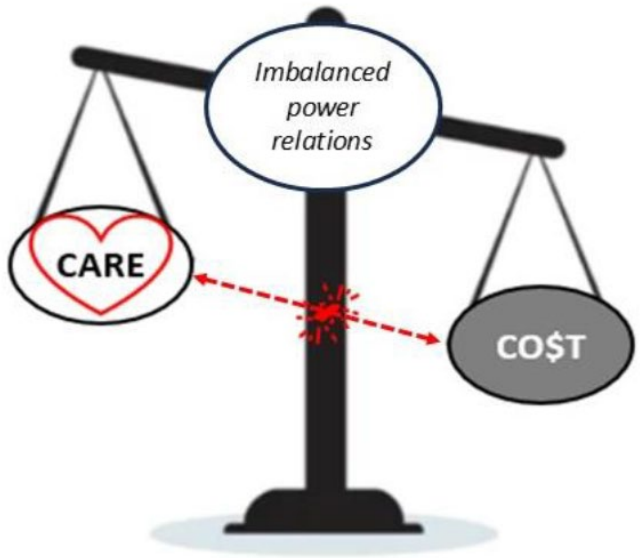
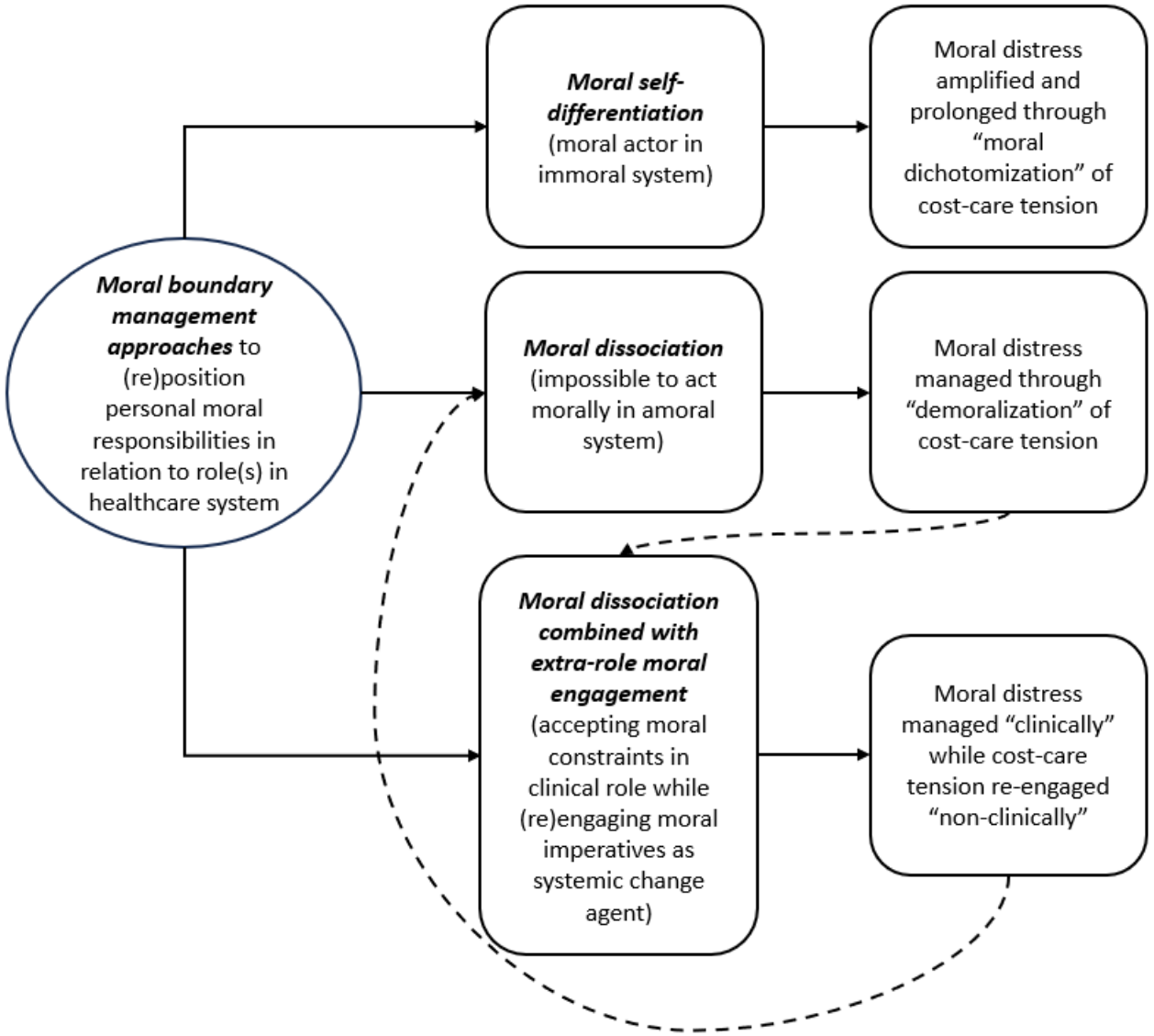


Imbalanced power relations transform moral asymmetry into ***morally distressing tension***

Powerlessness in engaging cost-care paradox triggers ***moral distress***

How do doctors cope with moral distress?

Powerlessness in engaging cost-care paradox triggers ***moral distress***



How do doctors cope with moral distress?

Coping Strategy 1:

Moral self-differentiation

"I call patients and, like, I talked to someone for 30 minutes on the phone yesterday as I was driving home because my patient has Parkinson's. And her brother's really worried about her paranoid delusions and wanted to brainstorm that with me. So, I just spent a half an hour on the phone with him. Like, I didn't get paid for that phone call. But I do it because I care. And I think, you know, it's the right thing to do."

How do doctors cope with moral distress?

Coping strategy 2:

Moral dissociation

"...And so that's how I've also managed...I've mentally told myself it's the system's fault, it's not my fault. So I've disconnected. You know, if someone's got to wait nine months or a year to get into the hospital, because that's their wait list, as sympathetic as I am, that's not me, you know, it's not my responsibility. It's not ultimately going to be my issue. It's the patient's issue. So, it sounds a bit brutal, but I think there's a lot of moral injury you see with the younger GPs, again, you know, they're idealistic. They probably care more than I do, but I've learned it, and that's my way of coping. It's that, you know, if it's something that's outside of my control and I can't do anything about it, there's no point in my carrying that."

How do doctors cope with moral distress?

Coping strategy 3:

Moral dissociation combined with extra-role moral engagement.

"I think I may have hinted at one [of my coping strategies] earlier, of I try to be more accepting of the system around me....in the moment, it's not very helpful to get upset or mad or project it on other people. It is the system. Whereas I hope that by doing other things - I do work with...Academy of Family Physicians, and work for kind of change overall. That is why I get involved with these things. Like we'll take on your workforce issues, or, you know, labour issues, educational things....It is a long game."

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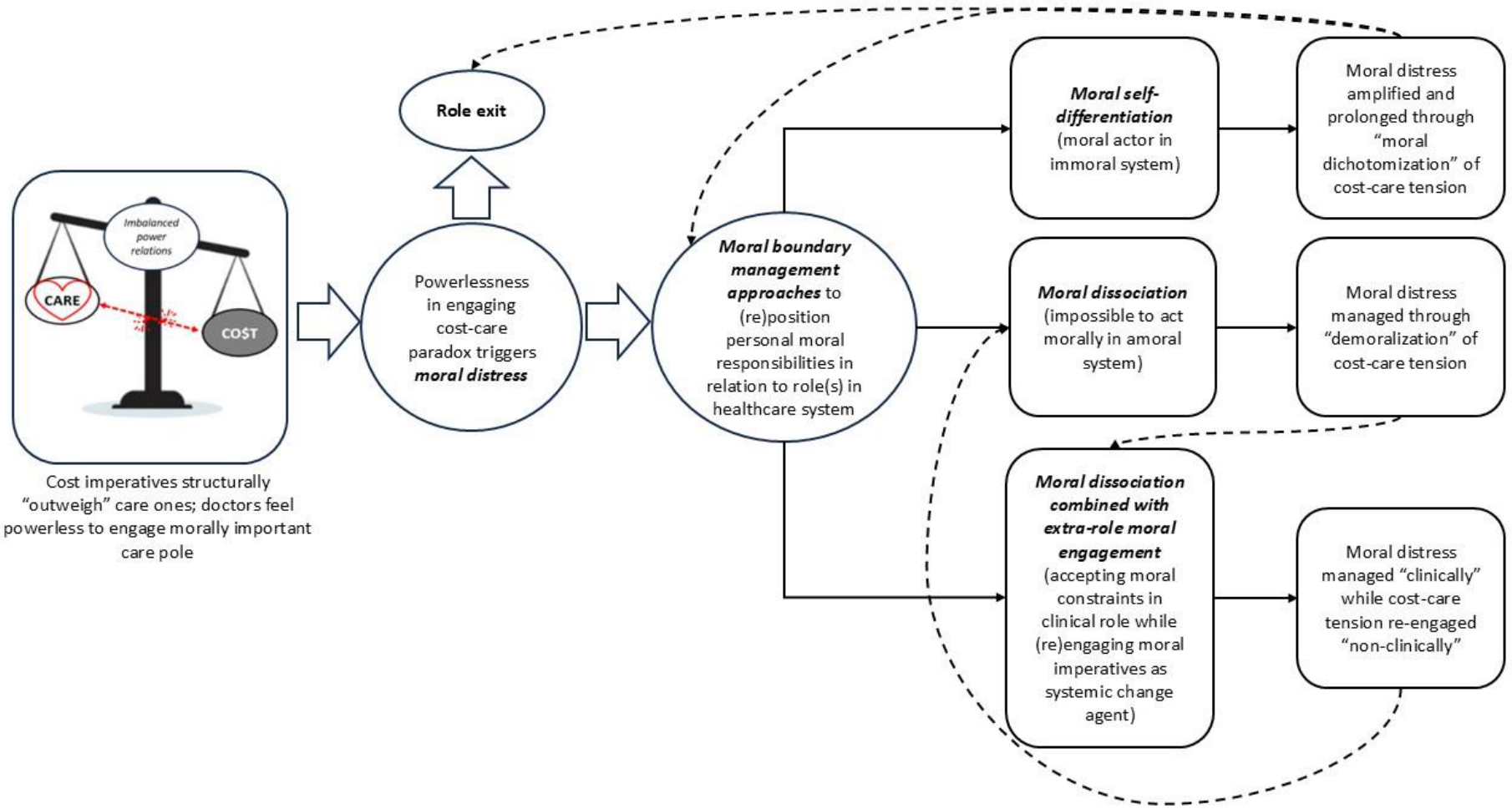

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What is your view on the relationship between powerlessness and moral distress? Is powerlessness an antecedent or outcome?