



Moral distress in animal care workers

Human-animal bond in the context of One Health framework

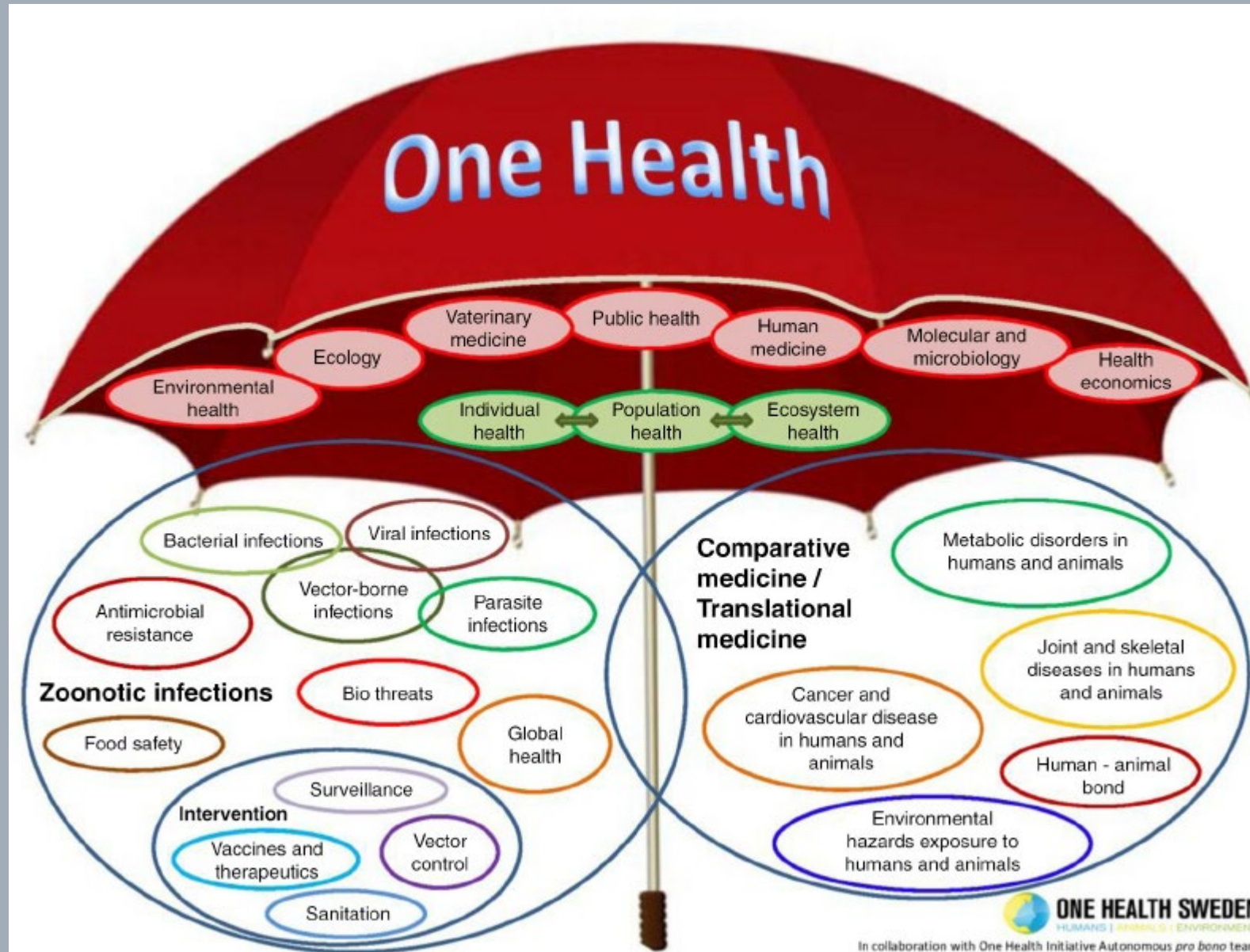
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SGBE-Seminar für biomedizinische Ethik

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One Health und Ethik

Human-animal bond in the context of a One Health framework



Outline

- **Moral Distress**
- **3Rs**
- **Linking animal and human welfare**
- **Systematic review**
- **Future perspective**

Moral Distress

Jameton (1984): “Moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.”

- Moral Judgment
- Institutional Constraints
- Date

Jameton A, Jackson EM. (1984). Nuclear war and nursing ethics. What is the nurse's responsibility? p.75-88.

Nuances

Moral **distress**: knows the right course of action, but cannot implement

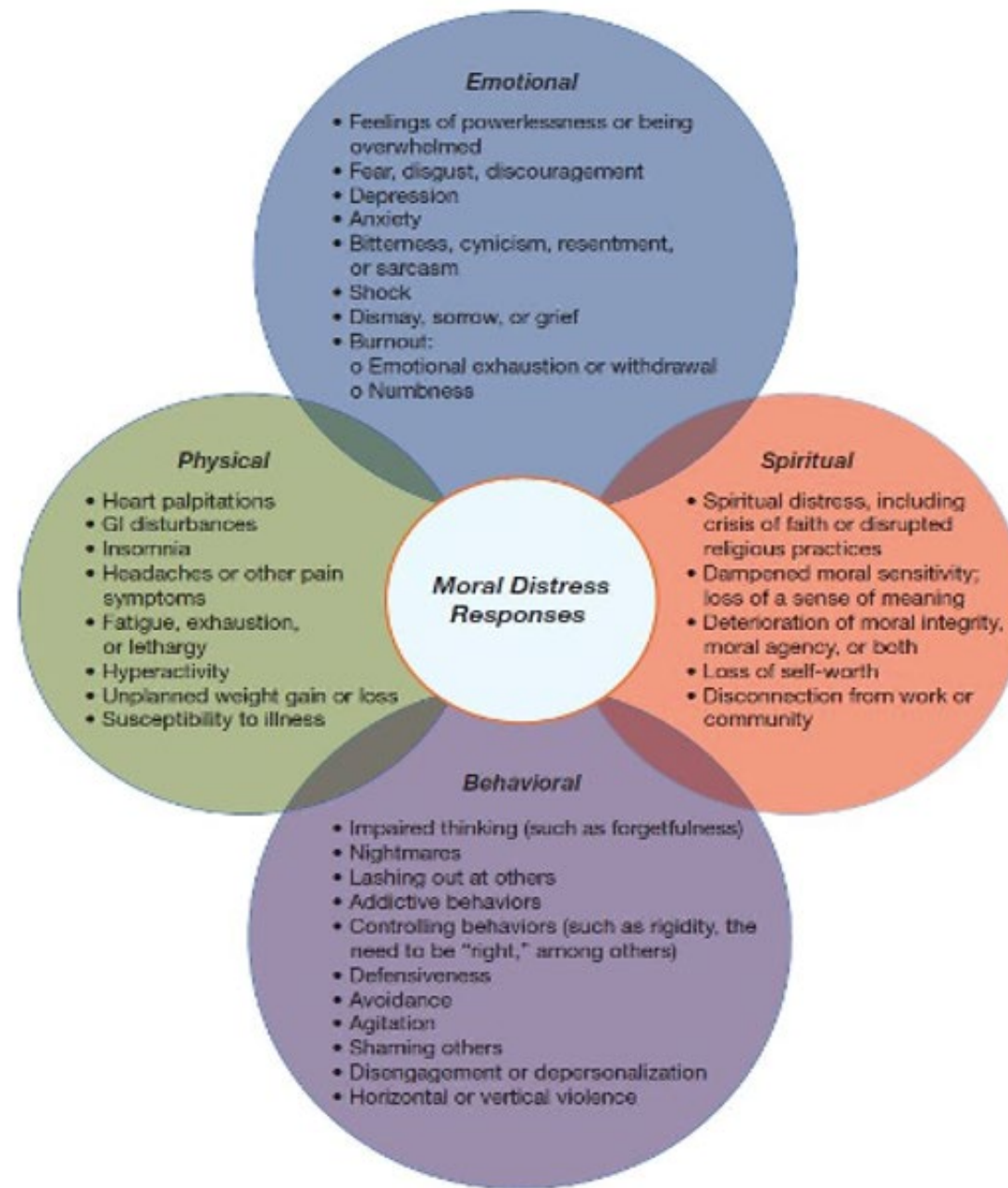
Vs.

Moral **uncertainty**: unsure of what the nature of the problem is or which moral principles to apply

Vs.

Moral **dilemma**: not knowing how to act due to more than one conflicting moral principles

Fourie C. (2017). AMA journal of ethics, 19(6), 578–584. <https://doi.org/10.1001/journalofethics.2017.19.6.nlit1-1706>



Variety of necessary & sufficient conditions

Definitions Conditions	Jameton, 1984	Wilkinson, 1989	Kälvemark, 2004	Epstein & Hamric, 2009
	Moral Judgement	Moral Judgement	Moral Dilemma	Moral Judgement
	Constraints	Constraints	Constraints	Internal Constraints
		Affective responses	Affective responses	External Constraints
			Uncertainty	Affective responses

Pathway to moral distress and moral competency

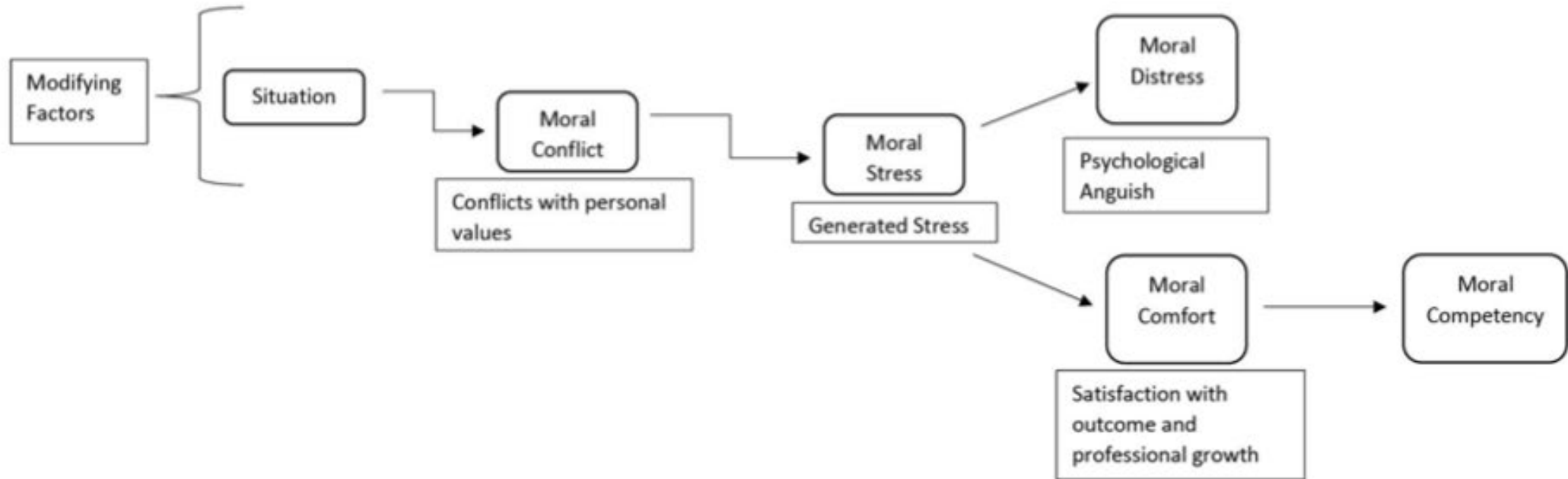
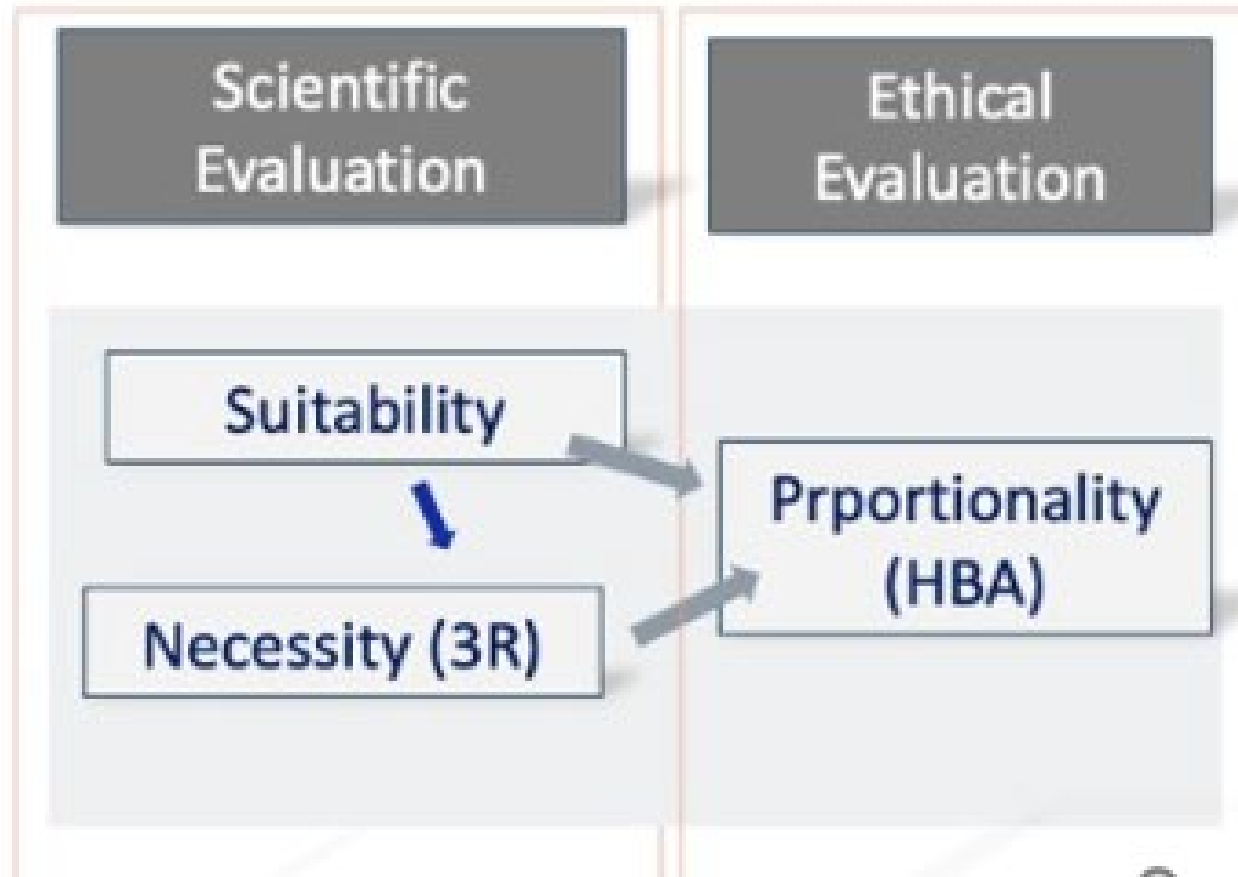


Figure 1 The moral deliberation process. The figure shows the step-by-step process professionals experience when a morally conflicting situation is encountered.

Animal experimentation is ethically challenging



Würbel, 2017

Würbel H. (2017). More than 3Rs: the importance of scientific validity for harm-benefit analysis of animal research. *Lab animal*, 46(4), 164–166. <https://doi.org/10.1038/labani.1220>



Advancing 3R
National Research Programme

Advancing 3R – Research, Animals and Society

The NRP 79 «Advancing 3R – Animals, research and society» wants to investigate how to advance the 3Rs (replace, reduce, refine) effectively, by identifying and addressing the potential, the challenges and limitations of the 3R approach.

Linking animal and human welfare - refining rodent euthanasia

Part A: Moral distress in persons euthanising animals

- How can moral distress and compassion fatigue be assessed in lab personnel (animal caretakers, veterinarians, scientists)?
- Which demographic factors have an impact on moral distress?
- What are suitable intervention methods?
- How can they be implemented?

Occupational Health Reports

- High levels of compassion fatigue, anxiety, burnout, depression, and suicidal thoughts reported
 - Associated with both professional and personal quality of life and can exacerbate PTSD, burnout
 - Direct involvement in euthanasia
 - Animal shelter employees are reporting significantly higher levels of work stress, somatic complaints, and lower levels of work satisfaction
- This supports the argument that actual killing is an important precursor of occupational stress in animal-care employees

Reeve, C. L., et al. (2004). *Journal of Applied Animal Welfare Science*, 7(1), 1–25. http://doi.org/10.1207/s15327604jaws0701_1
Andrukonis, A., & Protopopova, A. (2020). *Anthrozoös*, 33(1), 119–131 <https://doi.org/10.1080/08927936.2020.1694316>

Wenn Mitgefühl tötet: Tierärzte begehen überdurchschnittlich oft Suizid

Tierärzte nehmen sich von allen Berufsleuten am häufigsten das Leben. Ihre Ohnmacht hat mit dem Tier zu tun – und mit dem Menschen.

1.2.2019



«Tierärzte wollen die Welt von ihrem Leid befreien und merken irgendwann, dass sie das nicht können»

GST-Präsident Olivier Gardon

<https://www.nzz.ch/gesellschaft/tieraerzte-hoechste-suizid-rate-in-diesem-berufsfeld-ld.1455507>

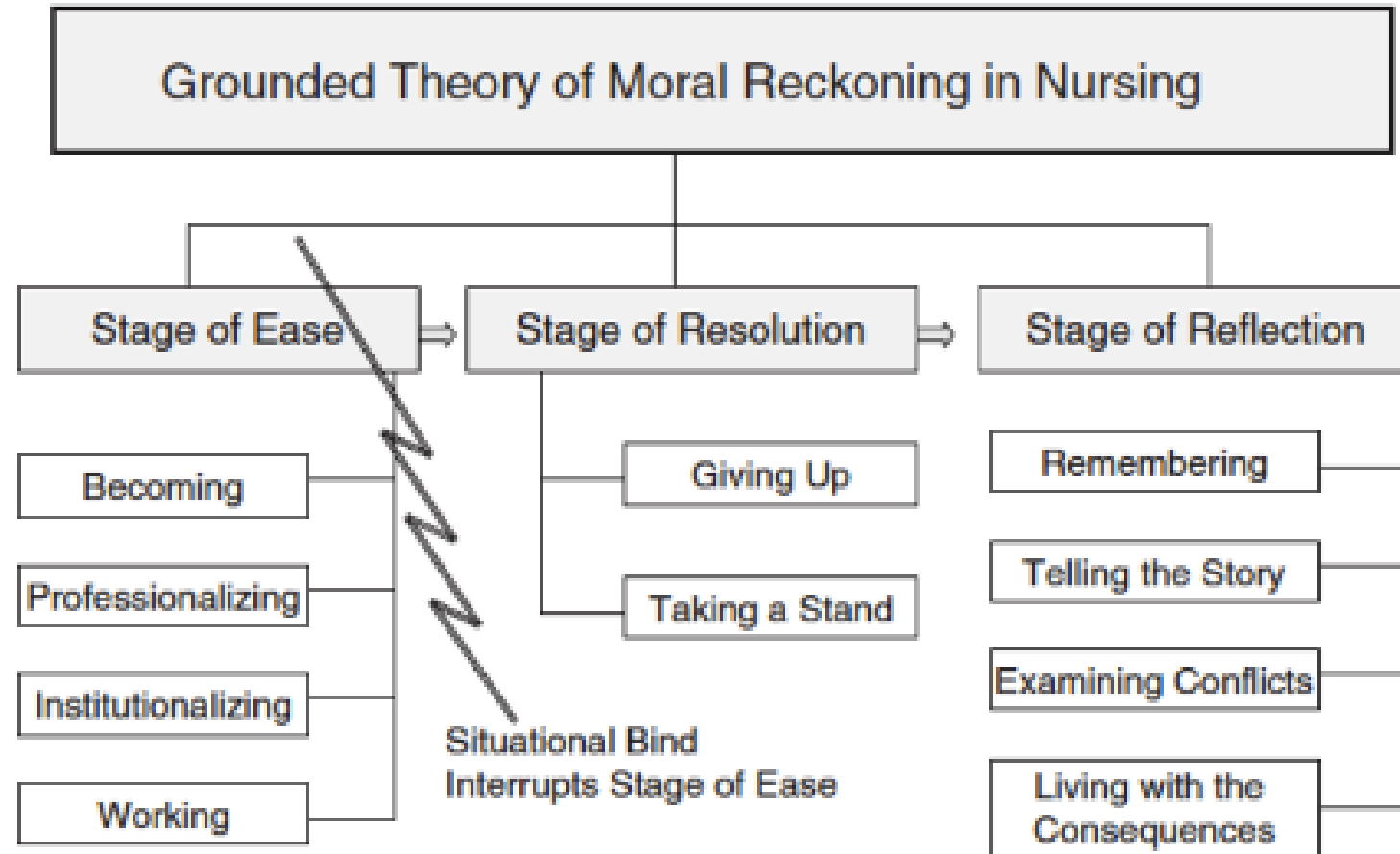
Implementation of 3Rs

- Animal care-workers are at the fault line of conflicting interests of
 - animal welfare,
 - moral values, and
 - scientific validity of experiments
- First line of defense for animal welfare
 - Ethical and moral decision making in their immediate surroundings
 - Yet, lower in hierarchy
- Animal care-workers wellbeing is an important determinant for successful implementation of 3R



Stages of Moral Reckoning

Model of the Grounded Theory of Moral Reckoning in Nursing



Rushton C. H. (2016). *AACN advanced critical care*, 27(1), 111–119. <https://doi.org/10.4037/aacnacc2016275>

Reciprocal Influences of Culture

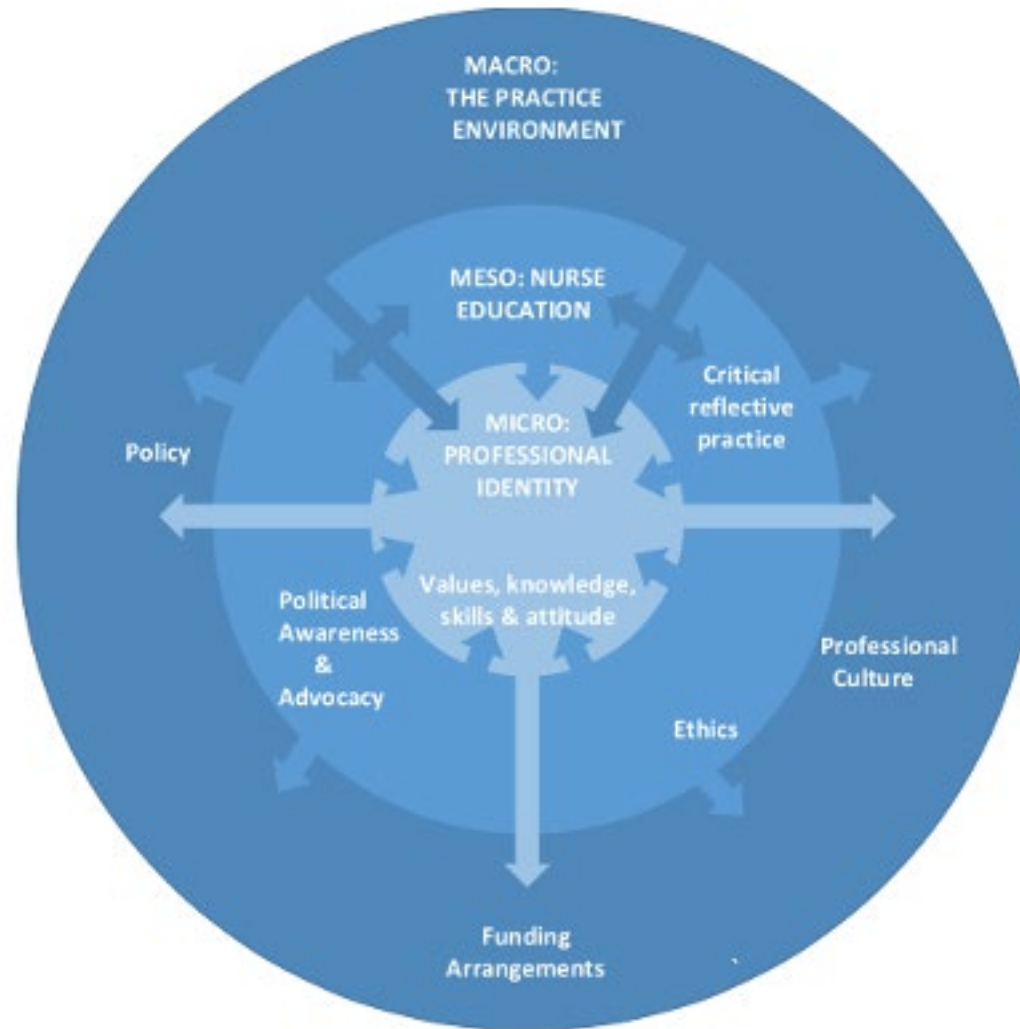


FIGURE 1 The interacting micro, meso, and macro levels of influence in the development of moral distress

Guzys D. Moral distress: A theorized model of influences to facilitate mitigation and resilience. *Nurs Health Sci.* 2021; 23: 658–664. <https://doi.org/10.1111/nhs.12827>

Systematic review on MD assessment

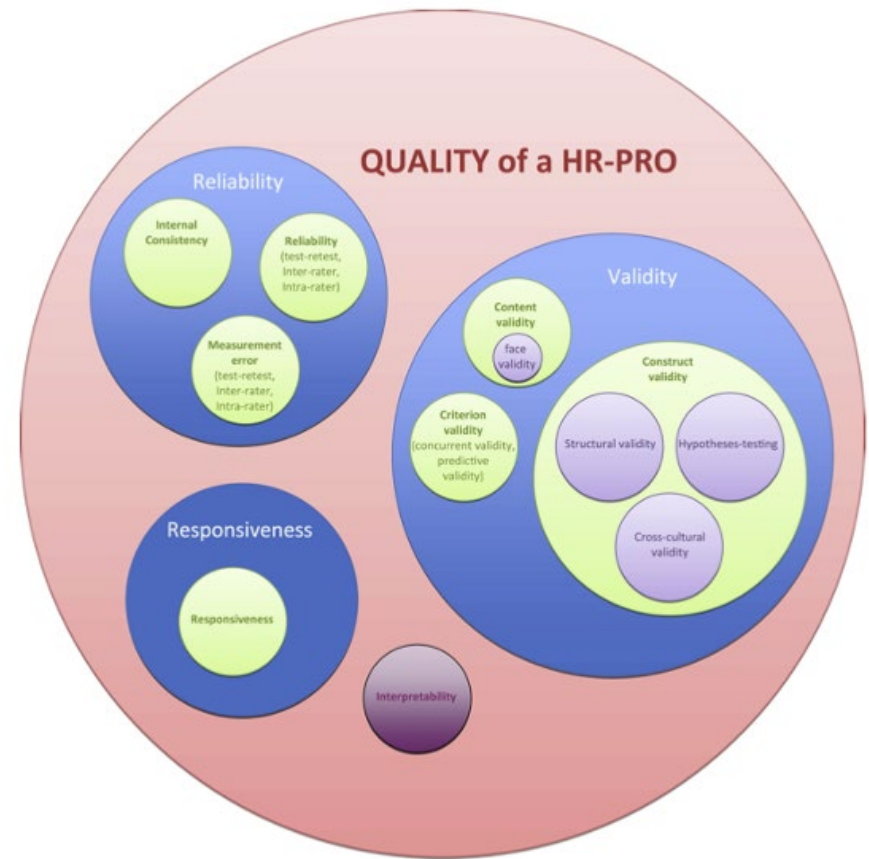
- **Objectives:**

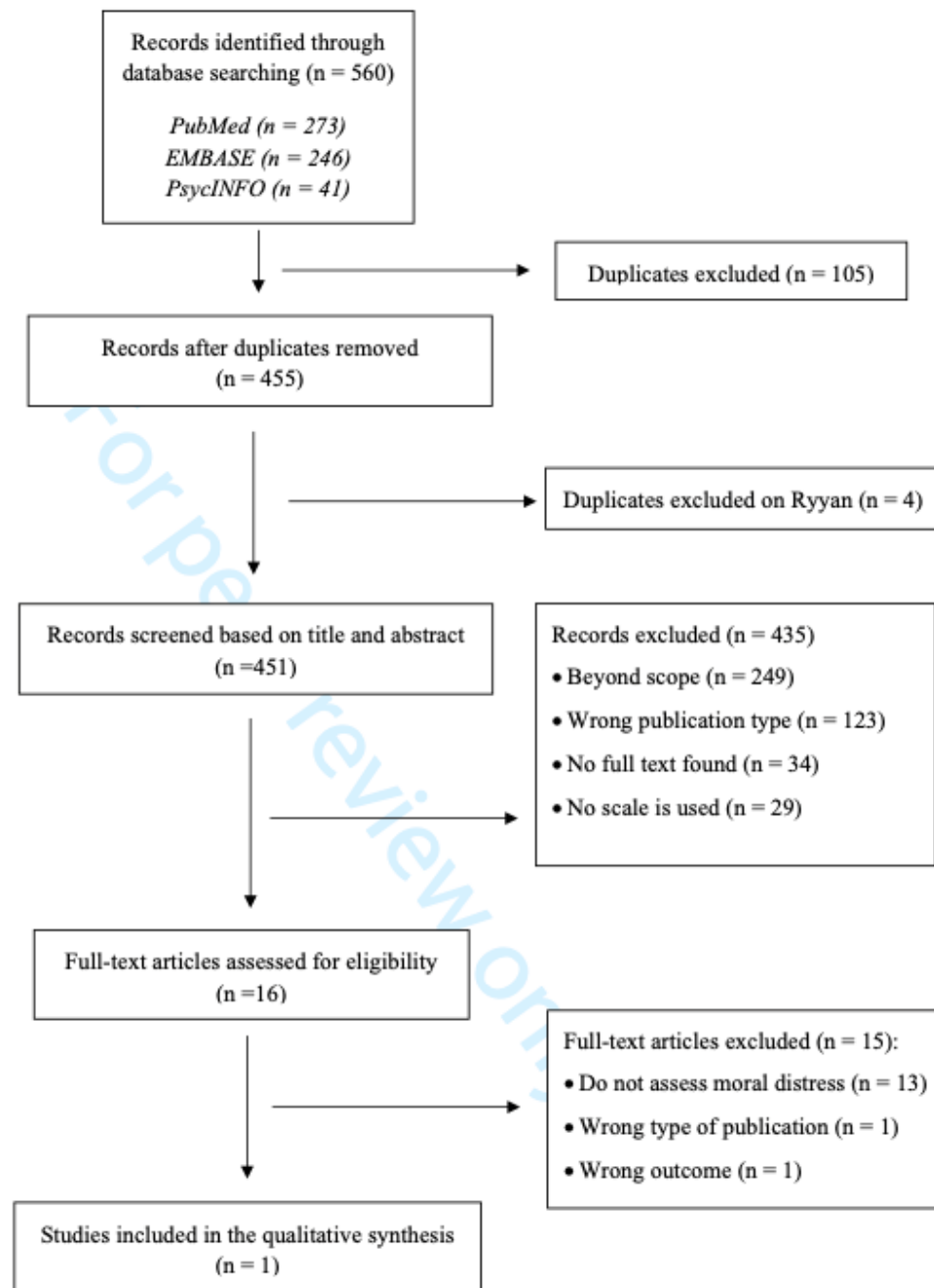
- Which scales exist in animal workers to assess moral distress?
- What are their psychometric validity?

- Preregistered at PROSPERO

- **Inclusion criteria:**

- 1-original (primary) study conducted in animal care workers describing either
- 2-the development of a moral distress measure, or
- 3-validation of a moral distress measure in its original or modified version, to assess at least one of the psychometric properties mentioned in COSMIN guidelines



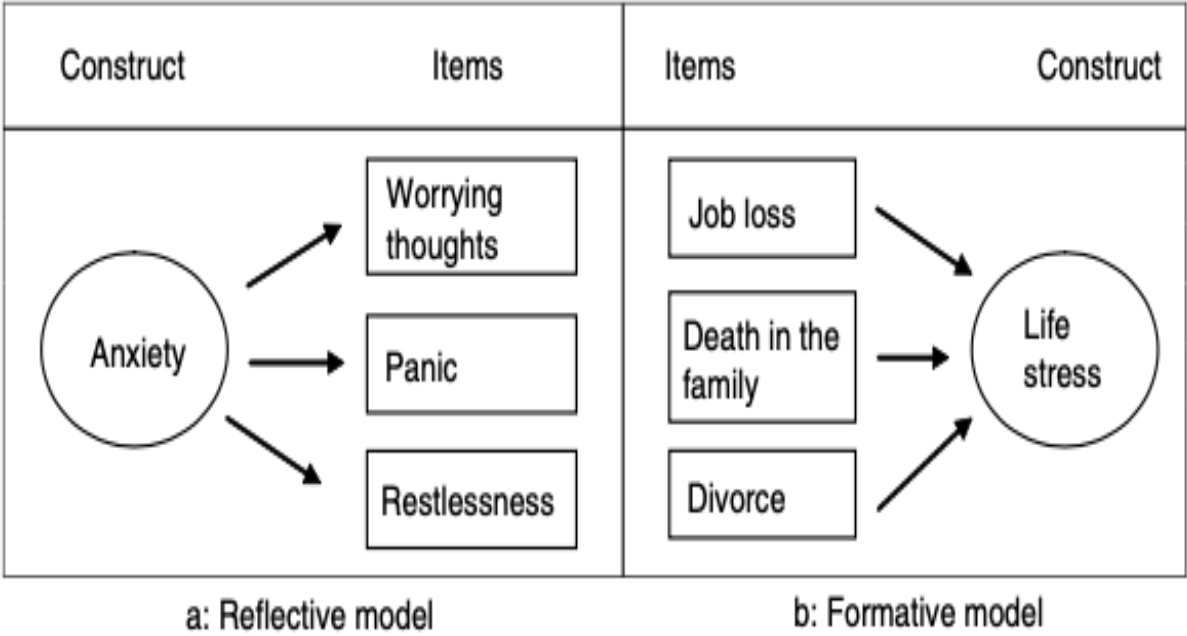


2a. Asking patient about relevance	
1	Was an appropriate method used to ask patients whether each item is <u>relevant</u> for their experience with the condition?
2	Was each item tested in an appropriate number of patients?
3	Were skilled group moderators/interviewers used?
4	Were the group meetings or interviews based on an appropriate topic or interview guide?
5	Were the group meetings or interviews recorded and transcribed verbatim?
6	Was an appropriate approach used to analyse the data?
7	Were at least two researchers involved in the analysis?
SUBTOTAL QUALITY OF RELEVANCE STUDY <i>Lowest score of items 1-7</i>	
2b. Asking patients about comprehensiveness	
8	Was an appropriate method used for assessing the <u>comprehensiveness</u> of the PROM?
9	Was each item tested in an appropriate number of patients?
10	Were skilled group moderators/interviewers used?
11	Were the group meetings or interviews based on an appropriate topic or interview guide?
12	Were the group meetings or interviews recorded and transcribed verbatim?
13	Was an appropriate approach used to analyse the data?
14	Were at least two researchers involved in the analysis?
SUBTOTAL QUALITY OF COMPREHENSIVENESS STUDY <i>Lowest score of items 8-14</i>	
2c. Asking patients about comprehensibility	
15	Was an appropriate qualitative method used for assessing the <u>comprehensibility</u> of the PROM instructions, items, response options, and recall period?
16	Was each item tested in an appropriate number of patients?
17	Were skilled group moderators/interviewers used?
18	Were the group meetings or interviews based on an appropriate topic or interview guide?
19	Were the group meetings or interviews recorded and transcribed verbatim?
20	Was an appropriate approach used to analyse the data?
21	Were at least two researchers involved in the analysis?
SUBTOTAL QUALITY OF COMPREHENSIBILITY STUDY <i>Lowest score of items 15-21</i>	

PROM	Development study	Rating of reviewers	Overall rating + / - / ?	Quality of evidence
MMD-HP				
<i>Relevance</i>	+	±	+	Low
<i>Comprehensiveness</i>	+	+	+	Low
<i>Comprehensibility</i>	+	+	+	Low
Content validity rating	+	+	+	Low
MMD-AP				
<i>Relevance</i>	±	+	±	Low
<i>Comprehensiveness</i>	-	+	±	Low
<i>Comprehensibility</i>	-	+	±	Low
Content validity rating	±	+	±	Low

Note: +: *sufficient*, -: *insufficient*, ±: *inconsistent*

Is valid psychometric evaluation even possible?



Is valid psychometric evaluation even possible?

- For an experience to qualify as MD, it must involve a moral event, psychological distress, and a direct causal relation between these two elements
 - Narrow conceptions of MD
 - This potentially excluding experiences of internal conflict or uncertainty.
- Constraint as a necessary and sufficient condition for MD is perpetuated through quantitative measures
 - which presuppose constraint as the sole cause of MD,
 - Labels experiencing institutional constraints as the **distress of the individual**

Moral Distress- An organisational Problem?

- Culture shapes the core values and norms of its members, which are shared and transmitted through social learning processes.
 - Top-down influences result in behavior change at micro-level
 - Bottom-up influences result in shared behavioral norms and values and modify culture at the macro level
- Moral climate
 - Implicit and explicit values may promote or constrain nurses' ability to prioritize best practice and client wellbeing
- Social learning processes

A dynamic, multi-level model of culture

- Professional identity is built on the personal values that lead an individual to seek to become a nursing professional
 - Education provides a buffer between the micro and macro levels
 - **Examples of interventions:**
 - preregistration education
 - knowledge of the values and nursing ethics
 - skills relating to critical reasoning, and
 - **critical reflection on practice**

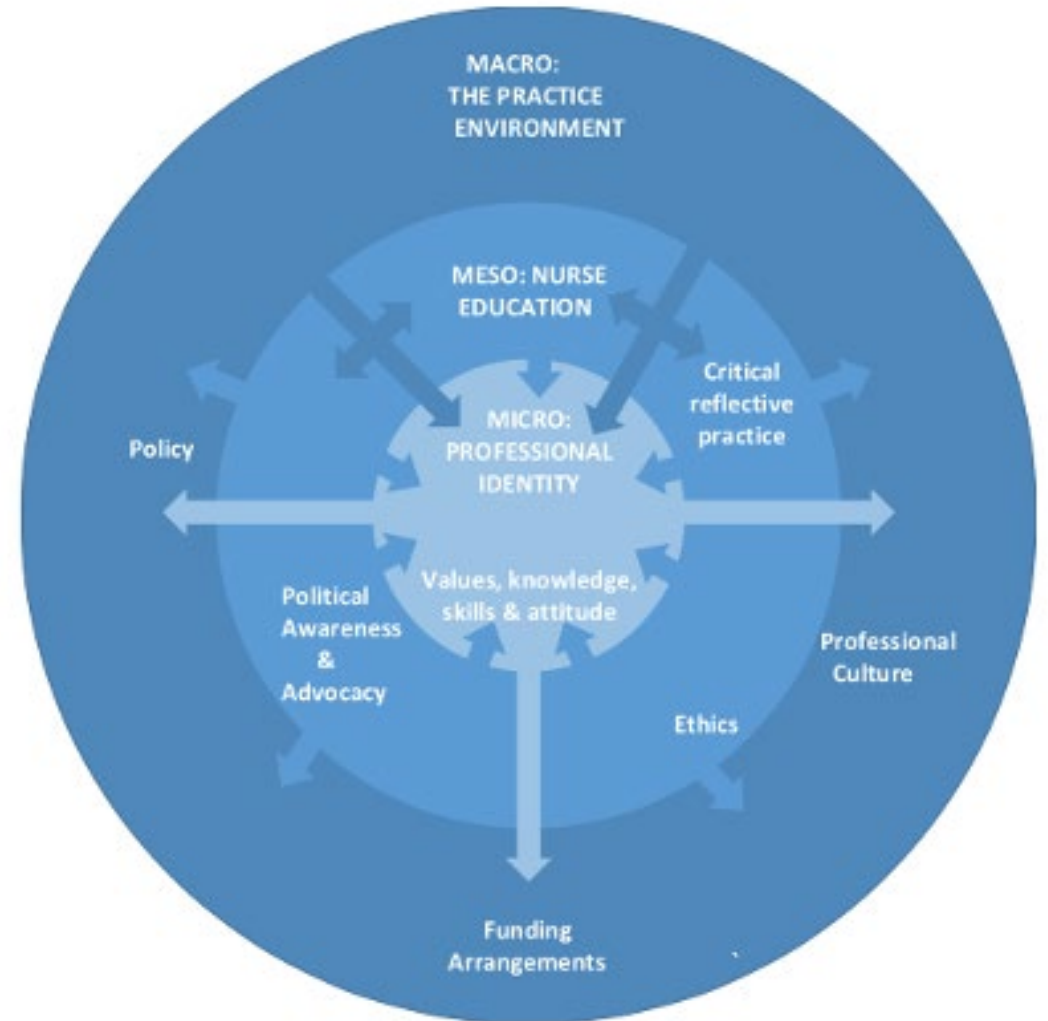


FIGURE 1 The interacting micro, meso, and macro levels of influence in the development of moral distress

Future research goals

- Scoping review on MD
 - i) identify the type of available evidence,
 - ii) examine how research is conducted,
 - iii) identify key characteristics or factors related to moral distress, and
 - iv) clarify key concepts and definitions
- MD Assessment Tool Development
 - Addressing gaps in current tools, focusing on direct causal relationships between psychological distress, and prevalence of moral stressors in a work environment
- Longitudinal Study
 - the impact of intervention strategies to reduce MD
 - Accounting for top-down and bottom-up influences of dynamic model of culture
 - Implementation Mapping (IM) design

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Centre universitaire de médecine générale
et santé publique • Lausanne



Advancing 3R
National Research Programme

Thank you for listening

Suggestions in Q&A

- Personal vulnerabilities need also to be highlighted
- Moral agency and verbalizing moral distress
- Phenomenology of human-animal bond
 - Related to experience of “sacrifice”, “killing”, and “empathy”
- Delegating moral responsibilities
 - In human healthcare vs. in veterinary practices
- Biting the bullet: ban of animal experimentation