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Moral drifting and COVID-19 precautions: The Impact on Team Stress Levels in Primary Care

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Moral drifting and COVID-19 precautions: The Impact on Team Stress Levels in Primary Care

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Abstract

The COVID-19 pandemic has given more focus on the concept of moral drifting. Moral or ethical drift is characterized as an insidious movement away from ethical behavior. Not only is this phenomenon present with routine tasks such as going to the grocery store, but it is influential and present in a setting being impacted by COVID-19: primary care. Integrated Primary Care and team-based care are incredibly valuable when caring for complex populations but also vital in mitigating the impacts of stress that moral drifting can cause on individual and team functioning.

Keywords

Moral Drift, Integrated Primary Care, Pandemic, COVID-19

Conflict of Interest Statement

My co-author and I do not have any real or perceived conflict of interest related to this article.

Background

The nation is experiencing the collective trauma of COVID-19. Patients, primary care employees, their families, the community, and the larger society are facing uncertainty and a fundamental change in their way of life. Consequences of the collective trauma impact societal function which can lead to erosion of social norms, ethics, and social capital.[1] This commentary will provide an overview of moral drifting in the context of the COVID-19 pandemic and share insights into the impact of moral drifting on team functioning in the primary care environment.

Moral or ethical drift is an insidious movement away from ethical behavior. This can often occur outside of the individual's awareness and be justified as acceptable behavior consistent with their moral values. These changes can easily be rationalized and serve individual clinical, personal, or administrative needs.[2] Jonathan Glover described moral drift as the gradual ongoing process of choosing the lesser of two evils until one is left choosing between two extreme morally inconsistent options.[3] Moral drift is impacted by social norms and organizational aggravators. Individuals are driven to comply with social norms derived from observation and the modeling of others. Both unconscious and conscious observation of social and environmental cues impact behavior.[4] Examples of moral drift related to social norms can be seen in employees' decisions to not wear required COVID eye protection in visits because others in the organization have not adopted this rule, despite organizational mandates.

These behaviors may go unnoticed and are often justified as acceptable, explained away by the current circumstances or difficulties in the workplace.[2] Other aspects of organization structure that may reinforce moral drift include role expectations that have scripts of appropriate responses to challenges and organizational goals that conflict with moral behavior.[5,6]

Scripts in primary care settings that focus on making the patient comfortable, such as "meeting the patient where they are," may influence staff to be less likely to enforce mask precautions in visits for fear of creating discomfort. Lapses in moral commitment to safety precautions, such as partial enforcement of mask and eye protection, in turn endangers staff and other patients. Organizational goals of generating revenue, especially during times of decline, reinforce the drift away from recommended guidelines and instead promote bringing patients in for risky elective procedures.

Daily decisions made by employees--both inside and outside of work--and organizations complicate the ethical principles of beneficence, professionalism, and nonmaleficence when promoting team and patient wellness and safety. More specifically, the American Medical Association (AMA) Code of Medical Ethics Principle 8 outlines, "A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of

public health."[7] The AMA's Council on Ethical and Judicial Affairs makes clear their opinion on enforcing scientifically and ethically sound protective, preventive, isolation, and quarantine precautions to minimize the transmission of infectious disease to protect the physician's health and the health of the community.[8] The AMA Council recognizes that adherence to mandatory precautions may conflict with the self-determination rights of an individual patient and physician advocacy for an individual patient in pursuit of the responsibility to protect public health.[8]

Impact of Moral Drifting on Team Functioning

How does moral drifting impact how teams function in primary care? As one can imagine, moral drifting related to mask wearing and vaccine acceptance can cause distress and possible dissention among team members. Stress accumulated from these daily dilemmas can impact team function through mechanisms such as decreased willingness to assist others, increased interpersonal aggression, inattention to social or interpersonal cues, and reduced cooperation among team members.[9] Lacerenza, Marlow, Tannenbaum, and Salas describe the "7 Cs," an evidence-based guidance on the anatomy of high performing teams, as: Capability, Cooperation, Coordination, Communication, Cognition, Coaching, and Conditions.[10] Another important aspect of teams engaging in the "7Cs" is psychological safety, being able to show oneself without fear of consequences or retaliation.[11] For teams to protect themselves from or mitigate the impact of distress related to moral drifting related to COVID-19 precautions, taking steps to build (and continue building) psychological safety to have difficult discussions is a key ingredient.

An example team intervention includes team huddles that give time to discuss team and patient safety, including team members feeling uncomfortable around other team members not consistently engaging in precautions. Additional interventions include team trainings (especially as COVID-related precautions continue to evolve), ongoing leadership training (e.g., targeting "soft" skills such as interpersonal and intrapersonal development and leadership styles, such as trauma-informed leadership), and team building (much can be done virtually) coupled with team debriefing to discuss how team building exercises connect back to the daily work environment that now has the ongoing stress of COVID-19.[10] Aiming to assess psychological safety in healthcare teams from existing measures of not normed in a healthcare setting, O'Donovan, Van Dun, and McAuliffe. developed a survey/observational measure which can be applied as an evaluation and feedback tool.[12] The measure examines the following components: voice behaviors, defensive voice behaviors, silence behaviors, supportive behaviors, unsupportive behaviors, learning or improvement-oriented behaviors, familiarity

behaviors, and psychological safety with team leader, peers, and the team as a whole.[12]

Although there is a large emphasis on ethics and professionalism in health care, providers' psychological moral competencies are rarely assessed.[13] Limited instruments are available to measure these competencies and often come in the form of vignettes. As moral behavior is a social bond, vignettes detailing morally ambiguous situations tailored to unique circumstances, such as COVID-19, may shed further light on the concept of moral drifting. Further research and instrument development are needed to accurately gather data on this phenomenon.

What Can We Do to Mitigate the Impact of Moral Drifting on Team Functioning?

First and foremost, we (patients and health care providers) need to recognize the experience of trauma with the COVID-19 pandemic. Through this active acceptance as team members, it can help teams realize everyone is experiencing the impact of the COVID-19 pandemic in different ways. We are still in an unprecedented time where we are experiencing a traumatic event at the same time as the patients we serve. We cannot ignore that the wear and tear from our reactions will impact the functioning of teams in primary care. So, while taking care of our patients is important, it is equally vital to attend to team functioning– otherwise, primary care will not be able to weather the storm that will be in the future (e.g., patients delaying care, worsening of chronic disease management, preventive care being delayed). Moral drift is happening. We see it daily – at the bus stop, in our waiting rooms, and in the bullpens of our clinics. If we can recognize when this is happening within ourselves, we can help our team function better and therefore, primary care can do what it does best: provide whole person care to anyone who walks through our doors.

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