

**Walking with Families and Staff:
The Chaplain's Perspective on
Moral Challenges of Escalating
Interventions in Neonatal
Intensive Care**



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Objectives

- 1 Understand the emotional, spiritual, and moral struggles families face in the NICU.
- 2 Explore the chaplain's role in supporting families and staff through complex moral decisions.
- 3 Learn compassionate strategies to navigate ethical dilemmas and moral distress.

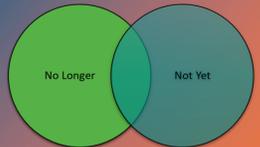
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The contours of the caregiver's journey

- The NICU is a place of both hope and heartbreak.
- Families/staff face emotional, spiritual, and moral turmoil.
- Clinician's role: supporting, guiding, and being present.

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Liminality



- *Liminal* – a state of in between, a threshold.
- *Liminality* is that state of disorientation and ambiguity felt when at the threshold between the no longer and the not yet.

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Oscillation (adapted from Dual Process Model of Coping with Bereavement – Stroebe & Schut, 1999)

- Alternation between loss and restoration-oriented coping (hope and heartbreak)
- The process of juxtaposition of confrontation and avoidance of different stressors
- Dynamic, back and forth process
- Necessary for optimal adjustment
- Appropriate for understanding
 - gender responses to grief
 - And social/cultural contexts



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What is spiritual distress?

- "Impaired ability to experience and integrate meaning and purpose in life through connectedness with self, other, art, music, literature, nature, and/or power greater than oneself."
- Christina M. Puchalski, MD, Betty Ferrell, RN, PhD, "Making Health Care Whole" (2010).



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When Every Decision Feels Impossible



- Parental fears, grief, and uncertainty.
- Hope vs. harm: When does continuing treatment feel like prolonging suffering?
- Conflicting values: Parents' beliefs vs. medical recommendations.
- What should I do as a person of faith?

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Moral dilemmas amidst ambiguous loss

- Life and death decisions
- Weighing harm vs. time with the child
- Need for meaningful and necessary self-care
- Childcare
- Relationships (spouse, parents, other children)
- Finances
- Job security

Currie et al, 2016

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The clinicians' experience



THE WATER IS ALWAYS DEEPER THAN WHAT IT REFLECTS

Marilyn Rubin

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What is moral distress?

- "Involves the anguished judgement that one has violated a core value commitment, failed to fulfill a fundamental moral obligation, or in some other significant way fallen morally short under conditions of constraint or duress."
- Cynda Hyton Rushton, PhD, RN, FAAN "Moral Resilience: Transforming Moral Suffering in Healthcare" (2018)



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Moral Distress Among Clinical Staff

- Experiencing moral uncertainty or anticipatory anxiety
- Navigating feelings of conflict and even judgement
- Moral residue and "Crescendo effect" (Epstein, 2009)
 - Insufficiently resolved moral distress
 - Carries into new situations and leads to escalation of distress



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<p>Moral distress is not...</p> <ul style="list-style-type: none"> A sign or symptom of clinician failure. Possible to eliminate. Only negative. 	<p>Moral distress is...</p> <ul style="list-style-type: none"> Indicates a moral commitment. A troubled call of conscience. Requires ability to sustain connection to the core values. Requires a culture that supports clinicians' basic goodness and resilience.
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Rushton, 2018

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When families want to continue intensive interventions

- Struggling with their role: protector/caregiver vs. giving up.
- Balancing hope and realistic outcomes.
- Use of spirituality in decision-making and resilience.
- Need for direct but hopeful/compassionate communication.
- Challenges with receiving support/changes in support structures

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Helpful Strategies

- Compassionate communication (self-awareness, genuine curiosity, spiritual calm)
- Addressing moral distress among staff (proactive & reactive support structures)
- Collaborative approach (do not work in silos)

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Compassionate communication and courageous moral action

- Holding space for parental grief and uncertainty AND for one's own struggling moral core
- Active listening and reflective language for parents AND colleagues.
- Clear, compassionate explanations of options AND seeking ethical guidance & moral support.
- Acknowledging spiritual and cultural perspectives AND one's own beliefs.

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Developing a zone of resilience

Graphic 1
The Resilient Zone

In the "Resilient Zone" individuals have the best capacity for:
Flexibility and adaptability
Pro-social behavior
Executive functioning
Being responsive rather than reactive

Individuals can learn to remain in and return to the Resilient Zone

Graphic adapted from D. Siegel (2001) Threshold GlobalWorks (c) 2016

Leitch, 2017

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Response to triggers

Leitch, 2017

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Moving towards moral resilience

- Recognize signs of burnout and emotional fatigue.
- Seek support through ethics consultations and chaplaincy/spiritual care.
- Narrative medicine
- Share sacred moments of patient care
- Addressing shame in medicine
- Creating a culture of resilience
- Use moral distress thermometer
- Practice self-reflection and self-compassion
- Recognize liminal spaces
- Attend Schwartz Rounds

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Collaborate with Spiritual Care

- Code Lavender
- "Pause"
- Debrief
- Moral Distress Consultation
- Remembrance
- Compassionate rounding
- Retreat
- Bereavement support

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Discussion

What challenges have you faced in ethical/moral decision-making?

What strategies help with moral distress in your practice?

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Final thoughts...

Families are not just making medical decisions—they are making moral and spiritual ones. Our role is to walk with them.

"It involves being able to be present to their suffering, attune to it, and leverage moral investment, emotional engagement, and wise discernment to act on behalf of another."
(Rushton, 2018)

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