COVID-19 Guidance for Combating Moral Injury in Healthcare Workers

Background

Many healthcare workers are combating moral injury while working in response to the COVID-19 pandemic. The pandemic has weakened the delivery of healthcare by exacerbating conditions in already stressed hospitals and healthcare systems. A combination of resource scarcity and patient surges has created situations where conventional standards of care are altered. Due to disaster conditions, the focus of care has changed from providing the best care to each patient to extending care to as many patients as possible.

Moral injury in healthcare workers can increase the necessity of providing care that violates one's own moral code, values, or expectation as a healthcare worker.[1] This dilemma can arise from several factors such as practicing under conditions of altered standards of care/crisis standards of care with patient surge and not enough resources.[2] In addition, those who may have a history of trauma or who have experienced burnout or compassion fatigue, can be at additional risk.

The impact of not having enough resources to help every patient may contribute to a rise in moral injury. Altered standards of care as well as difficult working conditions, i.e. long shifts, limited staffing, lack of PPE, have created greater possibilities of negative psychological and physical outcomes for healthcare workers.[2] Healthcare systems and workers have likely never experienced a disaster of the scope of COVID-19, where the disaster itself is novel, the length of time to cope is extended, and the impact on all aspects of society is broad. Healthcare workers can benefit from consciously considering these factors and their impact. Assisting healthcare workers to meet the challenges of their current healthcare settings calls for practitioners to acknowledge the possibility of suffering from moral injury.[3]

Signs of Moral Injury

Signs of Moral Injury can include:

- Shame
- Guilt
- Anger
- Disgust

Consequences of Moral Injury

Resulting consequences of moral injury can include:[4,5]

- Depression

- PTSD
- Suicidal ideation
- Burnout
- Feelings of loss of control
- Lowered morale

Preventing and Treating Moral Injury

Assessing for psychological risks from exposure to high stress events for healthcare workers and first responders can occur by using PsySTART-Responder (PsySTART-R),[6] an evidence-based method to track exposures and build resilience.

After a brief training on the effective use of the PsySTART-R tracker, a personal account is created to track exposures to events that are more predictive of psychological risk. An individual coping plan is then established. (For more information regarding PsySTART-R trainings, please email DOH-BHAdmin@doh.wa.gov ATTN: PsySTART-R training information.

Organizational leadership can access de-identified, aggregated information from PsySTART-R regarding the risk levels of their staff. The information can be used to mitigate moral injury and build resilience within the organization. Team leaders will build better understanding of the demands placed upon their team from the shift in work brought on by the pandemic.

Professionals can address moral injury through connecting with co-workers[7] in ways suggested by Greenberg and colleagues (2020):[3]
- Talk plainly about the challenges of the work context with a frank assessment of what each team member faces.
- Find team support about the morally challenging decisions that may need to be made regarding patient care.
- Develop peer support groups that can meet on a regular basis to encourage more reflection and connection.

Selfcare Practices

Research has demonstrated that self-care practices can prevent burnout, emotional exhaustion, depersonalization, and stress in healthcare workers. Practicing self-care[8] can look like:
- Eating healthy meals
- Regular exercise
- Regular sleep habits
- Reaching out to friends or family (especially important for healthcare workers who are socially isolated during the pandemic)[7]

- Engaging in mind/body habits such as:
    - Yoga
    - Meditation
    - Other mindfulness practices[9]
- Self-reflecting by journaling
- Setting personal boundaries[7]
- Engaging in spiritual practices that have been helpful in the past
- Meeting with clergy or spiritual director

Organizational Leadership Practices

Effective leadership during these challenging times is built from communication, empowerment, humility and humanity.[10]

Communication

Communication requires an open and honest report regarding situational facts,including uncertainty that requires clarification. Leaders can ensure they take the time to listen and create multiple different avenues for the team to ask questions, provide feedback, and share their thoughts, feelings, and concerns.

Empowerment

Empowerment involves encouraging individual members of the team to act with greater agency as the physical and psychological demands of the pandemic inevitably require the "baton of leadership" to be passed from one team member to another. By encouraging people to demonstrate initiative, it will help to prepare them to step up as team leaders when needed.

Humility and Humanity

Humility and humanity provide modeling and recognition of leadership's strengths and limits. Acknowledging and normalizing the feelings that emerge in this work setting helps people to make meaning of their experience. Team leaders can demonstrate healthy coping which includes seeking help and engaging in selfcare. Remaining humble and acting responsibly while managing the emerging day-to-day needs of the organization will enhance the team's success in coping with crisis.

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