



ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

## Moral Injury in Healthcare Workers on the Frontlines of the Coronavirus (COVID-19) Outbreak

Moral injury (sometimes referred to as “moral distress”) can occur when someone engages in, fails to prevent, or witnesses acts that conflict with their values or beliefs. Most healthcare workers typically do not experience significant distress from difficult situations at work because of their training and preparation, healthcare cultural norms, messages and behavior of peers and leaders, and acceptance by families and the culture at large. However, in unprecedented contexts, such as a pandemic, some people may have difficulty with unfamiliar and potentially distressing work experiences.

### What is Moral Injury?

Moral injury usually involves experiences that contradict an individual’s personal or shared values or expectations, such as having to make decisions that affect the survival of others, having to make decisions where all options will lead to a negative outcome, engaging in an act of wrongdoing, failing to prevent serious unethical behavior, witnessing or learning about such an act, or betrayal by trusted others. Feelings resulting from these experiences can include guilt if the person feels remorse about these experiences (e.g., “I did something bad”), shame if the person blames themselves because of a perceived personal inadequacy and flaw (e.g., “I am bad.”), and distress or intrusive thoughts or images. If time passes without guidance, intervention, or peer and leader feedback, a person may have an increasing sense of being unforgiveable. There also may be anger, and reduced readiness and/or confidence in leaders or the organization if the person experiences betrayal.

Morally injurious experiences and the resulting guilt, shame, or anger may contribute to stress reactions such as changes in sleep, significant and persistent negative changes in behavior or habits, making more mistakes, becoming more isolated from others, compulsive behavior (e.g., overworking, overeating), and not feeling as much empathy or compassion as one usually feels. Situations that can cause moral injury are often traumatic events that can lead to symptoms of PTSD. These may include intrusive memories, avoidance of people or places, changes in mood or ways of seeing the world, and trouble concentrating.

During the COVID-19 outbreak, moral injury in healthcare workers could result from a variety of sources. There may be difficult decisions related to life and death triage or resource allocation, or the belief that a patient’s life might have been saved under different circumstances. Workers may witness what they perceive to be unjustifiable or unfair acts or policies that they feel powerless to confront. They also may feel guilty about the impact their job has on their family, surviving when others are dying, or the development of COVID-19 in a family member or close associate outside of work.

**Long-term negative consequence of exposure to morally injurious events are not inevitable.** It is even possible for individuals who experience moral injury to eventually develop a redefined meaning in life and, with time and support, begin to incorporate the experience into a positive world view.

### What Self-Care Strategies Can Reduce the Potential for Moral Injury?

Self-care for moral injury can be challenging for people working in healthcare, given that those in this field typically strongly value caring for others. These characteristics are usually protective, but during pandemics they can mean that a person may not have time to take care of themselves, and that their personal standards put them at higher risk for moral injury. **Therefore, self-care for moral injury should include seeking out others to assist in making difficult choices when possible, and for support about circumstances that cause moral distress.** It is often only in conversations with others that we can hear a different, more helpful way to think about or make meaning from morally distressing situations.

**Anyone experiencing moral distress also may need to be more disciplined and self-protective about their internal self-talk.** Thoughts that cause increased distress and interfere with the ability to function, while seemingly realistic, may be unhelpful. For instance, a person may need to modify their expectations, or even their definition of a “good day” to meet their current reality, changing thoughts such as “I should have done better” to “I did the best I could, given the circumstances.” Talking with others can help a person get a new perspective. More information about how to identify and change unhelpful thoughts are included on the *Helpful Thinking During the Coronavirus (COVID-19) Outbreak* article.

It can also help to find things or people to be grateful for, taking satisfaction in what can be accomplished, however small, and being more patient or kind with oneself. For some people, a good strategy may be to draw more strongly on religious faith or spirituality, or their personal beliefs and values in service of persevering and finding meaning or acceptance.

### How Can Coworkers Help with Moral Injury?

Healthcare workers experiencing moral injury are likely to benefit from coworker support. Coworkers can be especially helpful in that they often have experienced similar feelings so have natural empathy.

**Reach out to coworkers who are showing signs of distress.** Shame, guilt, and the expectation of condemnation and rejection can make coworkers reluctant to talk about their experiences. If they say they’re “fine,” let them know that you have seen changes in their behavior and that you care about them. If they choose not to share their experiences with you, realize that it may take time for a person to open up about their feelings. It may also be that they do not have the energy or time to discuss what is bothering them. If so, let them know that you care, and that you are willing to listen if they want to talk. Depending on the person, it may be helpful to suggest they talk to a member of the clergy.

**If the person wants to talk about their feelings or experiences, be a good listener.** What we do and say is often not as important as what the other person says. Often what the person wants is to know that someone cares enough to check on them and to listen. Even a short conversation can convey that the person is not alone and that someone cares. Be nonjudgmental and understanding.

- If you want more information, try saying something like: “It sounds like you’ve experienced some things that nobody should experience. Can you help me understand how that’s impacting you now?”
- If the person speaks of guilt because of acts of **omission**, say something like: “It sounds like you’re sad about something you didn’t do,” to facilitate further discussion. If they have guilt because of acts of **commission**, you can say something like: “It sounds like you’re really burdened by things you did, or that you believe you did” to facilitate further discussion.
- If you don’t know how to respond, say something like: “That must have been incredibly hard. I can’t imagine how I would feel in that situation.”
- If you can’t tolerate having a conversation because of your own stress, be honest. Say something like: “I don’t know if I can hear this story, but I know someone who can. I can connect you them.”
- If possible, try to help the person gain a different perspective on how they view themselves or others. You may also be able to help the person see what meaning their experiences hold for them or highlight their strengths and core values. More information about changing unhelpful thoughts are included on the *Helpful Thinking During the Coronavirus (COVID-19) Outbreak* article. And more information on engaging in supportive conversations are included on the *Tips for Providing Support to Others During the Coronavirus (COVID-19) Outbreak* article.

### How Can Leaders Help with Moral Injury?

Leaders can be particularly helpful both in preventing moral injury and in mitigating its effects, particularly if their employees have respect for their experiences and opinions. Leaders have a strong role in setting ground rules and communicating organizational values and standards, and their prior experiences with mentoring and problem solving can serve them well in supporting their employees.

Leaders can help by increasing communication with employees, particularly around changing policies and the decisions that are being made. Send a clear message that the stress, volume of cases, and changing circumstances inherent in the COVID-19 outbreak may cause guilt, shame, anger, and difficulty functioning. As a result, it is important to be patient with oneself and others. Make an effort to have check-ins---even brief ones---after particularly challenging days or cases. Increase expressions of praise and gratitude for the work employees are doing, particularly those in less senior but still supervisory positions, who often are less likely to seek support because they have fewer peers to reach out to.

Pay attention to the signs of moral injury, and either make time to check on employees showing these signs, or delegate staff with that responsibility. Have support and referral sources ready for those who show signs that they may need professional help. The following may require professional care:

- *PTSD symptoms that do not resolve on their own*, such as intrusive memories, avoiding people or places, changes in mood or ways of seeing the world, and trouble sleeping or concentrating;
- *Self-harming behaviors*, such as poor self-care, alcohol and drug abuse, recklessness, and parasuicidal behavior;
- *Self-handicapping behaviors*, such as retreating in the face of success or good feelings and undermining efforts by others to help; and
- *Demoralization*, which may entail confusion, sense of futility, hopelessness, and self-loathing.

Leaders can make it easier for an employee to seek more formal help by letting the person know that others have benefited from seeking help, and that getting help when needed will help them get back on their feet sooner. If they choose not to seek help at that time, honor that decision unless the person is a potential risk to themselves or others. But check in with them regularly to make sure help is given if and when it's needed.