



HEALTHCARE WORKERS  
**CARE NETWORK**

Caring for the Carers by the Carers

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# Moral Injury

Dr. Joanna Taylor





# THE VALUE OF MORAL INJURY AND DISTRESS AS CONCEPTS

Can enrich our thinking about the **psychological effects of extreme working conditions**, and the **most helpful types of support**

Articulate something more specific than the idea of burnout.

Include the useful concepts of:

- 1. **moral dilemmas**,
- 2. **moral distress**, and
- 3. **moral injury**.



**Stop TB Partnership**

The devastating effect of the COVID-19 pandemic on the TB response -  
A minimum of 5 years of progress lost and 6 million additional people ill with TB

Western Cape 'on its own in Covid-19  
fight after broken budget promises'

YOL reporter Jun 24, 2020



## 8 Gauteng doctors die: Workers blame poor PPE

AUGUST 5TH, 2020

SA PROVINCIAL HEALTH

INDEPENDENT.CO.UK

Cover-up fears as reviews of coronavirus deaths among NHS staff to be kept secret

## COVID-19 PPE tender saga is biggest financial scandal in Gauteng since 2014: Makhura

31 July 2020, 5:57 AM | Wisani Makhubele |  
@SABCNews



# DEFINITIONS

**Moral dilemmas**<sup>1</sup> are expected, difficult parts of clinical practice. There is often no comfortable answer to the problem posed, and training must offer best-practice approaches that include ethics consultations, team discussions, and supervision.

Opportunities to grapple with such dilemmas with appropriate support and guidance make for clinicians capable of crafting sophisticated and compassionate solutions to complex problems.

1. DEAN, W., TALBOT, S. G., & CAPLAN, A. (2020). CLARIFYING THE LANGUAGE OF CLINICIAN DISTRESS. *JAMA*, 10.1001/JAMA.2019.21576. ADVANCE ONLINE PUBLICATION. [HTTPS://DOI.ORG/10.1001/JAMA.2019.21576](https://doi.org/10.1001/JAMA.2019.21576)



# DEFINITIONS

**Moral distress**<sup>2</sup> occurs when an individual knows the right thing to do, but institutional or other constraints make it difficult to do what is right.

Each episode of moral distress is either resolved with sufficient processing or leaves **moral residue**. Moral residue is constituted by the unresolved emotional and psychological conflicts that make subsequent incidents less tolerable.

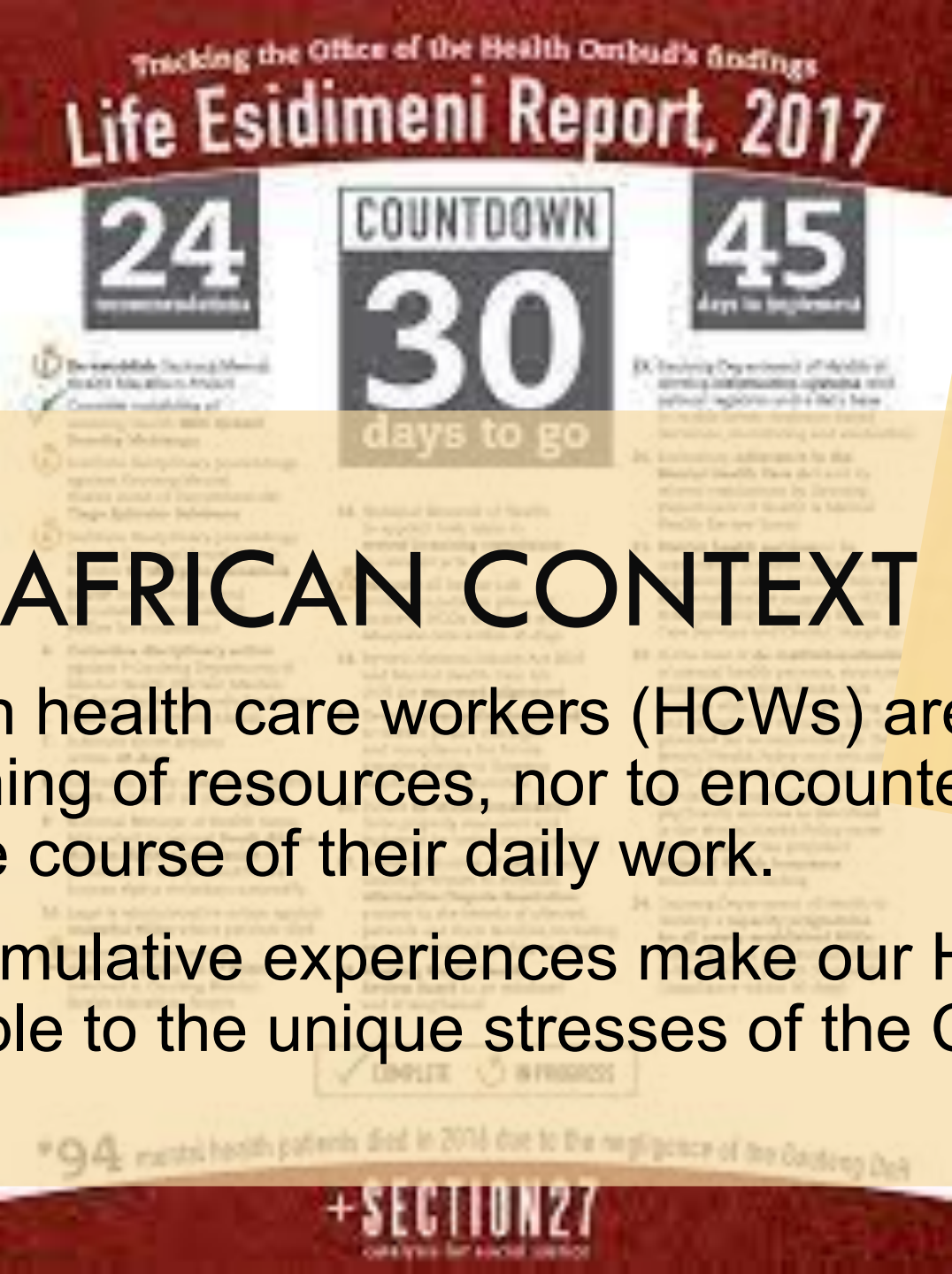




Moral injury<sup>3</sup>, a term initially brought into mental health literature by psychiatrist Jonathan Shay in the 1990s, is defined by Litz et al as resulting from “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations”. In health care, these beliefs and expectations include the oaths individual HCWs took to provide the best care possible for patients and to make a patient’s needs the first priority.







# SOUTH AFRICAN CONTEXT

South African health care workers (HCWs) are no strangers to tight rationing of resources, nor to encountering brutal trauma in the course of their daily work.

Will these cumulative experiences make our HCWs more or less vulnerable to the unique stresses of the COVID-19 pandemic?





Life Events



**Moved to Port Elizabeth, Easter...**  
2017



**Started New Job at Groote Schuur...**  
2012

English (US) · Afrikaans · Français (France) · Español · Português (Brasil)

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**Nerisha Govender**

August 7 at 7:56 PM ·

I can't deal tonight.  
This is just too much  
I counted ten health care workers dead in my province just this week.  
There isn't time to attend zoom and drive-by funerals  
How do we rebuild this service?  
Prof Pepeta is irreplaceable. You can't magic paediatric cardiologists of this ilk overnight. It's an unquantifiable loss to our community. Dean of the new medical school.  
He wore so many hats.  
The people who have stolen PPE money and not made adequate protection available to us timeously are really the immoral scum of the earth.  
The medical service cannot withstand this kind of loss.





# SOCIAL CONTRACT

The unravelling of America – Rolling Stone Magazine 06 August 2020  
Wade Davis, Anthropologist:

**The measure of wealth in a civilized nation is not the currency accumulated by the lucky few, but rather the strength and resonance of social relations and the bonds of reciprocity that connect all people in common purpose.**





# THE ROLE OF COVID-19

Stretched and increasingly “managed” health care systems globally are a breeding ground for moral distress and injury

The COVID 19 pandemic magnifies the pressures in a number of ways:

- End of life decisions and care
- Many daily service provision quandaries
- PPE shortages and risk management
- Losses of colleagues, patients, family members, friends
- “Caution fatigue”



# RATIONING

Rationing of health care resources is something that we could place in the category of a moral dilemma, and if well-managed does not have to result in undue residue and injury, although there may well be some distress.

South African HCWs are very familiar with rationing, and know that it can contribute to sound clinical decision-making.

But if protocols are unclear, out of date, or non-existent, support is not in place, and systems are overwhelmed, the pressures on individuals to make and convey rationing decisions will lead to moral injury.





In March 2020 professional societies and ethicists were swift in providing guidance on such matters as the rationing of ventilators and ICU care, and many SA hospitals quickly endorsed the Critical Care Society of SA guidelines of 2019.

PREPARATI  
ON





# DILEMMAS

Who to admit to hospital and when,

How to explain to families how you are allocating an oxygen outlet,

Whether to continue certain essential but not-quite-urgent services,

Whether to go to work with mild symptoms and risk infecting others or stay at home and know that your team was taking strain...the list is long.

Many health care workers have also struggled with distress and ambivalence about current allocation of resources after years of witnessing a health care system stripped bare, with the resulting thousands and thousands of deaths and reduced quality of life each year from preventable causes.





# MORAL INJURY: DEFINITION IN MH CONTEXT

The profound psychological distress which results from actions, or lack of them, which violate one's moral or ethical code.

Can include:

- Acts of perpetration
- Acts of omission
- Experiences of betrayal from leaders or trusted others



# RELATIONS HIP TO MENTAL ILLNESS

Not a mental illness

But

Experiences of potentially morally injurious events (PMIEs) can lead to

- ❑ Negative thoughts about oneself or others
- ❑ Deep feelings of shame, guilt, or disgust
- ❑ Which in turn can contribute to the development of mental health problems including depression, PTSD, and anxiety



# BROADER CONCEPTION

When a moral injury does occur, the range of outcomes are broad and can include:

- 1) feelings of guilt, shame, anger, sadness, anxiety and disgust;
- 2) intrapersonal outcomes including lowered self-esteem, high self-criticism, beliefs about being bad, damaged, unworthy or weak, and self-handicapping behaviours;
- 3) interpersonal outcomes including loss of faith in people, avoidance of intimacy and lack of trust in authority figures;
- 4) existential and spiritual outcomes including loss of faith in previous religious beliefs, and no longer believing in a just world

# FACTORS THAT INCREASE RISK OF MORAL INJURY

- ❑ Loss of life to a vulnerable person
- ❑ If leaders are perceived not to take responsibility for the event/s and are unsupportive of staff
- ❑ If staff feel unaware or unprepared for emotional/psychological consequences of decisions
- ❑ If PMIE occurs concurrently with other traumatic events, eg death of a loved one
- ❑ If there is a lack of social support following the PMIE







**Thank you**





—

“Moral strength  
underlies the  
capacity of  
healthcare workers  
to use compassion  
in their practice”

—



# POTENTIAL FOR POST-TRAUMATI C GROWTH

Moral emotions can also be positively valenced, and include emotions like pride, gratitude and compassion

A recent qualitative study of nurses caring for COVID-19 patients found that while negative emotions were commonly experienced, these were accompanied over time by the emergence of positive factors including:

- increased affection and gratitude,
- development of feelings of professional responsibility and competence,
- self-reflection and insight.

SUN, N., ET AL., A QUALITATIVE STUDY ON THE PSYCHOLOGICAL EXPERIENCE OF CAREGIVERS OF COVID-19 PATIENTS. AMERICAN JOURNAL OF INFECTION CONTROL, 2020.

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