

2022 RESEARCH FINDINGS

COVID-19 and moral injury in Canadian healthcare providers



What is moral injury?

Moral injury refers to the profound distress that can arise in the aftermath of situations in which one's moral or ethical beliefs have been violated.

What causes moral injury?

Exposure to one or more potentially morally injurious events (PMIEs) can lead to moral injury. PMIEs arise from situations where an individual acts or cannot act in a way that transgresses their moral values, or when an individual witnesses actions or inactions that transgresses their moral values (e.g., inability to provide usual or adequate care for patients due to excessive workload and/or not having enough staff). Moral injuries may also arise when an individual feels betrayed by another individual or by an organization that they believe has a duty of care for them or for others.

What is the impact of moral injury?

Not everyone who experiences a potentially morally injurious event (PMIE) will develop moral injury. For those who do, moral injury is characterized by a range of emotional, physiological, and cognitive responses, including elevated levels of arousal and feelings of guilt, shame, and anger. Although moral injury is not a mental health disorder (according to the DSM-5), it has been linked with a higher risk of developing certain mental illnesses, including Post-Traumatic Stress Disorder (PTSD), depression, and anxiety disorders.

Why are healthcare providers at increased risk of moral injury during COVID-19?

Even prior to the COVID-19 pandemic, healthcare providers (HCPs) routinely faced moral challenges in their work. COVID-19 has introduced many new moral challenges and unprecedented working conditions. Throughout the pandemic, HCPs have faced difficult decisions around resource allocation, while also struggling with increased workloads and severe shortages in staff and equipment. These conditions have stretched HCPs physically and mentally and placed them at increased risk of moral injury.

Healthcare provider interviews



We talked to (n=92) healthcare providers across Canada from February to December 2021 and asked them to tell us about situations during COVID-19 that challenged or transgressed their moral beliefs or codes and their reactions to these situations.

Here are 7 themes and direct quotes from the healthcare providers.

1. Lack of funding and preparedness for pandemics resulted in shortages in PPE, equipment, and staffing.

“...How can I live here in Canada and not have the resources to provide care [makes me] so very angry... Like even just talking about it now, I get a pit in my stomach.”

2. Healthcare providers believe some systemic problems that may compromise their safety and wellbeing have worsened over the pandemic and yet remain unaddressed.

“...if you want to talk about wellness, you know, here's what wellness is: working conditions that are humane, and allow you to do your job properly. That's wellness.”

3. Healthcare providers felt unable to provide optimal care throughout the pandemic due to increased workload and new COVID-19 related protocols (e.g., triage protocols to assist in decision-making for the allocation of critical care resources) that conflict with their duty to care.

“So for me the biggest single moral dilemma, which really hurt me, and really made me feel awful, was the idea of critical care triage...to decide who lives or dies.”

4. Healthcare providers expressed regret over inconsistent and changing visitor rules during important life events, including end-of-life, birth, and the care of vulnerable patients.

“But I've found it extremely difficult when we weren't able to have any of the visitors come in, and watching these people pass away without getting to say goodbye to the people they loved.”

5. At times, healthcare providers felt they were providing invasive care that they perceived as futile and as prolonging patient suffering

“...It is very difficult to think that you're actually helping somebody and not actually doing more harm...”

6. Healthcare providers described feeling 'let-down' by colleagues who were perceived as failing to 'show up'.

“... we would hope that the team would stand and fall together. And there weren't some people that did [sic] so I found that a little difficult to deal with or to understand...”

7. Healthcare providers described disconnection between frontline staff and leadership/ organizations

“... And I think a lot of the time, [from the leadership/organization view,] some patients are seen as just beds and not people. And I think that definitely goes against my core values. Like everyone should be seen as a person.”

Recommendations



What organizations and leadership can do:

Healthcare providers would like their leaders to know about their experiences during the pandemic and the associated impact on providers and their family.

- All leaders, including board members, senior leadership teams, directors, managers, and supervisors are encouraged to familiarize themselves with the circumstances faced by healthcare providers throughout the pandemic.
- Hold reflective listening sessions, asking questions, and seeking out media/reports available on this topic.
- Familiarity with this content reduces the number of times healthcare providers need to “tell their story.”
- Avoid expressing shock or horror at the stories told by healthcare providers. These have been the day-to-day experiences of healthcare providers and expressions of disgust, crying, and other strong emotional responses may make feel healthcare providers feel more isolated or alone in their experiences.
- Recognize that pandemic activities and stresses impact not only the healthcare provider but also their family. Where possible, seek to accommodate family schedules and provide appropriate supports to family members. Be clear in acknowledging the impact on families – this will go a long way.
- Do not attempt to diminish or brush away expressions of guilt, shame, betrayal, and anger.
- Instead, validate the healthcare provider’s experience by repeating back to them what you think you heard and asking if this is correct. Respond, where appropriate, “I am sorry this happened to you” or “I’m sorry that our organization did not do more to help you.” Emphatic leadership skills may be a particularly useful approach to convey genuine interest and understanding.

Leadership in healthcare organizations need additional resources and training to support healthcare providers mental health.

- Most healthcare occupations carry a potential risk for trauma exposure and increased mental health difficulties.
- Difficult ethical situations are an inherent part of healthcare occupations and cannot be removed from the job. Acknowledgement of, and discussion about, these ethical situations will assist in promoting awareness, decreasing stigma, and helping individual healthcare providers to realize they are not alone.
- Ideally, training for these types of ethical situations will be provided in educational curriculums, increasing awareness prior to entry into the profession and providing tools to healthcare providers. On-the-job and continuing education surrounding these topics is also expected to be of benefit throughout the career of healthcare providers.
- Stigmatization of mental health among healthcare providers impacts leaders and frontline personnel.
- Senior team members can decrease stigma and promote others coming forward by sharing the impact of the pandemic on their own mental health and wellbeing. These efforts may be central in promoting culture change.
- Communities of practice that meet regularly may assist leaders in sharing concerns, discussing ethical dilemmas, and problem solving together. These communities can also help leaders feel less alone in the challenges they face and in identifying and managing their emotional responses.
- Organizations should not want to “weed out” individuals who are sensitive to morally challenging situations. Experiencing strong emotions and reactions to morally difficult situations demonstrates the “goodness” of the individual and their humanity. Individuals experiencing these reactions are likely to be those who uphold ethical standards in the healthcare context



Recommendations

To support healthcare providers' mental health:

Provide access to appropriate supports for healthcare providers who face occupational moral stressors.

- Provide access to appropriate supports for healthcare providers who face occupational moral stressors.
- Ideally, these supports and mental health resources will be tailored to support the unique needs of healthcare providers in a timely and accessible manner. Similar supports are now available to public safety personnel, military members, and Veterans, which could serve as a model here.
- Organizations are encouraged to provide benefit packages that support equitable and long-term mental healthcare for all healthcare providers (including part-time and casual healthcare providers).
- In our interviews, healthcare providers also indicated their belief that team-level mental health debriefing would be beneficial after a stressful or traumatic event, including ethical challenges. Acknowledgement of complex emotions and responses is crucial following these events.
- Healthcare providers would like educational and healthcare organizations to provide mental health training to all healthcare providers that promote self-awareness of mental health symptoms, while clearly identifying when and where to seek help. [The Mental Health Continuum Model](#)
- Such training could also target the development of a culture that encourages mutual support. Belonging to a supportive team was also identified as critical for the effective performance of high-stress healthcare roles.

Follow-up by asking healthcare providers what they need to do their jobs well and to bolster their mental health and wellbeing.

- Healthcare providers were aware of the stressful nature of their roles. They were also clear in identifying supports they believed necessary to continue performing their roles.
- Leaders are also encouraged to ask about and listen to what materials and supports healthcare providers feel they need to perform their roles.
- Be realistic in what you as a leader or your organization can provide. Identify which materials or supports can be available immediately and which will take more time to provide.
- Provide access to effective and trauma informed mental health supports. Belonging to a supportive team was also identified as critical for the effective performance of high-stress healthcare roles.

Establish evidence-based policies to guide ethically difficult decisions such as the allocation of scarce resources.

- Further research is needed to investigate the utility of an interprofessional approach to shared decision making among healthcare teams for complex and morally challenging decisions.
- When making a difficult decision, leaders are encouraged to explain why this decision is being made and to provide supporting documentation, such as scientific reports, to healthcare providers.
- Where possible, leaders are encouraged to include team members in making difficult decisions, such as those surrounding the allocation of scarce resources and personnel.

Further research will be crucial to identify effective models for debriefing.

PARTICIPATE

Our research about healthcare providers experiences during the pandemic is ongoing.

If you would like to participate in our study, click on the button below or scan the QR code.

[Online survey](https://mckinnonlab.mcmaster.ca/surveys/?s=YTC7CMF7YWYKMNWY)

<https://mckinnonlab.mcmaster.ca/surveys/?s=YTC7CMF7YWYKMNWY>



HELP IS AVAILABLE

For access to free mental health and wellbeing supports for Canadian healthcare providers, please go to:

<https://www.wellnesstogether.ca/en-CA/healthcare-workers>



[Access support](https://www.wellnesstogether.ca/en-CA/healthcare-workers)

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