

Moral distress and Moral Injury

Information sheet



The patient is at the heart of clinical health care workers' obligations, which carry the imperative to provide safe and compassionate care. The Covid-19 pandemic has, however, forced healthcare workers and leaders to intermittently shift their priorities from patient-centered care to public health focused measures. These changes have impacted society in profoundly different ways. They have led healthcare workers to make decisions about provision of care and treatment in ways that are either unusual or that would be inconceivable in the normal run of things. These challenging demands are amplified by the lack of recovery time, the feeling that work is relentless, and the fear that there is no clear end in sight.

We are already aware of the ethical challenges and dilemmas that arise in the context of the pandemic. For example, difficult decisions have been made about the allocation of finite resources, the prioritisation of patient care, the provision of care with insufficient PPE, and the necessity of working outside of one's usual area of expertise. Equally challenging situations have related to issues such as preventing relatives from being with their loved ones when critically ill or dying, and balancing personal and professional obligations with a potentially higher risk of exposure to infection at work.

As a result, many individuals will be feeling unusually high levels of painful negative emotions, including guilt, shame, anger, and frustration. People may also be feeling conflicted, uncertain or powerless. These feelings may be a sign of '*moral distress*' or, if persistent, '*moral injury*'.

Moral distress is usually thought of as the emotional distress that arises out of feeling unable to do what you believe is right, feeling uncertain about what is the right thing to do, and/or being in conflict with others about the right course of action. Although moral distress can be a driver for right action (for example stepping up and acting as an advocate for a patient), it often leads to negative consequences such as the decision to leave a post, withdrawal from patients, or burnout. Moral distress is usually felt most acutely by healthcare workers who have prolonged and close contact with patients and who witness extreme suffering.

Moral injury goes beyond psychological harm and has a profound existential dimension leading to a radical disruption of one's moral framework and how one views oneself, others and the world. One's whole system of values, and clarity about what is right and wrong, are affected. Betrayal and loss of trust are key features. Moral injury can develop from a single episode or from the longer-term damage sustained from experiencing multiple morally distressing events – in particular perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held beliefs and expectations.

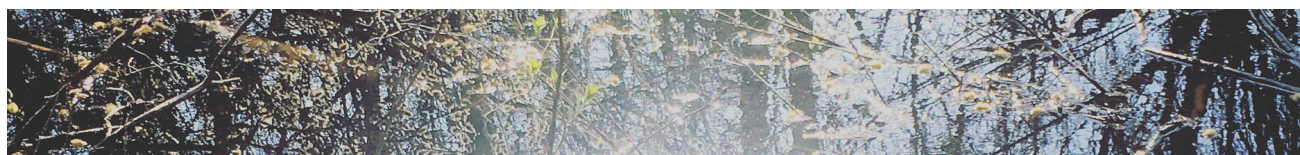
Moral distress is a normal response to challenging ethical encounters; but failing to address moral distress and moral injury can lead to negative consequences such as impaired resilience, reduced capacity to be compassionate, withdrawal from patients, worsening mental health, and the intention to leave one's place of work or profession.

Moral distress can build into a 'crescendo' effect, leading one to react more strongly to similar events in the future. It may lead to profound demoralisation, cynicism and detachment, and may be precursor to moral injury. It is therefore important to be mindful about the effect that moral distress or injury might be having on healthcare staff, and to seek ways to address it.

As an act of self-care, it is important that you can identify the signs and symptoms of moral distress or moral injury in yourself or others, take steps to seek support and mitigate the harmful consequences and to engage in moral repair. This repair enables you to work out ways of understanding the new situation you are in and to develop novel and appropriate tasks and strategies to move forward – in other words to rebalance yourself and even to develop post-traumatic growth.

The Moral Distress Pocketcard (appendix) outlines signs and symptoms to recognise moral distress.¹

Steps to address moral distress or moral injury:



First of all, when trying to address feelings of moral distress or moral injury, it is important to recognise that having these feelings does not in itself indicate a personal failure on your part. Remember that many of the situations you are in will involve genuine moral dilemmas, where you are obliged to do two things but cannot do both. Although you have to make a choice, whatever you choose will likely result in feelings of guilt and having done something wrong. These feelings are termed *moral residue*, and are a normal and unavoidable feature of being part of ethically challenging decisions.

1) Steps for individuals

In addressing moral distress or moral injury, it is important to deal with the moral event(s) that causes distress or injury. To do this you might consider:

- a. If this relates to ongoing patient care, talk with a colleague, senior colleagues and/ or the rest of the healthcare team about the moral issues involved.
- b. If this relates to a previous experience, you might consider talking to a colleague or senior colleague about the moral event to gain a wider perspective.
- c. Taking the case to a clinical ethics committee or ethics specialist to discuss the ethical issues.

Steps for organisations:

- a. Ensure that there is good multi-professional communication. Senior managers and clinical leads need to be aware that their decisions have practical implications for how staff (both within and outside of the leader's profession) are able to care for patients.

¹ This card may be used by other healthcare organisations to help healthcare workers recognise moral distress and know which support resources to seek. The card may be edited in Adobe but the author requests edits only be made to the blue box of resources to preserve the integrity of the card

- b. Consult staff from all grades in policy making decisions that are critical to patient management. Include representatives from all professional groups who's care for patients is impacted upon.
 - c. Be transparent and communicate the justifications for policies that are at risk of causing moral distress or moral injury.
 - d. Moral distress (and moral injury) can be likened to the 'canary in the coalmine'. Listen to your staff. Sometimes moral distress and moral injury can be indicators that policy or practice ought to be changed.
- 2) In addressing moral distress and moral injury, it is also important to seek support for the psychological distress that you experience due to the moral event:
- a. Consider speaking with your Employee Assistance Program (EAP).
 - b. Some hospitals or Trusts have Clinical Psychologists able to offer psychological support to teams.
 - c. Schwartz rounds or Team Time (an on-line version of Rounds) provide a supportive safe space for talking about the emotional and moral aspects of your work.
- 3) If you believe that you have witnessed serious transgressions in the provision of compassionate and competent care and wish to report this – you can approach your Trust's Freedom to Speak up Guardian who will provide confidential support and take matters forward on your behalf, ensuring that your anonymity is preserved and that you do not suffer the threat of retaliation or discrimination as a result.

If your Trust has not got a Guardian, you can contact the Speak up helpline on-line <https://speakup.direct/> or telephone directly 08000 724 725.

List of appendices

1. Examples of clinical scenarios that may give rise to moral distress or moral injury during the COVID-19 pandemic
2. Resources for Support and Maintaining Resilience
3. Moral distress pocket card
 - This card was developed for use in the Cleveland Clinic (USA), and the resources listed on it are specific to that organisation. This card may be used by other healthcare organisations to help healthcare workers recognise moral distress and know which support resources to seek. The card may be edited in Adobe but the author requests edits only be made to the blue box of resources to preserve the integrity of the card.
4. Moral injury info card
 - This card is aimed more at organisation than at individuals.