Moral Injury Awareness & Prevention in Healthcare Organizations

A Blueprint Informed by the COVID-19 Pandemic

Natalie Purcell, Daniel Bertenthal, Hajra Usman, Shira Maguen, Brandon Griffin, Haley Mehlman, Sarah McGrath, Joanne Spetz, Sylvia Hysong, and Karen Seal

Address correspondence to Natalie.Purcell@ucsf.edu.

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All reported numbers, figures, and graphics are based on a survey of over 2,000 healthcare workers at 21 VA medical centers across the United States conducted during the COVID-19 pandemic.[1,2]

All quotations and qualitative findings contained in this Blueprint come from in-depth interviews conducted with 46 VA workers who completed the survey and volunteered for a follow-up interview.

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Contents

How to use this Blueprint 3
Executive Summary 4
What is moral injury? 5
How does moral injury affect someone? 6
Who can experience moral injury? 6
How does moral injury happen? 8
Why do morally distressing events only sometimes lead to moral injury? 11
What occupational factors put healthcare workers at risk for moral injury? 13
How can healthcare care leaders and managers reduce risk of moral injury? 20
How can frontline staff reduce the risk of moral injury? 23
Can moral injuries heal? 24
Appendix: How can healthcare facilities act on the recommendations in this Blueprint? 25

Cover photo by Anna Shvets courtesy of Pexels.

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[1] Usman, H., Bertenthal, D., Seal, K. H., Maguen, S., Spetz, J., Hysong, S., Mehlman, H., & Purcell, N. (2023, February 10). Prevalence and correlates of moral injury in a national sample of VA healthcare workers. Advancing Health Equity through Research, Implementation Science, Diversity, and Inclusion: VA Health Services Research and Development Service and Quality Enhancement Research Initiative National Meeting, Baltimore, MD.

[2] Usman, H., Bertenthal, D., Seal, K. H., Maguen, S., Griffin B., Spetz, J. E., Hysong, S., Mehlman, H., & Purcell, N. (2023, November 16-19). Moral Injury in VA Healthcare Workers During the COVID-19 Pandemic. Association for Behavioral and Cognitive Therapies 57th Annual Convention, Seattle, WA.

How to use this Blueprint

Executive Leaders

- Read the Executive Summary on page 4.
- Convene a Working Group that includes representatives from inpatient nursing leadership, HRO/patient safety, quality management, and employee wellness.
- Task the group with reviewing the full Blueprint and creating a local plan for preventing and addressing moral injury (instructions on page 25).

Members of the facility Moral Injury Working Group

- Read the full Blueprint and convene to discuss. Use the guide on page 25.
- Over the course of one to three meetings, collaboratively review and prioritize Blueprint recommendations (pages 20-23) and draft an action plan (page 25).
- Working Groups should continue to meet periodically (e.g., quarterly), to monitor progress, modify plans as needed, and collaborate to address barriers.

Supervisors / Managers

- Consider reading the full Blueprint to better understand experiences of employees who may be struggling with moral injury.
- To focus in on key take-aways and action items:
    - Read the Executive Summary on page 4.
    - Read the Table on pages 11-12 to learn about risk/protective factors.
    - Read the recommendations for Managers and Leaders on pages 20-22.

Frontline Workers

- This Blueprint was made for you. It is intended to honor and give voice to the experiences of workers like you and your colleagues, especially those on the frontlines of the COVID-19 Pandemic.
- Read through the portions of the Blueprint that are of greatest interest to you:
    - If you want to help prevent moral injury in your workplace, see page 23.
    - If you are struggling with moral injury, or want to support morally injured friends and colleagues, see page 24.

Executive Summary

Moral Injury Basics

- Moral injury is lasting psychological and spiritual distress that stems from violating one's values or feeling betrayed by a trusted institution or authority.
- Moral injury is associated with posttraumatic stress (PTSD), depression, anxiety, substance use, functional impairments, and suicide risk.
- Healthcare workers whose jobs put them in high-stakes life-or-death situations, and who may experience intense and prolonged work stress, may be especially vulnerable to moral injury.

Moral Injury Prevalence in VA

- Morally distressing experiences that could lead to moral injury were reported by 39% of 2,004 surveyed VA healthcare workers in inpatient units, emergency rooms, and community living centers during the COVID-19 pandemic.
- The most common type of moral injury was betrayal-based moral injury: 30% of surveyed workers felt betrayed by healthcare leaders, coworkers, or others.
- Among the workers who reported potential moral injury, 79% reported burnout and 60% screened positive for posttraumatic stress (PTSD).

Top 5 Causes of Moral Injury during the COVID-19 Pandemic

Interviewed healthcare workers identified these experiences as morally injurious:

1. Feeling betrayed or abandoned by healthcare leaders/managers whose decisions, actions, and/or inaction caused harm to them, their coworkers, or their patients.
2. Following hospital policies that violated their values, such as rules requiring isolation of critically ill patients from loved ones.
3. Feeling powerless to help patients who were suffering or dying.
4. Being unable to provide the standard of care that patients deserved due to inadequate staffing, inadequate time, or lack of supplies and other resources.
5. Feeling bound to deliver care that was futile and caused suffering.

Top 5 Protective Factors that May Prevent Moral Injury

Moral injury may be less likely when the following are present in the workplace:

1. **Community support**: Distressing events are not faced alone, and responsibility is meaningfully shared.
2. **Processing & debriefing**: There is time and opportunity to process and discuss distressing events; there are breaks that allow for reflection and recovery.
3. **Learning & making change**: It is possible to make meaningful changes to the situation or environment and to address the factors that caused moral distress.
4. **Leadership presence & communication**: Leaders/managers are present and visible on the frontlines. Frontline workers feel heard and appreciated by leaders.
5. **Shared risks and burdens**: There is an effort to share major risks and burdens, and to meaningfully acknowledge workers who must carry more than their share.

What is moral injury?

Moral injury describes a long-lasting psychological and spiritual distress that can happen after someone violates their own values. It can also happen when someone's sense of justice is betrayed by an authority they trusted, such as their government or their employer.

Everyone with a healthy conscience feels moral conflict and moral distress some of the time. But we call it moral injury when feelings of guilt, shame, and disillusionment are lasting and begin to affect a person's sense of self, their relationships, and their functioning in the world.

Photo by Cedric Fauntleroy courtesy of Pexels

"I needed to leave [my job] because, I could not sleep… having nightmares about nurses hurting patients… What kept me up at night was myself being personally responsible for nurses hurting patients. I couldn't do it anymore." – ICU RN

"I feel responsible… and I feel like I have a moral responsibility to do the best I can for [patients and staff]… and I can't do it. I can't get this done. I cannot get them enough masks. I cannot get them the protection they need.... We can't get enough ventilators, we can't get enough materials, we can't get enough oxygen... I gave up being [a leader]… I could not keep doing that, I was going to kill myself." – inpatient physician leader

"You just feel so guilty and helpless. I couldn't fix it. I couldn't help." – inpatient LVN

How does moral injury affect someone?

Moral injury is a kind of suffering that can affect someone's life in important ways. That suffering can have psychological, social, and spiritual dimensions.

Morally injured people may have low self-esteem and may find it difficult to feel worthy and connected in their relationships to others. They may isolate themselves and act in ways in that alienate others. They may feel numb or demoralized, lose ambition, and think that they do not deserve to be happy or have a good life.

"It killed my passion for the career and field." - **Respiratory Therapist**

"I still have days that I can't get off the couch because all I can think about is the people [who died] and the families." – **ICU RN**

Moral injury is associated with posttraumatic stress, depression, anxiety, substance use (drinking too much alcohol or using drugs), and even suicide.

Who can experience moral injury?

The term moral injury was first used to describe the experiences of combat veterans who felt guilt, shame, and betrayal after their wartime miliary service.

But anyone can experience moral injury, and people whose jobs put them in high-stakes life-or-death situations may be especially vulnerable to moral injury. This includes healthcare workers.

Workers are particularly at risk during times of intense and prolonged workplace stress such as during the COVID-19 pandemic.

"Working at [a VA ICU], I guess you would compare it to being in a warzone… and being shot at or at the risk of being shot at consistently. It puts you in a high emotional state, it puts you in a 24-hour stress." – **ICU RN**

Photo by павел сорокин courtesy of Pexels

Prevalence of Moral Injury

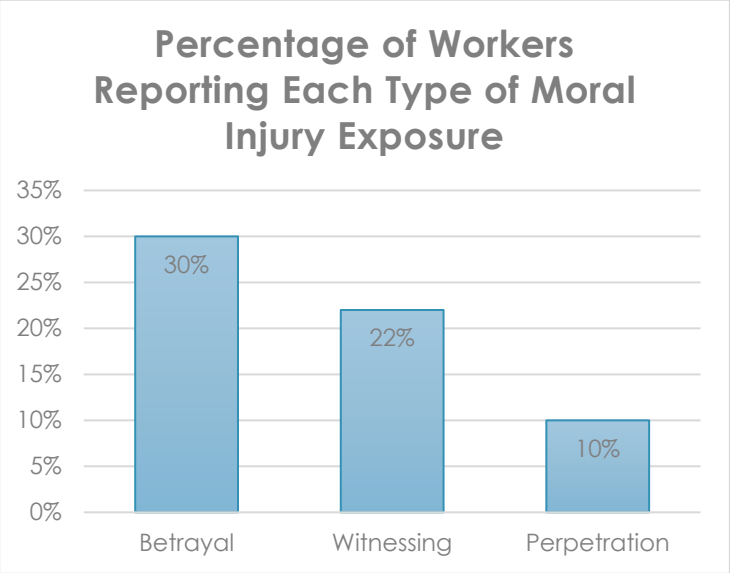
2,004 VA healthcare workers in high-risk locations (e.g., inpatient units, emergency departments and community living centers) completed a survey during the COVID-19 pandemic. Of them:

39% (773) reported morally distressing experiences that could cause moral injury.

Types of Moral Injury

The types of moral injury reported included:

- **Betrayal:** 30% (594) of workers felt betrayed by healthcare leaders, coworkers, or others.
- **Witnessing:** 22% (441) were distressed by witnessing others' unethical actions.
- **Perpetration:** 10% (194) felt they perpetrated unethical actions due to their own acts of omission or commission.

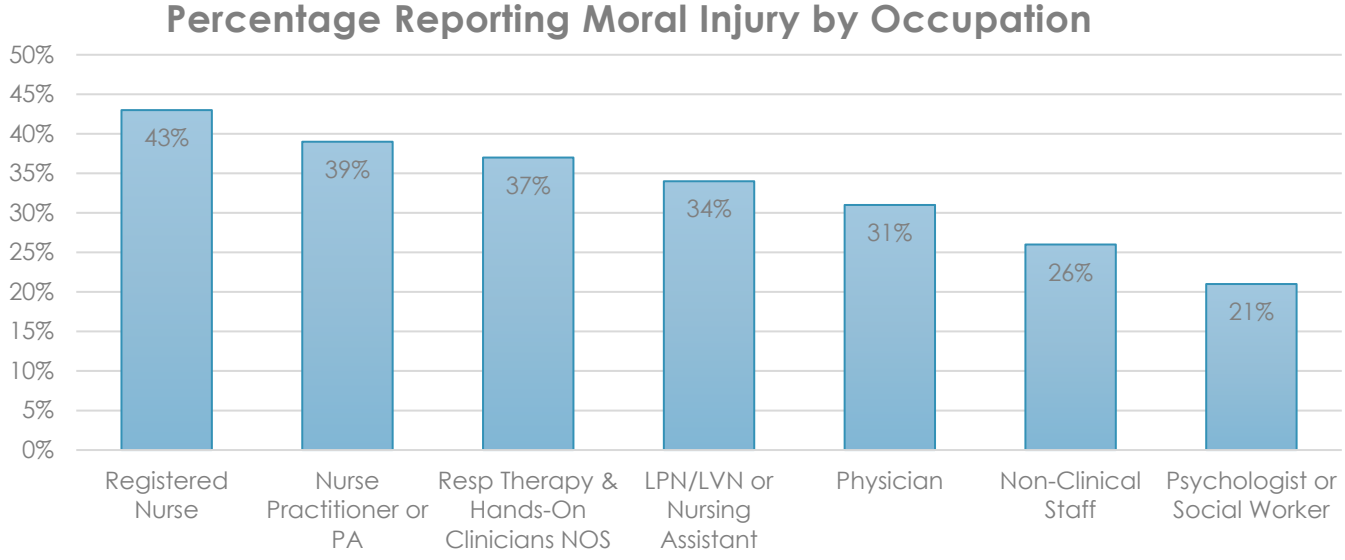


Moral Injury & Well Being

Moral injury was significantly associated (p<.001) with burnout, posttraumatic stress, depression, compassion fatigue, and intention to quit.

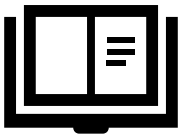
Among the 773 workers who reported moral injury:

- 79% reported burnout.
- 60% screened positive for posttraumatic stress (PTSD).



How does moral injury happen?

Certain experiences are more likely to cause the significant moral distress that can sometimes lead to moral injury. These might be singular, traumatic events, or they can be experiences that add up over time. Interviews conducted with VA healthcare workers during the pandemic shed light on common causes of moral injury:

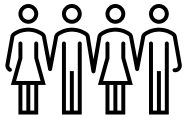
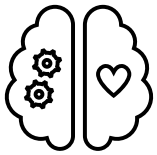
Causes of Moral Injury	*In the words of healthcare workers:*
1. Following hospital policies that violate one's own values, such as rules requiring isolation of critically ill patients from loved ones, or long-term isolation of community living center residents from their families. 	*"A lot of it was just struggling with myself… what was I going to let take precedent. Was I going to follow my own ethical standards which is not to let somebody die if I know how to save their life versus following my bosses' rules." – inpatient physician* *"We had a family member who had a 4-year old. This patient was dying and they wanted to see their baby one last time… They couldn't see him, was the bottom line, they couldn't see him." – inpatient nurse practitioner* *"We were taking care of them and they were dying without their family…. after they're dead, they're dead, and those policies I felt were wrong… That family member, if they want to suit up and wear the same protective gear that we have to wear… they should be given that choice." – ICU RN*
2. Feeling betrayed and abandoned by healthcare leaders and managers whose decisions, actions, and inaction cause harm to oneself, one's coworkers, and/or one's patients. 	*"I was desperately trying to do what I felt was right and best for my patients and not only did I feel unheard and unvalued by my leadership but I felt handicapped by them and I think that was particularly difficult… It felt like we were—like my coworkers and I were betrayed and abandoned and left to [do] more with less and less." – ICU RN* *"My manager was not really there. She was not involved, she did not glove up, put PPE on, and actually work. She has not actually stepped into a COVID room but yet she's representing her staff and she has no idea what she's asking her staff to do." – ICU RN* *"We felt like we were left to our own devices…. We got a lot of lip service and no actual action… It's demoralizing and it's disheartening." – inpatient RN*

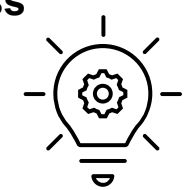
Causes of Moral Injury (con't)	*In the words of healthcare workers:*
3. Feeling powerless to help patients who are suffering or dying, and who are relying on you to help them. 	*"There was the distress of knowing with almost certainty that every patient you cared for was probably going to die…. I remember experiencing a significant amount of moral and ethical conflict during that period of time." – ICU RN* *"We're losing people left and right, and there's nothing we can do." – ICU RN* *"When the patients are asking you to save them …that's the most distressing part." – ICU RN* *"You're doing this back-breaking work… you're working so so so hard and then they just die... The fact that you know they're ultimately going to die is probably… the most distressing" – ICU RN*
4. Being unable to provide the standard of care that patients deserve due to inadequate staffing and inadequate time to spend with each patient, or lack of supplies and other resources. 	*"One of the top difficulties that we encountered were the stress of trying to care for extremely sick patients and being limited in terms of access to adequate supplies and equipment… that was extremely difficult." – ICU RN* *"We were expected to monitor those patients like once every 4 hours. And, that felt extremely uncomfortable... You can't appropriately paralyze somebody and not check them in 4 hours... They couldn't protect themselves, you couldn't protect them, that just wasn't safe." – ICU RN* *"You run out of beds… watching these people just be stranded or stuck in an emergency department… Sometimes, just to get them moved, people would place them in the wrong level of care." – ER RN*
5. Feeling bound to deliver care that is futile and causes suffering. 	*"[It] felt like you were torturing them by proning them [patients], then being on blood pressure medication and being intubated and sedated for more than two weeks and we knew the patient wasn't going to be able to come off the ventilator." – ICU RN* *"At a certain point, you're just literally torturing them and you're a part of that. Emotionally, it was draining, still is to this day." – respiratory therapist* *"It was really hard to watch painful procedures, painful care be done to people in the name of 'Oh well maybe we can get them better'… The futile care was something I really struggled with." – ICU RN*

Causes of Moral Injury (con't)	*In the words of healthcare workers:*
6. Feeling that patients with dire prognoses and their families are not adequately and honestly informed, and that false hope affects their treatment decisions. 	*"Those two docs, the first time they saw him, knew there's no chance. But we, for three and a half months, we had this guy, our doc could never tell her there's no chance… It's just wrong, it's torture." – ICU RN* *"When you go to work, you feel like you're failing families because they're not being cared for or told information that you would want to know." – ICU RN* *"We would intubate them knowing that we'll never extubate them…so that was really hard." – ICU RN*
7. Failure to provide dying patients a death with dignity, and inability to pause and honor those who die. 	*"Your patient dies and you just got to throw 'em in a body bag and clean the room and there's another one waiting in the ER for that bed." – LVN* *"I had to try to be the family that loved them… We had failed [in] that I was not allowed to honor them and honor their memory and it reached a point for me where I just couldn't do it anymore and I remember being very angry that we couldn't honor our veterans." – ICU RN* *"There was no level of compassionate care. There was no level of death with dignity." – respiratory therapist*
8. Experiencing work-family conflict—for example, putting one's own family at risk of contagious illness, or neglecting the needs of loved ones because work is demanding all of one's time and energy. 	*"Everybody had somebody that fit into a special category. We all understood that, on the one hand, we wanted to take care of patients like we always had, but one part of our mind was focused on the job and taking care of the patients and protecting ourselves. Another part of our mind, for every nurse I know, was also worried about 'what if I bring this [COVID-19] home' to whoever was their special immunocompromised person... Every single person had somebody in their circle they were especially worried about bringing it home to." – inpatient RN* *"My parenting was severely affected… I just wanted to be in my room when I wasn't at work… I'm just exhausted and mentally not there." – inpatient RN*

Why do morally distressing events only sometimes lead to moral injury?

Morally distressing events do not always lead to moral injury. The context matters. This table, based on interviews with healthcare workers, shows key contextual factors.

Context	Moral injury is <u>less</u> likely when…	Moral injury is <u>more</u> likely when…	
Community *versus* Isolation 	Community support is present; distressing events are not faced alone, and responsibility is meaningfully shared.	There is little sense of connection, belonging, or community; instead, individuals feel alienated from others and burdened by responsibility.	*"Nobody came to talk to us to make sure that we were mentally okay." – inpatient RN* *"We were feeling like left-overs… Nobody wants to come to us, but we have to show up every time and do the job." – inpatient RN*
Processing *versus* Suppressing 	There is time and opportunity to process and discuss distressing events; there are breaks that allow reflection and recovery.	Distressing events are not processed or discussed; there is no room for a pause. People must try to ignore or suppress their feelings so they can continue to operate under high-stress conditions.	*"I took care of Tom for four weeks. I took care of Chris for two weeks. I took care of Steve for three weeks. I took care of Andy for four. You don't get to take care of these people every day and then put them in body bags and it doesn't impact you." – ICU RN*

Context (con't)	Moral injury is less likely when…	Moral injury is more likely when…	
Empowered *versus* Powerless 	It is possible to make meaningful changes to the situation or environment and address the factors that caused moral distress.	Those experiencing moral distress feel like they have no real agency to change or improve the situation, or to do things differently in the future.	*"If management had only asked... 'What could be learned from this, what could be changed?'" –respiratory therapist*
Responsible *versus* Absent Leaders 	Leaders, managers, and decision-makers are present and in communication with those on the frontlines. There is meaningful communication in both directions so frontline workers feel genuinely heard and appreciated.	Leaders, managers and decision-makers seem absent or disengaged from the frontlines. They lack understanding of the experiences of workers and make important decisions without listening carefully for their input.	*"If they [hospital leaders] would appear to understand how hard this has been for us, or acknowledge that…but, like I said, we don't see them." – ER physician*
Shared Risk *versus* Uneven Burdens 	Although different jobs carry different risks and burdens, there is an effort to share the heaviest burdens, meaningfully acknowledge workers who carry more than their share, and take action to make things more balanced when there are pronounced inequities.	Certain workers are consistently asked to bear a disproportionate share of workplace risk and burden over a long period of time. Their sacrifices are acknowledged in only superficial ways and there are no meaningful efforts to ensure a fairer distribution of risk and burden.	*"We bore the brunt of this pandemic." – inpatient nurse* *"It wasn't just abandonment by higher up people; it was abandonment by your consulting peers." – emergency room nurse*

What occupational factors put healthcare workers at risk for moral injury?

Our survey of healthcare workers in VA hospitals across the United States showed several occupational factors associated with risk of moral injury. All graphs shown are based on this survey, which was conducted during the COVID-19 pandemic.

- **Nurses are at greater risk for moral injury than other occupations.**

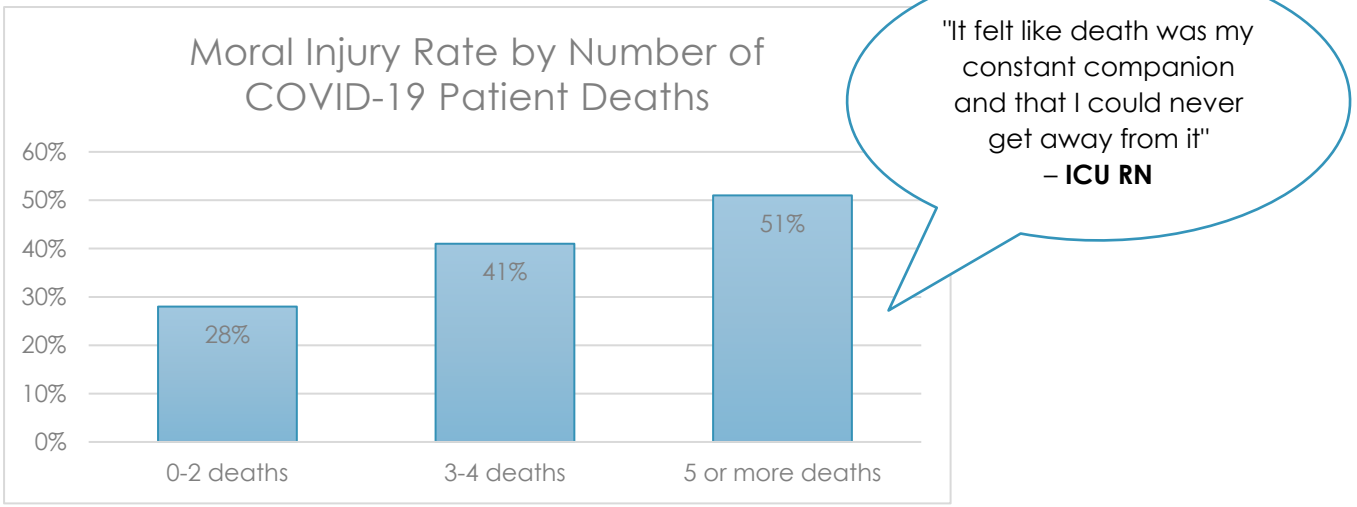
  Nurses provide more direct, hands-on care to patients than most other healthcare workers. Because of traditional hierarchies in healthcare systems, nurses may also feel less empowered and supported in their roles.

  During the pandemic, nurses in inpatient and emergency care settings were asked to carry a heavy burden in caring for COVID-19 patients. They were often exposed more directly and over longer periods of time than healthcare workers from many other occupations. In our survey, nurses were over 60% more likely to report moral injury than non-clinicians working at VA ($p<0.001$).

- **Working in an intensive care setting and being frequently exposed to patient deaths increases risk for moral injury.**

  Life and death are often at stake in intensive care settings. Patients are sicker and more vulnerable, and workers are exposed to more death and suffering. In our survey, ICU workers were over 70% more likely to report moral injury than workers in lower-risk settings like outpatient units ($p<0.001$).

  Moral injury was also associated with experiencing the deaths of one's patients during the pandemic. Workers who reported that more than 3 patients who they cared for died from COVID-19 were over 70% more likely to report moral injury than workers who were exposed to fewer patient deaths ($p<0.001$).



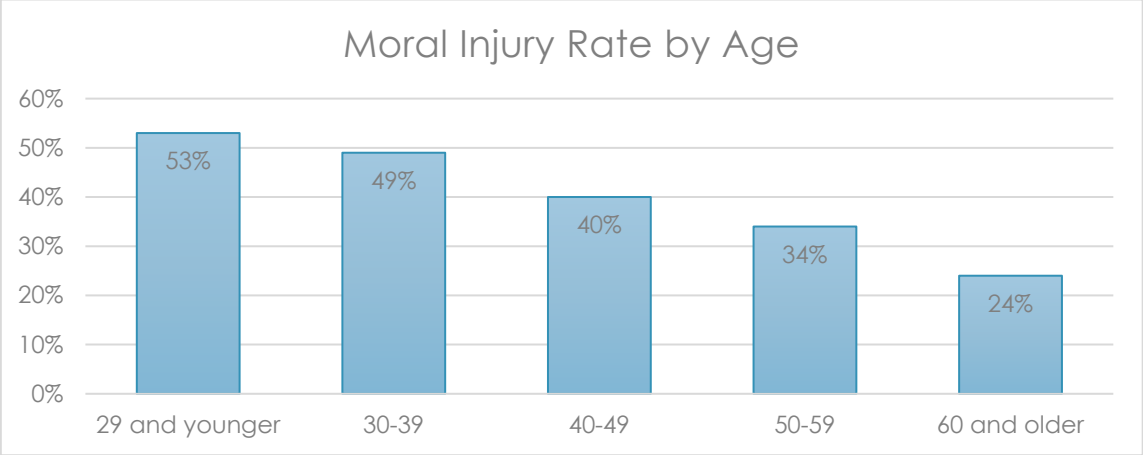
"**Every day felt like a battle.** I was fighting my own sadness and frustration and irritation over the whole situation. I was desperately trying to be there for patients and prepare them for what may be ahead and be there for them emotionally and spiritually and that was extremely draining for me and so on my days off I'm desperately trying to recoup sleep and energy and emotional and spiritual energy to be able to give to my patients when I went back in and so every day felt like a battle to such extent that it felt like a rotation literally to and from the front lines of a battle. You go to the front line and you fight and you scrap and you desperately try to save your buddies and you watch them die and then you come back to the back of the line and you try to eat and you try to sleep and you shower and then you go back out there and you do it another day and that's exactly what it felt like." – ICU RN

Photo by Ron Lach courtesy of Pexels.

- **Workers who are younger and newer to their jobs may be at greater risk for moral injury.**

  Younger workers may feel less empowered at work or may have less experience to draw on to help them process distressing experiences at work.

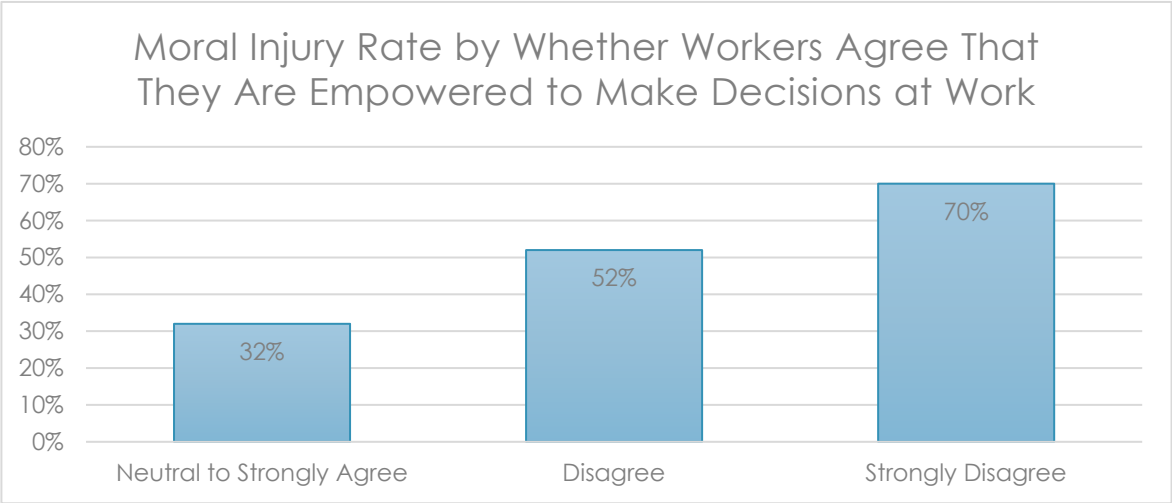
  Workers under 30 were more than twice as likely as workers aged 60 or older to report moral injury ($p<0.001$).



- **Having little decision-making power on the job can increase risk for moral injury.**

  Workers with little authority to choose their own course of action may feel disempowered to make meaningful changes at work. They may feel they have to take actions that go against their values.

  Workers who strongly disagreed that they had the power to make decisions that affect them at work were more than twice as likely to report moral injury as workers who agreed or responded neutrally ($p<0.001$).

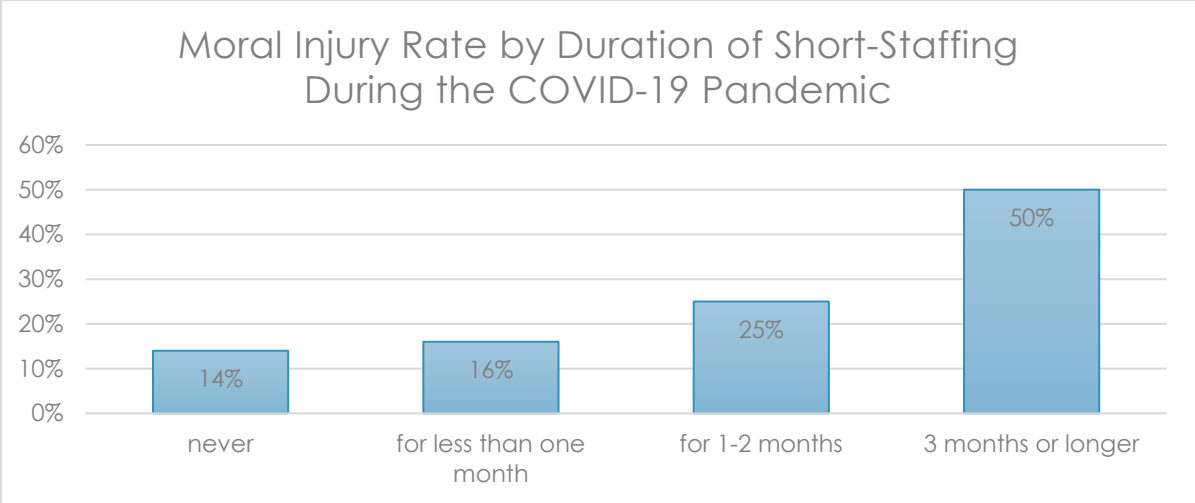


- **Short-staffing contributes to moral injury, especially when it is prolonged.**

Lacking the personnel needed to properly care for patients means that healthcare workers cannot deliver the quality of care that patients deserve. Lack of staffing can also create high-stress environments and forces difficult decisions about where to place one's time and attention.

Workers who experienced short-staffing for 3 or more months during the COVID-19 pandemic were 260% more likely to report moral injury than workers who did not experience short-staffing ($p<0.001$).

"They [changed] the nurse-to-patient ratio from one to three, to one to five…They would put two nurses and a tech on the floor with ten patients… one time, resulting in a patient fail."
– ICU RN



"I just think they [management] waited too long to respond… Half our staff left before they were like, 'Oh, something's wrong,'… and we haven't got that staff back. We're still extremely short-staffed and even managers have left because our immediate supervisors have left because they take pressure from all of their staff leaving, and upper management's like, 'What happened?'" **– ICU RN**

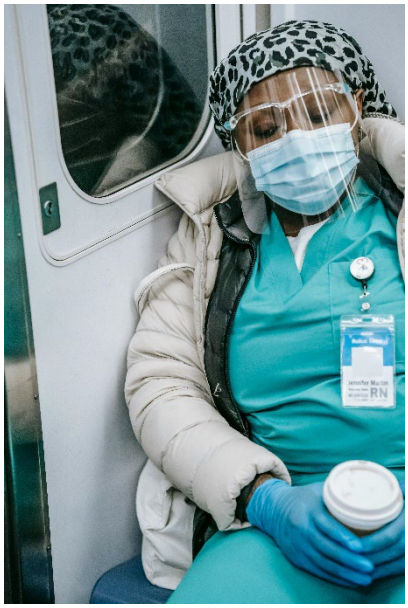
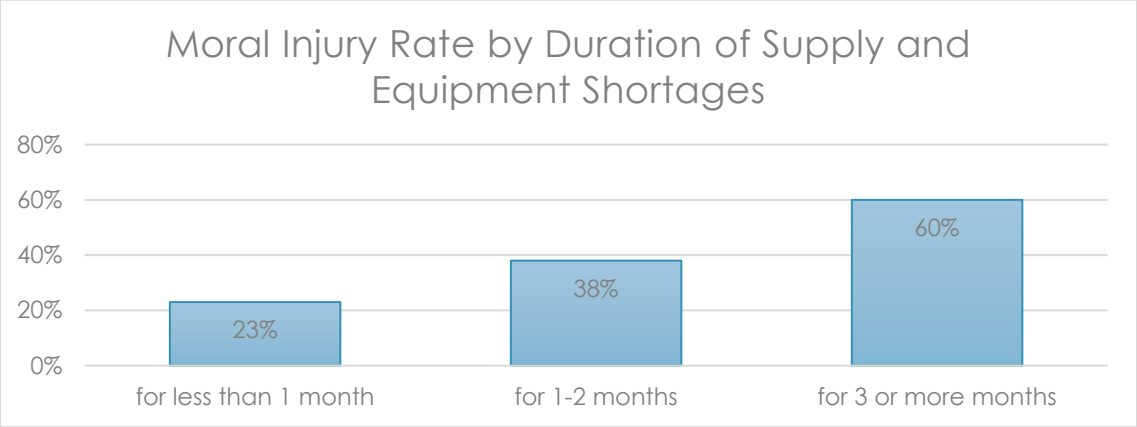


Photo by Laura James courtesy of Pexels

- **Lacking needed supplies and equipment contributes to moral injury.**

Not having the supplies and equipment needed to take care of patients means not being able to give them the quality of care they deserve. This can feel like a serious moral violation for healthcare workers committed to caring for patients.

Workers who reported that they had difficulty obtaining needed supplies and equipment for 3 months or longer during the pandemic were more than twice as likely to report moral injury as workers who experienced briefer shortages ($p<0.001$).



"The most stressful aspects for me and my colleagues as well was that they were telling us that we could go ahead and take care of COVID patients, even known COVID patients, just wearing surgical masks as long as the patient was also wearing a surgical mask and none of us believed that, none of us felt safe doing that... so there was a lot of distrust between the providers and the management over who was going to get N95s, when and where... There was also rationing of PAPR hoods going on where we were sharing PAPR hoods and only certain people were allowed to have 'their own' PAPR hood... There was always this question about whether there were going to be enough masks and which masks are truly going to protect us from getting sick ourselves."

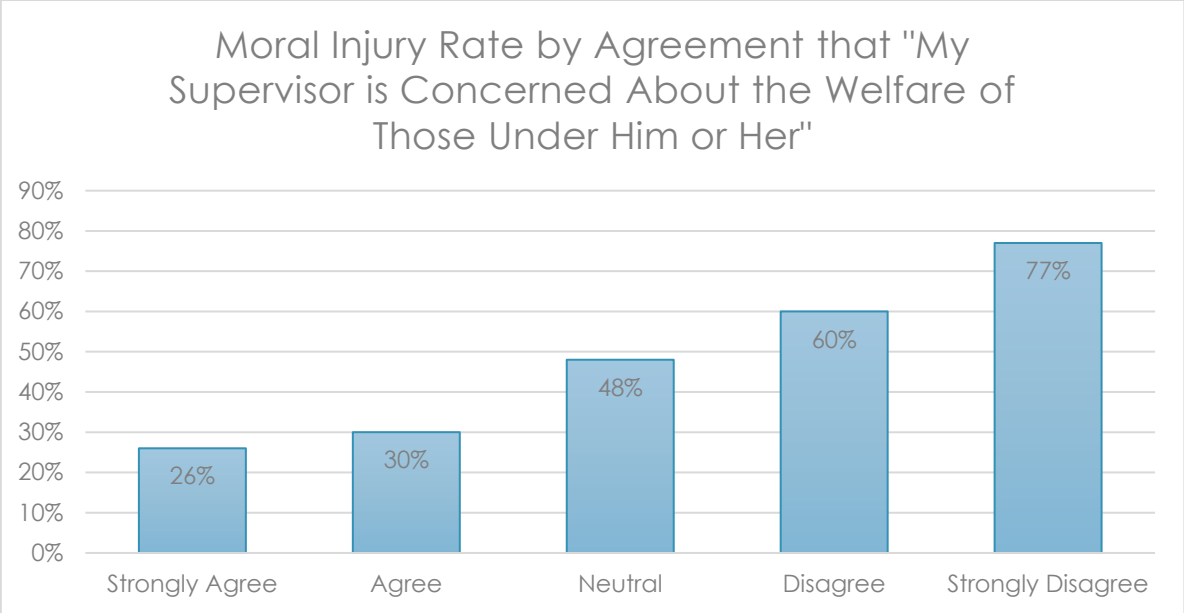
– inpatient physician

- **Feeling that management does not prioritize workplace health and safety contributes to moral injury.**

The less workers feel that hospital managers and their own supervisors care about their safety and wellbeing, the more likely workers are to experience moral injury.

Workers who disagreed that their supervisors cared about the welfare of their subordinates were twice as likely to report potential more injury than those who agreed ($p<0.001$).

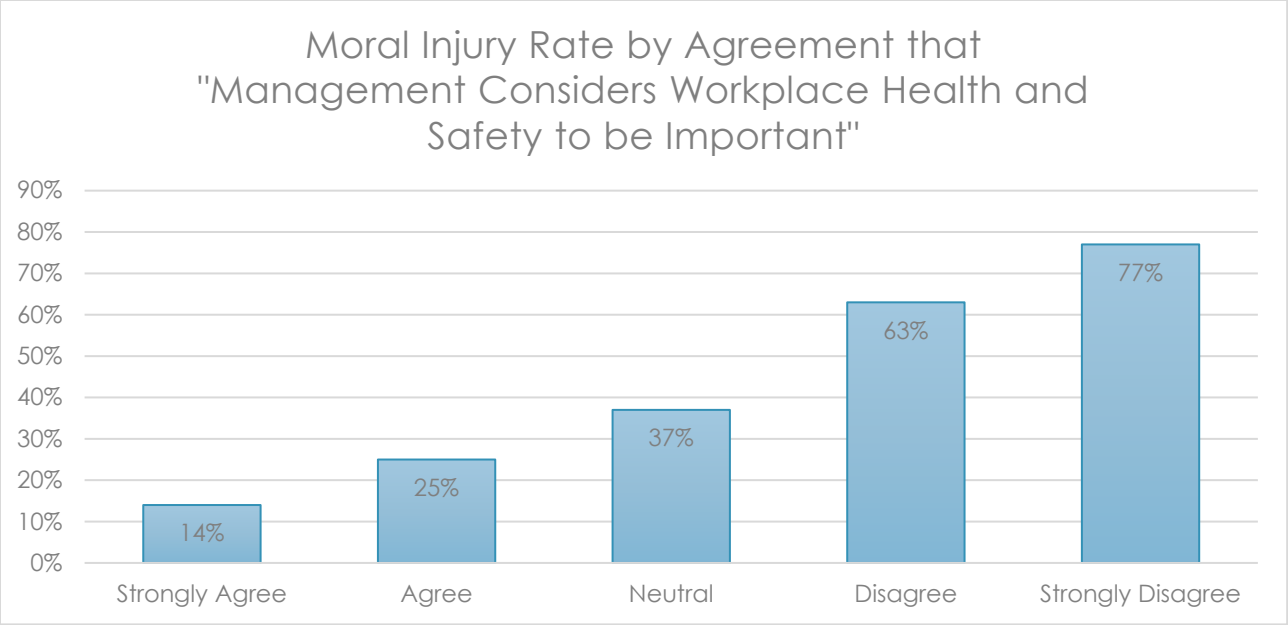
Workers who strongly disagreed that hospital management considers workplace health and safety to be important were more than five times as likely to report potential moral injury than those who strongly agreed ($p<0.001$).



"In addition to feeling bad for the patients, we kind of felt like we were expendable.... Policies are handed down from above and the people who actually have to live or... die with the policy are never consulted."

– **inpatient RN**

Photo by Karolina Grabowska courtesy of Pexels



"No one's listening to you… With this pandemic, there's this added level of feeling alone … You keep mustering up the resilience that they keep telling you [that] you have, because you're a 'hero' quote unquote... You begin to feel like there are people in really nice offices somewhere who get to say they worked in a hospital during a pandemic, but you don't see them where you are. And where you are, it's horrible." – **Emergency Room RN**

Photo by CS Photography courtesy of Pexels

How can healthcare care leaders and managers reduce risk of moral injury?

Healthcare leaders and managers can take proactive steps to reduce moral injury risk.

Culture & Communication

- Promote a just workplace culture that prioritizes the health and safety of workers as well as patients. Every worker should feel safe in pointing out what is not working, including near misses. Instead of pointing fingers when problems arise, leaders can support teams in working together to understand how existing processes and policies contribute to safety risks and other workplace problems, and the organization can commit to improving them.

- At routine staff meetings and as needed, build in time and space for safe, facilitated discussions about emotional and moral challenges and how to address them together.

- Involve staff at all levels of the organization in discussing high-stakes decisions that will affect them and their workplace: "nothing about me without me." Open door policies can encourage feedback.

"The hospital made it a priority to have all the heavy-hitters come and sit down and the people who were in the trenches got to hear more of the thought process of the people who were driving it so I could know that what I was doing was the right thing… We got to have input." **– LVN**

"What I need is for you [leaders] to understand what my patients are going through." **– CLC physician**

- Create consistent, open, clear channels of communication that allow messages from the frontline to reach the top of the organization, and vice-versa.

- Practice leadership visibility and rounding – showing up on the frontlines and taking the time to really understand the daily work of frontline workers.

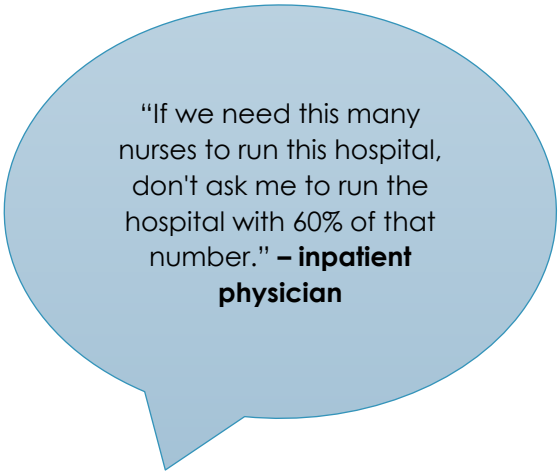
- Encourage teams to proactively engage with the complex moral and ethical matters that can arise in the practice of healthcare. Create safe, supportive environments for these conversations—for instance, through programs like Literature & Medicine ®: https://calhum.org/programs-initiatives/programs/literature-and-medicine-plus/

- Wherever possible, empower workers to be flexible and creative to do what's right for patients. Rigid policies that disallow them from doing what they think is morally right (e.g., blanket no-visitation policies) can harm patients and cause moral injury among staff. Staff need to be able to communicate when policies are broken and harmful, and leaders need to listen.

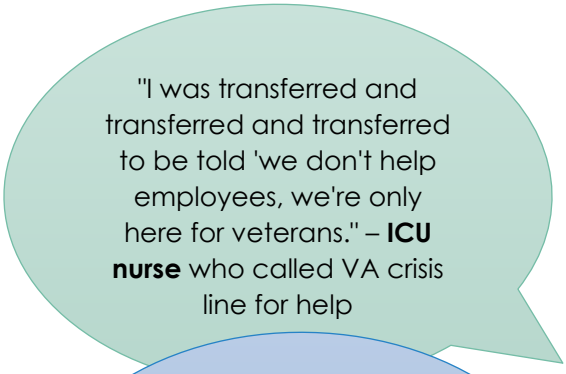
Staffing & Workload Distribution

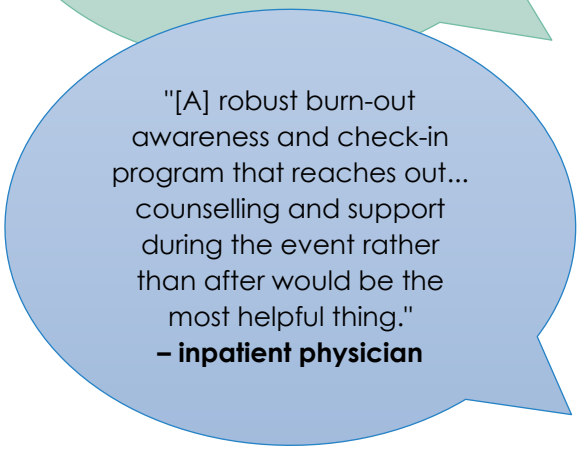
- Treat understaffing among frontline workers as a crisis. Do everything possible to prevent persistent understaffing, especially among nurses.

- Explicitly discuss disparities in the distribution of major risks, responsibilities, burdens, especially during crises like pandemics. Leaders should make every effort to ensure that risks are shared as fairly as possible and not borne by certain individuals or professions. When equitable risk-sharing is not possible or realistic, leaders should acknowledge and meaningfully account for the differential impact on certain professions.



Benefits, Flexibilities, and Accommodations





- Ensure that Employee Assistance Programs offer substantive mental health support to employees. A concierge service that connects employees directly to an available provider is preferable to a system that leaves staff to identify, contact, and vet potential providers from online directories that are often out of date.

- During exceptional times of high stress, such as pandemic surges, have on-site mental health professionals and clergy available on-call to support staff in crisis and to aid in individual and unit debriefings after traumatic events.

- Incorporate a variety of consistent mind-body wellness offerings for employees and make them accessible to all staff—for example, offer seminars or activities at designated times during the work week, and protect those hours from clinical duties to allow clinical staff attendance.

- Extend flexibilities to stressed workers at risk for burnout and moral injury—for instance, allowing job-sharing and part-time work schedules.

- Normalize taking sick leave when actually sick or incapacitated, whether mentally or physically.

Policies & Preparedness

- Prepare ahead for major stressors on the health system, such as seasonal illness surges. Have realistic plans for surge staffing and ensure that workers have necessary supplies and equipment, even if existing supply chains are disrupted.

- Directly acknowledge gaps, delays, and failures and pledge to address them as quickly as possible.

"I would have liked them to just look me in the eye and say... yes, you're right, you should have this PPE and you don't, and the reason why we're doing it this way is because we don't have enough... Instead, I just felt patronized, lied to, and treated like a child." **– ER physician**

- Provide meaningful opportunities for ethical consultation in a timely matter in difficult situations.

"Our hands were tied because again we don't have a futile care policy... In other institutions I've worked...the medical team stand up and say… it's not medically appropriate and we're going to stop these treatments." **– palliative care nurse practitioner**

- Prepare policies that address the medical center's position on delivery of futile care.

- Prepare providers to have difficult, honest conversations with patients and their families about dire prognoses. Allow opportunities to practice these conversations and convey the consequences of a failure to be transparent, direct, and honest in such situations.

Photo by Christina Morillo courtesy of Pexels

How can frontline staff reduce the risk of moral injury?

- Don't stay silent. Speak up when policies violate your sense of what is right and ethical. Whenever it is safe and feasible to do so, communicate with your colleagues, managers, and leaders about what needs to change to ensure the best care for patients and the best work environment for employees.

- Camaraderie, kindness, and friendship matter, and can help prevent moral injury. Interviews conducted with dozens of VA frontline staff who have experienced moral injury show that their connections to and relationships with their colleagues matter tremendously to them and are often the silver lining that helped them process trauma and morally distressing events at work. They say their distress would have been worse without the supportive relationships with colleagues. If a colleague seems distressed, reach out and be willing to listen with empathy and kindness.

- Share resources and information like this Blueprint with staff who may need extra support.

"If one of us was struggling one day emotionally, because there were several emotional situations that occurred, then you know someone who wasn't having such a bad day… would help them out... give them a hug, give them a motivational... speech... a little gift of a thank you, little things... It made us... the floor staff, stronger because we had to be there for each other."
– inpatient nurse

"The people I worked with …we became like a family." **– ER physician**

Photo by RDNE Stock Project courtesy of Pexels.

Can moral injuries heal?

YES. But it takes time and support.

"**There's just this sense of weight that has been relieved or lifted.** Eating better, exercising, interacting with my kids in a more meaningful way and not in a robotic way… same thing with my husband… You can actually have conversations and actually do stuff together and be mentally more present… when you're not constantly thinking about work or constantly thinking about COVID." – **ICU RN**

If you are experiencing moral injury:

The National Center for PTSD has published guidance on self-care strategies you can practice to heal from moral injury, and on when to seek professional help.

www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp

One of the most powerful steps you can take is to confide in trusted loved ones about the distress that you are experiencing. Talking about your experience can often help you begin to think and feel differently about what you have experienced. It can loosen areas where you feel especially stuck and help you take the first steps toward healing.

If a colleague or someone you supervise is experiencing moral injury:

The National Center for PTSD's guidance is for you as well. Visit these links to learn more about how you can help:

- Moral Injury in Healthcare Workers: www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp
- Psychological First Aid: https://www.ptsd.va.gov/professional/treat/type/psych_firstaid_manual.asp

Photo by Aaron Burden courtesy of Pexels

"I've come out the other side… and feel like I'm in a better place." – **ER physician**

APPENDIX:
How can healthcare facilities act on the recommendations in this Blueprint?

Facility leaders can convene a Moral Injury Working Group that includes representatives from inpatient nursing leadership, patient safety, quality management, and employee wellness.

The Moral Injury Working Group can meet to collaboratively review and prioritize the recommendations on pages 20-23. The Discussion Questions in the box below can guide these meetings.

The Working Group can begin to assemble an initial **Action Plan** that includes high-priority, feasible recommendations that the organization can begin working on in the next few months.

Photo by Tima Miroshnichenko courtesy of Pexels

The Working Group should recruit an **Action Team** for each selected recommendation. Action Teams should include a **Champion** and representatives from groups directly impacted by the recommendation, including frontline staff and local leaders who are enthusiastic, empowered to make change, and can dedicate the needed time and effort.

Actions Teams will then collaborate with the Working Group on the Action Plan for their assigned recommendation. Together, they will identify one or more goals that are Specific, Measurable, Action-oriented, Realistic, and Timebound (SMART). For recommendations with multiple or complex goals, specifying an overall timeline and intermediate deliverables may be helpful. (Teams can find sample healthcare quality improvement action plan templates using the search feature at AHRQ.gov.)

Champions from each Action Team should report their progress to the Working Group periodically (e.g., at a quarterly meeting) to allow central monitoring of progress on the organization's Action Plan, modify plans as needed, and collaborate to address barriers.

Discussion Questions

- **Which areas of the medical center should be prioritized for action?**
  - Which units or teams are at greatest risk of moral injury?
  - Which units or teams have natural champions who can help to advance these recommendations?
- **Which recommendations are most relevant to and actionable within your facility today?**
  - Which can your facility act on at this time?
  - Which should be deferred or considered later?
- **For each high-priority and actionable recommendation:**
  - What is one SMART goal the organization can set to achieve this recommendation?
  - Who is the best champion to organize and lead an action team that will work toward this goal?
  - Who should be invited to serve as potential action team members to collaborate on this goal?
  - Which facility leaders need to endorse the team's action plans and support the team's progress?
  - Who else's feedback and input in needed? When, how, and by whom will it be obtained?
  - When and to whom will champions report back on their progress?