

Covid Trauma Response Working Group Rapid Guidance Moral Injury in Healthcare Workers Associated with COVID-19

Healthcare workers are facing extreme occupational stress as a result of the COVID-19 pandemic. Alongside health-related stressors, healthcare workers may be faced with complex ethical dilemmas and be unable to deliver the type of care they feel morally obligated to provide, due to insufficient resources, public health concerns, or other constraints. This is likely to put healthcare workers at risk of sustaining moral injury.

Moral injury refers to the psychological distress caused by actions, or their omission, which violate an individual's moral code – their fundamental sense of right and wrong. These may be actions that an individual has done or failed to do. These can also be actions that an individual has observed others do or fail to do. People may also experience a sense of betrayal by those in positions of authority who have placed them in, or contributed to, the perceived moral failings within the situation.

Moral injury is not in itself a mental disorder, rather it is a *normal human response* to morally challenging events. A moral injury can be experienced as feelings of guilt, shame, regret, negative self-beliefs, loss of trust, grief, sorrow, spiritual conflict, loss of meaning, loss of caring and empathy, and impairment of the person's occupational functioning. Moral injury has been associated with a range of mental health problems, most commonly with post-traumatic stress disorder (PTSD), as well as depression, anxiety, self-destructive behaviours and suicidality.

There is limited research on how to prevent moral injury in healthcare workers. To date, most research has been conducted in the context of military experiences. Therefore, we need to extrapolate from current research and think carefully about what is applicable to frontline healthcare workers. More research is needed to explore how healthcare workers specifically experience moral injury and what may help to mitigate this.

The following guidance is collated from existing research, best practice guidelines, and expert clinical opinion. This guidance is intended to provide information for planners, managers and team leaders about potentially morally injurious experiences that healthcare staff might experience, and of the organisational and psychological processes which are likely to be helpful, or unhelpful, in mitigating their impact. More resources are available at www.traumagroup.org.

Do's

- ✓ Be proactive in identifying and preventing potentially morally injurious experiences among healthcare staff wherever possible. Increasing resources and capacity for looking after patients with COVID-19 will help reduce the need to make morally challenging decisions.
- ✓ Brief healthcare workers honestly and clearly about the situations that they will face, including those which will feel like impossible choices. Acknowledge that these working conditions are extremely challenging and that it will not be possible to provide optimal care to every patient. Help them see that everyone struggles in situations like these. Remind them that it is OK not to be OK.
- ✓ Help individuals to accept that they will do what they can in this unprecedented situation with limited options. Encourage individuals and teams to identify and talk about what they did do that was helpful and supportive for patients, particularly when difficult decisions have been made.
- ✓ In situations where morally challenging decisions are unavoidable, it is important that they are shared and agreed as a team, rather than any one individual holding responsibility for making a difficult decision on their own. It may be helpful to establish ethical forums within hospital settings to provide consultation where needed.

- ✓ Encourage staff to seek social support both within and outside of their occupational setting. Social support is a key buffer to moral injury, but those suffering from moral injury can be reluctant to utilise social supports. It is important to ensure social support is ongoing.
- ✓ Routine organisational support for healthcare workers should be put in place. This includes ensuring that there is some protected time at the end of the handover to allow staff to talk about their experiences if they wish. Within this, healthcare workers should be given regular opportunities to discuss the difficult moral and ethical dilemmas they are facing and how they feel about them.
- ✓ Actively monitor staff both during and after the acute crisis. Make use of informal support from team members, managers, chaplains and peers. When people's needs are greater, professional mental health help should be sought rapidly. Consider "buddying up" junior members of staff with more senior members.
- ✓ Managers and team leaders should also be provided with support, especially as they may be required to take some of the burden of the most difficult decision-making.
- ✓ There is some emerging evidence that treatment within a trauma-focused cognitive-behavioural therapy (CBT) framework, such as adaptive disclosure, cognitive processing therapy, schema therapy, and compassion-focused therapy, may be helpful in treating military personnel affected by moral injury. However, research is needed to understand whether these treatments are also helpful for healthcare workers, and so they should be used with caution.

Don'ts

- ✗ Standard first line unmodified clinical interventions for PTSD may be unlikely to resolve experiences of moral injury, and will require adaptation. Some PTSD treatments, such as unmodified prolonged exposure, could potentially cause additional harm.
- ✗ Single session "psychological debriefing" approaches, delivered either to an individual or a group should not be used as they are unlikely to be helpful, and may be harmful.
- ✗ Staff should not be mandated to talk about their emotions if they do not want to, but rather be given opportunities if they so choose.

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About the COVID trauma response working group

We are a group of specialist trauma clinicians, trauma researchers and wellbeing leads. Our aim is to provide evidence-based and trauma-informed guidance which will be useful for managers and decision makers in the psychosocial response to COVID-19. The working group is coordinated by staff in the Institute of Mental Health at University College London and we are working in conjunction with academic, clinical, and social care colleagues across the UK. We hope that this work is helpful to our colleagues involved in the care of patients affected by the COVID pandemic.

Key References

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