Preventing and Addressing Moral Injury Affecting Healthcare Workers During the COVID-19 Pandemic

Behavioral Health Guidance and Resources

Moral injury (sometimes known as moral distress[1]) refers to the psychological, behavioral, social, and/or spiritual distress experienced by individuals who are performing or exposed to actions that contradict their moral values. Frontline healthcare workers may be at higher risk for moral injury during the COVID-19 pandemic because limited resource availability restricts their ability to provide the normal standard of care. Additionally, some healthcare workers may need to isolate at home due to COVID-19 symptoms and may unknowingly transmit the virus to a loved one.[2] Healthcare workers who are isolated and/or quarantined are not able to return to work immediately, and this may produce guilt, shame, anger, or feelings of betrayal.[3]

This document is intended to support healthcare workers in identifying and preventing moral injury and providing support for those affected. This guidance may be adapted to meet individual needs and situational considerations.

Introduction to Moral Injury

It's important to understand two key sources of moral injury.[4] The first category includes situations where an individual's own actions or decisions transgress their previously held values, resulting in feelings of guilt and shame. The second refers to situations in which another person's actions violate an individual's value system, resulting in feelings of betrayal.

Potentially Morally Injurious Events

Since moral injury results from participation in or observation of action(s) that challenge one's core values, risk can be characterized in terms of such potentially morally injurious events (PMIEs).[5] Events that place healthcare workers at risk may include the following:[6]

- Loss of a vulnerable person (e.g., an elder or child)
- Situations where death may have been the result of insufficient resources or staffing, particularly when these issues are perceived to have been preventable
- Having to save one patient over another due to limited equipment or resources
- Following clinical instructions that the worker feels are immoral
- Issuing directions that result in the death of a patient

Symptoms

Moral injury is not an illness. However, there are feelings, or symptoms, that may result from moral injury, including the following:[7]

- Guilt
- Shame
- Anger
- Sense of betrayal
- Distrust
- Loss of meaning and purpose
- Negative self-talk

If moral injury goes unaddressed it may progress beyond the symptoms above and result in changes in behavior. Some individuals may develop, or simultaneously experience, mental health disorders such as depression, anxiety, and/or Post-Traumatic Stress Disorder (PTSD). Psychological and behavioral changes may include:[8]

- Self-isolation
- Hypervigilance

- Avoidance of certain people or locations
- Drastic changes in worldview
- Intrusive memories
- Difficulties concentrating

- Social problems
- Compulsive behaviors
- Demoralization
- Self-harming behaviors

What Healthcare Leadership Can Do to Prevent and Address Moral Injury in Frontline Healthcare Workers

Addressing the Effects of Resource Shortages

- Ensure healthcare workers receive a full and accurate assessment of shortages in key equipment and resources, such as medicines, ventilators, and ICU beds, so that they do not feel blindsided.[9]
- Institute specific guidelines for triaging use of medical equipment, and have ethical advisors to oversee implementation of guidelines, so that healthcare workers are not subjected to additional emotional burdens while treating patients.
- Prepare frontline healthcare workers with strategies for talking with family members of patients whose care has been negatively affected by shortages. Vital Talk provides a template for such recommendations via its [COVID Ready Communication Playbook](#)[*].
- Where possible, provide healthcare workers adequate testing to mitigate asymptomatic transmission, and mitigate anxiety regarding risk of transmission to patients or family members.[10]

Providing Social and Psychological Support

Healthcare leadership can take steps to ensure that frontline healthcare workers are aware of the risks for moral injury and how to identify behavioral changes and symptoms that may arise from moral injury.

- Leaders should monitor for workers who consistently miss important meetings or gatherings.
- Offer self-reporting mechanisms, such as screening questionnaires, so leadership can facilitate appropriate evaluation and/or care for at-risk workers.[11]
- Leaders may wish to implement peer support programs similar to those in first responder organizations. End-of-shift formal debriefing exercises, or virtual support groups, allow healthcare workers to share their emotional burdens. Pairing staff with "battle buddies" to ensure that everyone is checked on provides another key layer of support.[12] [Tips for Providing Support to Others](#)[*] provides recommendations for effective peer support.
- Leaders can connect healthcare workers to chaplains or other pastoral support available via their healthcare system, which assures confidentiality and may mitigate the stigma against seeking help.[13]
- For more tips on supporting healthcare workers during the pandemic, see: [Mitigate Absenteeism by Protecting Healthcare Workers' Psychological Health and Well-being](#)

Self-Care Tips for Healthcare Workers

- Healthcare workers should use their existing support systems (to the extent possible) and seek support from family, friends, spiritual leaders or colleagues.
    - Remaining vigilant about symptoms of moral injury will allow healthcare workers to seek informal assistance should symptoms arise.
- If experiencing more serious adverse reactions—such as PTSD symptoms, depression, anxiety, or substance use issues—seek assistance from a behavioral health professional.

- - Use the SAMHSA Treatment Locator to locate behavioral health providers in your area.
  - Positive self-talk, as well as managing both personal and external expectations, may help prevent the onset of symptoms from moral injury. Helpful Thinking During the Coronavirus (COVID-19) Outbreak[*] provides more tips on positive internal discourse.
  - It may be necessary to temporarily re-adjust expectations for the self, and for the healthcare system in general, with regard to patient care.
  - Develop a personal stress management plan that includes exercise, nutrition, sleep, mindfulness and relaxation. Additional guidance is available from the CDC: Taking Care of Your Emotional Health and COVID-19 Manage Stress and Anxiety web pages.
  - Guidance for Healthcare Workers Experiencing Grief is available for workers affected by the loss of a patient.

Additional Resources

- U.S. Department of Health and Human Services:
  - COVID-19 Mental and Behavioral Health Resources
  - SAMHSA's Disaster Distress Helpline provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters (1-800-985-5990 or text TalkWithUs to 66746).
  - NRT Fatigue Management Technical Assistance
- U.S. Department of Veterans Affairs, National Center for PTSD:
  - Moral Injury in Healthcare Workers on the Frontlines of the COVID-19 Outbreak
  - For Leaders: Supporting Your Staff During the Coronavirus (COVID-19) Pandemic
- Centers for Disease Control and Prevention
  - https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-healthcare.html
  - https://www.cdc.gov/niosh/topics/traumaticincident/
- Center for the Study of Traumatic Stress:
  - Sustaining the Well-Being of Healthcare Personnel during Coronavirus and other Infectious Disease Outbreaks
  - Helping Personnel Who Experience Work-Related Trauma Exposure: Recommendations for Supervisors
- American Red Cross: Taking Care of Your Emotional Health After a Disaster[*]
- World Health Organization:
  - WHO guidance on occupational safety and health during public health emergencies
  - https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0
- Tips for Social Workers[*]

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[*] *This document contains weblinks and references to non-Federal websites, articles, and webpages which are marked with an asterisk (*). Linking to a non-Federal website, author, or article does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site or resource.*

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