## THE INVISIBLE WORKPLACE EPIDEMIC OF MORAL INJURY

**JULY 2024**

Protection from workplace injuries is one of the most fundamental worker rights. Yet, globally healthcare workers suffer from the insidious but invisible epidemic of moral injury.[1] This is the psychological harm we experience when we're put in situations, usually out of our control, that violate our moral values and beliefs. In healthcare these deep-seated values are centred around putting the patients' best interests first, and this is drilled into us right from when we begin our journey as healthcare providers.

The concept of moral injury can be traced back to Vietnam war veterans, who on return to civilian life displayed PTSD-like symptoms but did not respond to typical PTSD treatment. It was later identified that while those with PTSD had usually experienced a threat to their mortality, this group of veterans had instead experienced repeated threats to their morality in being forced to carry out orders that violated their fundamental beliefs.

Moral injury is now recognised as a psychological work-related injury; prevalent among healthcare workers and in other serving professions that operate in high stakes situations such as military personnel, first responders, journalists, and chaplains.[2,3,4] With the Covid-19 pandemic exposing the fragility of our healthcare systems, there has been renewed interest in how moral injury impacts our critical health workforces.

### HOW DOES MORAL INJURY OCCUR?

We can think of moral injury as a continuum, with impacts varying depending on the severity of the moral breach, and whether it was directly experienced or witnessed.[5] While we may experience a low level of moral stress from a less impactful event, repeated exposure over time can accumulate as moral injury – as can a single but particularly offensive breach of core values. In this way, moral injury can feel like death by a thousand cuts.

Within the day-to-day context of healthcare, moral injury can arise from:

- Being forced to make decisions that contravene patients' best interests
- Being unable to provide the level and quality of patient care we'd like to due to institutional constraints such as staff shortages, budget restrictions, time-limiting services, or other protocols
- Being forced to work in under-resourced or unsafe work conditions that carry risks to staff and patient safety
- Being forced to carry out non-essential administrative tasks that take away from our clinical work and ability to provide direct patient care
- Witnessing inadequate patient care or other patient safety risks
- Witnessing untreated and waitlisted patients' symptoms worsen, and become more difficult to treat than if they had received the necessary care earlier
- Witnessing vulnerable patients slip through the cracks of the health system

- Feeling unsupported to raise concerns through reporting channels, and failing to see any meaningful change result from concerns that are voiced
- Feeling like we are abandoning or letting down our colleagues when we need to take leave, because of staff shortages and resourcing issues
- Feeling anxious or guilty about potentially cross-infecting or transmitting illness to our whānau, because of the nature of our work.

## THE IMPACTS ON HEALTHCARE WORKERS

Recent evidence shows between 32% to 41% of healthcare workers are impacted by moral injury, internationally.[6,7] And it's not just patient-facing roles that are susceptible. Moral injury also affects the wellbeing of staff in non-clinical roles.[8]

Impacts typically include feelings of blame, shame, guilt, and loss of trust in leadership and the organisation. If unresolved, this can result in secondary symptoms of depression, anger, anxiety, stress, social isolation, compassion fatigue, burnout, and in extreme cases suicidal ideation and self-harm.[9,10,11,12] Our own members have also shared how moral injury has impacted their physical and mental health: sleep disorders, autoimmune and inflammatory symptoms, and prolonged fatigue spanning years, to name a few.

Being in a constant state of stress and feeling powerless about work conditions can also compromise our clinical judgement, leading to accidents, medical errors, and poor patient outcomes,[13] as one member shared: "Because I didn't feel safe working clinically I was so preoccupied with worry about making mistakes… when you make a mistake that causes great harm to patients, you don't just get over it."

Another member spoke of feeling unheard after speaking out against protocol that was both trauma-inducing for patients and violated their own moral code. Being denigrated, threatened with re-deployment and performance management, and having their professional integrity questioned left them "feeling like this was a workplace that didn't care for you, feeling dispensable". This can be a particularly isolating experience, especially when it feels like no one else wants to stand up and speak out. And it can leave us doubting our continuity in the profession, and in health.

## AN INDICATOR OF A FAILING HEALTHCARE SYSTEM

Fundamentally, moral injury is symptomatic of a dysfunctional health system. It reflects tensions that arise from the 'double bind' of healthcare organisations operating as a business; pursuing productivity and cost savings against patient health needs.[14] Inevitably, these conflicting goals will create situations where workers' personal and professional values are being compromised. This can feel like a betrayal by institutional leadership, and over time leaves us feeling like the practice of healthcare itself is dehumanised.[15]

This dissonance can feel particularly cruel, not just because of the years of personal sacrifice underpinning our professional practice, but also because for many of us our work in healthcare is not just a job. It represents a calling, born out of a desire to help people and care for others.

Despite the situation feeling untenable, our moral convictions may prevent us from being

able to walk away. And for many of us, leaving is simply not an option. So we stay, and figure out workarounds in a broken system that fails to value our contributions, while the moral injury chips away at our wellbeing and erodes our mana. This is incredibly exploitative of our sense of moral duty. And it is not a sustainable plan for how we manage the health workforce crisis to meet our population's growing healthcare demand.

The bad news is things will only become worse if we do not act promptly. This is because of a confluence of factors, including the shifting paradigm of healthcare to a business model; shrinking budgets that fail to adequately invest in our workforces; and an increased uptake of private insurance which will create greater inequities in access to healthcare.[16,17]

## SO WHAT DO WE ABOUT IT?

Systemic issues need systemic solutions. We need to tackle the root of the problem: organisational processes and infrastructure that inflict moral injury in the first place. Best practice evidence consistently identifies three key factors that can inform our intervention efforts.

The first is leadership support. We need bold and decisive leadership that prioritises staff wellbeing over traditional business metrics that have no place in public health.[18] Our workforces are highly skilled, often highly specialised, and incredibly valuable. We need to be treated with loyalty, and not as a replaceable asset.

The second is a work environment and culture that allows us to do the jobs we signed up for, safely. This includes safe staffing levels, adequate resourcing, access to training and development opportunities.[19] It also requires workplace cultures that allow us to feel safe raising issues and confident these will be resolved promptly.[20]

Third, worker voice and autonomy are crucial.[21] There is a greater risk of moral injury – and cost inefficiencies – when decision-makers do not have a full understanding of the service, informed by the day-to-day challenges of clinical practice. Employers therefore need to engage meaningfully with the workforce and our unions in organisational decision-making and change management. Further, having the autonomy to carry out our roles and trusting our clinical judgement to put patients' best interests at heart will go a long way toward enabling us to feel safe and supported in our decision-making.

Te Mauri o Rongo – The New Zealand Health Charter was developed to address these longstanding issues around workplace cultures; yet a year on we fail to see any meaningful improvements. Our members have told us "it's just a piece of paper, not talked about on the ground", and that "despite best intentions the Charter has failed in terms of implementation". The solution then clearly lies in actioning the Charter – not just speaking to it. We need the Charter to become a living, breathing reality in our daily practice. And we need to build in clear expectations and accountability mechanisms for our leaders in delivering its intended outcomes.

## CONCLUSION

The invisible assaults of moral injury are harming our wellbeing at work and jeopardising both patient safety and workforce sustainability in the long term. Although it is workers

who bear the brunt of this impact, moral injury remains an organisational issue, and ultimately, a public health concern. And importantly, it is indicative of underlying system dysfunction.

To that end, we can think of moral injury as the orange 'check engine' light for our healthcare system. You can keep driving once the light starts flashing, but you probably won't get very far.

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