

THE MENTAL HEALTH CONCERNS OF HEALTH CARE WORKERS DURING THE COVID 19 PANDEMIC

WEBINAR 3: MORAL INJURY

The language of moral distress and moral injury has been introduced to this context to articulate something more specific than the idea of burnout. Terminology emerging from nursing literature and adapted from military trauma research includes the useful concepts of moral dilemmas, moral distress, and moral injury.

Moral dilemmas: expected, difficult part of clinical practice. Training must include best-practice approaches (incl. e.g. ethics consults, team discussions, supervision).

Moral distress: occurs when an individual knows the right thing to do, but institutional or other constraints make it difficult to do what is right. Each episode of moral distress is either resolved with sufficient processing, or leaves moral residue. Moral residue is the unresolved emotional and psychological conflicts that make subsequent incidents less tolerable.

Moral injury: defined by Litz et al as “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations”. In health care, the beliefs and expectations include the oaths individual HCWs took to provide the best care possible for patients and to make a patient’s needs the first priority.

While stretched and increasingly “managed” health care systems globally are a breeding ground for moral distress and injury, the COVID 19 pandemic magnifies the pressures in a number of ways. Presenters can talk here about topical things – e.g. oncologists who can’t provide services and know that their patients are suffering while usual investigations and treatment unavailable, TB and HIV screening and treatment underutilization. HCWs having to choose between serving their patients and protecting themselves and their families where there is insufficient PPE.

Rationing is something that can be in the category of a moral dilemma and if well-managed does not have to result in undue residue and injury, although there may well be some distress. South African HCWs are very familiar with rationing and know that it can contribute to sound clinical decision-making. But if protocols aren't clear, support is not in place, and systems are overwhelmed, the pressures on individuals to make and convey rationing decisions will lead to moral injury.

Moral injury is not a mental illness, but experiences of potentially morally injurious events (PMIEs) can lead to negative thoughts about oneself or others and deep feelings of shame, guilt, or disgust, which in turn can contribute to the development of mental health problems including depression, PTSD, and anxiety.

Factors that increase the risk of moral injury include the loss of life of a vulnerable person, if leaders are perceived not to take responsibility for the event/s and are unsupportive of staff, if staff feel unaware or unprepared for emotional/psychological consequences of decisions, if PMIE occurs concurrently with other traumatic events, e.g. death of a loved one, and if there is a lack of social support following the PMIE.

The following factors are relevant to supportive and preventative measures:

- Preparation: preparing psychologically for the impact of PMIEs is helpful
- Seeking informal/peer support early on is protective
- Confidential professional support must be available, and help-seeking encouraged
- Clinicians should be made aware that individuals who develop moral injury-related mental health disorders are often reticent to speak about guilt or shame and may instead choose to focus on more classically traumatic elements of their presentation. Therefore sensitive enquiries about PMIEs are advisable
- If the shame/guilt is missed, Greenberg says, and the “if people knew what I was really like, I’m a monster” thought gets planted and not addressed, it dooms future treatment. Bear in mind the prevailing hero discourse.

The last thing that I think we should really emphasize is the idea of each unit or smallish hospital having responsive and available ethics committees. I am really seeing this in practice now – when the ethics support systems work it takes a huge burden off individuals. The system needs to adapt to these circumstances so that decision-making assistance is readily available. Using retired experienced clinicians or clinicians in isolation for this purpose should still be strongly encouraged.

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REFLECTIONS ON COVID-19: LOSS AND GRIEF

We have all been affected by the recent coronavirus outbreak, either by contracting the virus, knowing someone who had the virus, losing a loved one, experiencing a general sense of loss and disruption to our daily lives.

Loss interweaves many aspects of people's lives in this challenging time.

Multiple losses, as several primary losses occurring in this pandemic, are detrimental to mental and physical health.

Individuals experience these losses within a constricted period, which can result in "bereavement overload."

In such volatile times, where loss manifests itself in a variety of ways, grief appears to be a primary outcome of COVID-19.

General losses associated with Covid-19 and lockdown examples include:

The loss of freedom can lead to secondary losses such as losses of relationships, recreation and social support.

Social distancing minimizes emotional and physical intimacy, which results in the dissolution of intimate relationships involving partners, family, and friends.

- For example, loved ones receiving medical treatment, such as chemotherapy for cancer have compromised immune systems and face intense isolation practices.
- There are no, or limited visits to an elderly father or mother in hospital following a heart attack or stroke.

Individuals are faced with making tough sacrifices—anything from a special event to their daily routine.

Birthday celebrations have changed into intimate family events with those in the immediate household as the only guests.

Many of us are stuck in a series of losses: loss of income, financial security, dignity, status, possessions, independence, healthcare, and sense of future.

These losses are especially devastating in a South African context, given the high unemployment rates and high levels of poverty.

Nick Cave

"In loss things — both animate and inanimate — take on an added intensity and meaning. This feeling... of alertness to the inner-spirit of things — this humming — comes from a hard-earned understanding of the impermanence of things and, indeed, our own impermanence."

DEATH AND GRIEF DURING COVID-19

Death-related loss during the Covid-19 pandemic can have lasting effects that can potentially turn into complicated or prolonged grief when risk factors such as: multiple losses, mode of death, personality traits of the person, the situation in which one finds oneself during and after the loss and lack of support are taken into consideration.

The grieving process reflects a unique convergence of responses: affective, cognitive, behavioural, physical and spiritual adjustments.

Many families may experience *anticipatory grief* when they know that their loved one is suffering and missing out on the final moment can be distressing.

Moreover, the absence of ritual, such as a funeral, often results in *disenfranchised grief*, and lacking social or cultural recognition impairs support resources that assist the grieving process.

Elizabeth Gilbert

“Grief... happens upon you; it's bigger than you. There is a humility that you have to step into, where you surrender to being moved through the landscape of grief by grief itself. And it has its own timeframe, it has its own itinerary with you, it has its own power over you, and it will come when it comes. And when it comes, it's a bow-down. It's a carve-out. And it comes when it wants to, and it carves you out — it comes in the middle of the night, comes in the middle of the day, comes in the middle of a meeting, comes in the middle of a meal. It arrives — it's this tremendously forceful arrival, and it cannot be resisted without you suffering more... The posture that you take is you hit your knees in absolute humility and you let it rock you until it is done with you. And it will be done with you, eventually. And when it is done, it will leave. But to stiffen, to resist, and to fight it is to hurt yourself”.

How do you survive the tsunami of grief during Covid-19 and lockdown?

- A willingness to experience grief, without resistance. This prevents a suppression of emotions which can otherwise result in depression.
- Allow yourself and others to express emotions relating to loss and grief in your unique ways.
- Validate the extent of the loss. Speak more openly and do not hide behind work, binge watching television or boredom.
- Listen to the other members in the household and create opportunities to talk about the effect of Covid-19 on everyone.
- Create virtual wake ceremonies or prayer groups via WhatsApp or other digital communication media.

- Set up a "mourning corner" in the house with a picture of the deceased where members of the household can have time alone to grieve.
- Create a "memory corner" in the house or garden.
- Journaling/Writing
- Make use of social media to keep in touch with family and friends. Send voice notes from time to time – it is great to hear someone's voice and not only see words or pictures in text messages.
- Continue to look for messages of hope, offering reassurance that feelings associated with loss and grief are normal responses to abnormal or unusual circumstances.
- Loss, grief, pain and suffering can feel unbearable. But you don't have to move in. It is only one part of the human experience - not the full story.
- There is also incredible love, grace and beauty. Hope is needed to sustain life through catastrophically dark times
- We possess resilience, healing, a capacity to develop perspective over time and compassion because of our suffering.

Hannah Segal (2008), last interview at 90 years old said:

"It is when the world within us is destroyed, when it is dead and loveless, when our loved ones are in fragments, and we ourselves in helpless despair—it is then that we must create our world anew, reassemble the pieces, infuse life into dead fragments, recreate life. The important thing is to keep a little fire burning; however small, however, hidden. I find this extraordinarily helpful: we live in a mad world, but for those of us who believe in some human values, it is terribly important that we just keep this little fire burning. It is about trusting your judgement and the power of love. A little trust and a little care."

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