

Moral injury in Healthcare:

What it is and why it matters

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What is 'moral injury'?

- Emerged from therapeutic work with combat veterans
- A concept linked to PTSD
- 'A betrayal of what's right, either by the self or someone in a legitimate position of power, in a high stakes situation'
- Manifests as intrusive re-experiencing, avoidance, emotional numbing and social withdrawal, guilt and shame



(Shay 2014)

Expanding definitions of moral injury

'Perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations.

Litz et al 2009

Also bearing witness to the aftermath of violence

Why would it happen?

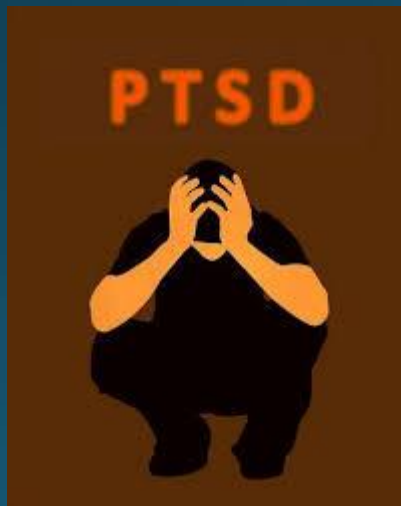
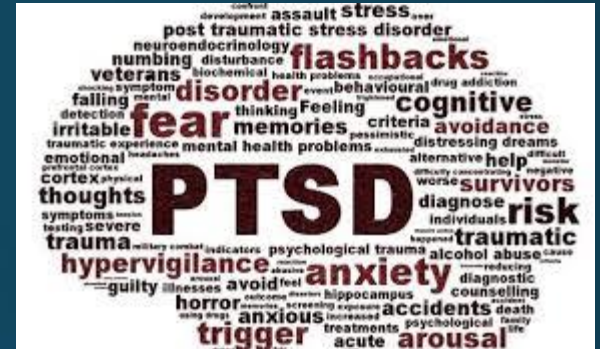
- Emotional processing models – avoidance and emotional numbing mean event isn't assimilated and so can't be extinguished
- Meaning making– can all or part of the experience be made sense of? Not simple when there are moral issues at stake.
- Resonance – patients/incidents remind us of people we know

(Litz 2009, Currier 2015, Park 2010)

Acute stress reactions

Physical	Cognitive	Emotional	Behavioural
Aches and pains	Inability to concentrate	More emotional	Appetite changes
Rapid heart rate	worry/rumination/int rusive thoughts	Irritable	Sleep disturbance
Nausea, dizziness	Heightened/ lowered alertness	Unable to relax	Social withdrawal
Chest pains	Memory problems	Feeling overwhelmed	Excessive alcohol use
Fatigue	Poor problem solving	Loss of confidence	Use of substances
Breathing problems	confusion	Low mood	

Why does it matter for staff?



Potential for long term harm in healthcare workers

Self-harming behaviours – including poor self-care, substance abuse

Self-handicapping behaviours – retreat from success or good feelings

Demoralisation – bewilderment, hopelessness, self-loathing

Maybe long term changes in beliefs about self and others and the possibility of change and justice which ruptures social bonds

Debrief

“In order for you to do it (talk) you have to accept that something stressed you out or affected you...for me that was quite a big step.”

“It needs to be spoken about on the day, otherwise I have the niggly feeling that it’s going to come out.”

“I think speaking and getting it out of your head and either on to paper as a reflection or speaking is **very** helpful.”

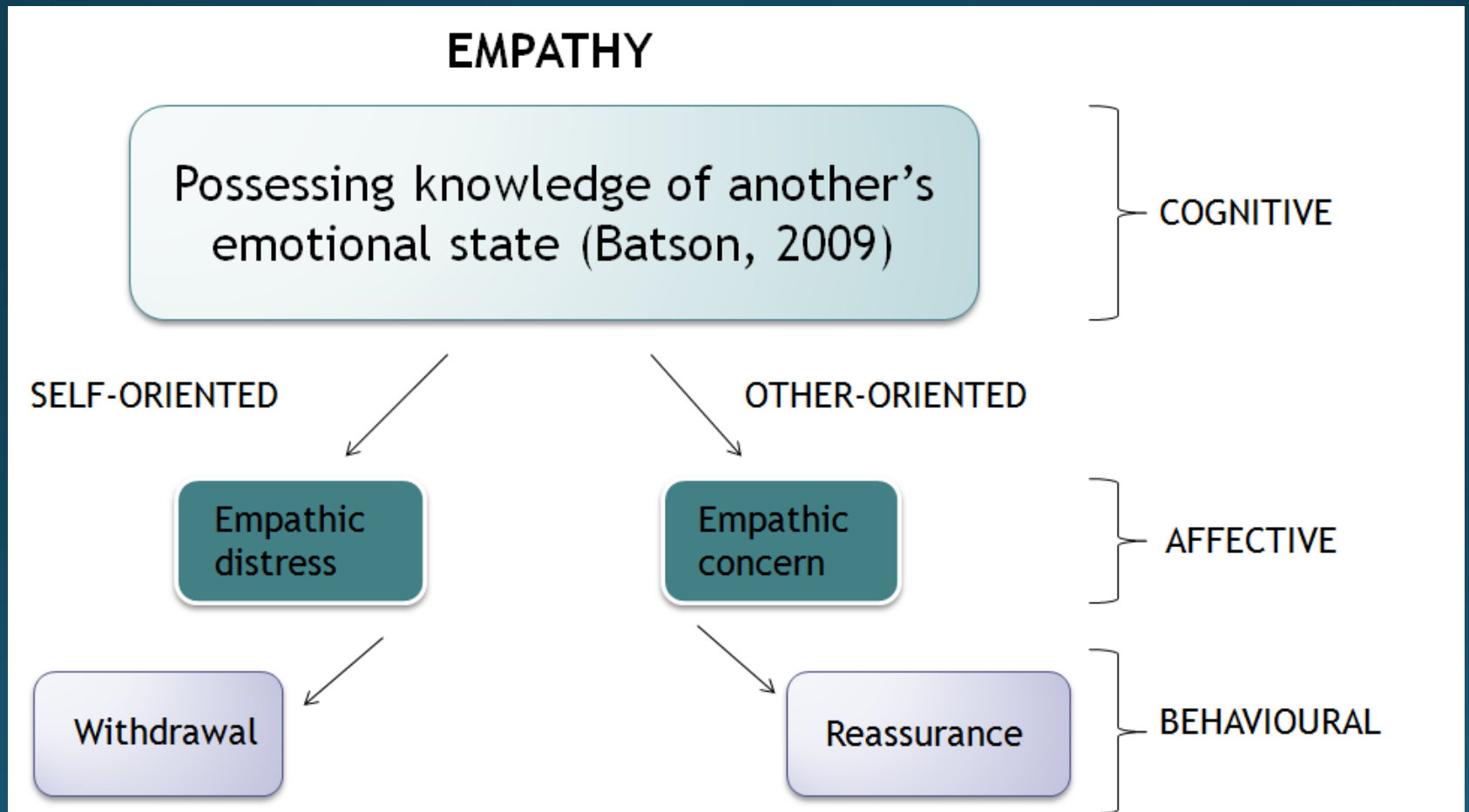
'Medical eyes': what experience does...

"I'm not just seeing (the scenes) as 'this is horrific' I'm seeing them as 'this is your injury pattern' and it changes for me the way the scenes feel."

"I think it is easier for them (experienced doctors) to deal with these cases because they have a lot more medical knowledge, they're prepared for it...they look at the scenes with medical eyes and they've got their algorithms."

“I have worried that this year has exposed me psychologically to a bit too much a bit too soon in my career. But I haven’t gone through my career yet so I don’t know whether it’s going to make me better... and if I have this really early on exposure to trauma and say ‘urgh it’s been really rubbish how can I make it better for myself?’, will it help me in the long run... Or is it, the earlier you get exposed to this stuff, the earlier you burn out?”

Witnessing and understanding others' pain



What might mitigate moral injury?



“In order for you to do it (talk) you have to accept that something stressed you out or affected you...for me that was quite a big step.”

Other things that help

- Mindfulness
- Noticing flow experiences
- Peer support – talking
- Exercise
- Sleep
- Expressive writing
- Shared goals
- Imposing appropriate boundaries

Take
aways....

- Remind ourselves and others that moral injury isn't an illness, it's just part of being human and being exposed to awful things.
- Talking through experiences helps us put them in perspective.
- Perspective matters, because it helps us understand we are not alone.