Webinar Recap for November 15th, 2021

LTC+: Acting on Pandemic Learning Together

TOPIC

Addressing Moral Distress and Moral Injury in Long Term Care: Strategies for Workers from Bedside to Boardrooms

KEY AREA(S)

People in the workforce

SPEAKER(S)

- **MaryAnn Notarianni**, Vice President of Knowledge Mobilization, Centre of Excellence on Post Traumatic Stress Disorder (PTSD)

- **Fardous Hosseiny**, Deputy CEO and Vice President of Research and Public Policy, Centre of Excellence on PTSD

OBJECTIVES

- To define moral injury, as well as to share information on its impact on healthcare professionals and ways to promote moral repair.

SUMMARY

- Moral injury (MI) was first identified and studied in the Military and Veteran context for those who exhibited similar symptoms to PTSD but did not meet diagnostic criteria. There has since been an evolving body of literature exploring MI amongst healthcare workers and frontline staff.

- Many definitions for MI exist and are evolving. Among the most cited are from Shay (1994) and Litz et al (2009) that describe moral injury as *the psychological, social and spiritual impact of events involving betrayal or transgression of one's own deeply held moral beliefs and values occurring in high stakes situations*, where moral transgressions are defined as:

  o Those that involve people (deliberately or unwillingly) doing or failing to do things themselves.

  o Being exposed directly or indirectly to transgressions on the part of someone else, or potentially morally injurious events (PMIEs).

- The continuum of moral stressors and associated harms ranges from the more commonly experienced, moral challenges and stressors, to the more severe, PMIEs which can lead to moral injury. PMIEs have a distinct impact on mental wellbeing and can cause more severe psychosocial harms that can impact daily activities, relationships and function.

- The six core domains of moral injury are: emotional experience, identity, self-regulation, spiritual connection, concept of self and world, and relationships.

- The pandemic has exposed us to a full range of moral stressors, which for some could be considered PMIEs, including:
  - Less severe moral challenges of witnessing the behaviour of other people that we consider wrong (i.e., hoarding of supplies, breaking physical distancing, etc.)
  - More severe moral stressors faced by healthcare workers, such as:
    - Putting oneself in harm's way
    - Staff shortages leading to compromised quality of patient care
    - Shortage of personal protective equipment (PPE)
    - Inadvertently spreading the disease to friends and family
    - Being unable to comfort LTC residents through hug or touch
    - Leaving LTC residents to die alone

- Not all morally challenging events or situations lead to moral distress or injury, some can lead to post-traumatic growth, which includes improved psychological resilience, increased self-esteem, compassion and engagement, because of the prompt for self-reflection and new insights

- COVID-19 has amplified the impacts of systemic racism to the physical and mental health of racialized people. As a result, racialized healthcare workers may be at increased risk of experiencing psychological and moral distress and injury.

- Promoting moral repair after a PMIE can involve forgiving oneself and others, meaning-making, practicing self-compassion, identifying therapeutic social relationships and seeking professional support.

- Moral stressors are an innate part of living through COVID-19, as such, organizations need to maximize protective factors as a whole-organization approach. This can include arranging regular check-ins to monitor staff wellbeing, modelling positive coping, facilitating referrals for further support if required, and having team leaders in place who provide strong leadership and establish cohesive teams with high morale.

Further, team leaders can cultivate a culture of safety, non-judgement and care, as well as discuss PMIEs and potential social, emotional and behavioural responses to exposures.

- At the individual level, one can minimize the risk of MI in ways such as accessing psychoeducational material about moral stressors and moral injury and attending to various forms of self-care.

- The community and government also play a role in mitigating MI through the quality treatment of healthcare workers and the development of accurate and respectful narratives regarding the difficult professional choices they may be forced to make. The pandemic has placed a spotlight on overburdened or inadequate systems and public policies which can contribute to the moral stressors and PMIEs that can lead to MI.

RESOURCES SHARED

- [Reimagining Care for Older Adults Report](#)

- [Promising Practices for Supporting Long-Term Care Provider Resilience](#)

- [Practices of Interest to Support In-Person Family Presence and Communication with Families](#)

- [A Guide to Moral Injury](#)

- [Racial Inequities and Moral Distress: A Supplement](#)

- [Moral Injury Toolkit for Leaders](#)

WEBINAR RECORDING

- [Watch the full webinar here!](#)

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