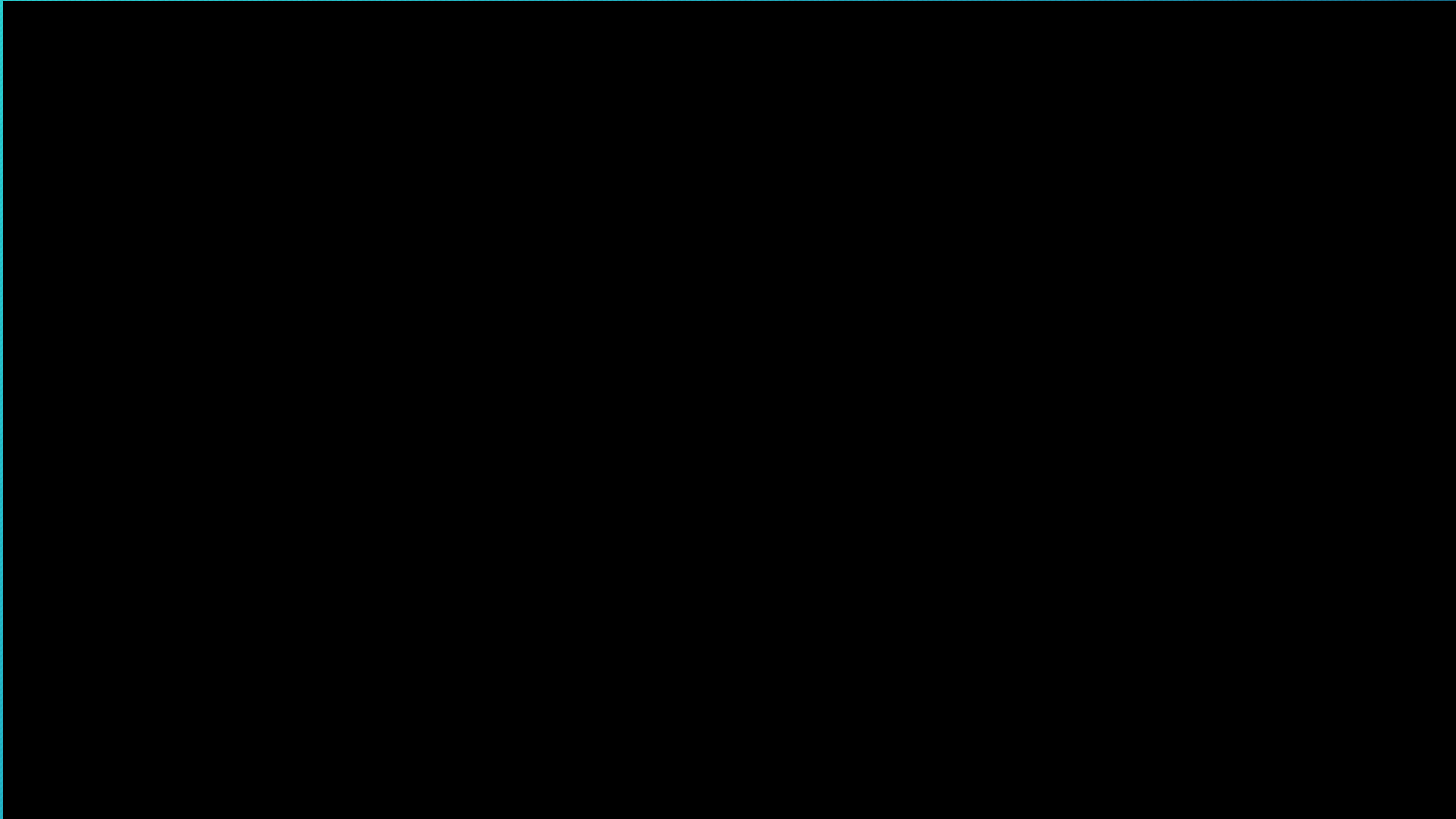


# Overcoming Moral Injury through Culture Change

Aubrey Mink, BS, MLS



# What is Moral Injury?



[https://www.youtube.com/watch?v=L\\_1PNZdHq6Q](https://www.youtube.com/watch?v=L_1PNZdHq6Q)

# Elements of Moral Injury

## 1. Betrayal of “what’s right”

- “lasting stress of perpetrating, failing to prevent, or witnessing acts that transgress or deeply violate one’s moral or ethical code” (Amsalem, et. al., 2021)

## 2. By a person of authority or self

## 3. In a high-stakes situation

Amsalem, D., et. al. (2021). Psychiatric symptoms and moral injury among US healthcare workers in the COVID-19 era. *BMC Psychiatry*, 21(1), 1-8.

Shay, J. (2014). Moral Injury. *Psychoanalytic Psychology*, 31(2), 182-191.

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graph LR; A[Moral Injustice] --> B[Moral Injury]; B --> C[Burnout, Mental Illness, PTSD];
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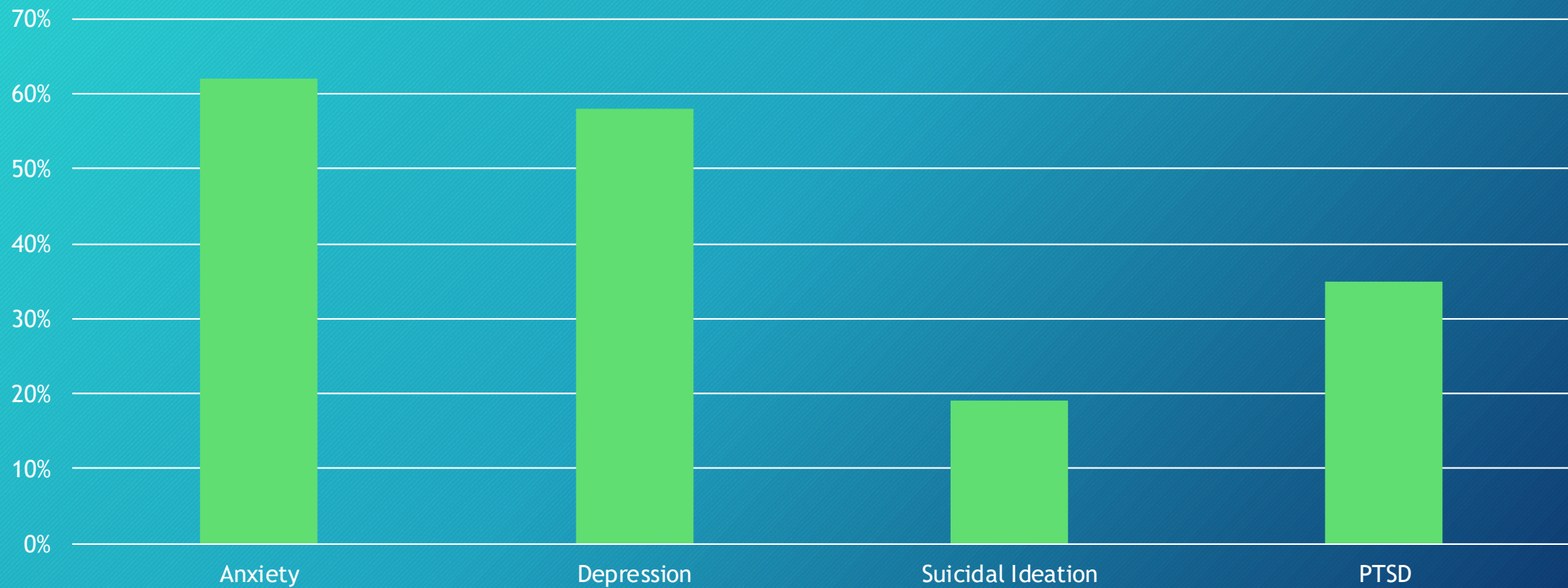
Moral  
Injustice

Moral Injury

Burnout,  
Mental  
Illness, PTSD

# 2020 Amsalem Study

HCW showing signs of psychopathology 9/2020-12/2020



# Suicide

**Table 1 | Suicide Rates for Occupations Providing Services to the Public**

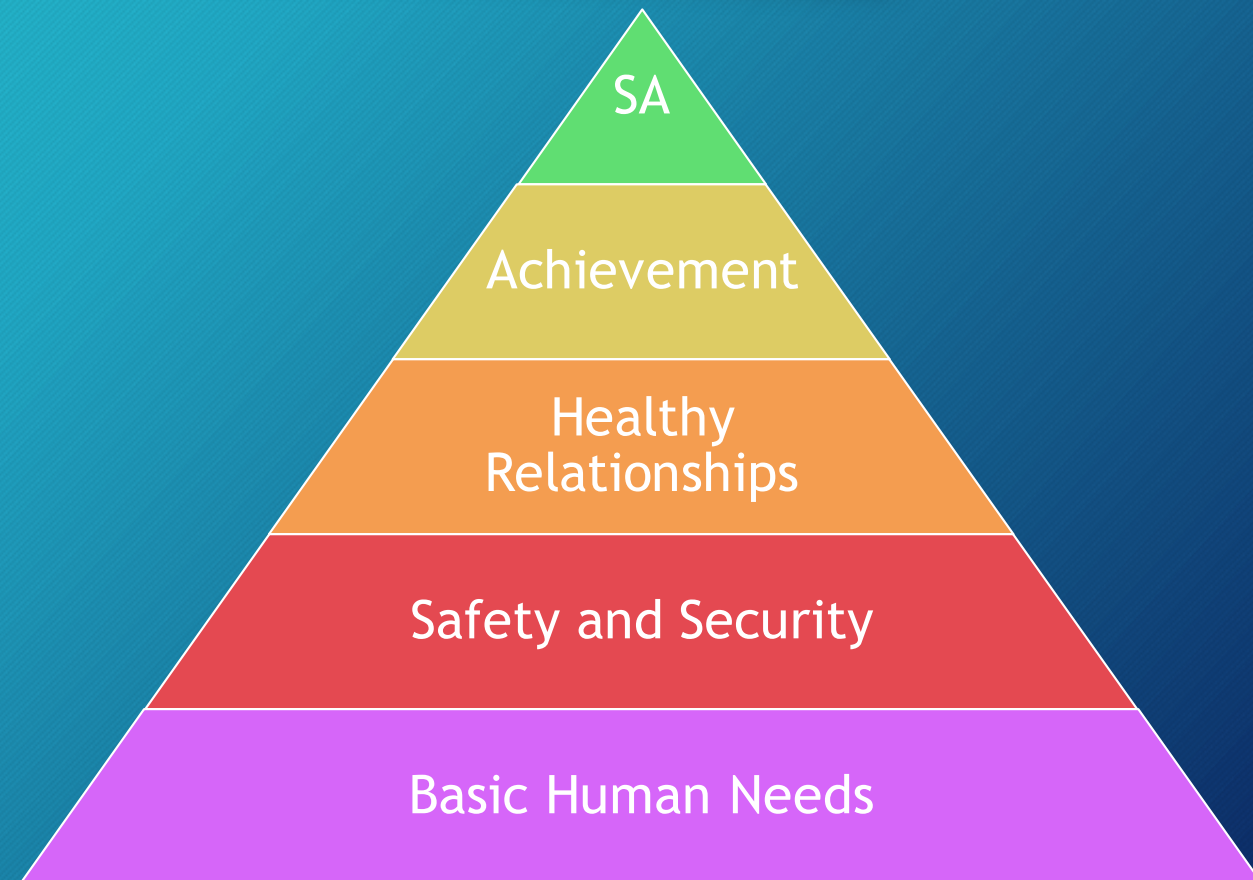
Occupation	US Rate (Year)
Physician [a]	300-400 per year (2015-16)
Educator [b]	63 per year (2011)
Police officer [c]	108 per year (2016)
Firefighter [d]	89 per year (2016)
Military officer: [e]	
• Combat: Infantry (closed to women)	37.2/100,000 (2004-9)
• Combat: Infantry, engineer, never deployed (closed to women)	41.2/100,000 (2004-9)
• Combat service support: Medical	18.5/100,000 (2004-9)

**Table 2 | US Literature Associated with Nurse Suicide**

First Author	Title and Location of Study Population	Year	Findings and Limitations
Katz [a]	<i>Causes of Death among Registered Nurses</i> Wisconsin	1983	<ul style="list-style-type: none"> <li>1963-1977 data extraction:</li> <li>Wisconsin Bureau of Health Statistics</li> <li>Nurses and two control groups (all female workers, female professional workers) identified and compared</li> <li>41 registered nurse (RN) suicides, average 2.9 per year</li> <li>No risk factors identified</li> <li>Proportionate mortality ratio significantly higher (value not reported) than working females and professional females; expected 27.2, observed 41</li> </ul>
Doebbert [b]	<i>Occupational Mortality of California Women, 1979-1981</i> California	1988	<ul style="list-style-type: none"> <li>California study (1979-1981) evaluating the mortality of working women</li> <li>Licensed vocational nurse (LVN) and health aides included; no mention of RN</li> <li>504 deaths over three years; average 168 per year; no breakdown of LVN, nurse aide</li> <li>Females were at the greatest risk of suicide</li> <li>General female risk factors: <ul style="list-style-type: none"> <li>- Poor equipment</li> <li>- Extreme temperatures</li> <li>- Work violence</li> <li>- Toxic chemicals</li> <li>- Microbial agents</li> <li>- Shift hours</li> <li>- Lifestyle behaviors: smoking, drinking patterns</li> </ul> </li> </ul>
Stack [c]	<i>Occupation and Suicide</i> 21 states	2001	<ul style="list-style-type: none"> <li>21 states contributed data to the US Public Health Service regarding 32 occupation groups and suicide</li> <li>Did not include nurse occupational stressors</li> <li>Risk of suicide 1.58 times more likely in nurses than similar working-age population</li> </ul>
Feskanich [d]	<i>Stress and Suicide in the Nurses' Health Study</i> 11 states	2002	<ul style="list-style-type: none"> <li>14-year prospective study beginning 1976; nurses completed self-perception questionnaire</li> <li>Examined association among self-perceived stress, diazepam (Valium) use, and suicide for nurses</li> <li>73 RN suicides over 14 years; 5.21 per year</li> <li>When work stress combined with high home stress, risk increased fivefold</li> <li>No details about type of work stress</li> <li>Suicide rate: 6.8% per 100,000 person years; same as US rate for white females, 40-64 years</li> <li>Female nurses at higher risk of suicide (RR=1.58) than general population</li> </ul>

# Why Healthcare Workers?

- Higher personal risk
- Personal responsibility
- Stigmatization (“essential workers”)
- Greater knowledge of dangers
- Limited resources
- Organization/support network also under stress
- Less connection with people



# How to Recognize Burnout Related to MI

## Physical

- Exhaustion
- Insomnia/ hypersomnia
- Somatic issues

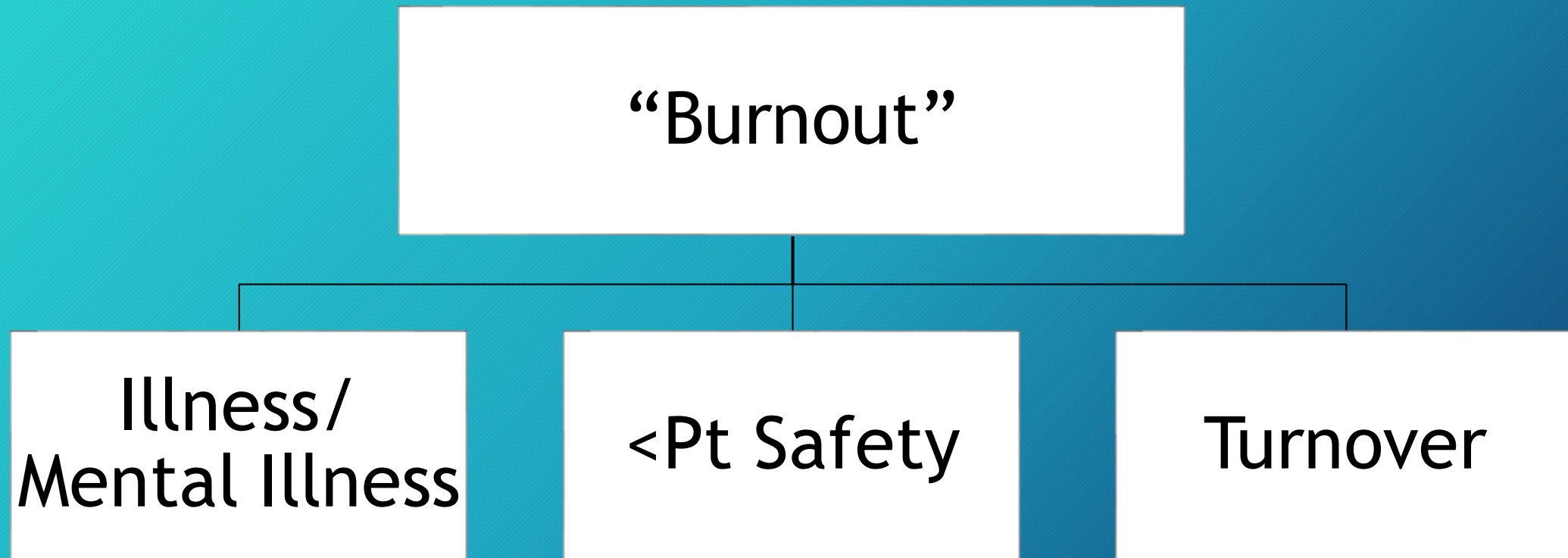
## Emotional

- Cynicism/ emotional exhaustion
- Feelings of ineffectiveness/ lack of accomplishment
- Anxiety/ depression
- Guilt, shame, anger
- Depersonalization
- Mistrust of authority
- Feeling unsafe

## Behavioral

- Irritability
- Lack of productivity/ poor performance
- Absenteeism
- Lack of connection/ withdrawal

# Why is Moral Injury > Burnout a problem?



So, how do we fix it?

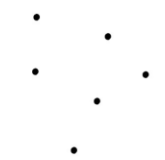
# Traditional Tactics: Individual Focus

- *Prevention: addressing individual vulnerabilities*
- Healthy lifestyle behaviors
  - Yoga
  - Mindfulness/Meditation
  - Nutrition
  - Sleep Hygiene
- Healthy coping mechanisms
  - Boundaries
  - Breathing
  - Exercise



# Systems Thinking

## TOOLS OF A SYSTEM THINKER



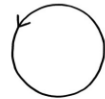
DISCONNECTION



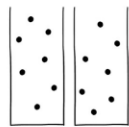
INTERCONNECTEDNESS



LINEAR



CIRCULAR



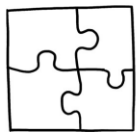
SILOS



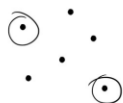
EMERGENCE



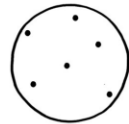
PARTS



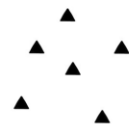
WHOLES



ANALYSIS



SYNTHESIS



ISOLATION

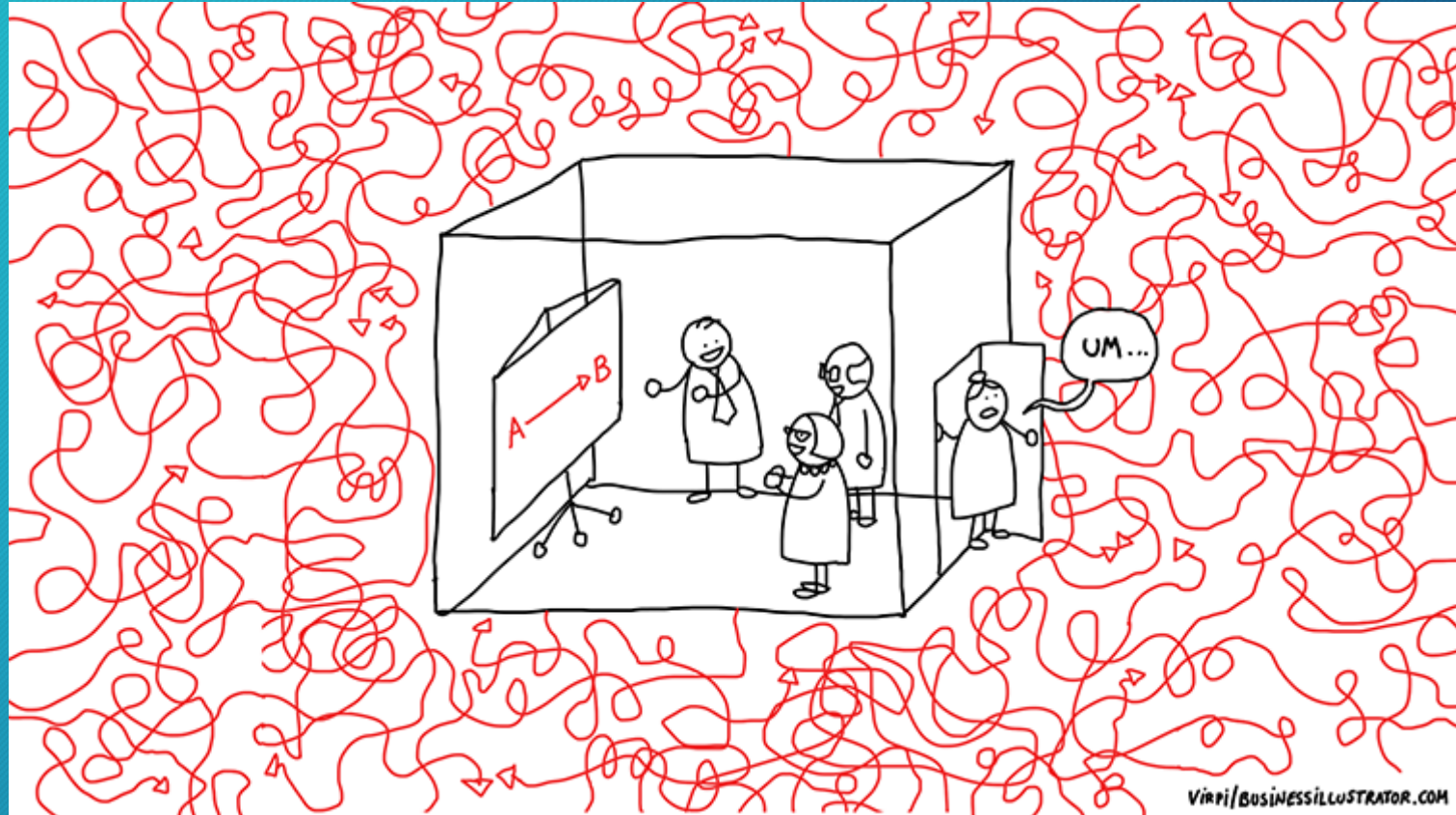


RELATIONSHIPS

- “Resiliency is the ability of a system to withstand threat” (Kreh, et. al., 2021)
- **STRENGTH + PREPAREDNESS**

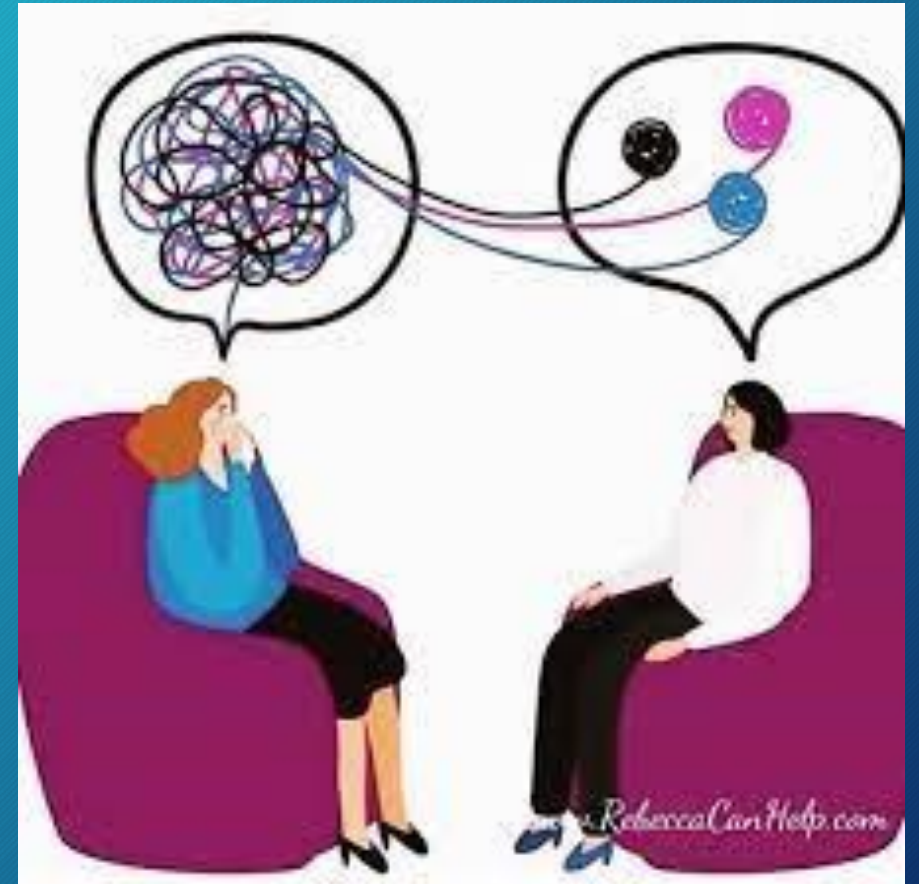
# New Solutions: Systemic

- Information/Training/Communication
- Psychosocial Interventions
- Culture Change with Leadership Champions



# Information/Training/Communication

- Reduce uncertainty
- Increase predictability and trust
- Value transparency



# Psychosocial Interventions

- Counseling- especially “in the moment” and in casual spaces
- Group support
- Meet the people where they are
- Complete the stress cycle

Me omw to vent to my work bestie after the slightest inconvenience



# Culture Change

- De-centralized decision making
- Aligning policy to moral expectations of those carrying out the policies
- Just treatment of team members/fair decision making
- Privilege the patient-clinician relationship
- Sense of community
- “Pragmatic support” -identify basic needs and support those

# What Can We Do as Individuals?

- Improve individual resilience
- Realign goals/Connect to purpose
- Engage in decision-making and provide feedback to leadership
- Gain more information about reasons for processes
- Help others
- Seek help when needed

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