

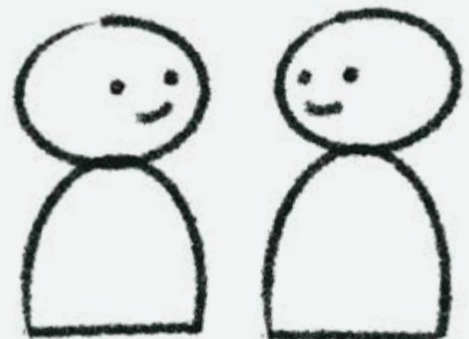
A CONVERSATION GUIDE

HELPING LEADERS TALK ABOUT MORAL INJURY

Moral injury can occur when a person feels they have done something that goes against their strongly-held moral beliefs.^{1,2} This can be because of their own action or inaction or as a witness to someone else's actions. It can also occur when an organization or individual fails to provide a person with care and protection, despite a duty to do so. These experiences can lead to feelings of moral distress like guilt and shame.³ A moral injury occurs when one or more morally distressing experiences lead to psychological, social, and spiritual distress or impairment, with adverse impacts on mental health, relationships, and quality of life.⁴

Leaders can play an important role in preventing moral injury and mitigating its effects, particularly if leaders have established trust and good communication with staff.³ One way is for leaders to proactively and routinely monitor the psychological health of their employees by building conversations about this into their regular interactions with staff.⁵ Keeping these conversations front-of-mind signals to staff that these are safe and welcome topics. This is especially important in the context of moral distress and moral injury. Not everyone will come forward on their own, as shame, guilt, and/or fear of condemnation or rejection can make people reluctant to talk about their experiences.³

Initiating and having these conversations can be challenging, but showing up for your staff can make a difference for them when circumstances are difficult.³ Below is a series of tips that provides guidance on how to have these conversations in a safe and productive way. Remember, there is no perfect thing to say, but being authentic is key.³



BEFORE THE CONVERSATION

It can be difficult to predict what employees will need during these unusual times.³ Efforts you can make to listen well include:

Understand what staff are experiencing. Go beyond the surface and know what your staff are experiencing and how it impacts them.⁸ Knowing that there is a shortage of PPE is one thing, but understanding the immediate consequences of this and how it directly impacts people is another. For example, hospital porters on your team may be required to transport infected patients without gloves, mask, or gown. Understanding in a real way that they are fearful of infecting themselves and their family allows you to better empathize and support them.⁵ Being unaware of the bare facts of what is happening can be demotivating for staff and is unlikely to foster dialogue.⁶

Know what services and resources are available. Before you initiate a conversation about moral injury with an individual staff member or your team, know what mental-health supports are available should they want or need additional help.

Know what you can and will do with the information they share with you. If a staff member tells you about an experience that caused moral distress, be prepared. Have a plan for what you will do with that information, what role you can play to make sure that situation doesn't happen again, and understand what organizational systems or structures can be put in place to trigger support for people with similar experiences (e.g., ethics consult, team conference, debrief meetings, etc.).^{7,8}

HAVING THE CONVERSATION

Be prepared to be an attentive listener. "Listening, done well, is an act of empathy. You are trying to see the world through another person's eyes, and to understand their emotions."⁹ Efforts you can make to listen well include:

Be present. It can be easy to slip into thinking about what you could say next or how you could help, but it's more impactful to remain present. If you find your mind wandering, redirect your focus back to what the person is saying.¹⁰

Be non-judgemental. Avoid evaluating what they tell you, and be mindful of when an "approving/disapproving" thought enters your mind. Try to hear and accept what they are saying as they tell you their story.^{3,10}

Keep the conversation about your employee. This is their experience not yours.¹⁰ If there is something you would like to say, a helpful acronym to gauge your motivation is W.A.I.T, which stands for *Why Am I Talking?*⁹ Use this to check whether you're adding value or just filling the silence.

Be aware of body language. Sometimes a person can be verbally saying one thing, but their body language is telling you another. This can give you insight into what they might be feeling but not saying.¹¹ Add these cues to your understanding of their concerns and potential needs.

Open the conversation. It can be difficult to know how to start a conversation about topics that might be uncomfortable, like moral injury. Try opening by safely sharing an experience you have had, as it can normalize the discussion.¹⁰ For example, "Last night, I had to monitor a patient in the hallway for hours because the ER was overrun and there was no one to handoff to. Call after call came in for an ambulance and no one was available to respond. It felt wrong to leave those calls unanswered. I know this is the reality for so many right now. What changes are you experiencing?"

Continue the conversation.³ If the person does share with you, but you need more information you can try saying something like: "It sounds like you have experienced some things that nobody should experience. Can you help me understand how that's impacting you now?"

If the person speaks of guilt because they failed to do something that was in line with their beliefs (act of omission), you could try: "It sounds like you are sad about something you didn't do," to facilitate further discussion. If they have guilt because they did something that went against their beliefs (acts of commission), you can say something like: "It sounds like you're really burdened by things you did, or that you believe you did" to further facilitate discussion.

If someone shares something with you and you aren't sure how to respond, consider saying something along the lines of: "That must have been incredibly hard. I can't imagine how I would feel in that situation."

If possible, try to help the person gain a different perspective on how they view themselves or others. They may be telling themselves they should have been able to prevent a bad outcome or that they were solely responsible for what happened. You may be able to help the person see a broader perspective on what happened. Remind them of what they could or could not control, help them find what meaning their experiences hold for them, or highlight their strengths and core values.

WHEN SOMEONE DOESN'T WANT TO TALK³

If someone doesn't engage in the conversation, respect their choice unless you have concerns the person is a risk to themselves or others. They may not feel comfortable sharing with you or they may not have experienced anything morally distressing. Let them know that if they ever encounter situations that make them morally uncomfortable, it can help to talk about it with someone they trust. Let them know you will continue to be available to talk and that these types of conversations are important. Make them aware of any additional organizational supports that are available should they require them.

WHEN SOMEONE MIGHT NEED ADDITIONAL HELP³

Pay attention to the signs of moral injury, and make time to check on staff showing the following signs. Have support and referral sources ready for those who may need professional help. The following may require professional care:

- PTSD symptoms that do not resolve on their own, such as intrusive memories, avoiding people or places, changes in mood or ways of seeing the world, and trouble sleeping or concentrating,
- Self-harming behaviours, such as poor self-care, alcohol and drug misuse, and recklessness,
- Self-limiting behaviours such as retreating in the face of success or good feelings and undermining efforts by others to help, and
- Demoralization, which may entail confusion, sense of futility, feelings of depression, hopelessness, and self-loathing.

ADDITIONAL RESOURCES

Tips for Providing Support to Others During the Coronavirus (COVID-19) Outbreak (National Center for PTSD)

For Leaders: Supporting your Staff During the Coronavirus (COVID-19) Pandemic (National Center for PTSD)

BUILDING THESE CONVERSATIONS INTO PRACTICE

These conversations can't exist in a vacuum. Ideally, there will be team and organization-wide supports put into place to foster these conversations for everyone when they are needed, and staff will feel comfortable to use these supports. For example, creating dedicated space during team meetings to debrief morally-distressing experiences that may be sticking with staff members, where they can make meaning of them with their peers who may be experiencing the same.⁷ At the level of the organization, the use of interventions such as Schwartz rounds, where staff have facilitated conversations about the emotional impact of their work, across disciplines, could provide further opportunity to explore and debrief moral concerns.¹² No matter the mechanism, consistent communication with your team is key for supporting mental wellness, and should be integrated into your team and organizational practices.

ACKNOWLEDGEMENTS

Significant portions of this resource have been adapted from the National Center for PTSD's (U.S. Department of Veterans Affairs) resource "Moral Injury in Health Care Workers."

REFERENCES

- 1 Litz, B.T. and P.K. Kerig, Introduction to the Special Issue on Moral Injury: Conceptual Challenges, Methodological Issues, and Clinical Applications. *Journal of Traumatic Stress*, 2019. 32(3): p. 341-349.
- 2 Litz, B.T., et al., Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 2009. 29(8): p. 695-706.
- 3 Watson, P., Norman, S.B., Maguen, S., and Hamblen, J. "Moral Injury in Health Care Workers." National Centre for PTSD, https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp.
- 4 Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD (2020) Moral Stress Amongst Healthcare Workers During COVID-19: A Guide to Moral Injury. Phoenix Australia – Centre for Posttraumatic Mental Health and the Canadian Centre of Excellence – PTSD, ISBN online: 978-0-646-82024-8.
- 5 Best, J., Undermined and undervalued: how the pandemic exacerbated moral injury and burnout in the NHS, *BMJ*, 2021; 374:n1858.
- 6 Schwartz, R., et al., Addressing Postpandemic Clinician Mental Health. *Annals of Internal Medicine*, 2020, vol. 173, n° 12, p. 981-988.
- 7 Rushton, Cynda. Interview by UK Moral Distress Education Project. Mar. 2013, <https://moraldistressproject.med.uky.edu/interviewees/mdp-cynda-rushton-phd-rn-faan>.
- 8 Shale S., Moral injury and the COVID-19 pandemic: reframing what it is, who it affects and how care leaders can manage it, *BMJ Leader*, 2020; vol. 4, n° 4, p. 224-227.
- 9 Bryant, A. "How to be a Better Listener." New York Times Smarter Living, How to Be a Better Listener - Smarter Living Guides - The New York Times ([nytimes.com](https://www.nytimes.com)).
- 10 Grayson Riegel, D., "Talking about Mental Health with Your Employees – Without Overstepping." Harvard Business Review, Talking About Mental Health with Your Employees – Without Overstepping (hbr.org).
- 11 Ivey, Allen E. and Mary Bradford Ivey. *Intentional Interviewing and Counseling*. Thomson Brooks/Cole, 2007.
- 12 Hofmeyer, A., & Taylor, R. (2021). Strategies and resources for nurse leaders to use to lead with empathy and prudence so they understand and address sources of anxiety among nurses practising in the era of COVID-19. *Journal of clinical nursing*, 30(1-2), 298–305. <https://doi.org/10.1111/jocn.15520>.