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Moral injury – a relevant concept for Norwegian healthcare workers?

OPINIONS

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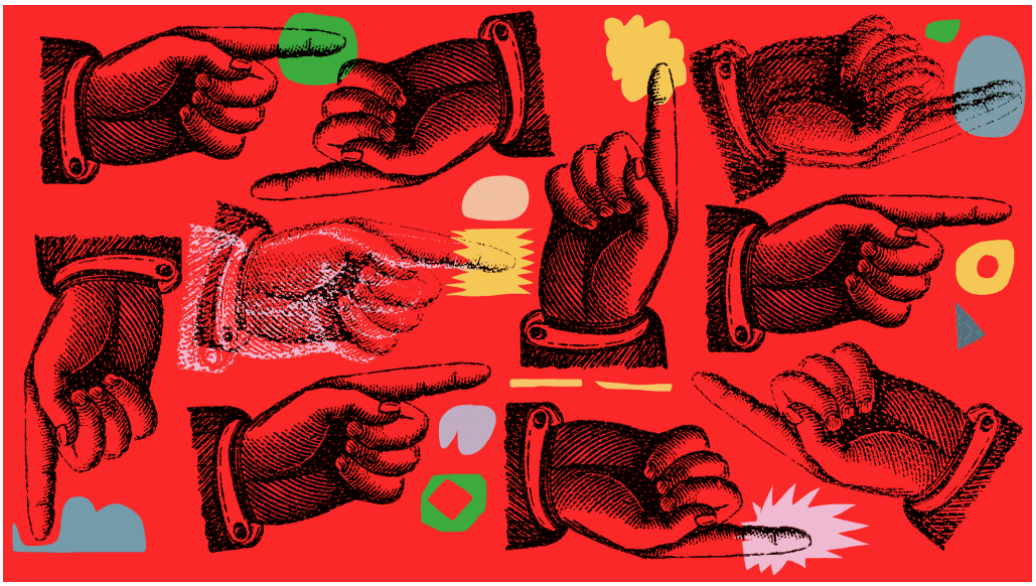
Media headlines about burnout, exhaustion, anxiety and depression help paint a picture of the working conditions in the Norwegian health service. Is moral injury a possible cause of the stress that healthcare workers experience?



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The Journal of the Norwegian Medical Association recently published a Perspectives article by Espegren about the working conditions of Norwegian doctors which stated: 'It has been suggested that we stop talking about burnout among doctors, and instead discuss moral distress' (1).

Moral injury, not burnout?

It is convenient to describe what many doctors experience as burnout. But a heavy workload is not necessarily the problem. Doctors have always had a heavy workload, and it often starts before their medical studies. Nevertheless, the impression is that doctors increasingly feel that they are falling short in consultations with patients. They feel that they are not up to the mark and that the potential for making errors is increasing.

There is support for the notion that the sum of morally stressful events and moral distress can result in what we may call moral injury, including for healthcare workers (2). The concept of moral injury was introduced in 1994 and is based on committing, being witness to, being unable to prevent, or in some other way experiencing events that are at odds with one's own moral convictions and expectations (3). The primary symptom is a feeling of guilt. Other symptoms include excessive rumination on the event that triggered the feeling of guilt, as well as shame, existential conflict, loss of confidence in oneself or others, and a loss of meaning (4).

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From our own research on mental health in healthcare workers in the ambulance and air ambulance service, we know that anomalies or incorrect treatment resulting in patient injury and accidents in ambulances are perceived as very emotionally stressful (5). For personnel in the air ambulance service,

not being able to help seriously ill or injured patients was most traumatic for individuals (6). However, the prevalence of post-traumatic stress disorder, anxiety and depression among respondents in our surveys was no different from the general adult Norwegian population. We are not aware that the prevalence of moral distress or injury has been studied or demonstrated among Norwegian healthcare workers.

Peer support

Different levels of management are responsible for facilitating a decent working environment for employees. The trade unions should ensure that agreements are followed up and rights secured. The Norwegian Medical Association provides a service to its members through its support programme for colleagues and the Villa Sana resource centre (1, 7). Like Espegren, we question whether this is adequate.

Could doctors benefit from a tailored low threshold service with peer support, such as many health trusts have established for ambulance personnel (5)? Peer support from someone with the same specialist background and workplace can help to ensure that doctors seek or are offered support and help at an earlier stage (8). In our study of ambulance personnel, more than one-third of the participants reported that they had made use of the support programme for colleagues (5). We also found an association between the absence of such a programme and symptoms of post-traumatic stress.

Committing errors

While the focus on burnout is at an individual level, moral injury is associated with the system not being tailored to the individual (9). Understaffing and working long shifts that disrupt the circadian rhythm will affect both mental and physical health, lead to fatigue and increase the risk of committing errors (10). Individuals can make mistakes, but there can also be faults with the equipment or in the systems designed to support the flow of treatment and patient information, including ICT systems. When we commit an error, we feel shame, guilt and loss of confidence, which can be symptoms of moral injury.

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The challenges we face are not unique to Norway. In June, the New York Times published the article 'The Moral Crisis of America's Doctors' (11). This followed an earlier article by doctors Dean and Talbot in 2018, claiming that moral injury occurs when doctors know what the patient needs, but are prevented from providing medical care due to factors outside their control (9). What many American doctors found traumatic in their daily work could be linked to

systemic factors, such as time-consuming electronic patient records that were crucial for invoicing, and the partial dependency of resource management on revenue potential.

It is probably the strong work ethic of doctors rather than a lack of it that contributes to the problem. We must address these challenges in a way that takes into account the moral integrity of the individual and helps to create a framework in working life without the risk of moral injury.

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