



Healthcare Salute

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**Understanding Moral Injury in
Healthcare Providers who worked in
Long-Term Care during the COVID-19
Pandemic.**

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COVID-19's signature wound: moral injury

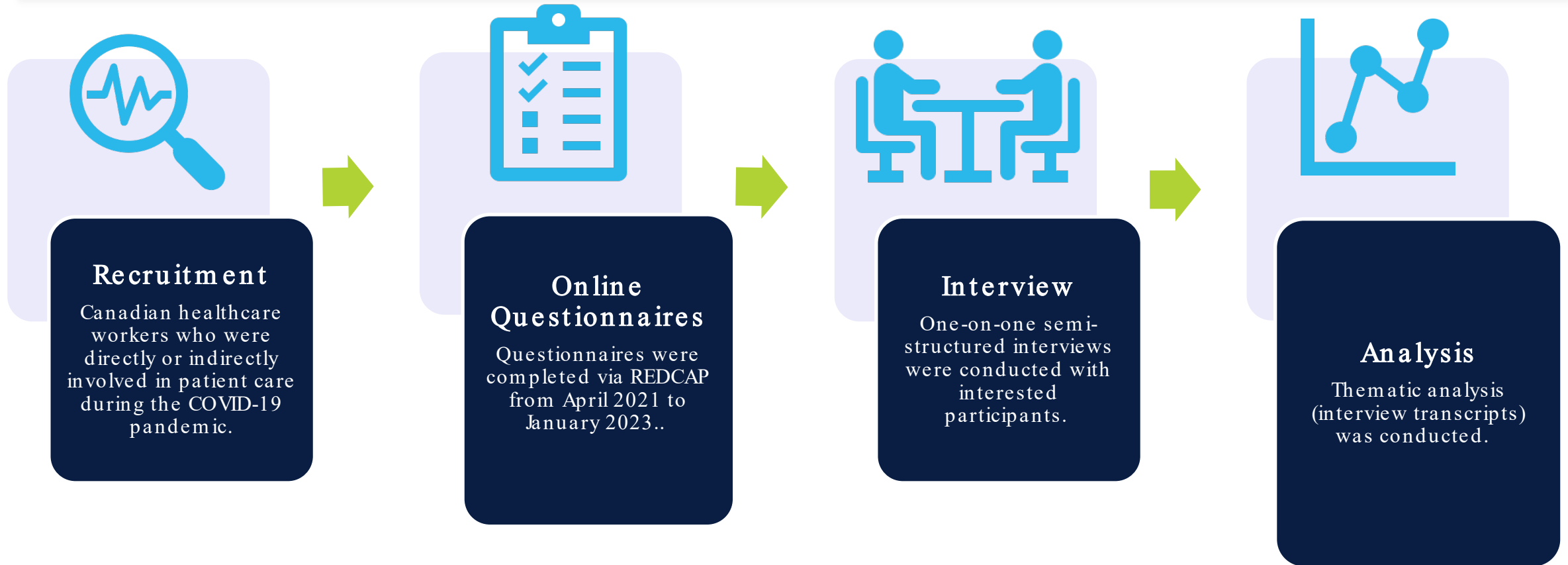
The psychological, social, and spiritual distress that results from experiencing a violation of deeply held moral and values

Moral Injury is the outcome of exposure to potentially morally injurious event(s) (PMIEs):

- Actions or inactions which transgress moral values
- Witnessing the actions or inactions of someone else that violates their morals
- Betrayal by a trusted authority



Methods





System Abandonment

*I felt we were just left exposed because **we were told not to wear masks, we were told not to order equipment**, it had to be saved the hospitals. And as we're struggling in the middle of it when there was so many people sick, staff were sick and the whole thing. And then every time you turned on the radio or the television or open the newspaper, **long-term care was being slammed as being the bad guys. We weren't prepared.** And the ministry did their very, very best to back away and say that it was the long-term care homes that were at fault. **You were doing the best you could and the ministry was slamming down, your partner was slamming you down and then the media just really was the icing on the cake. I mean, it didn't matter where you went, that long term care was being abused and accused and found guilty.** 75HCP*

- Feeling Neglected
- Taking the Blame



I Didn't Sign Up for This

*...getting the body ready with my fellow leadership member, I did it three times and we just don't, **we've never seen that side. I'm part of palliative care, so I've seen death, but I've never seen that,** so, and to see that black bag zipped up and we couldn't even put our dignity blanket over it, because of COVID risk. So, that's where the moral injury came in there, is **I couldn't even walk this resident out like we would normally, with the family following us and the team, and we had a song playing and a dignity blanket, but that was all taken away with COVID.** 307HCP*

- Going Above and Beyond
- Lack of Training and Preparation



Unable to Provide Adequate Care

*"I would say just isolating people. So isolating people that – a lot of residents are unwell. And they were living out their last lives, like last days. And – or they were, they couldn't understand the situation. **I think just being unable to treat people with dignity**.....We couldn't even visit them without masks on. We couldn't visit them without our eyes covered, or our clothes covered. We couldn't even go into their rooms at some points. So it – I think it was just – it was not a dignified way to live for them. I know many of them felt like they were in jail. I just – I felt – I don't think that it was it was the best situation. **I think it was very traumatizing for many of them. And I don't know. Obviously. it was traumatizing for us too.**" (311 HCW)*

- Forced to isolate residents
- Not able to give residents adequate attention
 - Having to let residents die alone



Mental Health Impact- Moral Injury

*"I'm part of palliative care, so I've seen death, but I've never seen that, so, and to see that black bag zipped up and we couldn't even put our dignity blanket over it, because of COVID risk. **So, that's where the moral injury came in there,** is I couldn't even walk this resident out like we would normally, with the family following us and the team, and we had a song playing and a dignity blanket, but that was all taken away with COVID." (307 HCW)*

- Guilt
 - Helpless to watch people suffer
 - Unable to provide dignity in death
 - Trauma
 - Lack of Support



Organizational Culture

"And like I said, [location] would like their – they would just like us all to be gone. That makes it easier for them to pretend that nothing happened. I think they don't care if we're broken." (146 HCW)

- HCWs in LTC as disposable
 - Fracturing of teams
- Residents as numbers rather than people
 - Secrecy and lack of communication



Key Findings and Next Steps

- Broad range and types of potentially morally injurious events (PMIEs) were reported during COVID-19
- PMIEs were experienced at multiple levels (patient-related, organizational, system, public)
- Most PMIEs were experienced as deep betrayals by the organization, system, and public
- HCPs described anger, frustration, and sadness
- Many HCPs in LTC felt their knowledge and expertise was devalued and ignored during Covid.
- Increased mental health resources and supports are needed to improve awareness among HCP and organizations.



COVID-19 and Healthcare Providers' Mental Health

We're so good at caring for other people, we're just terrible at caring for ourselves. 65RT

A lot of times I've gone without food at work or we're not drinking enough so we just keep going, going, going, going. We certainly do put our jobs ahead of our own selves. 22RT

The pandemic made it impossible for me to continue working. 198HCP

The Facts: What our research shows

- Of 1,264 participants as of February 21, 2023
- 32.8% of healthcare providers in Canada meet criteria for a probable diagnosis of PTSD
- 63.4% reported clinically significant levels of depression
- 56% reported clinically significant anxiety
- 59.7% reported clinically significant symptoms of stress
- PTSD symptoms are highly associated with moral injury and moral distress symptoms
- Increased organizational support and spiritual/religious coping are associated with decreased moral injury symptoms

The Risks: What healthcare providers have told us

- 3 in 5 healthcare workers likely to leave their organization
- 2 in 5 healthcare workers likely to leave their profession altogether
- Many cited lack of workplace supports, specifically mental health supports

The Support: Healthcare Salute

- Mental health literacy
- Public awareness campaign video series
- Mental health and resiliency tools for healthcare providers
- Clinical skills resources
- Organizational support recommendations
- Research and evidence



We lost so many staff. People were burnt out and stressed—just fed up with the whole thing. 22SHCP

The night before a shift, I would be up all night dreading going to work. I was having heart palpitations and all sorts of stuff... 256HCP

I knew what I was getting into when I became a nurse. It's not always a safe or a pleasant environment to be in. But where that was and where we are now are two different places. 246HCP

It would be nice if management had our backs... when people are being abusive to us. You can tell them they're wrong and back us up more, you know? 256HCP

If you want to talk about wellness, here's what it is: working in conditions that are humane and allow you to do your job properly. That's wellness. 125HCP

I felt like we were dispensable... that there was no thought to our lives, there was no thought to our families. 30HCP

Our teams have been stressed. As more experienced nurses leave, it becomes a lot more challenging to manage our teams. 125HCP

There should be, and should have been all along, psychologists that were hired to those units. 257HCP

Supported by



Collaborators



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