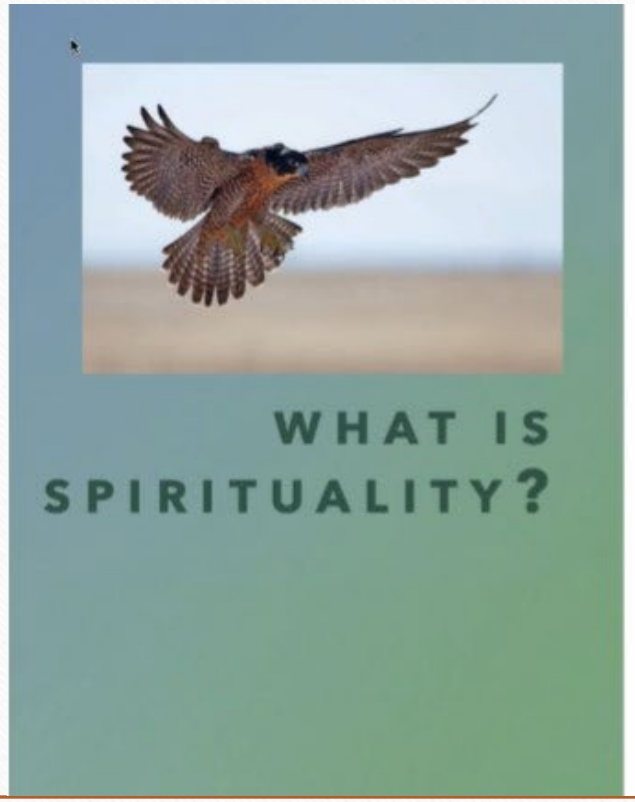
Recognizing and Responding to Moral Injury in Recreation Therapists in Long Term Care during COVID-19

Kathleen Sorensen M.Div.
Spiritual Care Provider
The Village of Winston Park

Spirituality => Moral Code



"**Spirituality** is recognizing and celebrating that we are all inextricably connected to each other by a power greater than all of us, and that our connection to that power and to one another is grounded in love and compassion. Practicing **spirituality** brings a sense of perspective, **meaning**, and purpose to our lives."

Brene Brown

Cohorts Traditionally Seen as Suffering from Moral Injury

But we don't typically think about the others…..

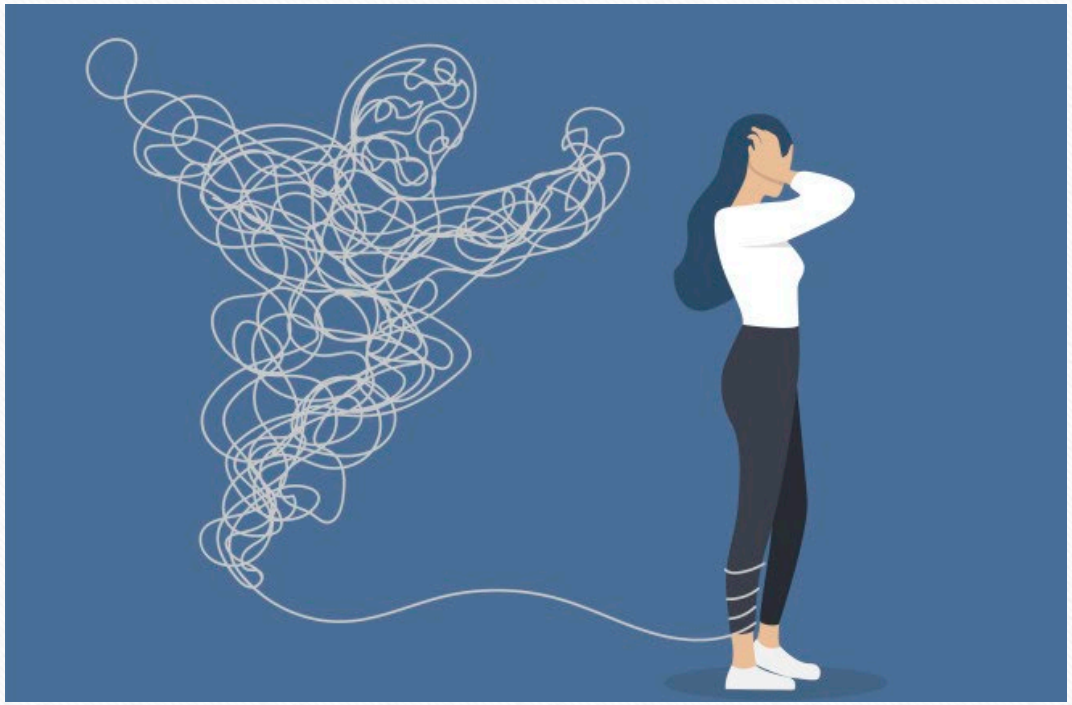
Cohorts Whose Suffering from Moral Injury is Largely Ignored

Non-Clinical Staff* includes

- Recreationists/Recreation Aids
- Administration/Leadership
- Human Resources
- Information Technology
- Marketing
- Chaplains
- Dietary

N.B. Non-Clinical Staff does NOT map perfectly onto 'Allied Health Worker'

Pandemic Restrictions in Long Term Care March 2020 – July 2023 in Ontario



Restrictions

- PPE including gowns, gloves, masks
- Contact limited to specific cohorts within LTC
- Limited contact with ‘outsiders’ including family
- Testing
- Quarantine

Duchenne Smile

* Elena Svetleva et al. **Facing exclusion and smiling through the pain: Positive emotion expression during interpersonal ostracism.** Psycho Res Behav Manag, 2019; 12: 229-239

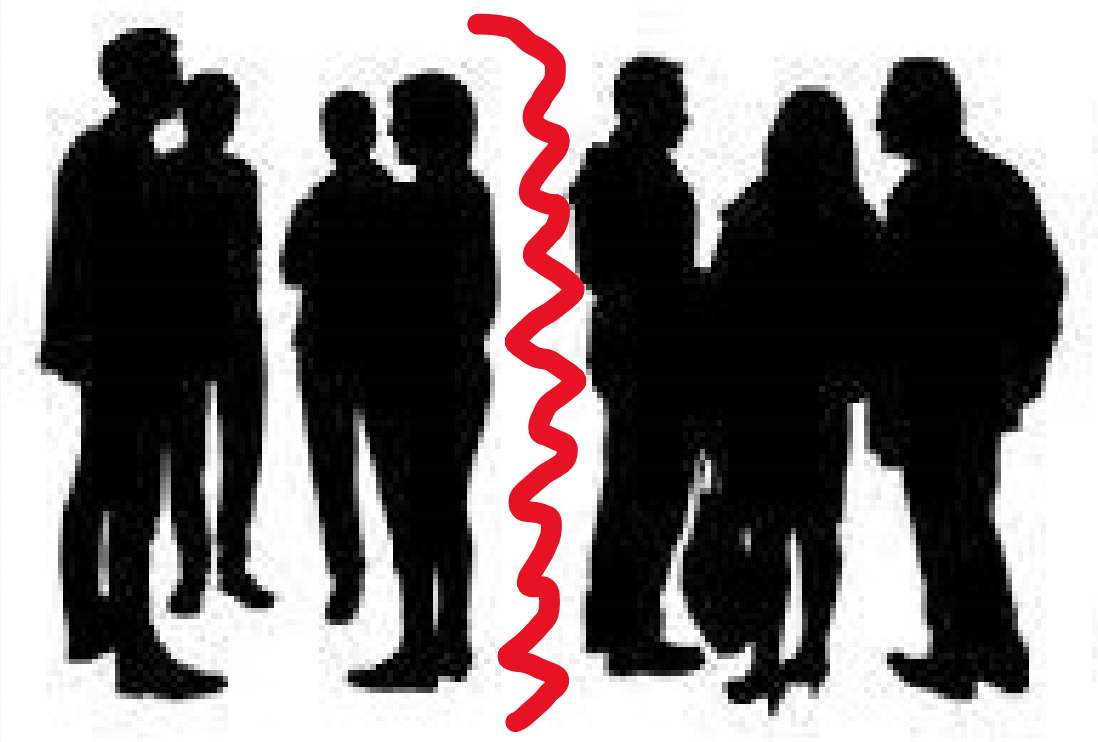
Lack of Physical Contact

Non-Clinical Staff made to enforce rules

- Quarantine of residents living with dementia, especially those who wander
- Limiting contact with loved ones
- Refusing visits to family for special events e.g. Weddings, Funerals, Anniversaries
- Inability to share 'how is he/she doing' information due to confidentiality
- Being the only one at the death bed.

<u>67% of COVID deaths occurred in LTC</u>

Enforced cohorting has led to mistrust



Black, Indigenous, People of Colour, and Members of the 2SLGBTQ+ Community

Coincidental Factors which increase the risk of Moral Injury

- George Floyd murder
- Rise of Black Lives Matter
- Residential School graves
- Increase in homophobic and transphobic rhetoric

Huge Risk Group
No Coordinated Assessment or Support

As of February 2020 approx. 15,000 Non-clinical staff worked in Long Term Care in Ontario.

In 2021 a small study showed that 100% of Recreationists in a specific LTC suffered significant symptoms of Moral Injury

*2020 Ontario Long Term Care Staffing Study

Sample Screening Questions

- **Did you act against your morals or beliefs during the pandemic?**
- **Do you feel guilt, shame, betrayal?**
- **Is your work more or less meaningful than prior to 2020?**
- **Has your spirituality/faith changed over the past 3 ½ years?**

Proper Identification

- Over the past 3 ½ years there has been an increase in the perceived incidence of both 'burnout' and PTSD.
- However, we have also seen that Moral Injury is frequently misdiagnosed or missed altogether.
- Professional recognition and standards for identification of these challenging and potentially concurrent issues.

Burnout – Lack of Resilience Given adverse circumstances

Differences between Moral Injury, Post Traumatic Stress Disorder, and Burnout					
	Emotion	**Reaction**	**Danger**	**Self-talk**	**Treatment**
Moral Injury	Guilt/Shame	Alienation	Self-talk	"I am Evil"	Compassion Peer Group Support
PTSD	Fear	Distrust	Flashbacks	"I am Dangerous"	EMT
Burnout	Apathy	Disengaged	Depression	"I am Worthless"	Mindfulness Practices

Post Traumatic Stress Disorder – One or more Unresolved Traumatic Events

Differences between Moral Injury, Post Traumatic Stress Disorder, and Burnout					
	Emotion	**Reaction**	**Danger**	**Self-talk**	**Treatment**
Moral Injury	Guilt/Shame	Alienation	Self-talk	"I am Evil"	Compassion Peer Group Support
PTSD	Fear	Distrust	Flashbacks	"I am Dangerous"	EMT
Burnout	Apathy	Disengaged	Depression	"I am Worthless"	Mindfulness Practices

Moral Injury – Effects are Cumulative

Differences between Moral Injury, Post Traumatic Stress Disorder, and Burnout					
	Emotion	**Reaction**	**Danger**	**Self-talk**	**Treatment**
Moral Injury	Guilt/Shame	Alienation	Self-talk	"I am Evil"	Compassion Peer Group Support
PTSD	Fear	Distrust	Flashbacks	"I am Dangerous"	EMT
Burnout	Apathy	Disengaged	Depression	"I am Worthless"	Mindfulness Practices

Strategy – Recognition and Prevention

- Prevent further harm by enabling workers to recognize when something goes against their moral code.
- Create protocol to allow 'opting out' or modification of duties when possible
- Deep debriefing after ALL events which could potentially be seen as causing Moral Injury
- Acknowledge that any time a lockdown occurs – the 'gatekeepers' suffer and rotate the responsibilities or find other ways to reduce the impact.

Strategy – Ongoing Support

- See that anyone identified as suffering with M.I. gets the necessary support IMMEDIATELY
- Recognize those who already suffer with Moral Injury to prevent cumulative effects
- Train Peer Support Leaders
- Set up and maintain peer support groups
- Availability of an in-person Peer Support group at EVERY LTC facility and on-line support groups as required province wide.

Never Again? Or an Ongoing Challenge