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The Effects of Moral Injury: Invisible Wounds of Healthcare Workers and the Challenges of Mattering Post Pandemic

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ABSTRACT

The COVID-19 pandemic has put extreme stress on the health care system globally, leading to workforce shortages as well as increased health care worker burnout, exhaustion, moral injury and many forms of traumas. These pandemic-related difficulties have taken place in the context of overwhelming pre-existing workforce challenges and inconsistencies, as well as in a workforce where burnout, stress, and mental health problems were already at high occurrences. Many health care workers experienced being furloughed or having their hours reduced, particularly early in the pandemic when nations were trying to implement mitigation protocols. Total employment in the healthcare industry declined during the early months of the pandemic but has gradually recovered since summer 2020. Federal, state, and local governments took significant action to address the need for prevention and treatment services that arose from COVID-19. This led to the disruptions in health care delivery and finances as a result of the pandemic through supplemental funding from federal relief legislation and easing many regulatory requirements. Even after the pandemic, many of the effects the pandemic has had on the health care workforce will likely persist.

This paper takes a closer look at the power of mattering, the effects of moral injury as related to healthcare workers and the tools needed to begin the healing process.

Keywords: Moral Injury, Healthcare workers, Mattering, Productivity, Healing, Pandemic

Introduction

Mattering and Productivity

The relative decline in healthcare employment was substantially large for many healthcare institutions and hospitals globally. Many hospitals reported critical staffing shortages over the course of the pandemic, particularly when case numbers were high. During the Omicron surge in January and February 2022, the 7-day average of hospitals reporting critical staffing shortages peaked during mid-January 2022. This was a clear sign that the industry was in crisis and the experience of burnout was on the rise. However, let me take that thought one step further and say, what the healthcare industry experienced was something far greater than burnout - many healthcare workers experienced an injury to their soul, now known as **Moral Injury**.

One of the most devastating places for a person to be in life, is to feel as though they do not matter and their life or work is in vain. Working and being productive takes time, energy and effort to cultivate good and healthy work habits. One of the ways to engage in good productivity is to be in charge of the chosen path and decide what is most important and urgent. Having a plan to address the important and urgent matters of life is most ideal and leads to higher productivity and towards success in life. This way of thinking, gives credence to a person's sense of *mattering* and their ability to be a productive citizen. But before I go further, let me take a moment to define and explain *mattering* and the connection to productivity and Moral Injury.

Concept of Mattering

M*attering* is a central motivating factor that creates meaningfulness in our daily lives. Central to being human is the need to feel we matter to *self* and to *other(s)*. Mattering brings about a sense of connection and responsibility to those we are in relationship with. That means our personal and professional lives are built and centered around key relationships. We persistently seek out how to be significant and important, in each other's lives as well as how to be bonded to each other. To experience mattering is to feel that one's life has some benefit or is meaningful and productive in some shape or form. Mattering is present in the familiarity and comfort of our most intimate relationships. These same principles can be applied to organize our professional work life, which then reflects ideas such as social class, status and society.

In keeping with this basic notion, to experience a reduced sense of *mattering* is to feel as though one's life has little significance. At an extreme, it can also mean feeling nonexistent and having no effect in the world. As William James (1890) noted many years ago, one of the worst injustices in the world would be to live life being unnoticed by others. He writes:

> A man's social me (self), is the recognition he gets from his mates. We are not only gregarious animals, liking to be in sight of our fellows, but we have an innate propensity to get ourselves noticed, and

noticed favorably by our kind. No more fiendish punishment could be devised . . . than that one should be turned loose in society and remain absolutely unnoticed but by all the members thereof. (p. 46, *emphasis added*).

What happens when our sense of feeling as though we matter, when others disconnect from us or we are disconnected from what brings us joy and fulfillment - meaning and aids in our productivity? In those moments we may come to the realization that we do not matter and experience a sense of loss - depersonalization, which can lead to states of depression. Following James' lead about the social me, it is imperative that we matter to self and others, that we feel connected and are a part of something important in our lives. As human beings, we carry virtues that alert us as to when something is wrong or even when we are moving in the right direction. The beauty of humanness is the ability to notice, correct and learn new ways of being with self and others. However, in order to understand when things are wrong, it is important to know where that sense comes from, in this case our sense or feeling of *mattering*.

Using James' basic conceptual framework, Morris Rosenberg and B. Claire McCullough (1979/1981) addressed the idea of mattering in greater detail. Drawing on Sullivan's (1947, 1953) work on *significant others*, which represents an important inroad into the idea of mattering, Rosenberg and McCullough note that some people matter to us more than others and that this makes their views more of a difference than the views of those who count little. Those who matter

most to us are the ones we feel more closely connected to. What has generally been overlooked is the obverse, which is the degree to which we feel we matter to others. This is a significant and deeper issue having an existential connection to our sense of value, self-esteem and self-worth. According to Rosenberg and McCullough (1979), the foundation of mattering rests on three main pillars: *attention*, *importance* and *dependence*. Of the three main pillars, they regard *attention* as "the most elemental form of mattering," and it entails "the feeling that one commands the interest or notice of another". [5](p.2) It is an important part of understanding themselves and their place in the world. In the healthcare industry, caring for those who need it the most is a glaring example of the attention that is required for treatment and healing to occur. Patients have the expectation that attention will be given to them as part of their care, and in return, they begin to feel as though they matter. The same is true for caregivers - to be given attention or respect for their position and the service they provide. Many caregivers and healthcare workers experience the success of productivity because their profession is their calling. Attention is fundamental to mattering and is a key component in human relationships.

Adjacent to the idea of attention is the idea of *importance*. To believe and know that someone (healthcare workers and caregivers) cares about the needs of *others* and are concerned with our present thoughts and with our fate is to experience mattering.[5] Social networks are integrated into human

understanding of their sense and feelings of mattering. Mattering has a powerful influence on identity, one's sense of self and self-worth. For many healthcare workers, identity formation is not only a function of self-regard, but also for the regard patients and administration have towards them. Concern for the people closest to us carries a higher degree of importance for self. In the case of healthcare workers, the lives of the patients they are caring for are of most importance (those facing incurable diseases and death), therefore their lives tend to matter (or are more important) to the caregiver.

This leads to the third pillar of mattering which is *dependence*. It acknowledges the obvious fact that we rely on others, and others rely on us. This is central to many healthcare workers, the idea of patients depending on them for healing and at times, life. However, the inverse is also true, healthcare workers depend on their administration and institution for care, safety, regard and to feel as though they matter. Generally speaking, what is much more mysterious is *why* our actions are equally governed and validated by their dependence on us. Others' reliance on us can be a tremendous *burden of obligation* that has a profound effect on our sense of mattering. More generally, mattering calls to attention a compelling social obligation and a powerful source of social integration. We are bonded to society not only by virtue of our dependence on others but also by their dependence on us. Alongside the idea of dependence is the related idea of *dependability*, which, in effect, signals that

others' dependence on us is a central and enduring feature of the relationship in question. This highlights the importance of social cohesion and an integration of *self* and others (including the people who serve in administration). In Viktor Frankl's *The Doctor and the Soul* (1986), he wrote, "Work usually represents the area in which the individual's uniqueness stands in relation to society and thus acquires meaning and value". [p.118] It is important to note that *mattering* is highly related to self-esteem, especially in the workplace. High self-esteem and confidence in the workplace, increases the ability to translate knowledge and develop healthy emotional intelligence and social relations. Mattering extends to every area of life but especially in our professional lives. These are some of our most trusted relationships and they tend to grow deeper with the people we work with every day. In the case of healthcare workers, the number of hours they spend with those around them (both co-workers and patients) cultivates a deep and trusted bond (relationship) that may be difficult to replicate in other environments. But what happens when one feels as though they no longer matter? What happens when the relationship is tarnished and the trust has been disrupted?

Discussion: Moral Injury

COVID-19 disrupted and presented challenges that were not anticipated nor could they have been prepared for. COVID-19 caused the World Health Organization to declare a global pandemic and was/is the reason for thousands of deaths globally. To date, the world has paid a high toll for the

number of lives lost, the economic repercussions, increased global poverty and is a major factor for increase in mental illness. With this in mind, many healthcare workers were faced with difficult decisions that *had* (and continues to have) a lingering effect on their lives. They remain the main 'frontline warriors', who are directly responsible for the care of those dealing with COVID-19. Not only were they tasked with that level of care, they were also expected to handle the families of the sick as well as navigate excessive workloads, inadequate staffing, lack of proper equipment, pressure and stress from the media and feelings of inadequacy. Not to mention the infection rate of healthcare workers! As Frankl (1986) reminds us, "The jobless man experiences the emptiness of his time as inner emptiness, as an emptiness of his consciousness". [7(p.121)] In many ways, this became a jobless experience and more about survival of the fittest. This emptiness in consciousness can make the jobless man (or woman) feel as though they do not matter. Additionally, the psychological impact as a result of emptiness of consciousness can lead to anxiety and depression. Furthermore, this then leads to challenges such as lack of sleep, poor support, and patient mortality for many healthcare workers.[8] There was a moral responsibility based on the oath healthcare workers take, to continue to work and care for the sick, yet they were not recognized by society or administration for the work they are or were doing. For many, feeling as though they did not matter in conjunction with the

risks they took to carry on manifested in a deeper wound, beyond burnout - Moral Injury. Moral Injury (MI) is a deep soul wound that occurs when a person's moral beliefs or values are violated, rendering them helpless and in some cases hopeless. MI creates a struggle with the moral dimension of life. Many healthcare workers experienced this during the pandemic and there are lingering effects from the injury. The term MI captures the idea that certain actions, either committed or witnessed, can deeply disrupt internal held moral beliefs and expectations and leave a lasting impact on a person's well-being. MI can also produce the feelings of guilt and shame, which affect decision making and the experience of life in general. It also includes losses of faith and sense of meaning, broken relationships, severe depression and anxiety, and suicidal thoughts and actions to name a few. Each healthcare workers' experience is unique, and MI can manifest in a variety of symptoms, such as compromising work performance and productivity, relational disconnect and self-worth. For many healthcare workers, they struggle to engage with behaviors that align with their moral beliefs and value system - transgressive acts that can involve violations of one's moral dimension.

Tools for Healing Moral Injury

While MI remains as one of the most difficult injuries to identify, based on my work and research, there are a few tools that can be used to aid in the healing of MI. As we all know, when humans stop doing, we start

feeling. MI is the deferred processing of trauma, guilt and shame. In the case of healthcare workers, it is the betrayal for the patients who were lost during the pandemic as well as betrayal from the system that did not provide support. There seems to be an insertion of fear and anxiety resulting from MI. The financial burden experienced by healthcare systems and leadership seemed to overwhelm the need for safety and care for healthcare workers, thus rendering them hopeless and empty - hurt and feelings of not mattering.

As we face the new normal and find our way through the pandemic, there are two things leadership ought to consider to return to mattering and healing for healthcare workers. The first is to create places and spaces for healthcare workers to have safety in expressing and disclosing their thoughts and feelings. By identifying the problem in a safe space, the healing process can begin. An interesting phenomenon happens when a person moves from the dark and negative mindset into a positive one. It is a moment when despair goes away and hope returns. One becomes more aware of the possibilities of life. Moving from the space of MI and the depth of the wound requires a safe healing space to do so. Looking back to the classical times (Asclepius - the god of healing), many places were built on the top of mountains and hills to distinguish the importance of different spaces other than what was common. Today we see many healthcare systems trying to incorporate spaces like these (solarium) to aid the healing process. The same thinking is needed for our healthcare workers to heal

from the traumas of COVID-19. These spaces should be safe for dialogues that invite the presence of each member.

Secondly, finding like-minded people is an important part of the healing process - a sense of community. Humans desire community and are made to relate with each other. Community signals a like-minded commonality that has a natural bonding characteristic to it. Community groups tend to develop cohesively based on three pillars that all members share collectively: *inclusion*, *control*, and *affection.*

Inclusion refers to an individual's need to belong and feel included as a member in the group, to feel as though one matters. The process of becoming a group member includes individuals' desire to know what the expectations are and the level of their participation. This is also in comparison to how other group members feel and how connected they are. It is also crucial to develop a relationship with the leader of the group and learn what existing or developing status each group member displays. Answering the questions, *how much of an investment do I want to make and what kind of a commitment do they want from me*, is also needed for group cohesion.

Control is the second in building a cohesive group or community. This involves individuals trying to find out how much control they have over what will happen to them as a member of the group. Most people tend to try and figure out how much they can *influence* or control the group and how much the group can control them. This process is

connected to interpersonal dominance or internal conflict - trying to matter by adding value to self and others. Typical issues in this stage are associated with leadership, professional relationships (in this case, healthcare workers in high stress situations) and the degree of perceived group support. In safe spaces, group members acknowledge a leader as the person in charge yet also consults with the group when it becomes necessary for them to add their perspective to matters related to the group. This consultation experience increases as the group matures. This is a crucial step in the process and, in my research and work, it keeps the group together.

Finally, *affection* is the third stage of group development. It is processed by the expressions of positive feelings, each member sharing, present emotional support, and organic member attachment to each other. As the group develops through these stages, the perception of member trust increases, which facilitates deeper member self-disclosure and safety in taking risks. As group interaction and self-reflection deepens, meaning is organically created within the group or community as the focus moves away from the negative to the acceptable. The earlier issues related to belonging to the person now becomes the ownership of the group - the community.

Conclusion

In conclusion, hospitals, healthcare facilities and leadership, have an ethical responsibility to care for those who are under their employ. The upheaval of the pandemic has caused many organizations to pivot and alter expectations. The urge to get back to what felt normal and right will be strong and in many cases expected. We all want to depart from the devastation of COVID-19 and see it in our rearview mirrors. The ugly truth is the ghosts of COVID-19 are everywhere. We all need time, focused emotional intellect and energy to process through the devastation and lingering effects of the pandemic. There is not a timeline that can be established or adhered to, in order to heal the wounds of MI. The way out takes time, energy and effort. Our healthcare workers need that time and space to deal with the challenges they ALL faced and continue to face today. We are conscious beings and we make decisions from the depths of our personhood. It is imperative for organizations to 'dig deep', and see MI as a deep wound that needs a deeper and different approach to caring for our healthcare workers.

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