

Caring for yourselves and each other during a time of moral injury

What is *moral injury*? Events are considered morally injurious if they "transgress deeply held moral beliefs and expectations."¹ It is a betrayal of fairness, safety and organizational expectations that you did not choose, but find yourself navigating. Examples include not having access to adequate and efficient testing, not having standard protective equipment, the responsibility to enforce restricted visitation that may require a person to die without their family present. And the inconceivable possibility that you may have to triage medical resources, including life supporting measures.

This is a big deal. It can cause shame, guilt, anxiety and anger – resulting in emotional numbing or inner turmoil or both. The first step to surviving moral injury is to recognize that it is there. We are all living through a trauma. The best framework for navigating this crisis is Trauma Informed Care.²

SAFETY -> TRUST AND TRANSPARENCY -> PEER SUPPORT-> COLLABORATION->
EMPOWERMENT -> CULTURAL HUMILITY

Things you can do in your facility:

Control what you can. PLAN! Do you have enough oxygen concentrators? Access to comfort medications? Virtual communication for visitation, telehealth? Staffing shortage strategies? Phone numbers for colleagues and peers ready for speed dial?

Build trust and community. Institute all staff huddles. This includes EVERYONE (dietary, housecleaning, etc.). Begin with a *transparent* report of where things are and priorities for the day. Allow for sharing of positives, negatives and helpful tips. Encourage “peer gratitude exchanges.” (perhaps 2,3 per session, such as, “even though it wasn’t her job, Karen restocked all the dining room supplies this morning”) End with a moment of silence or short inspirational quote, setting the intention for kindness, teamwork and respect. Try to keep it to 10-15 minutes. Engage staff to help design specifics.

Emphasize and demonstrate interdependence. No one team member is more important than another. Reduce unnecessary tasks. Empower everyone to “check on” patients. Cross pollinate roles and responsibilities – dietary can help move beds, social services staff can get people to med carts. Show that we all need each other. All hands are needed on deck, maybe in new roles. Brainstorm. No bad ideas. Be creative. Be humble. Allow new voices to rise.

Things you MUST do for yourself:

Eat, sleep, move, go outside. Set a timer for once an hour and check in with yourself. Four deep, mindful breaths (also very handy when washing your hands – again!). Walk outside around the block if you can. Keep nourishing snacks accessible. Try to go to bed and wake up in a normal routine. Exercise, preferably in the sunlight. 10 minutes still counts! Yes, EVERY DAY.

Connect with peers. Identify a battle buddy, or “buddies,” preferably a peer outside your location that knows what you are going through. Do it formally. Agree to terms of engagement, but minimally check in with each other once/day to listen and validate.

Recharge. Unplug. No, really, like put the phone in the phone hotel for a set time. Spend time with family or friends, in your household or virtually – every day, no matter how brief. Watch TV, read a book – whatever feels like a break to you. Check out of the 24/7 news cycle by scheduling news hours (instead of the other way around).

Stop the anxiety loop. What we practice we get good at! Anxiety is also contagious. Now is not the time to deepen the grooves of negative thinking and catastrophizing. Stop the cycle. Stay in the present, which while very difficult, is rarely as bad as what we have fantasized. The acronym RAIN³ can help us with self-compassion.

R – recognize (the feeling, emotion, muscle tension...)

A – allow the experience (it is happening, don't resist)

I – investigate with interest and care (what is actually happening right now?)

N – nurture with self-compassion (and non-judgment)

Lastly, don't believe anything your mind tells you unless it is:
I AM DOING THE BEST I CAN IN A VERY DIFFICULT TIME. Be as kind to yourself as you would be to your most vulnerable patient.

¹ Litz, B.T., Stein, N., Delaney, E., Lebowitz, L., Nash, W.P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war Veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695-706.

² https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

³ <https://www.tarabrach.com/wp-content/uploads/pdf/RAIN-of-Self-Compassion2.pdf>