

The Relationship Between Moral Injury and Burnout

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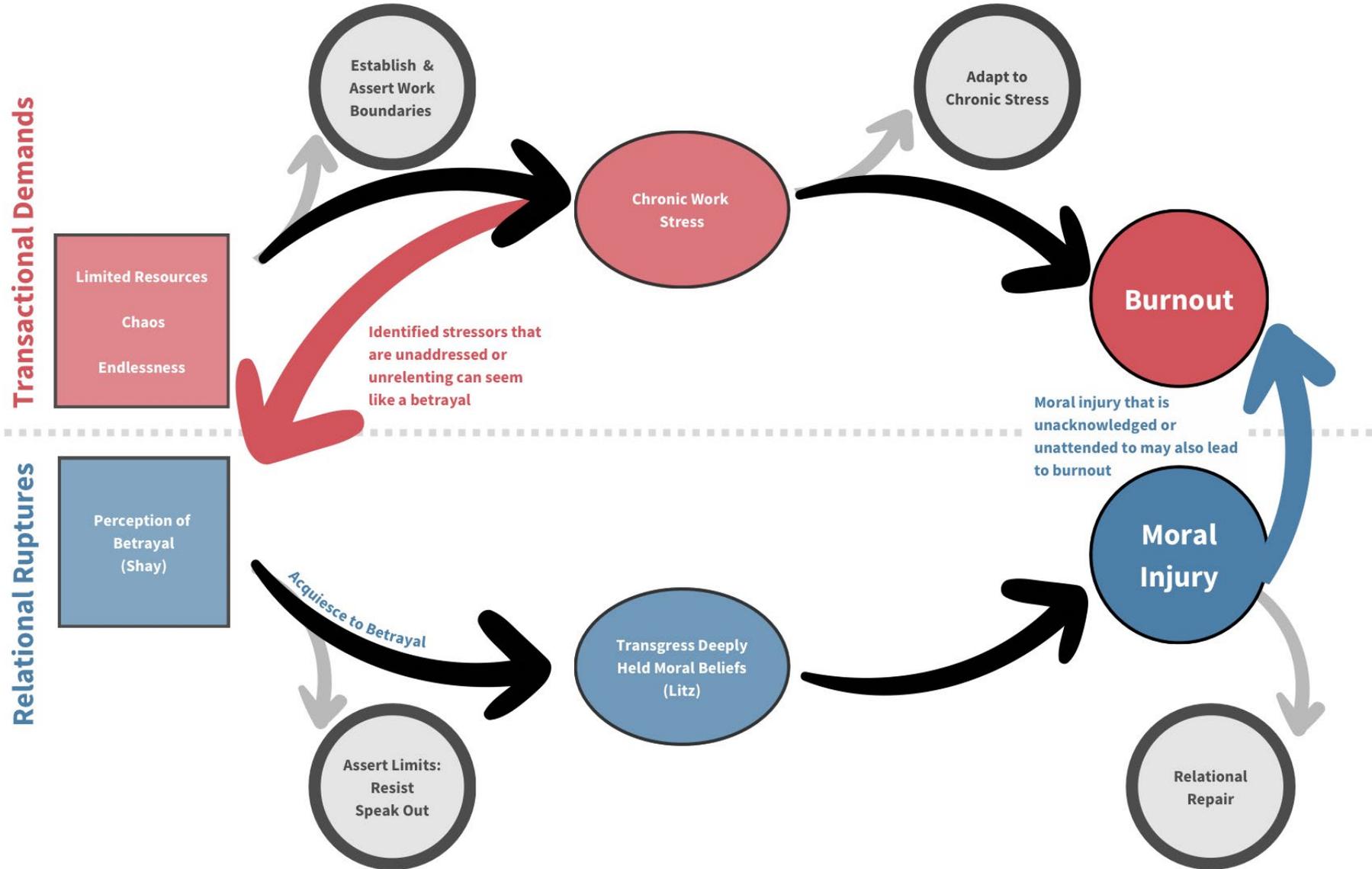
Introduction

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- Moral injury has gained attention over the last 5 years as an essential framework for understanding the distress of healthcare workers and its downstream consequences
 - The foundational work in this area focused on military populations in the 1990s
- Interest in moral injury exploded during the COVID-19 pandemic which magnified long standing challenges for clinicians working in healthcare service delivery
 - There was and still exists a pervasive feeling of being taken for granted
- Clear characterization of this term and its relationship with burnout has been stymied:
 - There are two competing definitions of the term moral injury in the literature
 - An uneasy relationship exists between what has been described about moral injury and the existing long-standing scholarship on burnout

Introduction

Drivers and Outcomes of Workplace Distress



Definitions

Moral Injury

Authors	Jonathan Shay	Brett Litz et al
Year	1994	2009
Definition	There is a violator, a recognized powerholder, who betrays what is right in a situation with high-stakes	Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations
Locus	External	Internal

Moral Injury

- Two dominant definitions of moral injury arose from work at the Veterans Health Administration Boston Healthcare System in the United States with individuals returning from combat
- These definitions are complementary, related as stimulus and response:
 - An individual betrayed by an authority figure would have a chance to choose a response: acquiesce to the betrayal and violate their deeply held moral belief (their oath to provide ethical healthcare) or would they refuse in some manner?
- Healthcare and the military are both professions with specialized bodies of knowledge an implied contract to provide services society cannot provide for itself (healing, protection)
 - Each are trained to take skilled action with integrity in the setting of uncertainty
- Moral injury is particularly distressing in the healthcare setting when healthcare professionals when there are structural constraints on their ability to deliver optimal care and do no harm; it represents a byproduct health system's dysfunction.
- This stands in contrast with the military profession, where moral injury is inherent in the contract with society and requires individuals to commit harm in violation of one's morals

Burnout

- Healthcare worker distress was initially recognized in the 1970s and framed as “burnout”
 - A prolonged response to chronic emotional and interpersonal stressors on the job including but not limited to workload and time pressure
- Character traits were even linked to a predisposition to suffering burnout:
 - Low levels of hardiness
 - Poor self-esteem
 - Avoidant coping style
 - Neuroticism
 - Competitiveness
- Solutions included institutional changes such as shorter work hours and efficiency of operations but individual solutions were more plentiful:
 - Time management training
 - Rational emotive therapy
 - Team-building exercises
 - Stress reduction training
 - Mindfulness, meditation, yoga
- Maslach et al 2007 point out that it is assumed to be both cheaper and easier to focus on changing people rather than an organization, to make them more tolerant of outsized demands placed upon them

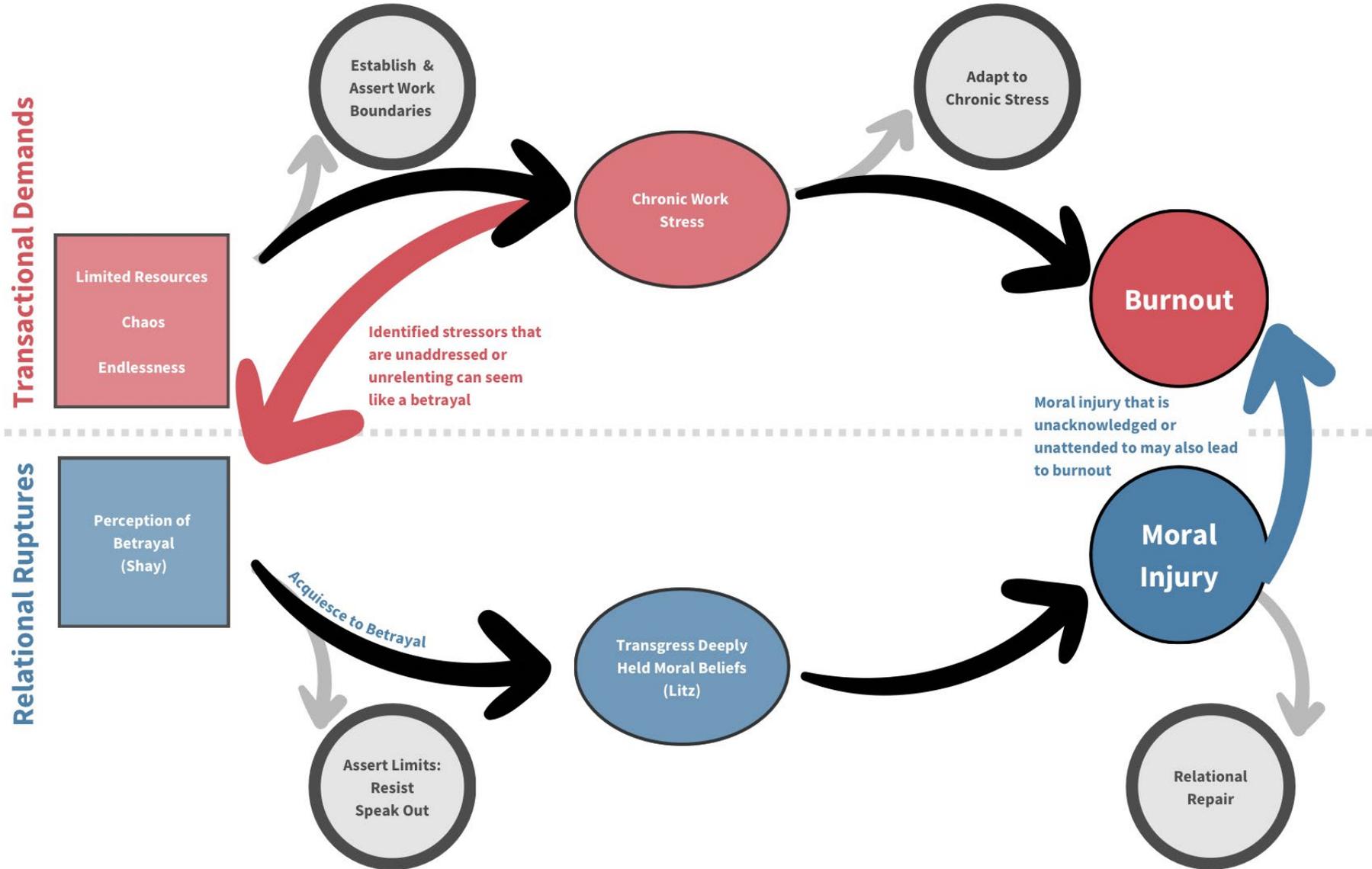
Moral Injury & Burnout

Moral Injury & Burnout

- Moral injury and burnout represent independent and interrelated pathways to distress
- Exposure to chronic transactional demands in the setting of limited resources, organizational chaos, and ever burgeoning set of responsibilities manifests as burnout. Shorter work hours to establish work boundaries, better self-care to adapt to chronic work stress, and improved health system operations might mitigate this
- Moral injury, in contrast, is rooted in betrayal and relational rupture that leads to a transgression of deeply held moral beliefs which is experienced as an injury. An individual can resist and speak out. The morally injured party and the transgressor in position of authority can also participate in relational repair to fix the circumstances that led to the transgression
- When moral injury is unacknowledged or unattended to, it may lead into developing burnout

Moral Injury & Burnout

Drivers and Outcomes of Workplace Distress



Concluding Thoughts

Concluding Thoughts

- Moral injury and burnout are interrelated forces that can help elucidate the lived experience of healthcare worker distress
- Now that the World Health Organization has declared the COVID-19 pandemic emergency is over, healthcare workers have begun to focus on resisting, speaking out, and relational repair

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HEALTH CARE
TIPPING POINT
A burgeoning labor movement and staff shortages challenge strained health care companies
BY JACQUELINE NEBER

At the end of last year, Montefiore Medical Center refused to voluntarily recognize residents' and fellows' bid to join a labor union. In February, the resident physicians sidestepped the rejection and unionized anyway.

The plan had always been to join the Service Employees International Union's Committee of Interns and Residents, the largest house-staff union in the country, with more than 24,000 members. But because residents and fellows have the right to decide whether they want to be represented by a union—regardless of what hospital management would prefer—when Montefiore didn't recognize the union in November, the process moved to a National Labor Relations Board vote.

On Feb. 29, residents in Montefiore's emergency department livestreamed the NLRB vote, during which 82% of physicians opted to be part of the union.

The residents' decision to proceed with unionization follows the New York State Nurses Association's three-day strike in January at Montefiore and at Mount Sinai Hospital. The nurses' move resulted in historic wage hikes and provisions that are expected to improve

DR. MUSTA MANZUR, an emergency department resident at Montefiore, believes the record unionization will help deliver better patient care with fewer barriers

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TRANSPORTATION
Transit union blocks proposal to reschedule subway service around hybrid work patterns

BY CAROLINE SPWACK

A labor arbitrator last Tuesday blocked changes to the Metropolitan Transportation Authority's service plan, saying it would violate a contract with Transport Workers Union Local 100. The MTA argued it is trying to better align subway schedules to current commuting patterns.

Beginning in June, the MTA had planned to reduce Monday and Friday service on seven lines: the J, 6, 7, F, E, L and Q. In turn, it planned to increase rush-hour weekday

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Montefiore