

# Position Statement on Moral Injury Among Healthcare Workers During a Public Health Crisis

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### **Issue:**

The SARS-CoV-2 (COVID-19) pandemic has illustrated how public health crises present multiple sources of moral injury for American healthcare workers. First, clinicians tasked with caring for COVID-19 patients have faced shortages of personal protective equipment,<sup>2</sup> risking exposure to themselves and their loved ones and complicating care for these patients. Second, as cases have risen beyond capacity in some places in the US, healthcare workers have been stretched to the limits of their abilities and forced to consider triaging valuable resources such as ventilators. Third, and most importantly, the failure of elected leaders at multiple levels of governance to adequately model behavior and implement policies essential to curbing the pandemic has left many clinicians feeling abandoned and frustrated in the face of the aforementioned injuries. Concurrently, the mental health of healthcare workers has suffered, with escalating rates of anxiety and depressive disorders, burnout, and other indicators of emotional distress.<sup>3-9</sup> Failing to address these moral injuries and the resulting emotional distress risks not only the health of the healthcare workforce, but also the population at large. This will continue to be salient with future COVID-19 surges as well as any future pandemics.

### **APA Position:**

**The APA supports measures to address and support clinician mental health and to mitigate moral injury during the COVID-19 pandemic and future pandemics, including:**

- 1. Implementing public health strategies to reduce the spread of disease, (e.g., contact tracing, testing, travel restrictions, and social distancing mandates);**
- 2. Providing public funding to financially support healthcare workers with mental and/ or physical illness either directly or indirectly resulting from the pandemic;**
- 3. Expanding grant funding for healthcare institutions to care for employees;**
- 4. Reaffirming and integrating scientific evidence into public health measures; and,**
- 5. Supporting healthcare clinicians through public messaging to promote an informed lay public and social cohesion.**

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## References

1. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 2018;283(6):516-529. doi:10.1111/joim.12752
2. Hufford A. Face Masks Are Again in Short Supply as Covid-19 Cases Surge. Wall Street Journal. <https://www.wsj.com/articles/face-masks-are-again-in-short-supply-as-covid-19-cases-surge-11604499588>. Published November 4, 2020. Accessed November 22, 2020.
3. Pappa S, Ntella V, Giannakas T, Giannakoulis VG, Papoutsis E, Katsaounou P. Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain Behav Immun*. 2020;88:901-907. doi:10.1016/j.bbi.2020.05.026
4. Shechter A, Diaz F, Moise N, et al. Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *Gen Hosp Psychiatry*. 2020;66:1-8. doi:10.1016/j.genhosppsych.2020.06.007
5. Evanoff BA, Strickland JR, Dale AM, et al. Work-related and personal factors associated with mental well-being during the COVID-19 response: Survey of health care and other workers. *J Med Internet Res*. 2020;22(8). doi:10.2196/21366
6. Kannampallil TG, Goss CW, Evanoff BA, Strickland JR, McAlister RP, Duncan J. Exposure to COVID-19 patients increases physician trainee stress and burnout. *PLoS One*. 2020;15(8 August). doi:10.1371/journal.pone.0237301
7. Morgantini LA, Naha U, Wang H, et al. Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. *PLoS One*. 2020;15(9 September). doi:10.1371/journal.pone.0238217
8. Firew T, Sano ED, Lee JW, et al. Protecting the front line: a cross-sectional survey analysis of the occupational factors contributing to healthcare workers' infection and psychological distress during the COVID-19 pandemic in the USA. *BMJ Open*. 2020;10(10):e042752. doi:10.1136/bmjopen-2020-042752
9. Sanghera J, Pattani N, Hashmi Y, et al. The impact of SARS-CoV-2 on the mental health of healthcare workers in a hospital setting—A Systematic Review. *J Occup Health*. 2020;62(1). doi:10.1002/1348-9585.12175
10. Leffler CT, Ing E, Lykins JD, Hogan MC, McKeown CA, Grzybowski A. Association of Country-wide Coronavirus Mortality with Demographics, Testing, Lockdowns, and Public Wearing of Masks. *Am J Trop Med Hyg*. October 2020. doi:10.4269/ajtmh.20-1015
11. Courtemanche C, Garuccio J, Le A, Pinkston J, Yelowitz A. Strong Social Distancing Measures In The United States Reduced The COVID-19 Growth Rate. *Health Aff*. 2020;39(7):1237-1246. doi:10.1377/hlthaff.2020.00608
12. Ripp J, Peccoralo L, Charney D. Attending to the emotional well-being of the health care

workforce in a new york city health system during the COVID-19 pandemic. *Acad Med.* 2020;95(8):1136-1139. doi:10.1097/ACM.0000000000003414

13. Rangachari P, Woods JL. Preserving organizational resilience, patient safety, and staff retention during covid-19 requires a holistic consideration of the psychological safety of healthcare workers. *Int J Environ Res Public Health.* 2020;17(12):1-12. doi:10.3390/ijerph17124267