

LEAD LIKE THEIR
LIVES DEPEND ON
IT



WE NEED BOTH
PRESCRIPTIVE AND
PREVENTATIVE
SOLUTIONS!





MORAL INJURY STUDY IS STILL MATURING.

At least 12 distinct key definitions

**Over 40 unique scales for assessing
both exposure and symptoms of
moral injury ¹**



MORAL INJURY IS:

The enduring psychosocial, spiritual or ethical harms that can result from exposure to high-stakes events that strongly clash with one's moral beliefs.²



MORAL DISTRESS IS:

The profound psychological discomfort ...experienced when external barriers prevent them from acting according to their ethical values.³



MORAL INJURY MAY BE A RESULT OF:

- something we did
- something we witnessed
- something we failed to prevent
- something that was done to us
- betrayal of others

DEVELOPS THROUGH TWO PRIMARY ROUTES:

- A single, acute event that sharply contradicts a person's moral values
- Repeated exposure to potentially morally injurious events (PMIEs) over time



Effects of Moral Distress/Injury

Personal

- Mental health – anxiety, depression, emotional exhaustion
- Physical Health – hypertension, gastrointestinal issues, weakened immune response
- Social Health – eroding trust in leadership, isolation, alienation

Organizational

- Quality of work – lack of focus, empathy, consistency
- Higher turnover
- Reduced morale
- Decreased productivity

MAIN DIFFERENCE BETWEEN MORAL INJURY AND PTSD

“PTSD is centered on fear and helplessness, whereas moral injury centers around moral emotions such as guilt, shame, and moral outrage.”

— Greater Good Science Center, UC Berkeley

“Unlike PTSD, which is about danger and survival, moral injury is about meaning and identity.”

— *American Grit*, “The Soul Wound Behind Veteran Suicide”

MORAL INJURY ISN'T PREVENTED BY POLICY ALONE. IT IS PREVENTED BY...

THE PERSON THAT LEADS

AND

THE PROCESSES THEY EXECUTE



Prevention as the Person/Leader

- Potential
- Authority
- Trust



POTENTIAL AS LEADERS

Really Great!
or
Really Bad....

- (Worlds Highest Jump by Laso Schaller)
- (192 ft.= approx. a 19-story building)
- Hit the water at 75 miles per hour)



AUTHORITY AS LEADERS

Authority is a tool to
serve.



TRUST IS THE CURRENCY OF LEADERSHIP

Make deposits or
withdrawals in
someone's trust
account.

The opposite
dynamic is FEAR.



Processes of a Leader

- Pre-Event
- During Event
- Post-Event



PRE-EVENT

- Ethics Education including:
 - group based ethics conversations
 - Pre and post exposure mitigation
- Culture around mental health
- Prioritize the wellbeing of patients **and** healthcare personnel
- Identify resources for MI help including :
 - open door policy for questions
 - mental health resources
 - peer support /team supports



DURING EVENT

- Ensure suitably qualified individuals are in place
- Encourage open but appropriate communication during crisis
- Express openness to questions
- Practice “With-ness”
(being involved and accessible even if not physically present)



POST-EVENT

- Communication including debriefing sessions
 - transparency about event/decisions
 - discuss dilemmas and objective decision-making
 - discuss subjective experiences such as emotions involved
 - identify possible practices for future events
- Peer Support Groups
- Access to outside help ie: counselling, chaplains



The Practices of a Nurse Leader

Staff



Nurse Leader



Healthcare Leadership
(Structure/Policies)

In a recent national study in the United States of 21,000 nurses and physicians,
management interventions to improve care delivery were
identified as more vital for improving mental health
than programming that seeks to directly target mental health. ⁴

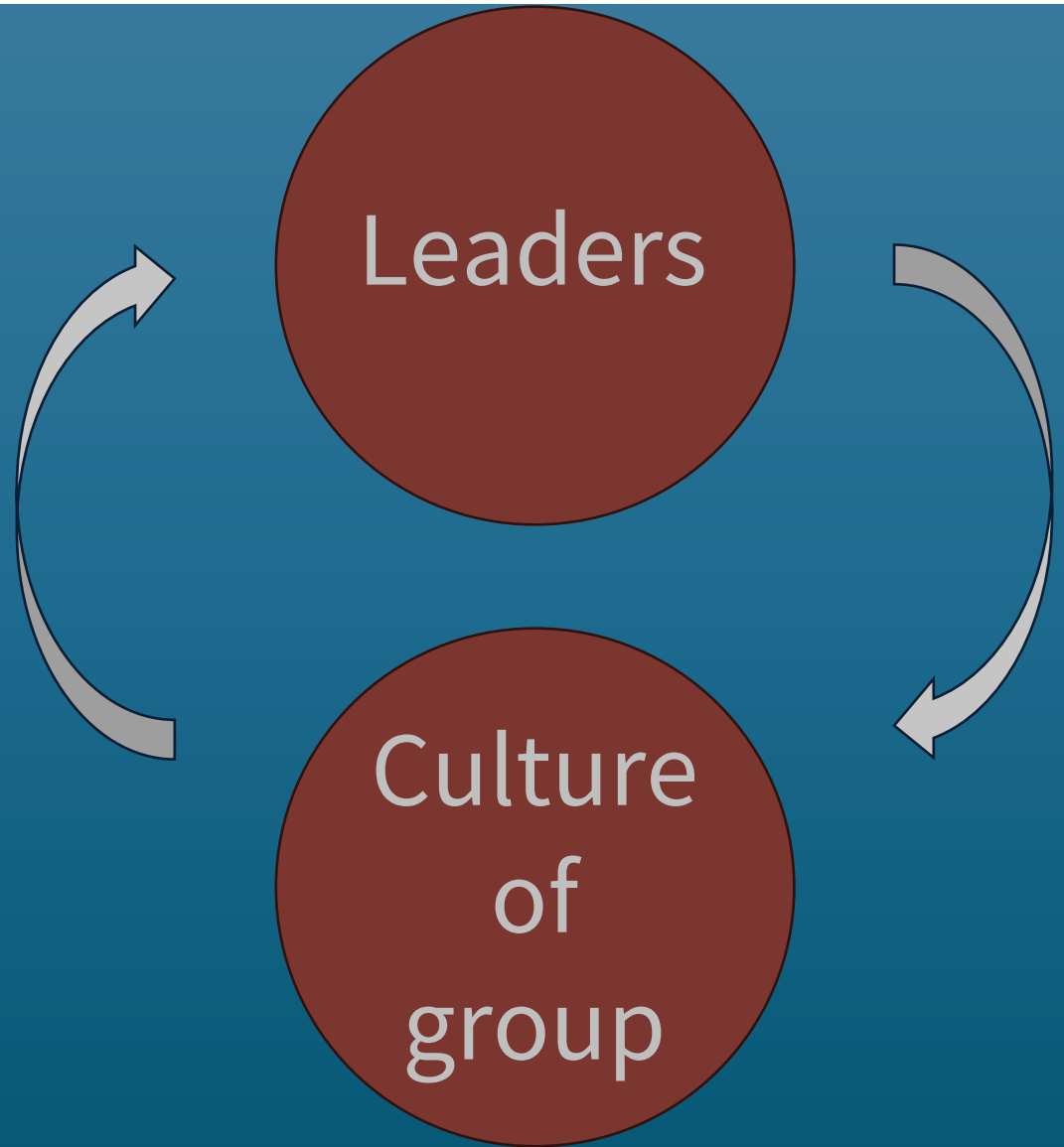
Individual Repair



Organizational Strength



YOU
MULTIPLY
WHAT YOU
MODEL



BE THE LEADER...

YOU WOULD
WANT TO FOLLOW





REFERENCES

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3. Jameton A. *Nursing Practice: The Ethical Issues.* Prentice-Hall; 1984.
4. Aiken LH, Lasater KB, Sloane DM, et al. Physician and nurse well-being and preferred interventions to address burnout in hospital practice: factors associated with turnover, outcomes, and patient safety. *JAMA Health Forum.* 2023;4(7):e231809. doi:10.1001/jamahealthforum.2023.1809

Contact Details



QUESTION AND RESPONSE TIME

