

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,² 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.³⁻⁹ 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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