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MORAL INJURY AMONG NURSES:
Stories of Fractured Hearts & Wounded Souls

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The Problem

A central dilemma in the nursing profession's history has been searching for an identity independent of the dominant medical model. That alternative centers on the idea of compassionate care for the whole patient, not just as individuals but as members of families and communities. It speaks to a professional pathway that requires practicing at the intersection of medicine and society and involves a close partnership with other professions inside the health system and professions outside the health sector.[1]

Significant drivers of the dominant model of professionalism, as described by Elliot Friedson and others, include control over the education, regulation, and practice of its members.[2] Yet nursing has been more or less beholden to the interests of dominant economic forces, such as physicians, hospitals, and health insurance companies, at different times in history. The struggle, therefore, is to establish an independent professional model with power and control that opts not to follow in the dominant medical paradigm.

Most work to date on nurses' workplace distress has focused on the concept of burnout. The research conducted by Linda Aiken and Eileen Lake on the cost of burnout has been of particular

[1] Pittman, P. (2019). Rising to the Challenge: Re-Embracing the Wald Model of Nursing. *The American Journal of Nursing, 119*(7):46-52. doi: 10.1097/01.NAJ.0000569444.12412.89
[2] Friedson E. *Professional Dominance: the Social Structure of Medical Care*. 1970. New York: Atherton Press.

interest to hospital leaders related to the high costs of nurse turn-over.[3,4] However, the ethical conflicts that occur in nurses' work and the resulting moral injury are a less studied input into burnout.

Moreover, the concept of burnout has recently been challenged, some going so far as to call it "victim shaming." Dr. Zubin Damania argues that the idea implies, "You're not resourceful enough, you're not strong enough to adapt to a system".[5] Damania believes that our current health care system prevents caring relationships by limiting time with patients and focusing health workers' attention on EHRs and insurance company records instead. The result is that nurses feel guilty and conflicted about their work. Simon Talbot and Wendy Dean called this "moral injury" and focus on situations in which health care workers, who are committed to compassionate care, confront a system that cares only about profit.[6]

For nurses, moral injury relates to a conflict between the professional identity and the reality encountered in many workplace settings. In an extraordinarily ambitious document, the American Nurses Association (ANA) updated its Code of Ethics in 2015. How this guiding document infuses nurses' actions, however, is a far more challenging question. ANA has recognized this and has launched an educational project around moral distress. Most of this work focuses on defining moral distress and generally identifying the prevalence of the problem. But the issues giving rise to the distress and injury are not the focus of the work and remain somewhat hidden.

Our project seeks to address this gap by providing case studies that give voice to nurses' own moral injury experiences in different settings and links these systemic conflicts to specific policy and regulatory debates. We propose using the personal narrative to link nurses' everyday experiences to particular areas needing system change.

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[3] Vahey, D. C., Aiken, L. H., Sloane, D. M., Clarke, S. P., & Vargas, D. (2004). Nurse burnout and patient satisfaction. *Medical Care, 42*(2 Suppl), II57–II66. doi:10.1097/01.mlr.0000109126.50398.5a

[4] Aiken, L.H., Clarke, S.P., Sloane, D.M., Lake, E.T., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *Journal of Nursing Administration, 38*(5):223–229. doi:10.1097/01.NNA.0000312773.42352.d7

[5] Damania, Z. [ZDoggMD]. (2019, March 8). *It's not burnout, it's moral injury | Dr. Zubin Damania on physician "Burnout"* [Video]. YouTube. https://www.youtube.com/watch?app=desktop&v=L_1PNZdHq6Q

[6] *Moral Injury of Healthcare*. (n.d.). Fix Moral Injury. Retrieved August 12, 2020, from https://fixmoralinjury.org/

Project Objective

This initiative's premise is that until the breadth and depth of these ethical conflicts surface through systematic analysis, it is difficult for the profession to "see the forest for the trees". The project objectives are:

1) To focus on nurses in a variety of settings and through the narratives of individual nurses who have experienced, or are currently living, "moral injury", identify the major themes that constrain nurses and weaken the social conscience of the profession.
2) Link these narratives to specific areas of health policy and regulatory reform.

Our interest lies in examining the juxtaposition of nurses' proclaimed professional identity (as expressed in its Code of Ethics) with the system-level flaws of the U.S. healthcare system. These stories will also explore what it would take to empower nurses to act upon their professional code of ethics in their everyday lives and what these actions could mean for policy and regulatory reforms.

We will partner with nurse organizations to identify individuals with stories of moral injury they wish to share. Informants will have the option of remaining anonymous.

The work will result in a report with each chapter featuring a nurse's story and the final chapters, a cross-case analysis. The report will be an essential tool for nursing educators to stimulate discussion with students about the nursing profession's ethics and professional future and interest the general public. If allowed by the publisher, chapters may appear as journal articles or articles in the lay press during the project as they are completed. Depending on partners' interests and available resources, the material may be used for a podcast or video series.

Examples of potential topics include the following:

1. HOSPITAL STAFF RN & PATIENT SAFETY. A nurse who is a single mother and needs to keep her daytime shift overlooks the lack of safety precautions used by the attending physician because she fears reprisals could result in being transferred to another shift.
2. HOSPITAL STAFF RN & OCCUPATIONAL SAFETY: A nurse is forced to work without adequate PPE during COVID, putting her patients, herself, and her family at risk.

3. HOSPITAL STAFF RN & FAMILY RIGHTS: A nurse objects to the policy of isolating COVID patients from their families and organizes a successful effort to change the policy.
4. ACADEMIC FOR PROFITS: A faculty member at a for-profit school of nursing may be concerned about the open admissions policy and the lack of faculty voice in determining the program's curricular focus. However, she needs her job and is reluctant to voice her concerns, given the low probability that her viewpoint will lead to changes.
5. REGULATOR POWER: A member of a state board of nursing is fearful of speaking out about the state's low quality of for-profit schools. Legislators, funded by the for-profit education industry, are seeking to reduce the power of the board's oversite, and if she protests, they could have her removed from the board.
6. HOSPITAL CNO & STAFF CUTS: A Chief Nurse Officer (CNO) is under pressure from the Chief Financial Officer (CFO) to reduce the nursing budget in a hospital. She is forced to eliminate jobs for unlicensed assistive personnel, even though she believes this will create more work for nurses and potentially endanger patient lives.
7. HOSPITAL CNO & INTERNATIONAL STAFFING: A CNO is aware that the international nurse staffing agency that she has contracted has unfair labor contracts with African and Filipino nurses. The pressure to cover vacancies in specialty areas led her to look the other way.
8. INSURANCE UTILIZATION REVIEW: A nurse working in utilization management for an insurance company is troubled by the protocols that reject payment for certain high-cost drugs.
9. NURSING HOME: A nurse supervisor is aware of therapeutic services and drugs provided to residents that are not necessary.
10. UNION LEADER: A nurse unsuccessfully tries to include the Code of Ethics in collective bargaining.
11. RETAIL CLINIC AND DRUGS: A nurse practitioner is concerned that there is pressure to overprescribe certain drugs at a retail clinic that is also a pharmacy.

Recruitment of nurses willing to share their stories will take place through various mechanisms, including advisory committee members' social networks, social media, word of mouth at virtual meetings and conferences, and individual snowballing of contacts.

Advisory Committee

The project will include an advisory committee made up of partner organizations and select individuals that may represent sectors of the country not otherwise present. The Advisory Committee will help identify informants, suggest and respond to ideas for topic areas, and review all deliverables. Some may also be co-authors if they conduct interviews or participate in the analysis.