

Chapter 10

COVID-19 and Healthcare Staff Wellbeing: Is Burnout Really a Systemic Issue of Morality?

Lorna French

University of Surrey, UK

Paul Hanna

University of Surrey, UK

Catherine Huckle

University of Surrey, UK

ABSTRACT

This conceptual chapter offers a critical review of contemporary theory and research in relation to 'burnout' and 'moral injury' to consider how understandings of burnout and moral injury can be usefully applied to healthcare workers during the COVID-19 pandemic. The authors find that whilst there are significant overlaps in the conceptualisation of 'burnout' and 'moral injury', there is also significant potential in drawing on systemic understandings of moral injury originating in military literature to understand and support healthcare workers. A focus on the systemic and organisational support needed to work with moral injury in healthcare staff would reduce staff burnout, time-off, and turnover improving patient outcomes and offering economic advantages to healthcare organisations. Whilst much research has been undertaken in relation to healthcare staff burnout, this chapter offers an original contribution to knowledge by offering a conceptual account of the usefulness of systemic understandings of moral injury in healthcare settings during the COVID-19 pandemic.

DOI: 10.4018/978-1-7998-8813-0.ch010

INTRODUCTION

The COVID-19 pandemic has put unprecedented pressure on the healthcare staff throughout the world. Staff have been asked to return from retirement, intermittently self-isolate or take sick leave, cover for staff that may be shielding, be redeployed into unfamiliar areas and work in overrun and under-resourced services (Vindrola-Padros et al., 2020; Willan, King, Jeffery, & Bienz, 2020). Not only are healthcare staff at higher risk of severe illness or death from coronavirus, but they are likely to be impacted by fear of infection, long hours, and delays in the provision of personal protective equipment and adequate COVID-19 testing resources (Heilbron, 2020). Indeed 44% of a sample of UK doctors surveyed in April, at the height of the initial pandemic ‘peak’, reported suffering from depression, anxiety, stress, burnout, and other mental health issues related to or made worse by their work, with 25% reporting this was directly due to the impact of COVID-19 (BMA, 2020).

In the United States of America and United Kingdom, through the framing of political leaders, the COVID-19 virus has come to represent an invisible enemy, with hospitals and Intensive Care Units as the frontline trenches, and healthcare staff as our ‘wartime heroes’ (Benziman, 2020). This gives the impression of necessary sacrifice, with rewards for those showing bravery, and implies the following of overarching ‘orders’ from higher up in the organisational system. Mirroring this wartime narrative is the potential of healthcare staff to suffer ‘moral injury’ during the pandemic (Borges, Barnes, Farnsworth, Bahraini, & Brenner, 2020; Greenberg, Docherty, Gnanapragasam, & Wessely, 2020; Williams, Brundage, & Williams, 2020; Williamson, Murphy, & Greenberg, 2020). A term traditionally associated with veterans, moral injury is commonly characterised by significant distress resulting from actions (either of an individual or their trusted authority), or lack of action, which violate one’s moral or ethical code (Litz et al., 2009; Richardson et al., 2020). More specifically, Shay defined moral injury as “A betrayal of what’s right, by someone who holds legitimate authority (e.g., in the military – a leader), in a high stakes situation” (Shay, 2014, p. 183). It has been suggested that the demand placed on healthcare staff during the COVID-19 pandemic, and lack of essential resources such as ventilators, could lead to healthcare workers being unable to provide the treatment that they consider to be ethical and morally ‘right’, putting them in danger of moral injury (Williamson et al., 2020).

Explorations into moral injury highlight themes of guilt, shame, anger and depression (Richardson et al., 2020). Alienation from colleagues and systems has also been identified as an outcome of moral injury in healthcare professionals (Gibbons, Shafer, Hickling, & Ramsey, 2013; Haight, Sugrue, & Calhoun, 2017). Commonalities can be observed between moral injury and the key features understood to characterise burnout (emotional exhaustion, depersonalisation, and diminished personal accomplishment) (Iliffe & Manthorpe, 2019). The loss of trust in the moral authority associated with moral injury may appear similar to the depersonalised ‘cynicism’ and emotional exhaustion experienced by healthcare staff (Hall, Johnson, Watt, Tsipa, & O’Connor, 2016). Understanding this potential crossover is essential, as the foundation of distress may change the associated intervention most likely to support the wellbeing of healthcare staff. ‘Burnout’ has long been used as a catchall term to describe workplace-related emotional distress (Kopacz, Ames, & Koenig, 2019; Orton & Gray, 2015), and understanding what burnout really means for healthcare staff is vital during an emotionally challenging time likely to impact their collective wellbeing for years to come.

While the issue of moral injury has been raised by authors in the context of the pandemic, many have highlighted the likelihood of its occurrence and importance of considering it a target for support (Borges et al., 2020; Greenberg et al., 2020; Williams et al., 2020; Williamson et al., 2020), rather than

15 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:
www.igi-global.com/chapter/covid-19-and-healthcare-staff-wellbeing/301483

Related Content

The Impact of COVID-19 on the Mental Health and Well-Being of Immigrant Healthcare Workers: Intersectionality Matters

Myia S. Williams and Vidhi H. Patel (2022). *Mental Health and Wellness in Healthcare Workers: Identifying Risks, Prevention, and Treatment* (pp. 34-57).

www.irma-international.org/chapter/the-impact-of-covid-19-on-the-mental-health-and-well-being-of-immigrant-healthcare-workers/301475

Virtual Chat and Chew: Radical Self-Care for BIPOC Information Professionals

Shannon D. Jones, Kelsa Bartley, Beverly Murphy, Tamara M. Nelson, Aidy Weeks and Jamia J. Williams (2022). *Leadership Wellness and Mental Health Concerns in Higher Education* (pp. 257-271).

www.irma-international.org/chapter/virtual-chat-and-chew/303279

Treatment of Internet Addiction and Internet Gaming Disorder in Adolescence: A Systematic Review

Francesca Gioia and Valentina Boursier (2019). *Multifaceted Approach to Digital Addiction and Its Treatment* (pp. 157-176).

www.irma-international.org/chapter/treatment-of-internet-addiction-and-internet-gaming-disorder-in-adolescence/229198

The Use of Trauma-Focused Cognitive Behavioral Therapy With Children of High-Conflict Divorce

Kim Kelly and Emily C. Brown (2024). *Handbook of Research on Child and Adolescent Psychology Practices and Interventions* (pp. 287-302).

www.irma-international.org/chapter/the-use-of-trauma-focused-cognitive-behavioral-therapy-with-children-of-high-conflict-divorce/334072

Medical Student Burnout: A Social Cognitive Learning Perspective on Medical Student Mental Health and Wellness

Robert Lubin and Michael D. Hamlin (2018). *Exploring the Pressures of Medical Education From a Mental Health and Wellness Perspective* (pp. 92-121).

www.irma-international.org/chapter/medical-student-burnout/190260