"RUNNING TOWARDS THE BULLETS": MORAL INJURY IN CRITICAL CARE NURSING IN THE COVID-19 PANDEMIC

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BACKGROUND TO THE STUDY

"ALTHOUGH ONE IN FIVE OF YOU ADMITTED WILL EVENTUALLY DIE IN AN INTENSIVE CARE UNIT, MANY OF YOU WON'T EVEN KNOW WHAT THAT IS" (GARCIA-LABATTUT ET AL, 2006)

OVERVIEW OF PRESENTATION

- BASED ON A FULL PAPER (EGOS, SUBTHEME 48: 'ORGANIZATION STUDIES AND MEDICAL HUMANITIES'.

1. CONTEXT – THE INTENSIVE CARE UNIT

2. GLOBAL PANDEMIC

3. MORAL INJURY AS A THEORETICAL FRAME

4. METHODS

5. RESULTS

6. DISCUSSION

CONTEXT – THE INTENSIVE CARE UNIT (ICU)

- ORIGINS OF CRITICAL CARE – GLOBALLY AND IN THE UK

- BY 2009 30 MILLION PEOPLE TREATED WORLDWIDE (200K IN UK)

"Intensive care is not simply a place, a collection of people or a life support machine…it uses specially designed buildings, expensive equipment and particular methods and people trained in the art and practices of a certain tradition. Each individual bed area has specialised equipment including a life-support or breathing machine, multiple medication pumps, dialysis machines and monitoring equipment. The most important item next to each bed, however, is none of these. It is a patient's own nurse" (Morgan, 2019: 6-7)

- DIFFERENT COMPONENTS OF CRITICAL CARE NURSING

"it takes critical thinking, almost a bit of perfectionism. A strong work ethic, attention to detail, and that drive to keep pushing. Even when you're exhausted, to keep pushing" (CCN025)

- HIGH LEVELS OF STRESS/BURNOUT

THE PANDEMIC AND ICU NURSING (I)

"It was like this alien thing that was coming to attack us and we were on the frontline" (CCN001)

- MARCH 11TH 2020 – GLOBAL PANDEMIC DECLARED

EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

'THE RISK OF HEALTH CARE SYSTEM CAPACITY BEING EXCEEDED IN THE EU/EEA AND THE UK IN THE COMING WEEKS IS CONSIDERED HIGH' (VERELST ET AL, 2020).

- DIFFICULT STARTING POSITION (BEDS & STAFF)

- GOVERNMENT/NHS REACTION

- POSTPONEMENT OF ROUTINE SURGERY AND REDEPLOYMENT OF STAFF

THE PANDEMIC AND ICU NURSING (II)

- "OVERWHELMED SYSTEM" (HARRIS ET AL, 2021)

- NURSE PATIENT RATIO 1:1 TO 1:3 OR AT WORST 1:6

- HIGH WORKING HOURS, HIGH PATIENT MORTALITY, LACK OF PPE

- CANADIAN SURVEY OF ICU NURSES "A FEAR OF STAYING SAFE" (CROWE ET AL, 2021)

- "45% [OF SURVEYED STAFF] MET THE THRESHOLD FOR PROBABLE CLINICAL SIGNIFICANCE ON AT LEAST ONE OF THE FOLLOWING MEASURES: SEVERE DEPRESSION (6%), PTSD (40%), SEVERE ANXIETY (11%) OR PROBLEM DRINKING (7%)." THEY GO ON TO ADD THAT "MORE THAN ONE IN SEVEN CLINICIANS (AND NEARLY ONE IN FIVE NURSES) IN OUR SAMPLE WORKING IN ICU REPORTED THOUGHTS OF SELF-HARM OR SUICIDE [WHICH] IS ALSO HIGHLY CONCERNING" (GREENBERG ET AL, 2021: 4).

- REPEATED GLOBALLY ON ICU: CHINA (PAN ET AL, 2021), ITALY (DI TELLA ET AL, 2021), FRANCE (CAILLET, 2020).

- CALLS BY WHO (2022) AND OTHERS (GREENBERG AND TRACY, 2020) TO PROVIDE DEEPER UNDERSTANDING OF ICU NURSES' EXPERIENCES DURING THE PANDEMIC

MORAL INJURY AS A THEORETICAL FRAME

- A "DEEP EMOTIONAL WOUND AND IS UNIQUE TO THOSE WHO BEAR WITNESS TO INTENSE HUMAN SUFFERING AND CRUELTY" (ČARTOLOVNI, 2021: 590).

- ORIGINALLY USED TO DESCRIBE EFFECTS ON WAR VETERANS (SHAY, 1994)

- SHAY (2014:182) MORAL INJURY IS FELT AS "A BETRAYAL OF WHAT'S RIGHT, BY SOMEONE WHO HOLDS LEGITIMATE AUTHORITY…IN A HIGH STAKES SITUATION."

- POTENTIALLY MORALLY INJURIOUS EVENT (PMIE) "PERPETRATING, FAILING TO PREVENT, OR BEARING WITNESS TO ACTS THAT TRANSGRESS DEEPLY HELD MORAL BELIEFS AND EXPECTATIONS" LITZ ET AL (2009: 700)

- INCREASINGLY APPLIED TO OTHER PROFESSIONS: POLICE OFFICERS (KOMAROVSKAYA ET AL, 2011), JOURNALISTS (FEINSTEIN, 2018) AND CHILD PROTECTION OFFICERS (HAIGHT ET AL, 2017).

MORAL INJURY IN HEALTHCARE RESEARCH

- MORAL INJURY IN HEALTHCARE LINKED DIRECTLY TO AN INCREASE IN SERIOUS MENTAL HEALTH PROBLEMS RANGING FROM DEPRESSION (NASH ET AL, 2013) TO PTSD (GIBBONS ET AL, 2013).

- OUTCOMES: SHAME, GUILT, SUICIDAL THOUGHTS, ALIENATION AND PHYSICAL PAIN

- PANDEMIC: WARNING CALLS ON MORAL INJURY ON THE ICU (BORGES ET AL, 2020; WILLIAMSON ET AL, 2020)

- LIMITED QUALITATIVE STUDIES ON MORAL INJURY IN HEALTHCARE (FRENCH ET AL 2021) – SENSE OF BETRAYAL AND ABANDONMENT

- "LIMITED EMPIRICAL STUDIES ON MORAL INJURY PARTICULARLY IN HEALTHCARE" (ČARTOLOVNI, 2021: 590)

- NO KNOWN STUDIES ON THE EFFECTS OF MORAL INJURY ON ICU NURSES DURING THE PANDEMIC

RESEARCH QUESTION:

WHAT ARE ICU NURSES' EXPERIENCES OF MORAL INJURY DURING THE COVID-19 PANDEMIC?

METHODOLOGY

- LONGITUDINAL STUDY

- 3 INTERVIEW PHASES – SEPTEMBER 2020 – JANUARY 2021 - JUNE 2021

- 54 CRITICAL CARE NURSES (38)

- 38 DIFFERENT HOSPITALS/ICU WARDS

- HTTPS://WWW.DEMOCRACYTOCOME.ORG/CRITICAL-CARE-NURSING-AND-MENTAL-HEALTH/

- EXTENDED INTERVIEWS – BROAD COVERAGE (30 – 115 MINS)

- REGULAR DEBRIEF MEETINGS – EMOTIONAL

- 7000 MINUTES OF DATA – 6 RESULTING BROAD TOPICS OF FOCUS

- NVIVO AND MANUAL CODING (TEMPLATE ANALYSIS – 4 GUIDING QUESTIONS)

BROAD TOPICS OF THE STUDY

1. MORAL INJURY OF CRITICAL CARE NURSES

2. ABSENCE OF LEADERSHIP IN CRITICAL CARE

3. CRITICAL CARE AS A LIMINAL SPACE

4. EVOLVING PROFESSION OF CRITICAL CARE

5. PRACTICAL LESSONS FOR CRITICAL CARE FROM THE PANDEMIC

6. MEDIA REPRESENTATIONS OF NURSES

EXPERIENCES OF MORAL INJURY BY ICU NURSES
FOUR EXAMPLES FROM THE PANDEMIC

1) UNSAFE STAFFING LEVELS

"it was like some kind of warzone, it was incredibly dangerous and incredibly stressful." (CCN002)

"We were taking one to five, one to six patients per nurse. So obviously having six patients on a ventilator…when we're only supposed to have one, just completely throws you off guard in the sense that you feel like 'how could I possibly provide the same level of care to one patient that I normally do on a working basis to six people?' To do that was almost like you felt like…risk every day. You were constantly worried that you were making mistakes." (CCN030)

"We were looking after far too many patients. We were doubling up, tripling up sometimes, looking after three times as many people as you would do normally. And then you add in the fact that they are the sickest that you've ever looked after, it was just absolute, absolute madness" (CCN038)

EXPERIENCES OF MORAL INJURY BY ICU NURSES

I)   UNSAFE STAFFING LEVELS (CONT)

- A BREEDING GROUND FOR MORAL INJURY (ČARTOLOVNI ET AL, 2021).

"It was just unsafe, that place was unsafe, so working there was actually quite stressful" (CCN042).

REDEPLOYED NURSES – HELP AND HINDERANCE

'It was correcting all of their mistakes, basically, and also looking after them in the sense that some of them were really, really helpful and really got on with it, and some of them were outright dangerous. They wouldn't listen to you and just kind of did their own thing. That was incredibly stressful" (CCN002)

"So people are pissed off and they don't know if they're pissed off with COVID or the actual Trust. Because we feel let down by the Trust, just as we feel let down by the government. So, it's a massive shortage of staff. They knew this was going to happen, nothing was in place to prevent that, they just said get on with it" " (CCN042)

EXPERIENCES OF MORAL INJURY BY ICU NURSES

2) LACK OF SUPPORT BY SENIOR STAFF

"A BETRAYAL OF WHAT'S RIGHT, BY SOMEONE WHO HOLDS LEGITIMATE AUTHORITY…IN A HIGH STAKES SITUATION" (SHAY, 2014:182)

"Completely abandoned. Honestly, that's the only word I can describe it with, abandoned by the senior team. It was awful" (CCN026).

"There's real anger in a lot of us because we feel that we're struggling more. We're getting more exhausted and yet we sort of think hang on, why am I flogging myself when these people [senior nurses] are never out the office? And they tell us: "we understand. Our door's always open. Come and talk to us. We're all in this together." More and more of us are thinking well, no we're not, are we? We're not in this together. You have never been on the unit in full PPE for hours on end. You've never dealt with the relatives. You've never dealt with the distressed patients. We really feel like we're just sort of…almost pawns that are just being sent down the pit." (CCN047)

"the nurses feel like cannon fodder really. So, when it first happened the medics wouldn't come into the [covid] room, and they would phone you in order to do a handover." (CCN012)

EXPERIENCES OF MORAL INJURY BY ICU NURSES

3) INADEQUATE EQUIPMENT TO PROVIDE GOOD CARE

- LACK OF ADEQUATE PPE & RUNNING OUT OF KEY MEDICINES/OXYGEN

We were being asked "to double our risk, pretty much, by putting contaminated gowns back on" (CCN001).

"We've got nurses that have had scarring from just pressure damage." (CCN022) and "A lot of the girls…have still got scars on their noses." (CCN010). Others described "wearing PPE for 13 hours is like, it's like being in a desert with no water." (CCN039)

"A human right to be able to go and get a drink or go and have a wee isn't it? Yeah. But nurses hold their bladders until they can't do it anymore." (CCN041).

"we didn't even have piped in oxygen at some of the bed spaces [within the ICU]." (CCN023)
"We were running out of sedation…" (CCN016)

EXPERIENCES OF MORAL INJURY BY ICU NURSES

4) UNABLE TO GIVE PATIENTS A DIGNIFIED DEATH ("FLOGGING PATIENTS")

"you flog people and then you're ultimately looking after them, thinking, we all know they're not going to manage, they're not going to survive this but they're not quite at that stage yet, that on paper we can withdraw [let them die] but we know that we are going to ultimately do it. There's no real satisfaction. You know, it's not a very satisfying job to just know that you're keeping somebody going and that ultimately, you'll be withdrawing treatment on them in a few days" (CCN047).

""I think a lot of people that aren't nurses or doctors maybe don't realise there's a huge dignity and a privilege in giving a good death. That's part of nursing, certainly, that you give dignity and compassion and empathy, and you can give somebody a good death. Even attached to a ventilator, on a filter machine, it's that ability to go, we've got as far as we can, this patient isn't going to survive, let's give them a good death. I think we've lost the ability to give a good death." (CCN039)

EXPERIENCES OF MORAL INJURY BY ICU NURSES

- PATIENTS DYING WITHOUT FAMILIES AT THE BEDSIDE

"Not having the families at the bedside for end of life, that was really difficult. So, it was, for all intents and purposes, it was the nurse holding the hand and stroking the forehead…we facilitated a virtual end of life if the family wanted that, or we would have rang the family, 'what do you want us to tell your loved one? What is the most important message that you want to give them?' And we would be whispering that in to the patient's ears." (CCN014)

"She just gave me a load of, like [audio] WhatsApp messages for me to play to his ear, which I did for like three days before he died. I feel like that really affected me." (CCN016)

"heart wrenching" (CCN030), "horrific" (CCN039) "morally wrong" (CCN040) and "horrendous" (CNN047)

EXPERIENCES OF MORAL INJURY BY ICU NURSES

- SUMMARY OF EXPERIENCES

"It was almost like a battlefield. I personally don't know what that feels like, so I don't want to be flippant with that term at all, but it felt like a warzone and it felt like we were running to stand still." (CCN027)
"Running towards the bullets" (CCN018),

"It has changed the way I view nursing…so many things went on that just you would never, ever, you would just never, ever see or do or accept that went on, you know." (CCN039)

"my stresses seem to be an accumulation of many things that what's caused it, you can't pinpoint one thing. And it feels like lots of little things, but actually when I've spoken to the psychologist, they're not lots of little things; they're lots of very big things" (CCN044).

"feels like the rest of the world's moving on and they're all happy, and then the poor ICU nurses are just stuck in this horrible never-ending kind of nightmare" (CCN033).

IMPLICATIONS OF MORAL INJURY ON THE ICU

- EMOTIONAL BURDEN

"You're seeing [nurses], you're seeing them falling to bits, you know, people walked off the unit…people just sat and cried" (CCN003)

"I basically spent the whole nightshift walking round, crying. I just did all my work, fortunately my patients weren't really conscious enough to see me, but I just spent the whole night walking around doing my jobs, crying." (CCN009)

"I went for a run to the park and I was running and I started to feel like a rising pressure in my head, like something was rising, and it was mainly anger, but I don't know what I was angry of. I felt something very intense rising over a few minutes and I had to stop the run and I went into absolute hysterical mode. I was hysterical. And I don't even know at the time what the hell is going on with my brain. I thought that I'd lost it, I thought I'd lost my mind. I had to stop running and it was just hysterical crying in the middle of a park and I couldn't calm it down. It felt like the brain was on fire. It was kind of on fire. And there was like a million thoughts at the time, I don't even know what was the main theme. I think it was anger" (CCN042)

IMPLICATIONS OF MORAL INJURY ON THE ICU

- PSYCHOLOGICAL BURDEN (FLASHBACKS)

"You have these visions you can't even get rid of. I said to my colleagues, how many ghosts can there be in your head? These people are dead, I'm still carrying them around." (CCN025)

"a physical reaction of the trauma…[a] situation that I could not leave behind, and it lasted for three days, constantly. I was actually shaking for three days, constantly having the flashes [of my dying patients]" (CCN042.)

"I was waking up in the night, between four and eight times, and I was having nightmares and waking my boyfriend up with shouting. He said it was about work. He could tell. He said I'd cry in my sleep a lot and shout work related stuff out."

IMPLICATIONS OF MORAL INJURY ON THE ICU

- MENTAL HEALTH DETERIORATION

"it definitely feels like, across the board, not just on a personal point of view but my colleagues, everybody's really sort of, at the end of their rope really in terms of being able to cope with the stress" (CCN038).

"it upset me to see some of the [nurses]. One girl kept tapping her head so strongly. It was so bad. She was in a state with herself, and to watch her, she was looking at me eye-to-eye, just trying to stop crying. You could actually taste the atmosphere. You could slice it. You could just slice it. It was awful. It was awful. Anyway, yeah, the end of my career, love (laughs)." (CCN003)

SEVERE MENTAL HEALTH IMPLICATIONS

"I know lots of my colleagues have been off. They've all gone, you know, they've all got PTSD." (CCN037),

"[I experienced] more nightmares and flashbacks about my patients; I was sectioned twice over the summer under a Section 2."

IMPLICATIONS OF MORAL INJURY ON THE ICU

- INTENTION TO LEAVE – A "MASS EXODUS OF STAFF"

"the NHS would see me in a bloody coffin before, you know, they would stop taking from us, so I have to address myself and be me, look after [my]self" (CCN041).

"I've actually handed my notice in. Whereas I probably would have gone on until I was 60, I just think no I'm going to do it now" (CCN018).

"seven people handed their notice [to my ICU] in within the week. Some people left without an alternative job. Half of them left and didn't go for nursing positions; people have started their own businesses, like dog-walking businesses and something else. So, one of them is working in a supermarket" (CCN044)

COPING MECHANISMS FOR MORAL INJURY

1) COGNITIVE AVOIDANCE AS A MALADAPTIVE COPING STRATEGY' (WILLIAMSON ET AL, 2018: 344).

I feel like I just blocked it out" (CCN009). "sucking it up" (CCN001) or "burying your head in the sand" (CCN038)
Not having the "psychological safety…to say I'm not managing" (CCN021). – part of being an ICU nurse

Alcohol as an escape; friends; family; activities

Seek counselling: "There's a charity called Frontline19 that I found on Facebook. They gave me three counselling sessions for free. I've recommended them to lots of people because they get back to you within 24 hours. I was supposed to only have 12 sessions but he says it's not going to stop until like it needs stopping."

Problem: Individualization of responsibility

COPING MECHANISMS FOR MORAL INJURY

2) PSYCHOTHERAPY SUPPORT (LACKING IN PHASE 1 AND 2 ESPECIALLY)

"It sounds really harsh, but nothing really. Nothing like set-up officially… there was no sort of support for anyone psychologically." (CCN043)

"The psychologists? I never saw a psychologist, never met one, never had a phone call, never was given a phone number."

"The first time I was sectioned I was put on their waiting list [for Cognitive Behavioural Therapy] and I was took off the second time I was sectioned, so I'm still on the waiting list. I've contacted work and I've contacted the head of nursing as well who I know quite well. And they can't like push me up the waiting list at all".

Problems with this: lack of availability/difficulty of access

CALLS FOR ACTION FOR MORAL REPAIR

LACK OF SUPPORT UP THE HIERARCHY: CALLS FOR GREATER SUPPORT AND PROVISION

"I've been extremely disappointed in…the people higher up within the hospital hierarchy. I've felt really, really disappointed in the support or their lack of support that has been given to me." (CCN009)

"I don't think our management have got any real understanding of what the intensive care nurses have been through, and I don't feel like we've been offered any real support." (CCN023)

POOR COMMUNICATION AND CALLS FOR BETTER DEBRIEFING

"at the end of each shift, I think we should have a debrief, definitely. I don't think we should leave it too late to have 'let's talk sessions' because I've got some powerful feedback, but I do think we left it a bit too late." (CCN046)

CONTRIBUTIONS OF THE STUDY FOR MORAL REPAIR (THEORETICAL AND PRACTICAL)

1) CUMULATIVE NATURE OF MORAL INJURY – ETHICAL TRANSGRESSIONS MULTIPLIED; VERBALIZE AND SHARE AWARENESS OF MORAL INJURY ON ICU

2) LONGITUDINAL EFFECTS OF MORAL INJURY – IMPACT ON MENTAL HEALTH OVER TIME; DRASTIC NEED FOR IMPROVED PSYCHOLOGICAL CARE FOR NURSES

3) THE INTERSUBJECTIVE DIMENSIONS OF MORAL INJURY – MOVES BEYOND AN INDIVIDUALISTIC UNDERSTANDING OF MORAL INJURY; NEED TO TALK WITHIN COMMUNITIES ABOUT MORAL INJURY

4) DIMENSIONS OF POWER IN MORAL INJURY IN THE ICU – POWERLESSNESS OF ICU NURSES; PUSH GOVERNMENT AND MANAGEMENT TO REDUCE SUSCEPTIBILITY TO MORAL INJURY (UNDERSTAFFING AND UNDER RESOURCE)

CONCLUDING THOUGHTS

"psychological treatment of the morally injured is not a substitute for social mobilization to understand and address moral injury." Griffin et al (2019: 357)