



Moral Injury: The Invisible Epidemic



The world has seen the loss of many healthcare workers during the COVID-19 crisis. Many have succumbed to the virus, but some have taken their own lives amid all this misery. As trauma and grief continue to plague healthcare workers, it is time to take a look at the invisible epidemic: moral injury.

All across the globe, healthcare workers are not only using PPE to protect themselves from the infection, but at the same time, they are also shielding themselves with an emotional barrier so that they can continue to function in this time of extreme stress. Similar to soldiers in battle who arm themselves psychologically to cope with death and destruction around them, healthcare workers are also doing the same as they push aside their fear and frustration and continue to focus on saving patients and providing care.

However, what will be the impact of this deferred processing of grief and trauma? Not to mention the additional challenges that healthcare is facing every day - financial strain, physical safety, shortages, demand for increased capacity, pay cuts, furloughs etc. Too many physicians are fighting the battle and trying not to submit to their trauma. Everyone is craving the life they had before COVID-19 - the familiar routines and the comforting rituals.

We must not lose sight of the invisible epidemic of moral injury. When all the ugliness of COVID-19 is behind us, its ghosts will still lurk around. The emotional processing of what healthcare workers have been through and the challenges they've faced, the tragedies they've experienced, and the stress they've handled will take time. Just like dealing with COVID-19 has been tough, dealing with its aftermath will be equally tough, if not more.

Hospital managers and leaders will have to focus on this issue. They will have to implement well-being policies for their workers, and they will have to take compassionate, responsible action and put in place plans that will support their healthcare workforce. An ongoing, structured, psychological crisis response must be put in place, and these interventions should be designed to allow healthcare workers to process their experience.

Once this pandemic is over, hospitals and healthcare organisations should allow lighter schedules and give time to their staff to process this grief. This is the least that they can do for these brave soldiers who continue to put their lives at risk.

Source: [Annals of Emergency Medicine](#)

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