Reframing Distress: Why Moral Injury Matters

Wendy Dean, M.D.

Guiding Questions for Reflection

Use these questions to spark discussion or personal reflection before, during, or after the lecture.

Personal Reflection

- What are the differences between burnout and moral injury? How have you seen these issues manifest in your own experiences or in the environments where you work and learn?
- What strategies do you use to maintain your well-being and reduce the risk of burnout as a member of the academic medicine community?

Institutional & Systemic Solutions

- What historical, cultural, or systemic factors have contributed to moral injury among healthcare professionals? How have these factors improved or worsened over time?
- What strategies can institutions and health care systems implement to prevent or reduce moral injury?
- How can academic medicine institutions better support healthcare professionals who are experiencing the effects of moral injury?

This guide accompanies the lecture “Reframing Distress: Why Moral Injury Matters” presented as part of the Health C.A.R.E (Cultural Awareness, Research, and Education) Series. We invite you to reflect on the current challenges affecting the academic medicine workforce and explore strategies for fighting moral injury on an individual and systemic level.

Recommended Resources

Explore these articles, podcasts, and tools to deepen your understanding:

Moral Injury in Health Care: A Unified Definition and its Relationship to Burnout

Moral injury had been discussed by health care professionals as a cause of occupational distress prior to COVID-19, but the pandemic expanded the appeal and investigation of the term. Moral injury incorporates more than the transdiagnostic symptoms of exhaustion and cynicism and goes beyond operational, demand-resource mismatches of corporatized systems.

Read more at MDedge

Clarifying the Language of Clinician Distress

A National Academy of Medicine report, released in October 2019, acknowledged, “The evidence for system interventions that significantly address clinician burnout is limited,” noting that “the study committee was not able to provide specific recommendations for system interventions.” In the wake of more than a decade of assessments and interventions focused on burnout, none of which has proven to systematically improve conditions, it is time to consider reframing the concept of clinician distress.

Read more at JAMA

Physicians Aren’t Burning Out. They’re Suffering from Moral Injury

Physicians on the front lines of health care today are sometimes described as going to battle. It’s an apt metaphor. Physicians, like combat soldiers, often face a profound and unrecognized threat to their well-being: moral injury. Moral injury is frequently mischaracterized. In combat veterans it is diagnosed as post-traumatic stress; among physicians it’s portrayed as burnout. But without understanding the critical difference between burnout and moral injury, the wounds will never heal and physicians and patients alike will continue to suffer the consequences.

Read more at STAT News