



Editorial

Experiencing moral injury and continuing to live caring within a personal sphere of influence

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The world community is being challenged to address multiple assaults on wellbeing. Historically, the disciplines of nursing and social work exemplify a sense of altruism to serve and promote the wellbeing of fellow humans (Keeling et al., 2018; Ruth and Marshall, 2017). The simultaneous occurrence of a pandemic, a universal call to address human disparity, as well as the treatment of Ukraine citizens, all bring a sense of vulnerability and helplessness, while simultaneously stretching nurses and social workers to perform “heroic” actions in traumatic conditions.

Hossain and Clatty (2021) describe the multiple and continuous trauma nurses experienced during the COVID-19 pandemic. The volume of patient deaths changed nursing language from discussions of death prevention to palliative conversations of telling patients they are dying. These are examples of the trauma experienced. The descriptions of ethical dilemmas of rationing supplies to support patients who are infected, along with the lack of protective equipment, and a fear of infecting yourself, other patients, work colleagues and your family, all created distress. Nurses and social workers were the liaison between dying patients and their families who could not be present. The focus of nursing shifted from patient-centered care of the individual to a public health approach for the greater good of the whole society. Although this is written in past tense, the challenges remain. Citizens who refuse vaccination are still contracting COVID-19, and variants of the disease are still emerging, along with ever changing safety practices in the community. All of these factors create a moral distress that has been re-termed as “Moral Injury” (Hossain and Clatty, 2021).

Moral injury is a term used in the military for the long-lasting emotional, psychological, social, and spiritual effects from actions taken that run contrary to one’s moral values. The sequelae of number of deaths, families separated, ethical decision making, triaging of equipment, and the pure volume of work for both nurses and social workers responding to the pandemic, brings to question the moral injury inflicted. The major issue of human disparity has also been a focus in the current events and creates for nurses and social workers to reflect on their own prejudices and biases toward others. The re-

flection may present for the individual nurse and social service personnel a sense of moral distress. Awareness of the moral indignities of the treatment of the citizens of Ukraine also creates a moral distress. Nurses and social workers are experiencing this culmination of world events, creating the potential for moral injury. Other terms used to describe the trauma experienced by healthcare professionals include: secondary trauma, post-traumatic stress, and burnout.

Boykin and Schoenhofer (2001) describe calls for caring in the theory “Nursing as Caring”. Calls for caring are the expressions of the need for assistance and concerns from one person to another. For nurses and social workers, calls for caring exploded during the pandemic, and continue to be heard universally during the current world events. The decision to become a nurse or a social worker, represents a call to serve others. The calls for caring due to the current events may seem overwhelming, without a clear path to take action to resolve these crises, thus creating a sense of moral distress. To build moral resilience to combat the distress, an environment of trauma stewardship is suggested.

The individual nurse or social worker can look to their sphere of influence in their social context to respond to the trauma. The first sphere of influence is self. Self-care begins with recognizing the exposure and feelings of trauma. Symptoms of secondary trauma include: (1) hypervigilance; (2) homelessness; (3) inability to embrace complexity; (4) inability to listen; (5) avoidance of clients; (6) anger; (7) cynicism; (8) sleeplessness; (9) fear; (10) chronic exhaustion; (11) extreme minimizing; (12) guilt; (13) physical symptoms. Reaching out for assistance to deal with the trauma and discussing it is part of the self-care strategies to address the trauma, followed by developing self-care strategies, such as a happy thought at the end of each day, balancing work and life, sleep, nutrition, and activities that bring joy. Mindfulness practices, such as a healthcare team member performing a breathing exercise each time they wash their hands between patient encounters may actually affect the parasympathetic nervous system to allow for stress reduction (Williams et al., 2020). Another system that feels the impact of the trauma of nurses

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and social workers is family and friends. Is the nurse or social worker able to express their experience of trauma and ask for support from family or friends? Can the nurse or social worker recognize the impact their stress is having on family and friends and invite them to express their feelings, then strategize ways to care for each other? The next system in the sphere of influence is the work environment; by encouraging policies that support addressing moral injury in all stages from prevention to actively addressing trauma as it occurs. Where can the individual nurse and social worker contribute to the work environment to bring awareness of moral injury to leadership and be part of the solution to address the trauma in the work environment? Policies are needed that address trauma, provide opportunities for self-care, address workload, and build teams to support each member of the healthcare team (Rushton, 2017; van Dernoot Lipsky, 2009).

Although world events may bring an additional moral injury to nurses and social workers, addressing the trauma in the spheres of influence may support moral resilience. Supporting self-care, creating environments that recognize moral injury, and planning strategies to address the needs of nurses and social workers is actionable. At a time when world events seem overwhelming, addressing the calls for caring from nurses and social workers so that they may continue to engage in their caring contributions is an important strategy to contribute to the world's crises.

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