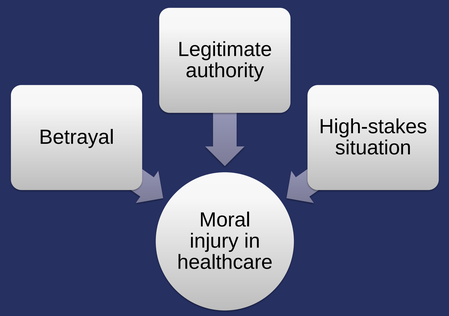
Moral Injury in Healthcare and Leaderships Imperative to Fix It

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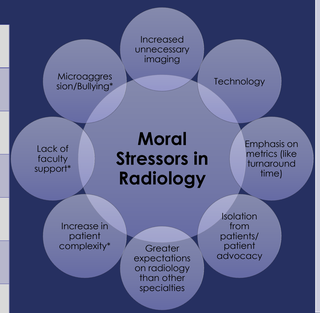
Moral Injury A Major Contributor to Burnout

Moral Injury occurs when we
- know the right thing to do for the patient, but institutional constraints make it impossible to pursue that action
- perpetrate, bear witness to, or fail to prevent an act that transgresses deeply held moral beliefs



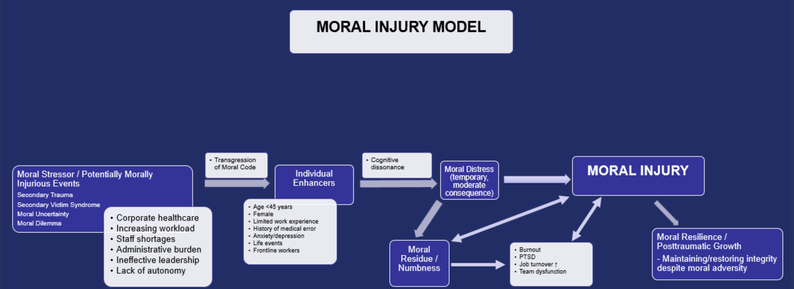
Affects 98% of radiologists
- 18% left clinical position
- 28% considered leaving due to moral distress

Moral Stressors		
Corporate Healthcare	**Workplace Processes**	**Workplace culture**
Focus on revenue	Staff shortages	Ineffective leadership
Incentivizing quantity over quality	Unrealistic workload/timeframes	Inappropriate delegation of duties
Regulations	Administrative burden	Lack of support
Electronic medical systems	Interruptions	Poor communication
Lack of control/autonomy	Unable to practice moral conviction	Criticism and microaggressions



*resident risks

From Moral Stress to Moral Injury



Symptoms of Moral Injury	Effects of Moral Injury on Individuals
○ Trauma ○ Distress from a past event ○ Guilt ○ Shame ○ Loss of trust ○ Fear ○ Hyperarousal ○ Avoidance ○ Negativity ○ Reliving event – nightmares, flashbacks, trauma reminders/cues/triggers	○ Anxiety/depression ○ Betrayal ○ Anger/Disgust ○ Cynicism ○ Loss of confidence ○ Grief ○ Guilt/Shame/Remorse ○ Meaninglessness ○ Negative thoughts ○ Burnout ○ Struggle with (or loss of) religious faith ○ Functional damage – (personal, family, social, occupational)

Moral Injury Effects and Remedies

Although burnout is mostly caused by systems, interventions have largely focused on individuals.
To address moral injury, system changes need to be made.

Workforce Education	Workplace Processes	National Healthcare Policies
• Radiology clerkship in medical school • Educate referral providers ➢ Respect history taking and clinical examination ➢ Reduce unnecessary imaging ➢ Radiologists as consultants ➢ Change attitude and language around imaging studies (a consultation, not an order!) ➢ Reduce algorithmic care	• Site radiology in clinical areas • Flexible work arrangements • Individualize incentives/rewards (including non-interpretative tasks) • Deploy mid-levels efficiently • Address constraints that limit radiologists' time ➢ Automated closed-loop communication systems to connect with clinicians ➢ Harness Artificial Intelligence (e.g., transcription)	• Engage doctors in healthcare policy decisions • Involve healthcare workers in designing electronic medical systems • Change policies (e.g., bundling) • Change attitude from rewarding over-imaging towards rewarding judicious testing

Conclusion

➢ Leadership needs to be democratically appointed, emotionally intelligent, and have cooperative or rotating power structures.

➢ Leadership needs to treat moral injury as an occupational hazard to save the future of radiology as a profession!

References available upon request: amkell5@emory.edu