HEALTHCARE WORKERS CARE NETWORK

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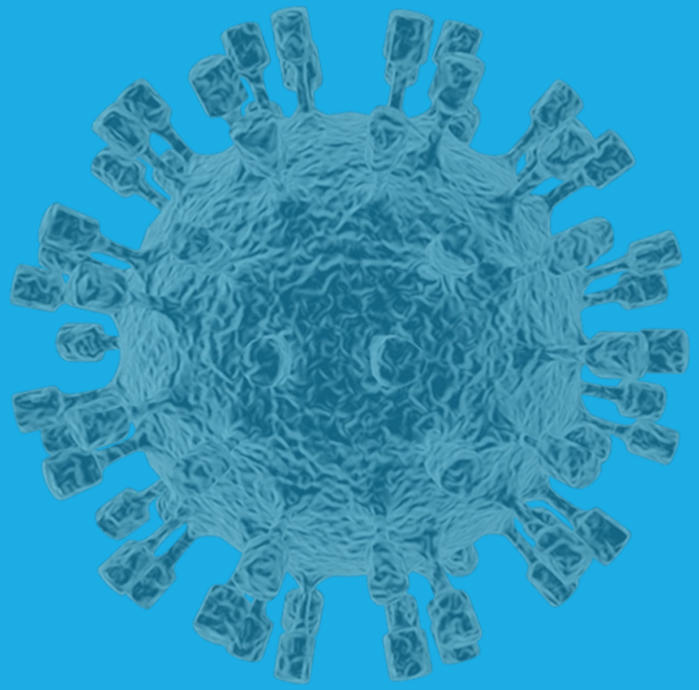
LOSS AND GRIEF DURING COVID-19

Batetshi Matenge | **Clinical Psychologist**

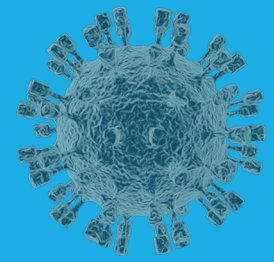
IMPACT OF COVID-19



We have all been affected by the recent coronavirus outbreak

- Contracting the virus
- Knowing someone who had the virus
- Losing a loved one
- Experiencing a general sense of loss
- Disruption to our daily lives.

IMPACT OF COVID-19



The multiple losses occurring in this pandemic can be detrimental to mental and physical health.

Losses occur within a constricted period, which can result in "bereavement overload."

In such unpredictable and uncertain times, loss manifests itself in a variety of ways;

Grief appears to be a primary outcome of COVID-19.

LOSSES ASSOCIATED WITH COVID-19

Individuals and families across the globe face several losses:

- loss of income, financial security, dignity, status, possessions, independence, healthcare, and sense of future.

These losses are especially devastating in the South African context, given the high unemployment rates.

A post-colonial context of racial trauma and poverty in our society was also painfully reflected amid this pandemic.

Measures such as the lockdown also resulted in a loss of freedom and this can lead to secondary losses such as:

- losses of relationships, recreation and social support.

LOSSES ASSOCIATED WITH COVID-19

Social distancing measures minimize emotional and physical intimacy.

This can result in the dissolution of intimate relationships involving partners, family, and friends e.g.:

- loved ones receiving medical treatment, such as chemotherapy for cancer have compromised immune systems and face intense isolation practices.
- Limited/no visits to elderly parents who are deemed at risk.

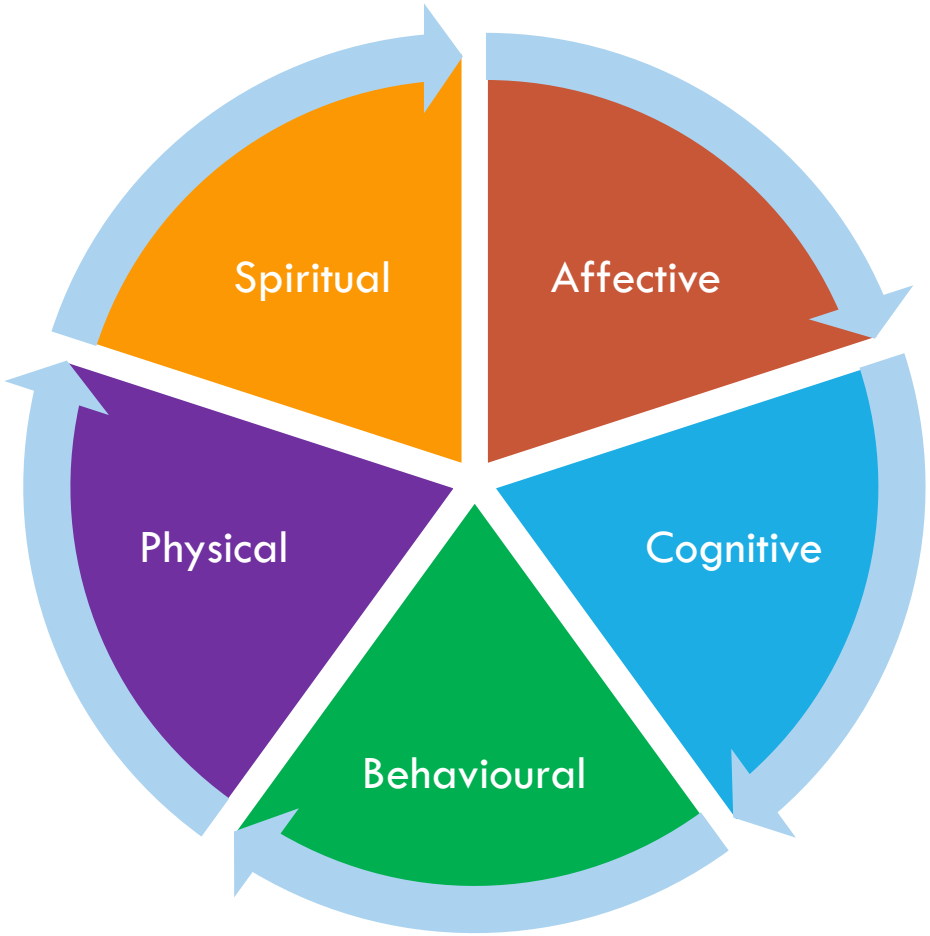
Individuals are also faced with making tough sacrifices—anything from a special event to their daily routine.

DEATH AND GRIEF DURING COVID-19

Death-related loss during the Covid-19 pandemic can have lasting effects and turn into complicated or prolonged grief when we consider risk factors such as:

- Multiple losses
- Mode of death
- Personality traits of the person
- The situation in which one finds oneself during and after the loss
- Lack of support

DEATH AND GRIEF DURING COVID-19



The grieving process reflects a confluence of responses.

TYPES OF GRIEF DURING COVID-19

Anticipatory grief

- Many families may experience *anticipatory grief* when they know that their loved one is suffering and missing out on the final moment.

Disenfranchised grief

- The absence of rituals, such as a funeral, can often result in *disenfranchised grief because* lacking social or cultural recognition impairs support resources that assist the grieving process.

Ambiguous loss

- Individuals may experience *ambiguous loss* amid and post the pandemic. e.g. patients under quarantine may experience physical separation with family, although they stay emotionally and psychologically connected.

Stigmatized loss

- Some individuals with COVID-19 experience *stigmatized loss* as they are blamed for contraction and transmission of the virus

HOW DO YOU SURVIVE THE LOSS AND GRIEF OF COVID-19?

- A willingness to experience grief, without resistance. This prevents a suppression of emotions which can otherwise result in depression.
- Allow yourself and others to express emotions relating to loss and grief in your unique ways.
- Validate the extent of the loss.
- Speak more openly and do not hide behind work, social media or binge-watching television.

HOW DO YOU SURVIVE THE LOSS AND GRIEF OF COVID-19?

- Listen to the other members in the household and create opportunities to talk about the effect of Covid-19 on everyone.
- Create virtual wake ceremonies or prayer groups via WhatsApp or other digital communication media.
- Set up a "mourning corner" in the house with a picture of the deceased where members of the household can have time alone to grieve.

HOW DO YOU SURVIVE THE LOSS AND GRIEF OF COVID-19?

- Create a "memory corner" in the house or garden.
- Journaling/Writing
- Continue to look for messages of hope, offering reassurance that feelings associated with loss and grief are normal responses to abnormal or unusual circumstances.

CONCLUSION

While loss, grief, pain and suffering can feel unbearable, you do not have to build a house and move in.

It is only one part of the human experience—not the full story. There is also incredible love, grace and beauty.

Hope is needed to sustain life through catastrophically dark times such as these.

We possess resilience, healing, a capacity to develop compassion because of our own suffering, as well as the ability to gain perspective over time.

"It is when the world within us is destroyed, when it is dead and loveless, when our loved ones are in fragments, and we ourselves in helpless despair—it is then that we must create our world anew, reassemble the pieces, infuse life into dead fragments, recreate life. The important thing is to keep a little fire burning; however small, however, hidden. I find this extraordinarily helpful: we live in a mad world, but for those of us who believe in some human values, it is terribly important that we just keep this little fire burning."

Hannah Segal (2008)

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Moral Injury

Dr. Joanna Taylor

THE VALUE OF MORAL INJURY AND DISTRESS AS CONCEPTS

Can enrich our thinking about the **psychological effects of extreme working conditions**, and the **most helpful types of support**

Articulate something more specific than the idea of burnout.

Include the useful concepts of:

- 1. **moral dilemmas**,
- 2. **moral distress**, and
- 3. **moral injury**.

Stop TB Partnership

The devastating effect of the COVID–19 pandemic on the TB response - A minimum of 5 years of progress lost and 6 million additional people ill with TB

INDEPENDENT.CO.UK

Cover-up fears as reviews of coronavirus deaths among NHS staff to be kept secret

Western Cape 'on its own in Covid-19 fight after broken budget promises'

OL reporter Jun 24, 2020

estern Cape government has expressed concern that
eni effectively cut the provincial budget
ic is gaining momentum

8 Gauteng doctors die: Workers blame poor PPE

AUGUST 5TH, 2020 SA PROVINCIAL HEALTH

COVID-19 PPE tender saga is biggest financial scandal in Gauteng since 2014: Makhura

31 July 2020, 5:57 AM | Wisani Makhubele | @SABCNews

DEFINITIONS

Moral dilemmas[1] are expected, difficult parts of clinical practice. There is often no comfortable answer to the problem posed, and training must offer best-practice approaches that include ethics consultations, team discussions, and supervision.

Opportunities to grapple with such dilemmas with appropriate support and guidance make for clinicians capable of crafting sophisticated and compassionate solutions to complex problems.

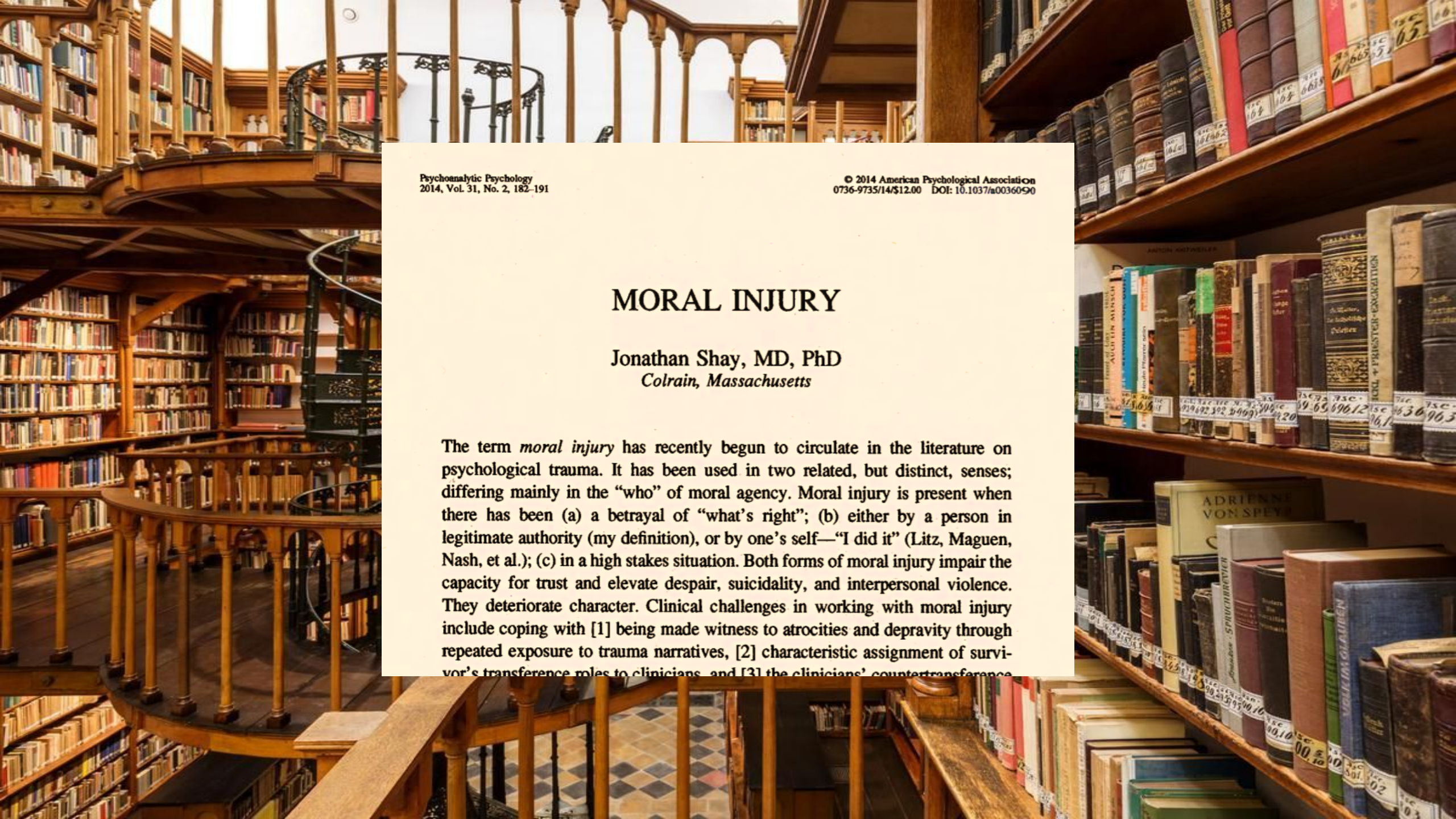
1. DEAN, W., TALBOT, S. G., & CAPLAN, A. (2020). CLARIFYING THE LANGUAGE OF CLINICIAN DISTRESS. *JAMA*, 10.1001/JAMA.2019.21576. ADVANCE ONLINE PUBLICATION. HTTPS://DOI.ORG/10.1001/JAMA.2019.21576

DEFINITIONS

Moral distress[2] occurs when an individual knows the right thing to do, but institutional or other constraints make it difficult to do what is right.

Each episode of moral distress is either resolved with sufficient processing or leaves **moral residue.** Moral residue is constituted by the unresolved emotional and psychological conflicts that make subsequent incidents less tolerable.

2. DEAN, W., TALBOT, S. G., & CAPLAN, A. (2020). CLARIFYING THE LANGUAGE OF CLINICIAN DISTRESS. *JAMA*, 10.1001/JAMA.2019.21576. ADVANCE ONLINE PUBLICATION. HTTPS://DOI.ORG/10.1001/JAMA.2019.21576



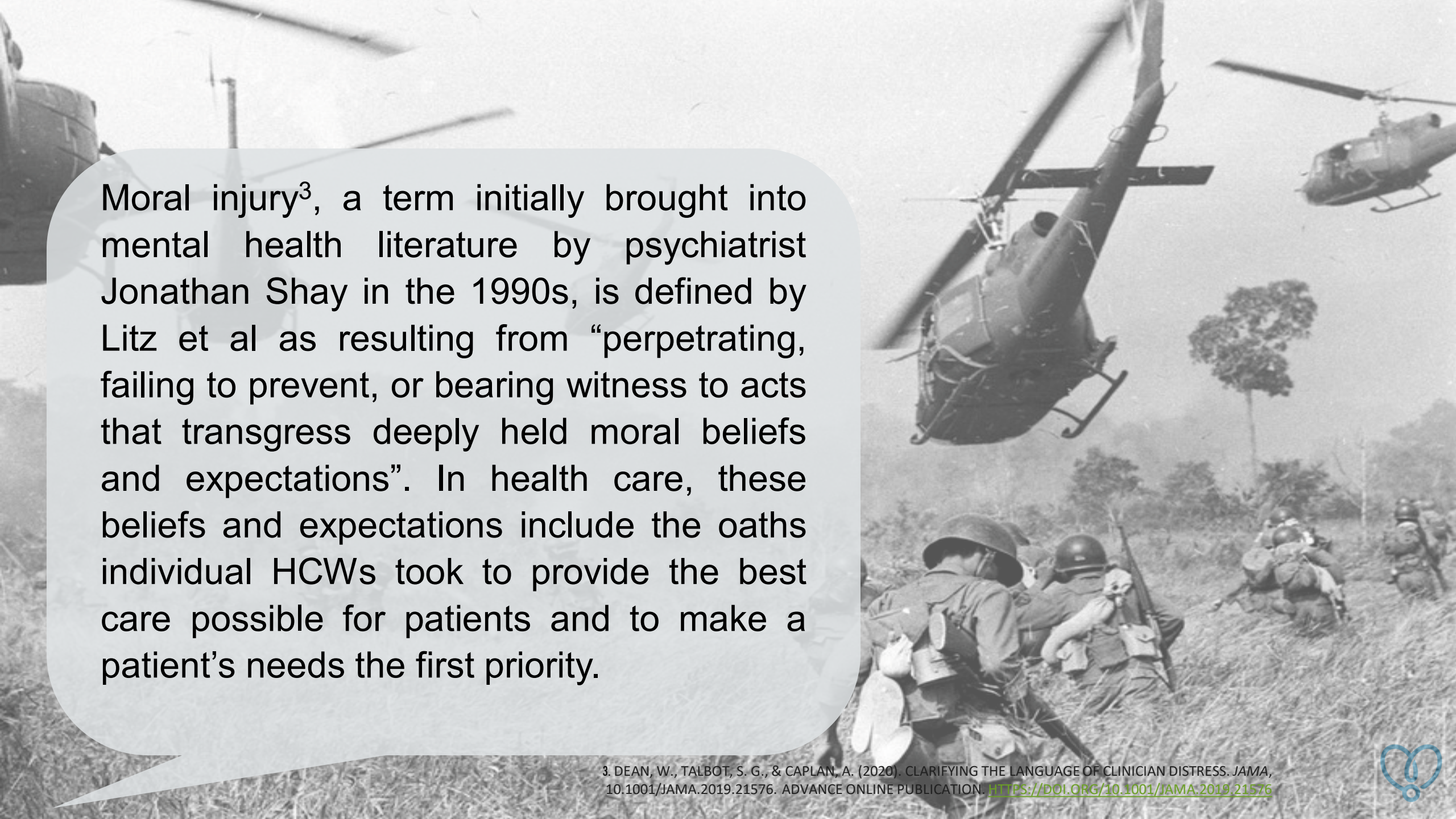
Psychoanalytic Psychology
2014, Vol. 31, No. 2, 182–191

0736-9735/14/$12.00 DOI: 10.1037/a0036090

MORAL INJURY

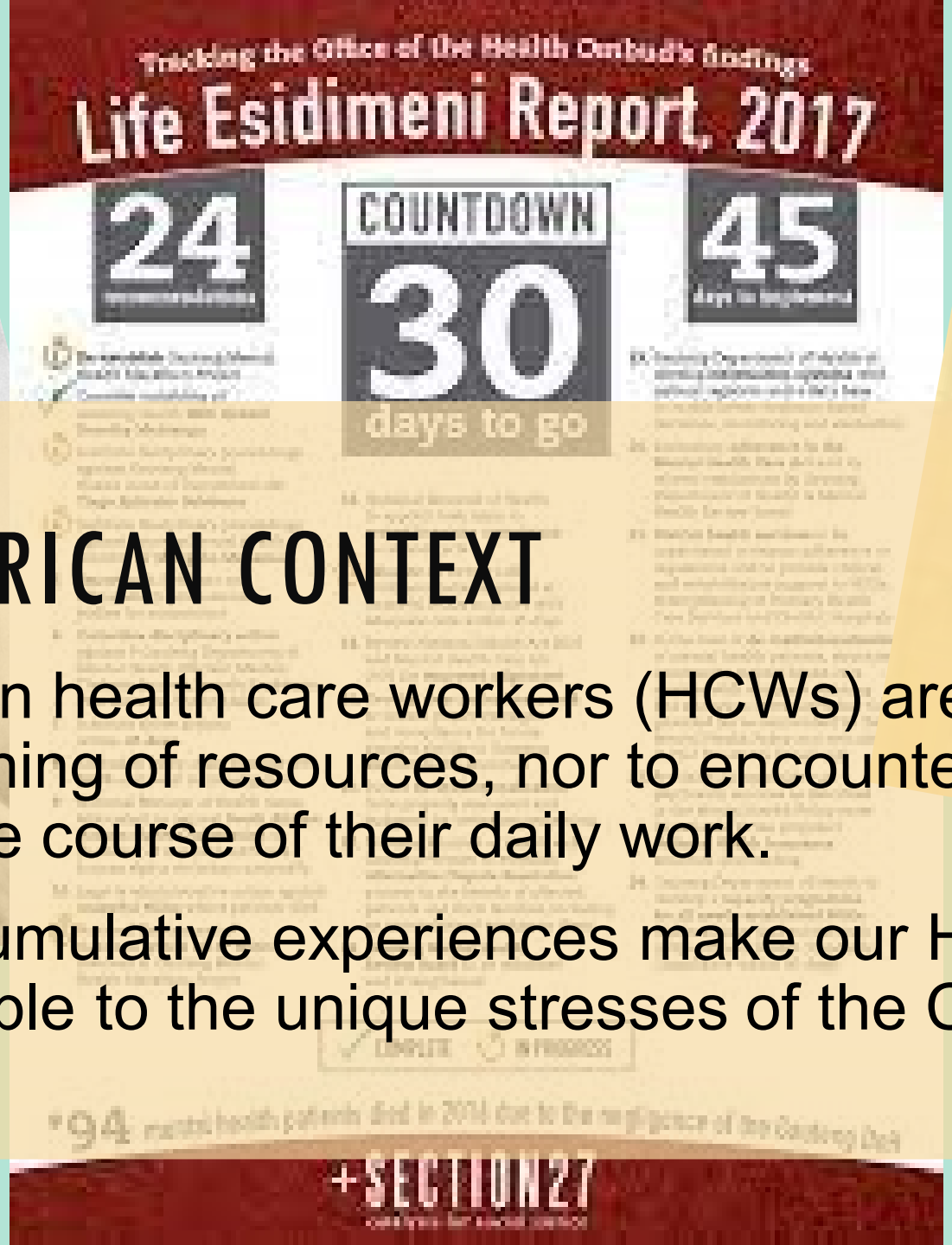
Jonathan Shay, MD, PhD
Colrain, Massachusetts

The term *moral injury* has recently begun to circulate in the literature on psychological trauma. It has been used in two related, but distinct, senses; differing mainly in the "who" of moral agency. Moral injury is present when there has been (a) a betrayal of "what's right"; (b) either by a person in legitimate authority (my definition), or by one's self—"I did it" (Litz, Maguen, Nash, et al.); (c) in a high stakes situation. Both forms of moral injury impair the capacity for trust and elevate despair, suicidality, and interpersonal violence. They deteriorate character. Clinical challenges in working with moral injury include coping with [1] being made witness to atrocities and depravity through repeated exposure to trauma narratives, [2] characteristic assignment of survivor's transference roles to clinicians, and [3] the clinicians' countertransference



Moral injury[3], a term initially brought into mental health literature by psychiatrist Jonathan Shay in the 1990s, is defined by Litz et al as resulting from “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations”. In health care, these beliefs and expectations include the oaths individual HCWs took to provide the best care possible for patients and to make a patient’s needs the first priority.

3. DEAN, W., TALBOT, S. G., & CAPLAN, A. (2020). CLARIFYING THE LANGUAGE OF CLINICIAN DISTRESS. *JAMA*, 10.1001/JAMA.2019.21576. ADVANCE ONLINE PUBLICATION. HTTPS://DOI.ORG/10.1001/JAMA.2019.21576



SOUTH AFRICAN CONTEXT

South African health care workers (HCWs) are no strangers to tight rationing of resources, nor to encountering brutal trauma in the course of their daily work.

Will these cumulative experiences make our HCWs more or less vulnerable to the unique stresses of the COVID-19 pandemic?

Western Cape nurse Petronella "Ouma Nellie" Benjamin returned to work after a bout of bronchitis even though her children begged her not to.

The 62-year-old grandmother and pastor died on April 29, the day before she was due to retire after 40 years of service.

Her husband, Edwin, couldn't attend her funeral because he is fighting Covid-19 in an intensive care unit.

"She died with her boots on and contracted the virus while fighting on the frontlines of the battle against this pandemic," said her brother-in-law, Rudy Cookson.

Her sons, Marvin and O'Neal, and her daughter Alicia Maart, also a nurse, said their mother fell ill a few days after returning to work

Western Cape nurse Petronella Benjamin was honoured by her community.
Image: *Supplied*

Life Events

Moved to Port Elizabeth, Easter...
2017

Started New Job at Groote Schuur...
2012

English (US) · Afrikaans · Français (France) · Español · Português (Brasil)

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Facebook © 2020

Nerisha Govender
August 7 at 7:56 PM ·

I can't deal tonight.
This is just too much
I counted ten health care workers dead in my province just this week.
There isn't time to attend zoom and drive-by funerals
How do we rebuild this service?
Prof Pepeta is irreplaceable. You can't magic paediatric cardiologists of this ilk overnight. It's an unquantifiable loss to our community. Dean of the new medical school.
He wore so many hats.

The people who have stolen PPE money and not made adequate protection available to us timeously are really the immoral scum of the earth.

The medical service cannot withstand this kind of loss.

SOCIAL CONTRACT

The unravelling of America – Rolling Stone Magazine 06 August 2020
Wade Davis, Anthropologist:

The measure of wealth in a civilized nation is not the currency accumulated by the lucky few, but rather the strength and resonance of social relations and the bonds of reciprocity that connect all people in common purpose.

THE ROLE OF COVID-19

Stretched and increasingly “managed” health care systems globally are a breeding ground for moral distress and injury

The COVID 19 pandemic magnifies the pressures in a number of ways:

- End of life decisions and care
- Many daily service provision quandaries
- PPE shortages and risk management
- Losses of colleagues, patients, family members, friends
- “Caution fatigue”

RATIONING

Rationing of health care resources is something that we could place in the category of a moral dilemma, and if well-managed does not have to result in undue residue and injury, although there may well be some distress.

South African HCWs are very familiar with rationing, and know that it can contribute to sound clinical decision-making.

But if protocols are unclear, out of date, or non-existent, support is not in place, and systems are overwhelmed, the pressures on individuals to make and convey rationing decisions will lead to moral injury.

In March 2020 professional societies and ethicists were swift in providing guidance on such matters as the rationing of ventilators and ICU care, and many SA hospitals quickly endorsed the Critical Care Society of SA guidelines of 2019.

PREPARATION

GUIDELINE SAMJ/SAJCC

The Critical Care Society of Southern Africa Consensus Guideline on ICU triage and rationing (ConICTri)

G M Joynt,[1] MB BCh; **P D Gopalan**,[2] MB ChB; **A Argent**,[3] MB BCh, MD; **S Chetty**,[4] MB ChB, PhD; **R Wise**,[5] MB ChB; **V K W Lai**,[1] PhD; **E Hodgson**,[6] MB BCh; **A Lee**,[1] PhD; **I Joubert**,[7] FCA (SA); **S Mokgokong**,[8] MB BCh; **S Tshukutsoane**,[9] BCur; **G A Richards**,[10] MB BCh, PhD; **C Menezes**,[9,11] MD, PhD; **L R Mathivha**[10] MB ChB; **B Espen**,[12] CCRN; **B Levy**,[13] MB ChB; **K Asante**,[14] PhD; **F Paruk**,[15] MB ChB, PhD

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[3] *Department of Paediatrics and Child Health, University of Cape Town, South Africa*
[4] *Department of Anaesthesiology and Critical Care, Stellenbosch University, Cape Town, South Africa*
[5] *Department of Anaesthesiology and Critical Care, School of Clinical Medicine, University of KwaZulu-Natal, Durban, and Edendale Hospital, Pietermaritzburg, South Africa*
[6] *Department of Anaesthesiology and Critical Care, School of Clinical Medicine, University of KwaZulu-Natal, Durban, and Inkosi Albert Luthuli Central Hospital, Durban, South Africa*
[7] *Department of Anaesthesia and Peri-operative Medicine, University of Cape Town and Groote Schuur Hospital, Cape Town, South Africa*
[8] *Department of Neurosurgery, University of Pretoria, South Africa*
[9] *Chris Hani Baragwanath Academic Hospital, Soweto, Johannesburg, South Africa*
[10] *Department of Critical Care, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa*

COVID-19 rapid guideline: critical care in adults

NICE guideline

Published: 20 March 2020

www.nice.org.uk/guidance/ng159

DILEMMAS

Who to admit to hospital and when,

How to explain to families how you are allocating an oxygen outlet,

Whether to continue certain essential but not-quite-urgent services,

Whether to go to work with mild symptoms and risk infecting others or stay at home and know that your team was taking strain…the list is long.

Many health care workers have also struggled with distress and ambivalence about current allocation of resources after years of witnessing a health care system stripped bare, with the resulting thousands and thousands of deaths and reduced quality of life each year from preventable causes.

MORAL INJURY: DEFINITION IN MH CONTEXT

The profound psychological distress which results from actions, or lack of them, which violate one's moral or ethical code.

Can include:

- Acts of perpetration
- Acts of omission
- Experiences of betrayal from leaders or trusted others

LITZ BT, STEIN N, DELANEY E, ET AL. MORAL INJURY AND MORAL REPAIR IN WAR VETERANS: A PRELIMINARY MODEL AND INTERVENTION STRATEGY. *CLIN PSYCHOL REV*. 2009; 29(8):695-706. DOI:10.1016/J.CPR.2009.07.003

RELATIONSHIP TO MENTAL ILLNESS

Not a mental illness

But

Experiences of potentially morally injurious events (PMIEs) can lead to

- Negative thoughts about oneself or others
- Deep feelings of shame, guilt, or disgust
- Which in turn can contribute to the development of mental health problems including depression, PTSD, and anxiety

WILLIAMSON, V., MURPHY, D., & GREENBERG, N. (2020). COVID-19 AND EXPERIENCES OF MORAL INJURY IN FRONT-LINE KEY WORKERS. *OCCUPATIONAL MEDICINE*, *70*(5), 317-319. DOI: 10.1093/OCCMED/

BROADER CONCEPTION

When a moral injury does occur, the range of outcomes are broad and can include:

1) feelings of guilt, shame, anger, sadness, anxiety and disgust;

2) intrapersonal outcomes including lowered self-esteem, high self-criticism, beliefs about being bad, damaged, unworthy or weak, and self-handicapping behaviours;

3) interpersonal outcomes including loss of faith in people, avoidance of intimacy and lack of trust in authority figures;

4) existential and spiritual outcomes including loss of faith in previous religious beliefs, and no longer believing in a just world

YETERIAN, J.D., ET AL., DEFINING AND MEASURING MORAL INJURY: RATIONALE, DESIGN, AND PRELIMINARY FINDINGS FROM THEMORAL INJURY OUTCOME SCALE CONSORTIUM. JOURNAL OF TRAUMATIC STRESS, 2019. 32(3): P. 363-372.

FACTORS THAT INCREASE RISK OF MORAL INJURY

- ❑ Loss of life to a vulnerable person
- ❑ If leaders are perceived not to take responsibility for the event/s and are unsupportive of staff
- ❑ If staff feel unaware or unprepared for emotional/psychological consequences of decisions
- ❑ If PMIE occurs concurrently with other traumatic events, eg death of a loved one
- ❑ If there is a lack of social support following the PMIE

WILLIAMSON, V., MURPHY, D., & GREENBERG, N. (2020). COVID-19 AND EXPERIENCES OF MORAL INJURY IN FRONT-LINE KEY WORKERS. *OCCUPATIONAL MEDICINE*, *70*(5), 317-319. DOI: 10.1093/OCCMED/

IMPLICATIONS FOR SUPPORT AND TREATMENT

Preparation: preparing psychologically for the impact of PMIEs is helpful

Seeking informal/**peer support** early on is protective

Confidential **professional support** must be available, and help-seeking encouraged

Clinicians should be made aware that **individuals who develop moral injury-related mental health disorders are often reticent to speak about guilt or shame and may instead choose to focus on more classically traumatic elements of their presentation. Therefore sensitive enquiries about PMIEs are advisable**

WILLIAMSON, V., MURPHY, D., & GREENBERG, N. (2020). COVID-19 AND EXPERIENCES OF MORAL INJURY IN FRONT-LINE KEY WORKERS. *OCCUPATIONAL MEDICINE*, *70*(5), 317-319. DOI: 10.1093/OCCMED/

SUPPORT AND TREATMENT CONTINUED

If the shame/guilt is missed, Greenberg says, and the "if people knew what I was really like, I'm a monster" thought gets planted and not addressed, it dooms future treatment. Bear in mind the prevailing hero discourse[1].

Jonathan Shay's initial work on moral injury foregrounded the way in which the syndrome itself obstructs successful treatment[2].

1. GREENBERG, N., (2020 APRIL 21). MANAGING TRAUMATIC STRESS: EVIDENCE-BASED GUIDANCE FOR ORGANIZATIONAL LEADERS [WEBINAR]. THE SCHWARTZ CENTER FOR COMPASSIONATE HEALTHCARE
2. 2. SHAY, J. (2014) MORAL INJURY. *PSYCHOANALYTIC PSYCHOLOGY,* 31(2), 182-191.

SOCIAL PROBLEM

Shay also held that due to the social nature of the injury, the solutions wouldn't be found in traditional methodologies

Because of the rupture between the individual and the community, he suggested that that was where the reparative work would need to be done

SHAY, J. (2014) MORAL INJURY. *PSYCHOANALYTIC PSYCHOLOGY,* 31(2), 182-191.

SHAY ON WORKING WITH MI

Group work

Proper multidisciplinary team work

Advocacy

SHAY, J. (2014) MORAL INJURY. *PSYCHOANALYTIC PSYCHOLOGY,* 31(2), 182-191.

BACK TO PREVENTION

The basics remain the same

POTENTIAL SOLUTIONS

- Frontline clinicians need real-time support with the decisions in front of them.
- Role of ethics committees
- Expertise of
  - Retired experienced clinicians
  - Clinicians in temporary isolation

"All in favor of telling Anderson about that thing stuck to his lip, say aye."

USE THE RESOURCES YOU ALREADY HAVE

Eg professional indemnity insurers – some have responded thoughtfully and proactively to this crisis, and undertaken to ensure any of their members that asks for advice will be connected with a relevant professional quickly (rather than the often frustrating call centres). They have also been running webinars and updating available information.

Call on mentors

Moral Stress Amongst Healthcare Workers During COVID-19:

A Guide to Moral Injury

Centre of Excellence - PTSD
Funded by Veterans Affairs Canada

Phoenix AUSTRALIA | CENTRE FOR POSTTRAUMATIC MENTAL HEALTH

THREE LEVELS OF PREVENTATIVE WORK

- Organisation
- Team
- Individual

PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD (2020) MORAL STRESS AMONGST HEALTHCARE WORKERS DURING COVID-19: A GUIDE TO MORAL INJURY. PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD. ISBN ONLINE: 978-0-646-82024-8.

ORGANISATIONAL TASKS FOR PREVENTION

Acknowledge	Acknowledge the inherent moral stressors for healthcare workers during the COVID-19 pandemic.
Promote	Promote a supportive culture within the workplace and arrange access to a range of support services for staff.
Recognise	Recognise the critical role of informal and volunteer service providers, and ensure sufficient resources to support the health and safety of these providers.

PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD (2020) MORAL STRESS AMONGST HEALTHCARE WORKERS DURING COVID-19: A GUIDE TO MORAL INJURY. PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD. ISBN ONLINE: 978-0-646-82024-8.

TEAM LEADERS

Preventative measures

- Rotate staff between high and low stress roles.

- Establish evidence-based policies to guide ethically difficult decisions such as the allocation of scarce resources.

- Remove difficult ethical decisions from frontline workers.

- Arrange rosters for shift workers to follow the clock with a cycle of morning to afternoon to evening shifts.

PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD (2020) MORAL STRESS AMONGST HEALTHCARE WORKERS DURING COVID-19: A GUIDE TO MORAL INJURY. PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD. ISBN ONLINE: 978-0-646-82024-8.

TASKS FOR TEAM LEADERS CONTD.

- Provide strong leadership and establish cohesive teams with high morale.
- Be prepared to discuss moral and ethical challenges.
- Help team members make meaning of moral stressors.
- Model positive coping and encourage self-care and help-seeking as required.
- Celebrate successes – however small they may be.
- Arrange regular check-ins with staff to monitor wellbeing.
- Facilitate referral for further support or counselling if required

PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD (2020) MORAL STRESS AMONGST HEALTHCARE WORKERS DURING COVID-19: A GUIDE TO MORAL INJURY. PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD. ISBN ONLINE: 978-0-646-82024-8.

Pre-recorded Interview with

Prof Neil Greenberg on the 17 August 2020

We met with him to ask some questions which we had around his work in Occupational Psychiatry and in the UK Military and to think how we could apply it to the South African system.

Interviewers:

Dr Antoinette Miric
Dr Joanna Taylor
Dr Thriya Ramasar

@ProfNGreenberg
@DrMiric

HEALTHCARE WORKERS
CARE NETWORK
Caring for the Carers by the Carers

INDIVIDUAL TASKS

Access psychoeducational material aboutmoral stressors and moral injury.

• Undertake stress reduction activities such as relaxation therapy, mindfulness, or meditation. NB breathing

• Attend to self-care through eating well, exercising, maintaining social connections, and getting sufficient rest.

• Support each other as colleagues who understand shared experiences. NB peer support

• Seek professional support if you are feeling distressed or troubled by your experiences

PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD (2020) MORAL STRESS AMONGST HEALTHCARE WORKERS DURING COVID-19: A GUIDE TO MORAL INJURY. PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD. ISBN ONLINE: 978-0-646-82024-8.

"Moral strength underlies the capacity of healthcare workers to use compassion in their practice"

PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD (2020) MORAL STRESS AMONGST HEALTHCARE WORKERS DURING COVID-19: A GUIDE TO MORAL INJURY. PHOENIX AUSTRALIA – CENTRE FOR POSTTRAUMATIC MENTAL HEALTH AND THE CANADIAN CENTRE OF EXCELLENCE – PTSD. ISBN ONLINE: 978-0-646-82024-8.

POTENTIAL FOR POST-TRAUMATIC GROWTH

Moral emotions can also be positively valenced, and include emotions like pride, gratitude and compassion

A recent qualitative study of nurses caring for COVID-19 patients found that while negative emotions were commonly experienced, these were accompanied over time by the emergence of positive factors Including:

- increased affection and gratitude,
- development of feelings of professional responsibility and competence,
- self-reflection and insight.

SUN, N., ET AL., A QUALITATIVE STUDY ON THE PSYCHOLOGICAL EXPERIENCE OF CAREGIVERS OF COVID-19 PATIENTS. AMERICAN JOURNAL OF INFECTION CONTROL, 2020.

Continued pre-recorded Interview with

Prof Neil Greenberg on the 17 August 2020

We met with him to ask some questions which we had around his work in Occupational Psychiatry and in the UK Military and to think how we could apply it to the South African system.

Interviewers:

Dr Antoinette Miric
Dr Joanna Taylor
Dr Thriya Ramasar

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Thank you

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