



## Moral Injury

Healing/Resolution of Moral Injury

### HeaR-MI

*Reframing distress to support your workforce and heal your organization*

Organizations that build **strong, cohesive, compassionate communities** are better places to work, better, safer places to get care, and better able to withstand crises. Healthcare workers are exceptionally resilient employees, but a collection of strong individuals does not ensure a resilient, adaptable community.

Any organization that can create an environment that engenders a **positive and values-driven community incorporating different stakeholders** will quickly get attention for the initiative. The organization is likely to see meaningful changes in workforce satisfaction, retention, and recruitment and to realize trickle-down improvements in patient safety and satisfaction. It will define the characteristics to look for when recruiting to the community. It also will help prospective professionals readily understand the purpose and identify with the mission of the organization.

Creating community resilience in an organization means identifying the particular root causes of moral injury and organizational malaise and implementing strategic cultural changes that **realign the goals of various stakeholders**. Everyone in the organization must be working toward a unified, compassionate target.

These causes may be perspectival, systemic, situational, and/or dispositional. Perspectival challenges relate to how employees view their actions vis-à-vis their expectations of mission and values. Systemic challenges relate to issues inherent in the overall system, relating to policies or workflows. Situational challenges refer to those issues that arise due to the specific, individual, or isolated factors. Dispositional challenges relate to the personality or management styles of different leaders or employees.

If leadership makes a **small investment in the long-term health of the community** now, it will pay dividends well into the future in retention and lower recruitment costs. Bringing the workforce to a new perspective happens through curiosity about barriers, teaching new skills, and support during the most difficult phase—when staff make the first anxious, inexpert bids for change. The process must be reinforced consistently in the first 6-12 months, until benefits accrue and the culture becomes self-sustaining. If one clinician chooses to stay, rather than leave, the program pays for itself.





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## Program Details

### Phase 1—Needs Assessment

#### A. Introductory Session

In this session, we will discuss how our methodology helps people at all levels of the organization to see personal and/or professional challenges through a lens of integrity, mission and purpose. Leaders will learn how their efforts to align the organization's mission and employees' values positively impacts culture. Employees will learn how their responses to values-laden challenges can mitigate interpersonal conflict and decrease individual burnout and moral injury.

#### B. Moral Injury History and Survey

This stage allows us to get a general picture as to what the main issues that the organization and its employees are facing **and** the framing/language that is being used to describe and communicate those challenges. In discovering the framing that people are using, we will be able to determine if the challenge is perspectival, systemic, situational, or dispositional.

1. Baseline distress survey (MII-HP)
2. Moral injury history (sampling of stakeholders at various levels)

### Phase 2—Solutions and Support

#### C. Iterating Solution Strategies with Engaged Inquiry

Based on responses in Stage 1, we will develop draft solution strategies. Using the initial flexible hypothesis, we will gather details from the various levels of the organization to better understand the depth of the challenges, the particular ways the community speaks about them, and to refine potential strategies. That inquiry will also help to identify personal and organizational resources available to address the challenges.

1. Development of strategies for long-term implementation
2. Targeted interviews with stakeholders in selected sectors and levels of the organization
3. Identify Key Opinion Leaders (KOLs) within the organization who are important effectors of the change strategy
4. Workshops to introduce concepts and prepare for change

#### D. Ongoing Support for Change Management

1. Teams under stress may struggle to maintain change. Support, refocusing, and reinforcement is important for all levels of the organization to realize the identified goals.





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## Phase 3—Sustainment

### E. Outgoing Survey and Debrief with Stakeholders:

1. Repeat measures between 48-52 weeks
2. Review of progress and benefits
3. Vulnerabilities
4. Strengths
5. Resources
6. How the organization will continue the plan

## Timeline

	Tasks	Active Time
Phase 1	Review and revise surveys and histories	1w
	Conduct electronic surveys* and histories	2 w
	Evaluate results	2 w
	Institution Review*	1 w
	Introduction to concepts, status of organization, and methodology	-
Phase 2	Develop strategies for long-term implementation	2w
	Stakeholder interviews & strategy iteration*	4-8 w
	Identify KOLs and influencers in institution and the dynamics of their influence	
	Workshops to introduce plans and prepare for change*	4w
	Targeted engagement of KOLs and influencers*	
Ongoing support for change	36-52 w	
Phase 3	Repeat survey/history	52w
	Concluding session	52-56w

\*Client-dependent activities

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## Moral Injury

### Expertise



#### Wendy Dean, MD

Dr. Dean is the President/CEO, and co-founder of The Moral Injury of Healthcare, a nonprofit organization addressing the crisis of clinician distress.

A psychiatrist by training, Dr. Dean left clinical medicine to focus on finding innovative ways to make medicine better for both patients and physicians--technologically, ethically, and systemically. She has worked in research funding oversight for the Department of Defense, and as an executive for a large non-profit supporting military medical research. Dr. Dean has worked on various initiatives with the White House Office of Science and Technology Policy, the Biomedical Advanced Research Development Agency, DARPA, NASA, and the National Institutes of Health.

Dr. Dean graduated from the University of Massachusetts Medical School. She completed her residency training at Dartmouth Hitchcock Medical Center in Hanover, NH.



#### Simon G. Talbot, MD

Dr. Talbot is co-founder of The Moral Injury of Healthcare. He is a practicing hand surgeon and microsurgeon who is Associate Professor of Surgery at Harvard Medical School and Attending Surgeon in the Division of Plastic Surgery at the Brigham and Women's Hospital (BWH) in Boston, Massachusetts. He is Director of the Upper Extremity Transplant Program at BWH.

In addition to his work in Boston, Dr. Talbot regularly volunteers his time to perform surgery and to train local physicians. This work has taken him to Rwanda, Vietnam, Malawi, The Cook Islands, and Kenya.

Dr. Talbot is widely published and is active in several professional societies. He is a Board member of the American Society for Reconstructive Transplantation and is the physician representative to several committees at BWH.

He graduated from the University of Auckland School of Medicine in New Zealand. He completed his residency in the Harvard Plastic Surgery Residency Program followed by a fellowship in hand and microsurgery at Beth Israel Deaconess Medical Center.





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### Ira Bedzow, PhD

Dr. Bedzow is an associate professor of medicine and UNESCO Chair in Bioethics at New York Medical College. He is also Senior Scholar of the Aspen Center for Social Values, a contributor at the MirYam Institute, and a regular contributor in Forbes for their Leadership, Diversity and Inclusion section. Bedzow received his PhD from Emory University.

Bedzow's interests relate to understanding the ethical implications of biotechnology and healthcare policy as well as how organizations can create an ethical culture through values-driven leadership. When it comes to ethical leadership, he tries to show that making a values-driven decision and implementing it effectively consist of different skills and face different challenges. Understanding the difference between asking "what to do" and "how can I act on my values successfully" is key to leadership and organizational success, as well as personal-professional wellbeing.

