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SA's healthcare workers' moral suffering reaching epidemic proportions

Unless real support is provided for healthcare workers whose moral suffering is already reaching epidemic proportions, the disease of burden will be fatal, argued University of Cape Town (UCT) [Professor Jackie Hoare](#) and [Dr Heidi Matisonn](#) in a commentary published in the [South African Journal of Science](#). As with any disease, the longer you wait to intervene, the more difficult it is to cure.

Professor Hoare is head of the [Division of Consultation Liaison Psychiatry](#) and a senior consultant psychiatrist at Groote Schuur Hospital. Dr Matisonn is a moral philosopher based at the [EthicsLab](#) in the [Department of Medicine](#) at UCT's [Neuroscience Institute](#).

Their commentary is titled "From the burden of disease to the disease of burden."

Moral distress in healthcare occurs when healthcare workers are constrained from doing what they believe is right for patients by institutional policies, hierarchical structures, or limited resources such as reduced theatre lists or limited access to therapies.

"This feeling of knowing what to do to care for patients but being unable to do it due to factors outside of your control is morally distressing because it involves a feeling of powerlessness to assist patients who are suffering. Moral injury is seen as a trauma experienced by healthcare workers," they said.

South Africa's public healthcare system, where 20% of the nation's doctors attend to 84% of the population, is in 2024, facing an 'existential crisis' due to the crippling effects of the national financial crisis in healthcare, which has resulted in healthcare posts being frozen and services to patients constrained.

"While these cuts have had – and will continue to have – catastrophic effects on patient care, we need also to recognise the effects they have on the healthcare workers themselves," they added.

A survey released in October 2023 revealed that over a third (35%) of healthcare practitioners in South Africa feel that their mental well-being has worsened compared to the time during the COVID-19 pandemic. The authors stated that healthcare workers who are traumatised, burnt out, or depressed are less likely to provide the best possible care to their patients.

"We need an end to the current financial crisis caused by the national government, and we need urgent reinvestment in public health. While reinvestment in health will take time, we can and must, in the interim, and as a matter of urgency, recognise that the problem of moral suffering in healthcare workers exists, is real, and most importantly, is not shameful," they said.

They said that at present, many of the interventions aimed at reducing or eliminating moral distress are at the individual level, where the pathology is placed on the healthcare providers themselves, who need to 'heal themselves', 'do better self-care', or 'build better resilience'.

"We think this is unhelpful," they noted. "Instead, healthcare institutions should offer a multi-pronged approach to the problem. In healthcare environments where stress and moral injury are commonly experienced, we need to improve workplace culture, create psychologically safe environments, and develop interventions to improve clinical team connection and teamwork."

They shared that the connection and sense of belonging within the clinical team can provide the strongest protection against despair and loneliness. "We also need to provide training for healthcare workers to develop critical thinking and ethical reasoning skills that can support them when faced with impossible decisions (made more frequently by budget cuts) that pose the risk of causing moral injury. We need clinical ethics forums to promote collaboration in problem-solving and clinical ethics committees to share decision-making responsibilities. We offer these not as an alternative to addressing the systemic problem – corruption, inefficiency, and maladministration – but as complements to it. We especially draw attention to the importance of leadership in the battle against moral distress: all levels of leaders should look for ways of supporting healthcare workers so that they can best serve those in their care," said Hoare.

Hoare added: "During the COVID-19 pandemic, healthcare workers endured the unimaginable and the inconceivable. We faced traumas and bore witness to unspeakable suffering and death. Many of us have not yet recovered from those experiences and yet find ourselves having to endure another crisis, again one not of our own making but rather the consequence of a national budget crisis. Working in healthcare is a privilege and can be the most rewarding profession, but it comes at a cost to our well-being.

"Healthcare workers are at high risk of mental health issues due in part to our experience of moral distress. We need to look for ways of supporting healthcare workers, which will, in turn, support the people we serve. The mental health and wellbeing of healthcare workers should be a priority at every healthcare facility and should be a priority to all leaders and managers in healthcare. We, the healthcare workers, are a limited resource."

Matisonn said: "We cannot ignore the urgent imperative to reduce moral suffering in healthcare providers. But the duty is a shared one. Whether it is the students we teach or the healthcare practitioners we rely on, we need to stop expecting them to develop either the resilience to withstand systemic adversity or the capacities and skills to push back against it because this is both unrealistic and unfair. The responsibility to confront challenges in healthcare systems generally, and those under pressure specifically, should not be placed on the shoulders of healthcare workers who are already shouldering so much."

ENDS

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