

Outbreak distress: characterising moral distress amongst international healthcare workers responding to mpox in 2022

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Monkeypox alert in Spain after 23 people show symptoms

Health ministry says cases yet to be confirmed and come after the viral infection detected in UK and Portugal



'Now we have to deal with it': what's going on in the UK with monkeypox?



It's not the first time the virus has been found in Britain but now there are chains of transmission



HEALTH AND SCIENCE

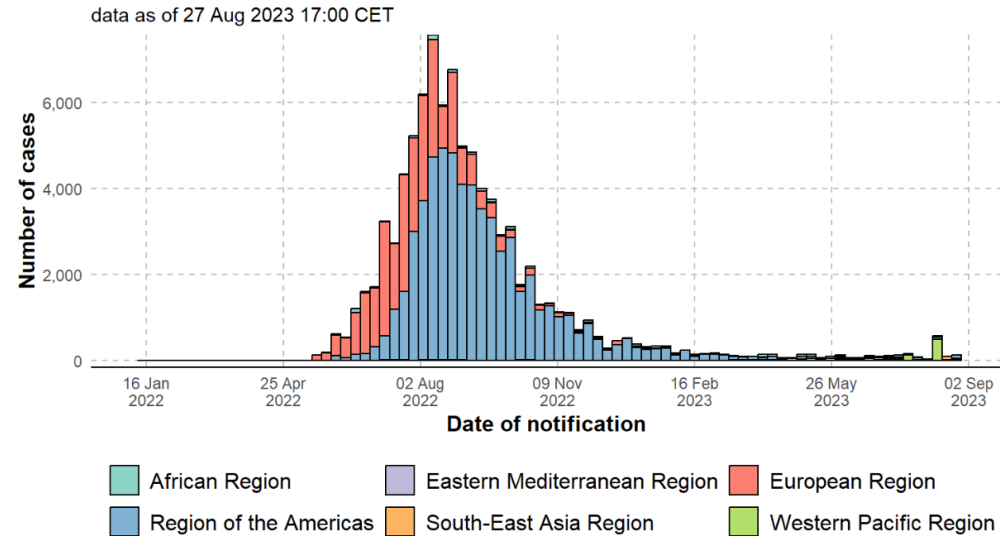
Health officials confirm first U.S. case of monkeypox virus this year in Massachusetts

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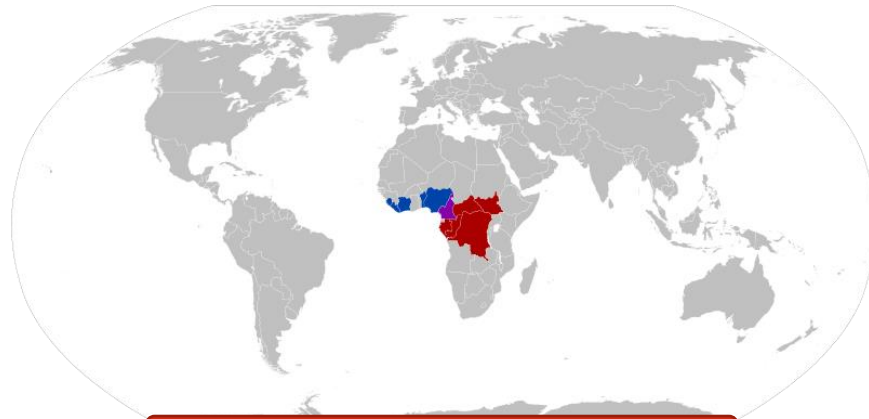
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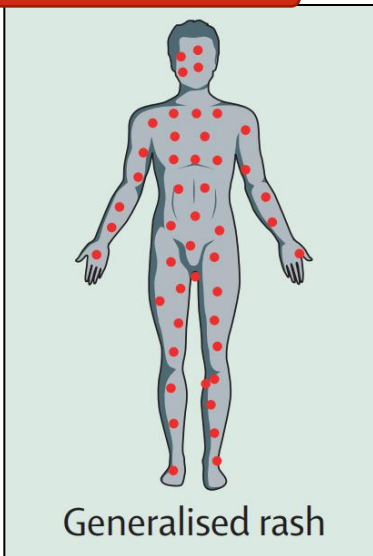
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Healthcare workers more than three times more likely to have experienced burnout during the COVID-19 pandemic



Mpx endemic countries prior to 2022

Previous outbreaks



2022 outbreak

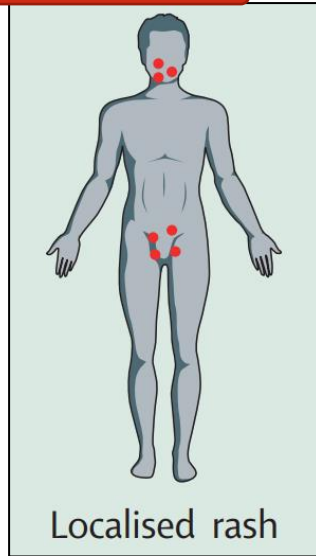
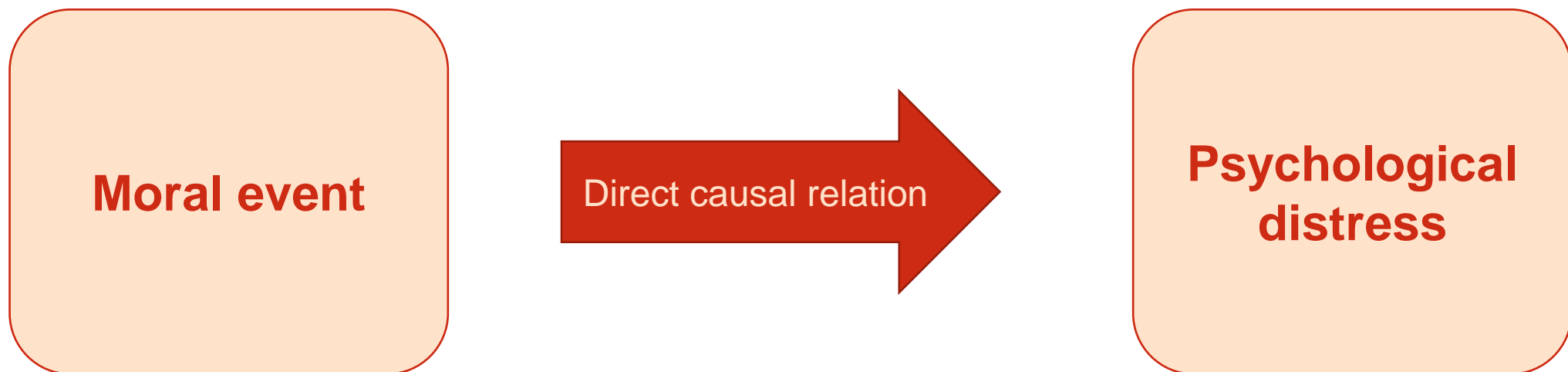


Table 1. Demographic and Clinical Characteristics of the Persons with Monkeypox.*

Characteristic	All Persons (N=528)
Median age (range) — yr	38 (18–68)
Sex or gender — no. (%)	
Male	527 (>99)
Female	0
Trans or nonbinary	1 (<1)
Sexual orientation — no. (%) [†]	
Heterosexual	9 (2)
Homosexual	509 (96)
Bisexual	10 (2)
Race or ethnic group — no. (%) [†]	
White	398 (75)
Black	25 (5)
Mixed race	19 (4)
Latinx	66 (12)
Other or unknown	20 (4)
HIV positive — no. (%)	218 (41)
HIV negative or status unknown — no. (%)	310 (59)
Use of preexposure prophylaxis against HIV — no./total no. (%)	176/310 (57)
Foreign travel in month before diagnosis — no. (%) [‡]	147 (28)
Continent of travel — no./total no. (%)	
Europe	132/147 (90)
North America	9/147 (6)
Australasia	0/147
Africa and Middle East	2/147 (1)
Central and South America	2/147 (1)
Not stated	2/147 (1)

‘When one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action’ (Jameton 1984)



(Morley et al 2019)

Why were we doing this research?



Prof. Chloe Orkin



Dr Sara Papparini



Dr Vanessa Apea



Rosalie Hayes, Queen Mary University of London



Dr Anthony K J Smith, University of New South Wales

The study



Aims and objectives



- What forms of moral distress did HCWs experience during the 2022 multi-country mpox outbreak?
- How do healthcare workers involved in the 2022 mpox multi-country outbreak characterise their experiences of moral distress?
- What were the contributing or protective factors for moral distress among HCWs during the 2022 multi-country mpox outbreak?

Data collection

- Cross-sectional, anonymous, online survey conducted with healthcare workers responding to 2022 multi-country mpox outbreak
- Disseminated via international clinical networks (SHARE-Net, EACS, BHIVA, BASHH, IAS)
- Survey available in English, Spanish, French and Portuguese

Analysis

- Focused analysis on free text responses
- Broadly drew on approaches to qualitative analysis of survey responses (Braun et al 2020; Philpot et al, 2020)
- Combination of inductive and deductive coding informed by moral distress literature
- Iteratively returned to the literature as we developed our themes

Findings



Participant characteristics (n=497)



Category	n	%
Age		
18-25	5	1
26-30	25	5
31-34	40	8
35-40	67	13
41-50	149	30
51-60	118	24
60+	93	19
Gender		
Cisgender women	256	52
Transgender women	3	1
Cisgender men	215	43
Transgender men	1	0.2
Non-binary	5	1
Prefer not to say	17	3
Do you identify as a gay or bisexual man?		
Yes	75	15
No	407	82
Prefer not to say	15	3
WHO region		
African Region	48	10
Eastern Mediterranean Region	1	0.2
European Region	274	55
Region of the Americas	148	30
South-East Asian Region	6	1
Western Pacific Region	17	3
Prefer not to say	3	1

Category	n	%
Professional role		
Doctor	368	74%
Nurse or Nurse Practitioner	62	12%
Trainee doctor	28	6%
Health Promotion Worker	17	3%
Clinical Researcher	15	3%
Other	7	1%
Where did you see suspected or confirmed clinical cases of monkeypox?*		
Sexual health clinic (community, public, private)	192	39%
HIV clinic	183	37%
Infectious disease clinic	170	34%
Emergency department	100	20%
I did not see any patients	69	14%
In-patient ward	55	11%
General practice	42	8%
Dermatology clinic	22	4%
Other	18	4%
Rural practice	11	2%
Paediatric clinic or ward	8	2%
Obstetrics/Gynaecology clinic or ward	2	0.4%

* Total > 100% as respondents could select more than one option

Moral distress



Issues with care

- **“Not enough vaccine to vaccinate all high-risk individuals resulting in need to prioritize and deny vaccination request of persons with relevant but not highest risk.”** Participant #106 – Germany
- **“The rules imposed to allow patients to access post-exposure vaccination were unethical... and illegal (e.g.: obligation to give the name of one's sexual partner for verification of exposure to a PCR confirmed case).”** Participant #489 – Belgium

Structural constraints

- **“Understaffing meaning that current work and services are displaced/ postponed/ cancelled”** Participant #236 – Australia
- **“Not being able to admit patients due to hospital overburden”** Participant #320 – Mexico
- **“We have CDC funding in place for COVID and could easily morph to help with mpox but all funds now depleted and no help en route.”** Participant #198 – United States

Psychological distress

- **“Anger at the inadequate response, lack of leadership, lack of resource... Anger and anxiety about the fact that we have had to prioritise this work as well as introducing infection control procedures that have limited access to the service.”** Participant #2 – United Kingdom
- **“COVID was very demoralizing and exhausting both professionally, personally, and socially - now with that ongoing and monkeypox, things are really uncomfortable in the ID world.”** Participant #235 - United States

Uncertainty



Lack of mpox knowledge

- **“No knowledge of the virus and patients were asking lots of questions that I couldn't answer.”** Participant #374 – France

Absence of response

- **“Not enough information, no information on vaccine availability, government seems to ignore the issue most likely to the governmental homophobia in Poland”** Participant #214 - Poland

Chaotic and conflicting messaging

- **“Multiple meetings with multiple different groups – none of whom were talking to each other... sometimes clinicians weren't even involved until 3 weeks into the outbreak.”** Participant #37 – United Kingdom
- **“Rapidly changing policies, no clear guidelines... We more than once had to hear about a new policy from the media.”** Participant #478 – Belgium

Examples of effective communication

- **“Consultation with all the major stakeholders and also input from vulnerable communities right from the start”.** Participant #151 - Canada

Stigma



Stigma from health authorities

- **“Initially there was a discriminatory response from the public health system... a tendency to mention that this type of pathology is caused by "unnatural" MSM relationships or other stigmatizing themes.”** Participant #406 – Bolivia
- **“The patients received a letter from the agency where it was clearly stated that they are in quarantine because of mpox... It is a huge stigmatization, mpox is not like COVID, people getting it belong to a certain risk group and it feels like in the very beginning of HIV for some patients.”** Participant #89 - Austria

Infection control > patient dignity

- **“We also had to see people standing up, no couches, entering the backdoor of a clinic area adding to stigmatisation and felt like going back 30 years.”** Participant #78 – United Kingdom

Stigma from HCWs

- **“Seeing some healthcare staff treat mpox patients poorly... watching staff literally run away from or speak roughly to a patient in the clinic hallway they think has mpox.”** Participant #244 – United States

Compassion fatigue(?)

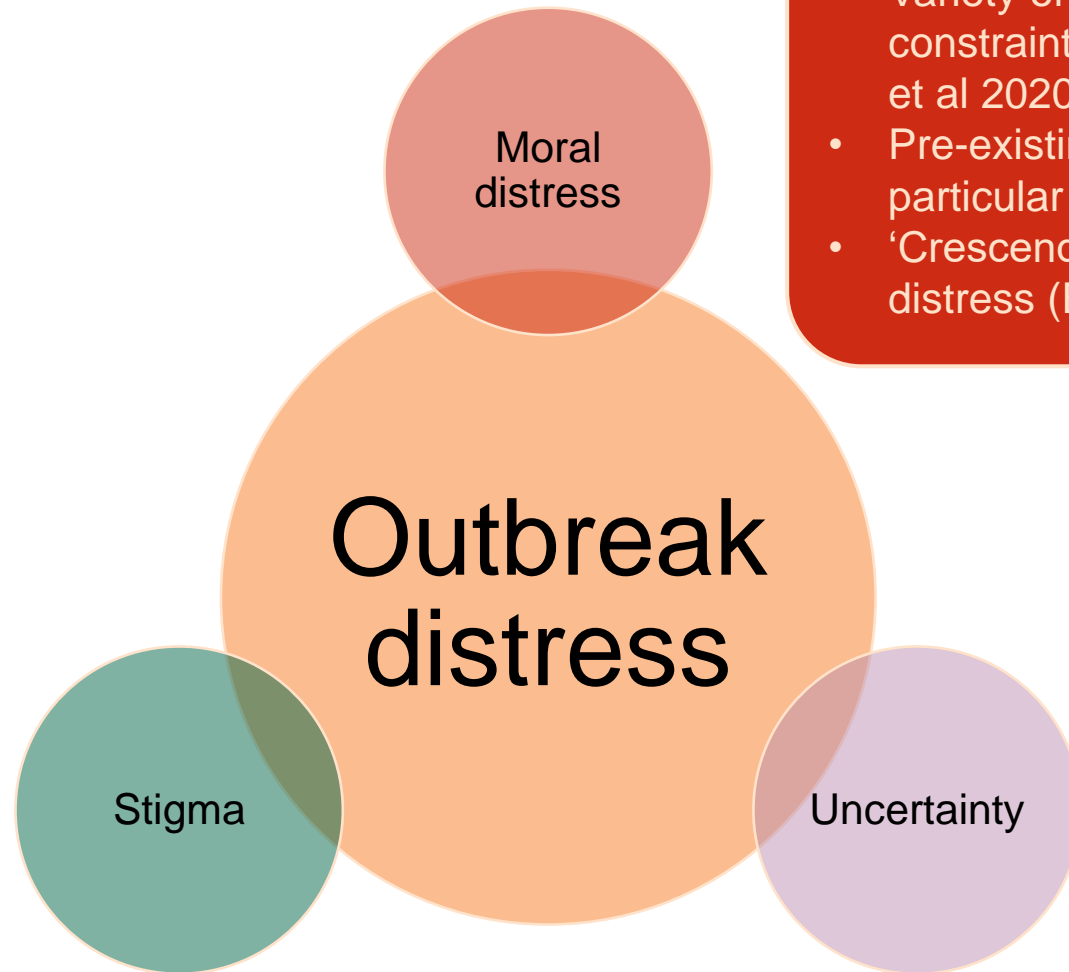
- **“I am suddenly now angry, disappointed in the majority of MSM population and feel less desire to help a specific group of risky, entitled, spoiled men.”** Participant #216 – United States

Discussion



Developing the concept of 'outbreak distress'

- Three stigma archetypes within mpox – the “foreign other”, the “immoral other” and the “visibly unwell” (Logie, 2022)
- Legacy of HIV epidemic and institutionalised homophobia



- Variety of sources of moral distress – constraints, dilemmas, uncertainty (Morley et al 2020)
- Pre-existing structural constraints a particular and repeated source of distress
- ‘Crescendo effect’ of repeated moral distress (Epstein & Hamric 2009)

- Omnipresent phenomenon in clinical practice (Mackintosh & Armstrong 2020), but writ large during novel outbreaks
- Issue of communication and coordination as much as epistemology

Questions raised by 'outbreak distress'



- What are the consequences for a workforce likely to experience multiple novel outbreaks during their lifetime?
- Can structural constraints be loosened or challenged in the context of 'outbreak preparedness'?
- What might 'taking the long view' look like in the context of outbreak distress?
- How do experiences of outbreak distress differ across contexts, given the range of social, economic and moral dynamics shaping these experiences?

Limitations



- Study design limited the richness within responses and flattens contextual differences
 - Did provide greater breadth and highlighted commonalities across many countries
 - Offers a snapshot of experiences at the height of the outbreak.
 - Experiences of HCWs reflect those of patients captured in the broader literature
- Those responding positively tended to give much briefer replies, if at all, meaning that the results presented here are more reflective of those with negative experiences.
- Majority of respondents were from UK and US
- Not everyone was writing in their first language
- Differing understandings of meaning of moral distress among respondents

Next steps

- Our own analysis
 - Identifying and contextualising differences in responses by region or profession
 - Identifying protective factors
- Considering recommendations
 - Shift of focus from interpersonal- and institutional-level interventions to structural solutions
 - Elimination or mitigation? (possibly both)
 - Crisis management vs taking the long view

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Thanks for listening! We welcome your feedback.

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