Surviving the Cut

Moral injury, meaning-making, and the chaplain’s role in times of change

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November 2026

Your Speakers



Nick Batson

Regional Medical Director

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Get to Know Us!

Favorite Mindfulness Practice:

- Brian: Mantram Repetition
- Nick: Progressive muscle relaxation with mindful stretching

Favorite Flow State Activity:

- Brian: Reading on the back porch in autumn
- Nick: Trail running

Favorite Guilty Pleasure:

- Brian: Watching “Orangutan Jungle School” with the family
- Nick: TMZ app – celebrity gossip

Recent good book or show:

- Brian: *Theo of Golden*, by Allen Levi
- Nick: *How Change Really Works, By Julia Dhar*

Opening Reflection

Who supports the leaders when organizational change harms the people they are trying to serve, and how can they be effectively supported?

Hold this question as we move through the session.

Quick audience poll

Have you supported leaders and staff impacted by layoffs?

Have you supported leaders involved in difficult organizational decisions?

Raise a hand or respond in chat for each.

By the End of This Session

1. Understand survivor guilt in healthcare leadership
2. Recognize its relationship to moral injury
3. Explore organizational transitions through an ethical and spiritual care lens
4. Identify chaplain-led interventions that support leaders and teams
5. Consider opportunities for chaplaincy within executive and organizational spaces

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SURVIVOR GUILT AMONG HEALTHCARE LEADERS DURING ORGANIZATIONAL TRANSITIONS

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Abstract: *Healthcare professionals are anchored by moral commitments to compassion, integrity, and fairness. Rapid organizational change—particularly mergers, divestitures, and workforce reductions—can place these commitments in tension with institutional realities, creating conditions for moral injury among healthcare leaders. Drawing on literature in moral psychology and organizational ethics, this article conceptualizes survivor guilt, a specific manifestation of moral injury, in healthcare leadership as an appraisal-driven response to perceived inequity and constrained agency during organizational transitions. This article outlines individual, organizational, and system-level contributors, and proposes practical, leadership-oriented interventions—including modified Schwartz Rounds, ethics rounds, and chaplain-led logotherapeutic support—to mitigate moral distress.*

Keywords: *moral injury, survivor guilt, termination, healthcare chaplain, leadership.*

Session Roadmap — 45 Minutes

Welcome & framing the conversation	**5 min**
Why this topic matters now	**5 min**
Understanding moral injury	**7 min**
Survivor guilt in healthcare leadership	**8 min**
The chaplain’s unique role	**7 min**
Practical interventions for healthcare chaplaincy	**8 min**
Future opportunities for chaplaincy leadership	**3 min**
Closing reflection & discussion	**2 min**

Source: Batson & Hughes, J Healthc Ethics Admin 2026

Why This Topic Matters Now

~1,537

hospital merger- and acquisition-related ownership changes in the U.S., 2010–2019

30%

of 2024 mergers involved financially distressed providers

60%+

of divestitures entailed hospital closures or market exits

Mergers, financial pressure, reimbursement challenges, legislative changes, and workforce shortages keep reshaping healthcare — and organizations must balance mission with sustainability.

The collateral effect is workforce reduction — felt acutely by patients, clinical teams, and healthcare leaders.

The Hidden Impact on Leaders

Most attention goes to affected employees. But leaders often:

- remain after downsizing
- feel responsible for losses they could not prevent
- carry significant moral and emotional distress

After layoffs, remaining employees frequently experience “survivor syndrome” — guilt, anxiety, and reduced trust. Leaders feel it too, while continuing patient care, absorbing greater operational demands, and stewarding realigned objectives.

Organizational transitions are not only operational events. They are also:

Ethical events

Relational events

Spiritual events

Understanding Moral Injury

A wound created when deeply held moral values are violated by actions, circumstances, or institutional decisions.

- First described in military contexts; rose to prominence in healthcare after the occupational distress of the COVID-19 pandemic.
- Arises when a perceived legitimate authority — such as an organization — transgresses deeply held moral beliefs.
- Produces a sense of betrayal: dissonance between “what happened” and “how the world ought to work.”
- Guilt is a central symptom — events are interpreted as inconsistent with one’s moral self.

When Values Collide

Healthcare professionals are anchored by moral commitments:

Compassion	**Justice**
Service	**Human dignity**

Organizational realities:

Financial pressures, market volatility, reimbursement dynamics, and sustainability can require service reductions and workforce downsizing. To frontline clinicians, these choices appear to deviate from mission and values.

Cognitive dissonance → distress → moral injury

How it sounds:

"I should have done more."

"I failed my team."

"This shouldn't have happened."

"I benefited while others suffered."

Moral Injury Is Not Burnout

Burnout

- Centers on exhaustion
- Driven by workload and resource strain
- Response: rest, workload redesign, restoration

Moral Injury

- Centers on violated values
- Driven by perceived betrayal or transgression of moral beliefs
- Response: moral repair, meaning-making, value realignment

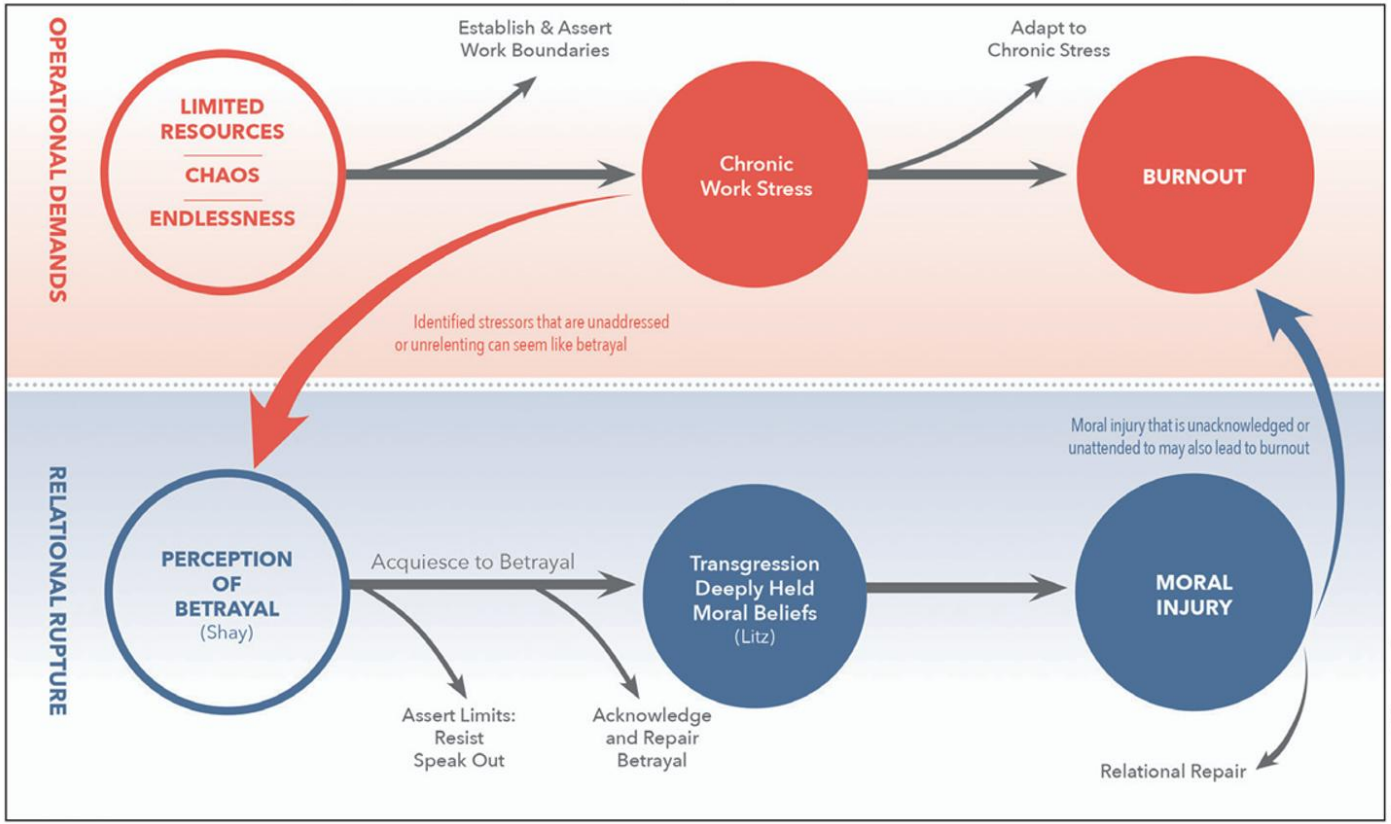
Key distinction: burnout is about depleted energy; moral injury is about a wounded conscience. The two can coexist — but they call for different care, and either may warrant clinical evaluation.

Relational Breakdown and Moral Injury



Source: Workplace Change Collaborative. (2023, October 31). *National framework for addressing burnout and moral injury in the health and public safety workforce*. Fitzhugh Mullan Institute for Health Workforce Equity, George Washington University. https://www.wpchange.org/explore-the-framework

FIGURE Relationship Between Moral Injury and Burnout



Source: Wendy Dean; reprinted with permission.

Survivor Guilt: A Definition

A response in which individuals believe they have unfairly benefited from an adverse event that impacted others.

~1 in 2

healthcare workers who witness a potentially morally injurious event report survivor guilt

Rooted in trauma psychology — historically associated with war, natural disasters, and mass casualty events. May be persistent or event-specific.

Equity theory: people prefer outcomes perceived as fair and deserved. When leaders believe they benefited unfairly by retaining employment or authority, guilt consolidates.

May accompany mood symptoms and share features with trauma-related conditions such as PTSD.

Leadership survivor guilt is a manifestation of moral injury arising from perceived inequity, constrained agency, and unresolved responsibility.

Why Clinical Leaders Are Especially Vulnerable

Clinician identities

- Clinician
- Advocate
- Healer
- Colleague

VS

Executive identities

- Executive
- Steward
- Resource manager
- Decision-maker

The dual-agency leadership model — delivering care while holding managerial responsibility — is an inherently conflict-laden position.

These dual identities collide during transitions — leaders must steward system viability while honoring professional and relational commitments to patients and teams.

How Survivor Guilt Shows Up

Excessive self-blame

"I did not do enough" narratives that resist evidence

Overwork

Compensatory devotion of time and energy to "repair" injustice

Rescue behaviors

Prosocial helping pushed past structural and personal limits

Difficulty setting boundaries

Inability to say no when saying yes feels morally required

Withdrawal

Pulling back from colleagues and decision tables

Isolation

Carrying the burden alone — believing no one can understand

Case Example

HYPOTHETICAL

A physician executive — trained as a healer, now stewarding a service line — oversaw workforce reductions she could not prevent. She kept her role while colleagues lost theirs. Patients lost continuity of care. Intellectually, she knows the layoffs were unavoidable. Emotionally, she cannot stop rehearsing what she might have done differently. She works later, takes on more, and has stopped eating lunch with her team.

Reflection: What emotions, spiritual concerns, and clinical signals might be present for her?

The Chaplain's Unique Role

Chaplains as organizational healers

Traditionally support:

Patients · Families · Staff



Increasingly can support:

· Executives · Department leaders · Boards · Leadership teams

Core chaplaincy competencies

- Values alignment exploration
- Deep, empathic listening
- Meaning-making
- Creating psychologically safe spaces
- Facilitating difficult conversations

Intervention A — Schwartz Rounds

Confidential, multidisciplinary forums where caregivers reflect on the emotional and social dimensions of care. Piloted in 1997; evidence shows reduced psychological distress and improved well-being and coping among participants — leadership-specific outcomes still need study.

Adaptation: transition-focused Schwartz Rounds

Before layoffs → **Immediately afterward** → **During integration**

A reflective space to explore the "how" and "why" of workforce reductions — reinforcing a humanizing culture and mitigating self-defeating narratives.

Intervention B — Ethics Rounds

A structured, case-centered forum for analyzing ethically difficult situations — including service closures and divestitures.

Purposes

- Explore ethical tensions
- Clarify values
- Examine competing obligations

Questions they clarify

Access and continuity of care · clinician–patient relationship · social justice · community engagement · trust

Potential stakeholders

- Leadership
- Ethics committee members
- Chaplains
- Clinicians
- Community representatives
- Experts in law, medicine, philosophy, religion

Intervention C — Chaplain-Led Meaning-Making

Drawing on logotherapy — reframing suffering to find meaning by exploring circumstances, personal agency, accountability, and possibilities for repair. A reframed appraisal might sound like: “these circumstances — not my moral failing — produced the outcome” — reconciling accountability with humility and self-compassion.

Guiding questions

What meaning can emerge from this experience?

What values remain intact?

How can leaders respond with integrity?

Outcome: accountability reconciled with humility and self-compassion.

Longitudinal Support

1

Before decisions

Anticipatory planning; surface values, fears, and obligations before the change is set in motion

2

During implementation

Normalize moral emotions; provide presence and safe processing in the midst of disruption

3

After change occurs

Aftermath reflection and learning; reframe appraisals; support value-congruent action going forward

Peri-transition support — integrating chaplains before, during, and after — aims to normalize moral emotions, reduce isolation, and promote value-congruent action within real-world constraints.

Future Opportunities for Chaplaincy

Organizational ethics partners

Embedded in ethics rounds and transition planning, not just bedside care

Executive well-being resources

A trusted, confidential presence for leaders carrying moral weight

Facilitators of moral resilience

Building capacity to navigate value conflict without losing self

Leaders in culture healing

Stewarding the organization’s moral and spiritual repair after change

Organizations that institutionalize these supports can help leaders transform survivor guilt from an isolating burden into a catalyst for ethical clarity, relational integrity, and sustainable stewardship.

Questions for the Field

01 How can chaplaincy measure its impact on leadership well-being?

02 What competencies are needed to support executives and clinical leadership?

03 How should chaplaincy be integrated into organizational transitions?

CLOSING REFLECTION

Survivor guilt among healthcare leaders is not simply a psychological reaction.

A moral response

A relational response

A spiritual response

Chaplains are uniquely positioned to help leaders transform survivor guilt into ethical clarity, meaning, and compassionate stewardship.

“What would it look like if every major healthcare transition included intentional spiritual and moral support for leaders and staff?”

Discussion & Reflection

Notice

Where have you seen a leader carry moral weight that no one around them named?

Trust

What has helped you earn the trust of executives or physicians who rarely ask for support?

Handoff

When does a leader's distress call for clinical care, spiritual care, or both — and how do you hand off?

Presence

Who is in the room before, during, and after change decisions in your organization?

Boundaries

How do you hold confidentiality and role clarity when you serve leaders whose decisions affect your own team?

Self-tending

How are you tending to yourself when organizational change is also touching your own department?

Type a response or question in the chat — we'll take as many as time allows.

CLOSING BLESSING

A Blessing for the Ones Who Stay

May we remember that the weight our leaders carry is not proof of failure — it is often evidence of how deeply they care.

May we offer steady intentional and healing presence where "I did the right thing, but it doesn't feel right," and be unhurried enough to let hard questions stay open.

May we help the ones who stay hold accountability and self-compassion together, and set down what was never theirs to carry alone.

And as we tend others, may we be tended too — by one another, by what gives our work meaning, and by the compassion we so freely offer.

Go gently. Stay present. No one was meant to carry this alone.