

# Moral Distress and Conflicting Conceptions of Solidarity among Healthcare Staff from a Minority Population During the Pandemic and a National Crisis Situation



MARAM KHAZEN PhD, BS.Pharm

22.5.25



# Team

**Maram Khazen, PhD, BS Sc Pharm** —Max Stern Yezreel Valley Academic College, Brigham \_\_\_\_  
& Women Hospital, Harvard Medical School

**Nurit Guttman PhD** — The Department of Communication, Tel Aviv University

**Rivka Neriya-Ben Shahr, PhD** — The Department of Communication, Academic College  
Sapir

**Malka Sacham, PhD** — The Department of Communication, Ben Gurion University

**Rotem Shapira** — The Department of Communication, Tel Aviv University

**Enak Muasi** — American University, Ramallah

**Amanda Qarawani** — Ruth and Bruce Rapoport Faculty of Medicine, Technion

**This study was Funded by an Israel Science Foundation grant**

# Background – Healthcare Staff Stressors and Crisis

- 
- Healthcare staff experience various levels of stress, exacerbated by crises situations
  - Healthcare staff from ethnic or national minority populations or marginalized groups experience workplace prejudice, further exacerbated in crises situations
  - Stress related to witnessing, or to one's inability to execute what one considers moral actions in the workplace, can lead to **moral distress and moral injury**

# Moral Injury

---

"Betrayal of 'what's right' -  
either by a person in  
legitimate authority  
or by oneself in a high  
stake's situation"

Shay, 2014



"...acts that  
transgress  
deeply held  
moral beliefs  
and  
expectations"

Litz et al, 2019



Risk of  
moral  
injury

# Moral Injury

- Exposure to transgressions or morally injurious events
- Witnessing or failure to prevent acts that transgress deeply held moral beliefs
- Betrayal by legitimate authority/lack of leadership support
- Poor 'moral climate' (enables/legitimizes transgressions)

## Patient, team or system level

### Related to self

Guilt, shame, fear  
frustration

### Related to others

Anger, resentment, sense of  
betrayal, loss of trust, fear

Distress, helplessness,  
self-depreciation, withdrawal,  
trauma, burnout

Review

## A Scoping Review of Moral Stressors, Moral Distress and Moral Injury in Healthcare Workers during COVID-19

Priya-Lena Riedel <sup>1,\*</sup>, Alexander Kreh <sup>1</sup>, Vanessa Kulcar <sup>1</sup>, Angela Lieber <sup>2</sup> and Barbara Juen <sup>1</sup>

<sup>1</sup> Institute of Psychology, University of Innsbruck, Innrain, 521, 6020 Innsbruck, Austria; Alexander.Kreh@uibk.ac.at (A.K.); Vanessa.Kulcar@uibk.ac.at (V.K.); Barbara.Juen@uibk.ac.at (B.J.)

<sup>2</sup> Department of Art and Design, University of the Arts Bremen, 28217 Bremen, Germany; Lieber.Angela@gmail.com

\* Correspondence: Priya-Lena.Riedel@uibk.ac.at; Tel.: +43-670-559-7979

**Abstract:** Ethical dilemmas for healthcare workers (HCWs) during pandemics highlight the centrality of moral stressors and moral distress (MD) as well as potentially morally injurious events (PMIEs) and moral injury (MI). These constructs offer a novel approach to understanding workplace stressors in healthcare settings, especially in the demanding times of COVID-19, but they so far lack clear identification of causes and consequences. A scoping review of moral stressors, moral distress, PMIEs, and MI of healthcare workers during COVID-19 was conducted using the databases Web of Science Core Collection and PsycINFO based on articles published up to October 2021. Studies were selected based on the following inclusion criteria: (1) the measurement of either moral stress, MD, PMIEs, or MI among HCWs; (2) original research using qualitative or quantitative methods; and (3) the availability of the peer-reviewed original article in English or German. The initial search revealed

# Background – Impact and Mitigation of Staff Moral Distress and Moral Injury

---

- Patients who engage with morally distressed or injured clinicians tend to have twice as low satisfaction scores
- Moral injury was found to be negatively related to professional and personal wellbeing
- It is important for healthcare staff to get organizational support in order to address moral injury

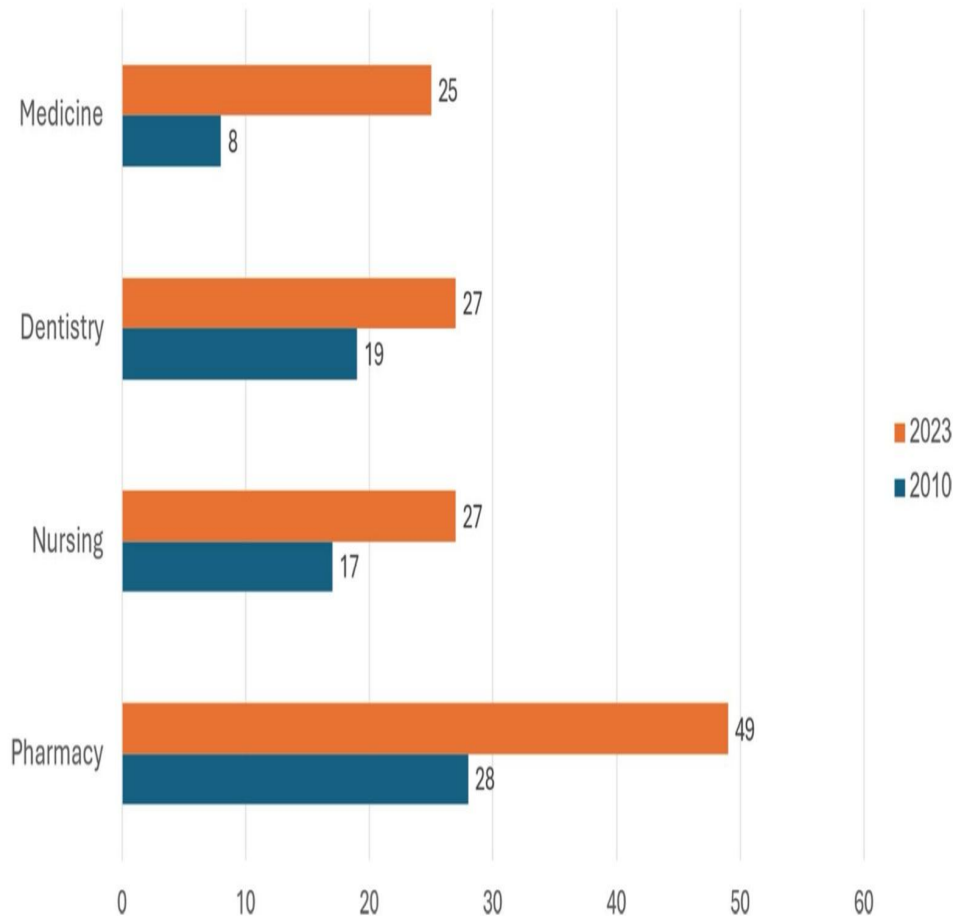
# The Current Study

---

- The study focused on physicians and nurses - members of the Arab-Palestinian society in Israel
- Examined their experiences during two consecutive crises:
  - The COVID-19 pandemic
  - The Gaza war/"Iron Swords" after the October 7 attacks

# Large percent of Arab healthcare staff

Percent of Arab professionals in selected healthcare professions. Source: Rosen et al, 2025



- Arab-Palestinian minority in Israel are 21% of the larger society
- Arab healthcare staff comprise 40% of healthcare workforce in Israel

Rosen and Miiari  
Israel Journal of Health Policy Research (2025) 14:7  
<https://doi.org/10.1186/s13584-024-00663-3>

Israel J  
Health Policy R

## ORIGINAL RESEARCH ARTICLE

Open Access

### Arab representation in Israeli healthcare professions: achievements, challenges and opportunities

Bruce Rosen<sup>1,2\*</sup> and Sami Miiari<sup>3,4</sup>

#### Abstract

**Background** Israel is a multiethnic society with a population of 9.8 million at the end of 2023. Israeli Arabs (i.e., Palestinian citizens of Israel) account for 21% of the Israel's overall population, 22% of its working age population and 16% of the employed population. This study has several objectives: (1) To provide an overview of the current representation of Israeli Arabs in four key health care professions (medicine, nursing, dentistry, and pharmacy) in terms of employment, licensure, and professional studies; (2) To document changes in those parameters over the past decade, subject to limitations of data availability; (3) To provide a broader context on the employment of Israeli Arabs to explore the policy implications of the key findings.

**Methods** Estimates of employment levels are based on the Labor Force Survey (LFS) of the Central Bureau of Statistics (CBS). Data on licensure (i.e., professional qualification) and place of professional studies were extracted from the Ministry of Health report series entitled "The Health Care Professions". Data on enrollment in degree programs in Israel was provided by the Council of Higher Education. Important background information was elicited from relevant policy documents and policy experts.

**Results** In 2023, among employed Israelis up to age 67, Arabs constituted approximately one-quarter of Israeli physicians (25%), nurses (27%), and dentists (27%), and half of Israel's pharmacists (49%). These percentages are substantially higher than they were in 2010, with the increase being particularly marked in the case of physicians (25% vs 8%). The number of new licenses granted annually increased significantly between 2010 and 2022 for both Arabs and Jews in each of the professions covered. The percentage of newly licensed professionals who are Arab increased substantially among physicians and nurses, while remaining stable among dentists and pharmacists. In medicine, dentistry, and pharmacy, many of the licensed Arab health professionals had studied outside of Israel; this phenomenon also exists for nursing but is less widespread there. In the 2022/3 academic year, the percentage of first-degree students in Israeli colleges and universities who were Arab was 70% in pharmacy, 33% in nursing, 23% in dentistry, and 9% in medicine. Between 2012/3 and 2022/3 the percentage of first-degree students who are Arab increased substantially for pharmacy, declined slightly for nursing, and declined substantially for medicine and dentistry.

**Conclusions** Arab professionals play a substantial and recently increased role in the provision of health care services in Israel. It is important to recognize, appreciate, and maintain this substantial role. Moreover, its potential as a model for sectors other than health care should be explored. To build on achievements to date, and to promote continued progress, policymakers should expand access to health professional education within Israel, upgrade the standards of training, and ensure that Arab professionals are fully integrated into the health care system.

\*Correspondence:

Bruce Rosen  
bruce@jhsr.org

Full list of author information is available at the end of the article



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

# Appreciation during the pandemic

## Arab doctor leads Haifa hospital's anti-virus fight

Khitam Hussein, who heads Rambam Hospital's outbreak response and has been highlighted as a symbol of coexistence, says her life has been turned upside down by COVID-19

By MAJEDA EL BATSH  
28 April 2020, 8:04 am

SHARE 9



EN المجلة

## الطواقم الطبية اليهودية والعربية جنود «معركة مشتركة» ضد عدو واحد

كورونا وضعت أطباء فلسطيني 48 على الخريطة الاجتماعية والسياسية في إسرائيل



د. شكري عواودة، نائب رئيس بلدية «نوف هجليل» في الجليل والمدير الطبي للواء الناصرة في صندوق المرضى «مئوحيدت» (اللجنة).

THE TIMES OF ISRAEL ISRAEL AT WAR - DAY 591

## Video saluting Israel's Arab medical professionals during crisis goes viral

Campaign urges Israelis to consider: since they trust Arab doctors and caregivers to save their lives, why not work with them in national politics as well?

By NATHAN JEFFAY  
27 April 2020, 10:34 pm

SHARE 10



<https://www.timesofisrael.com/video-saluting-israels-arab-medical-professionals-during-crisis-goes-viral/>



מתוך דף הפייסבוק "אומרים תודה לגיבורי הרפואה"

From the campaign "Thank you to the heroes of medicine. Dr. Hiba Abu-Ziad saved patient no. 16"

Shalev, 2021

# Suspicion and Accusations - after the October 7 attacks

TheMarker

health

## Even when we treat" wounded Jews around the clock, we are looked at "with suspicion

Current and past statements by Arab doctors, nurses, and nurses in hospitals regarding Gaza have led to sanctions being taken against them and even their dismissal — this is claimed in a letter sent by the Monitoring Committee for Health Affairs in Arab Society to senior health system officials ■ "If a senior surgeon is "constantly afraid — how can he function

HAARETZ

Israel News

### Hadassah Reinstates Arab Doctor Falsely Accused of Aiding Suspected Palestinian Stabber

Ido Efrati  
Jan 15, 2023

Follow

HAARETZ

Israel News

### Arab-Israeli Doctor Leaves Job After Being Wrongly Accused of Supporting Terrorism

Ido Efrati  
Dec 20, 2023

Follow

An Israeli doctor was forced to leave the hospital he had worked at for 15 years after being suspended for alleged

שיחה מקומית Support us

Since the war: Unprecedented persecution of Arab medical workers

In Israel, the high percentage of Palestinian citizens in the health system is often cited as a model of coexistence. But since the war began, expressing sorrow over the deaths of innocent people in Gaza is enough to get them summoned for a hearing and .lose their jobs

By: Bakr Zoabi

Subscribe to the newsletter A A A 20.11.2023

October 25, 2023

## Transgressions in the healthcare system against Arab healthcare staff after the October 7 attacks

- More than 50 lawsuit cases filed against Arab healthcare staff (physicians and nurses) until end of October 2023
- Reports of patients' refusal to be treated by an Arab Healthcare worker



### **Manifestations of racism in hospitals: "They asked that "no Arab treat them**

Since the beginning of the war, Arab medical staff have been trapped: they are subjected to ugly comments, encounter patients who insist that "only a Jew" will treat them, and even become victims of attempts to "criminalize" them as Hamas supporters. The person in charge of relations between Jewish and Arab employees at Sheba: "There are many "problematic incidents



Adir Yanko | Updated: 31.10.23 | 06:52

Ynet, October 23, 2023


# From the Abraham Initiatives - Position paper on the Plight of Arab medical professional in the health system against the backdrop of the war


## Recommendations

- ☐ Partnerships between Jews and Arabs within the health system - top priority by the Ministry of Health
- ☐ Guidelines promoting harmonious work based on trust, during national tension
- ☐ Ministry of Health and hospital leaderships – oppose any form of incitement and racism toward Arab staff and should take a firm stance against those responsible
- ☐ Hospitals should define clear rules outlining conduct expected of staff members
- ☐ Health institutions should call for restraint and respectful discourse



The plight of Arab medical professionals in the health system against the backdrop of the "Iron Swords" war | Position Paper



 Download the position paper

As part of the severe crisis afflicting Israel, the healthcare system is facing a significant challenge: Arab medical staff members testify to an experience of discrimination, silencing, stress,

# Study Aims

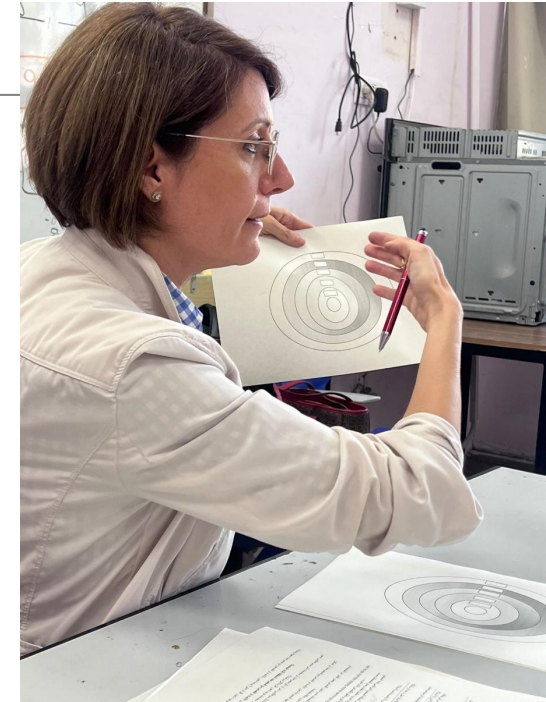
The study is part of a larger focus group study that explored conceptions of solidarity during the COVID-19 pandemic and during the war situation among diverse population groups in Israel (more than 40 focus groups), including the Arab society.

---

- To learn from Arab physicians and nurses who mainly work in hospital settings about their particular views and experiences as they relate to the workplace during the pandemic and the war.
- To identify similarities and differences during these two crisis situations from the Arab healthcare staff
- To develop an understanding of work stressors related to conceptions of solidarity as experienced by Arab physicians and nurses during the two crises

# Methods

- Focus groups using a semi-structured protocol
- Approval of Ethical committee of Tel Aviv University
- Focus groups conducted in Arabic and moderated by an Arab healthcare professional – senior researcher in the study
- Locations - Arab towns and villages – different parts of the country
- Groups recruited and organized by a community worker
- First 4 focus groups consisted of individuals recruited from the general Arab society, 2 included healthcare professionals
- Additional groups consisted exclusively of healthcare professionals from different healthcare institutions
- 40 healthcare workers from 7 focus groups: 17 nurses, 23 physicians; 8 females/32 males, ages: 26-73
- Inductive and deductive thematic analysis



# FINDINGS

---

PANEMIC



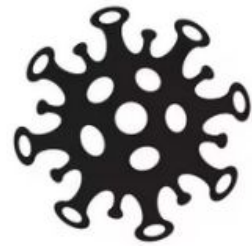
WAR



---

FINDINGS

PANDEMIC





# Solidarity and Bonding

## High solidarity and bonding among Arab and Jewish staff

---

### Pandemic C Situation

“I experienced a truly exceptional team bonding experience. I worked in the coronavirus team and we asked to continue working together as a team in internal medicine... We agreed to give up internal medicine and work in neuro to continue working together.” (Female. Nurse)

“I worked in the Coronavirus section and met new people from other sections. We were very close and helped each other.” (Male. Nurse)



# High Solidarity - Common Enemy

## Pandemic Situation

“When there is something that doesn't discriminate between race, gender, and religion and attacks everyone, then we all unite against this virus. Unity and solidarity are created against this thing that targets all of US.” (Female.physician)

“During the pandemic, the common enemy was the virus. We felt great solidarity.”  
(Male.physician)



## Appreciation by the public

Pandemi  
c  
Situation

“Because there are a lot Arab medical staff, we got a lot of appreciation and support. Very strong solidarity. We “got a hug” from the [general] public.” (Male.physician)



# Conflicted Solidarity

High solidarity within healthcare staff (Arabs and non-Arabs) VS low solidarity with own society

## Pandemic Situation

“There was difficulty with people. A lot of resistance against Corona [mitigation activities] and reactions opposing the virus and the vaccine. I felt that I needed to invest a lot of energy to convince people [my community].” (Male.Nurse)

Vaccine hesitancy is disproportionately high among young Arabs



🕒 2 min read

August 10, 2021 at 07:34 PM

latest revision August 10, 2021 at 07:42 PM



A Magen David Adom worker prepares a COVID-19 vaccine at Amigor retirement residence in Jerusalem on August 4, 2021. ■ Yonatan Sindel/Flash90

---

# FINDINGS

# WAR





# Solidarity – Healthcare Staff

Low solidarity in Arab-Jewish staff    High solidarity in Arab staff

"At our workplace, we (Arab staff) were very careful. Some were called before committees because they posted a verse from the Quran with a question about the meaning of the verse. This happened following a complaint from colleagues on the team."  
(Male.Nurse)

"We're all in the same situation and feel the tension and experience to keep silent. We can feel differently [from Jewish staff] about news [regarding the war] they might find positive. **You go home after a shift with negative feelings. You find the only ones who can understand you are Arab medical staff.**" (Male.Nurse)

War  
Situation



## Low solidarity from the larger Society

### War Situation

“The solidarity [with us as healthcare professionals] is very, very low. The percentage of people who will feel empathy towards the Arab doctor or nurse who is having a difficult day because of what's happening during the war is very, very small.” (Male.Physician)



## The Enemy?

## War Situation

“The issue right now during the war is you are to blame, the majority thinks so. Since the beginning of the war among medical staff, the perception is that I suspect you, or a feeling that you are guilty and you are against us.” (Male.Physician)



## Fear

## War Situation

“You feel there's no value to what you do, at any given moment, despite all the effort you make [in work] and everything you give to patients and staff. But, the department and hospital can dismiss you over something small. Nothing you do matters.”

(Female.Nurse)



## Alienation from the staff

Findings

War  
Situation

“I do my work faithfully. I don't share my feelings with them [Jewish staff] and they don't share with me. I start working with emotions turned off and go home. I don't participate in any event. I used to participate in weddings. I invited them to a wedding, and no one came.. I do what is needed as a doctor and no one from the staff should matter to me. I don't owe them anything.”  
(Male Physician)



# No Hello Greetings Anymore

## War Situation

“I walk around a lot in the hospital. I used to receive greetings and blessings from everyone.. After the war, I felt that I heard fewer greetings from people, as if they don't see me.” (Male.Nurse)

“They [colleagues] do not greet. They look the other side. Saying “Hello” is fading between the staff”  
(Male.Physician)



## Moral Injury - betrayal of 'what's right' in the profession of medicine

### War Situation

“I belong to my profession, to my humanity, and to my dedication to medicine. My sense of belonging was cracked when I feel pain for every wounded person and patient and every victim. You feel that all people, especially people from your profession, should feel this way too. But you see they don't. Sometimes they rejoice at another person's wounds and at these times I am hurt. You see that political and national issues affect our profession, which is supposed to be humanitarian.” (Male.Physician )

# War Situation



## Moral injury – Not able to respond when dehumanized

“A soldier came. The first thing he said on the phone to his father was 'Don't worry, I killed all these Arabs.' With me, and all the staff standing in front of him and treating him were Arabs. We had to stand and hear these harsh things and hear him curse our people. We continued to treat him normally. There's nothing to do.”

(Female.Nurse)



## Moral Injury - Betrayal of 'what's right' by a person in legitimate authority

### War Situation

“The feeling is, nobody has your back even if you are 100% right. No recognition and no one to complain to. You will be fired.” (Female.Nurse)

**“They (organization) frightened the employees. We received a position paper.** A doctor at Hadassah and Sharon were fired over a [social media] post. Even if we didn't receive an email or protocol about it, they fired senior position holders in the healthcare system and that alone sent a message, and we understood what we needed to do.”  
(Male.Physician)



## Moral Injury – Having to work in an immoral climate

### War Situation

"Arab doctors on the frontline experience a very deep paradox. You ask yourself - what am I doing here? Who am I? You save people no matter who, you save a soldier's life, and after a few minutes you go to the kitchen to eat, and you hear curses from a nurse that all Arabs should be destroyed and killed. You feel a paradox. I'm here as a doctor doing my job, and I wonder who are these people I'm working with." (Male.Physician)

# War Situation



Perceived as a “suspect” – normalizing  
and accepting an immoral climate

"There was a terror attack and I treated the wounded. Next to me there's a family room and someone was being interviewed for a news channel and called for murdering all Arabs. You feel very threatened. With every attack, you're considered suspicious and expected to apologize. They shoot children and they don't apologize. But I'm considered suspicious, apologizing, and need to show that I'm a 'Good Arab'."

(Male.physician)



# Moral Injury – Transgressive acts on the personal level

## War Situation

"A doctor asked who is responsible for a patient. It was me. She said no, I want another [Jewish] nurse to treat him, I'll be less worried. We got into an argument. She claimed she is more senior. I said I am more experienced....It turns out her son is in the war and she's worried about him. I understand your situation, but you can't put a stigma on me as an Arab, that I can't treat difficult cases." (Female.Nurse)



# Moral Injury - Caught in the middle

## War Situation

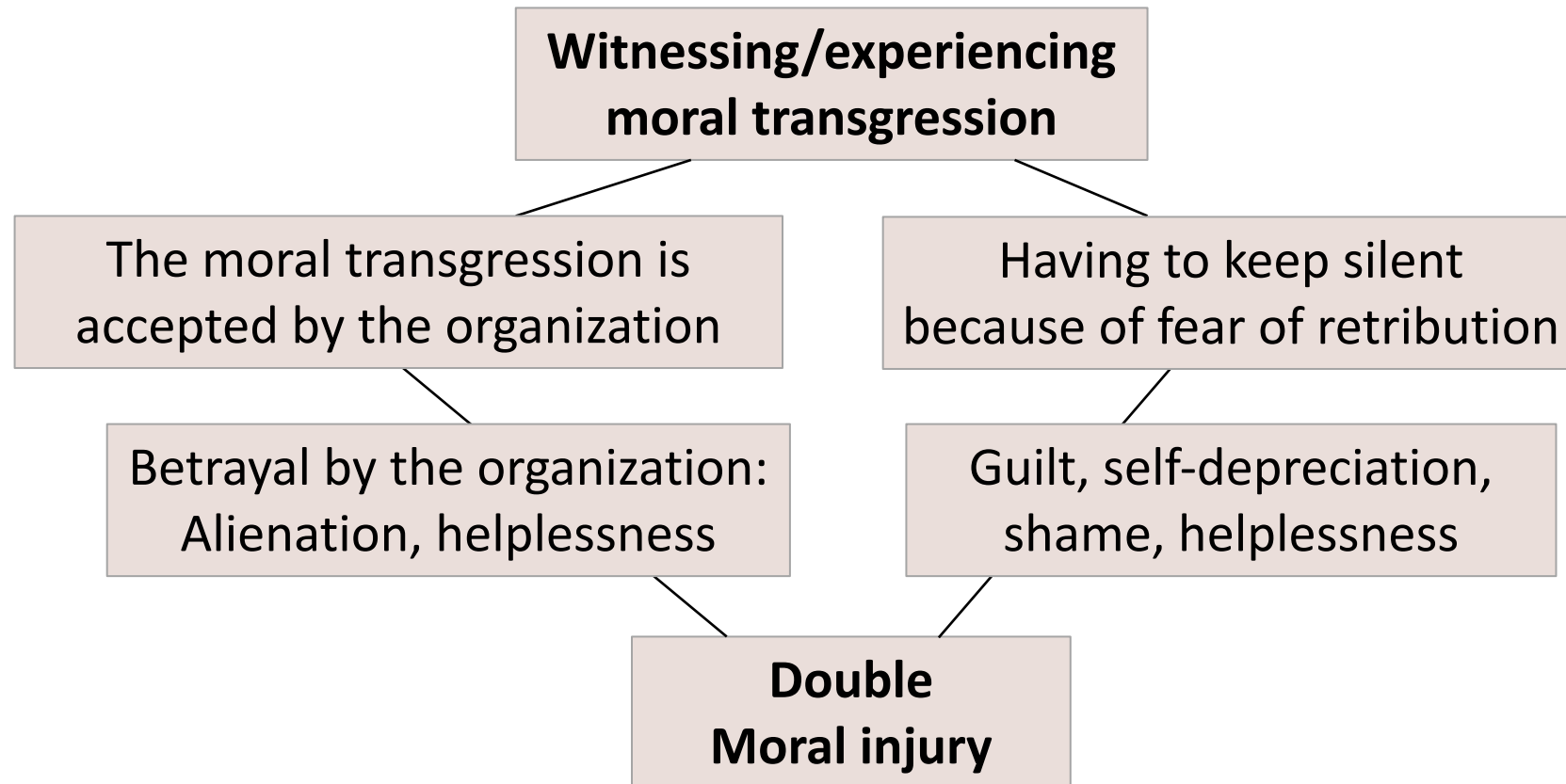
I'll never forget my experience during the war. Sirens, racism, difficult sights I saw. Wounded, young casualties who died in front of me because of the war, you see families crying in pain. You are moved too. But then I would see what is happening on the other side, very difficult. Everything is very complex. I had mental distress." (Female.Nurse)

"I stopped watching television. I would read and see terrible things; easy murders, no value to human life, you can't believe that people can do what was done within the border and the other side. You tell yourself I just want to eat, drink, and sleep. I'm not allowed to feel. You're afraid to think, afraid to speak. I was overwhelmed with very difficult emotions. (Male.Nurse)

# Corollaries - Two consecutive crises

FACTOR	PANDEMIC	WAR
Solidarity in 'mixed' teams	High	Low
Organizational support	Support + appreciation	Betrayal and immoral climate
Sense of belonging to the organization	High	Detachment & alienation
The enemy	The virus	Arab staff are suspects
Moral Culture: Transgressive acts against healthcare workers	Not accepted	Accepted

# Arab Staff During the war: Double Moral Injury





health

## **Arabs are not "part" of the health system - they are the system. Harming this fabric is an existential danger**

About 40% of healthcare system employees - from junior to senior - are Arabs, and for years the system has been a symbol of true coexistence, but its DNA is in danger of disintegrating as staff members describe an atmosphere of fear fueled on social media. It's time for system leaders to show leadership.

October 29, 2023



**Push  
Forward**

---

# Recommendations from Study Participants

---

## Sensitivity to diversity among staff's views

"If everyone would think about wanting to maintain solidarity with the people in front of them - then we would succeed. There are people I disagree with, but if I felt that they accept me and are sensitive - then I feel safe to talk. It gives the feeling that the person standing in front of me sees me and feels my pain." (Male physician)

## Neutrality of the healthcare system

"The healthcare system must be neutral; it is the sane anchor to coexistence in this country." (Male physician)

# Recommendations

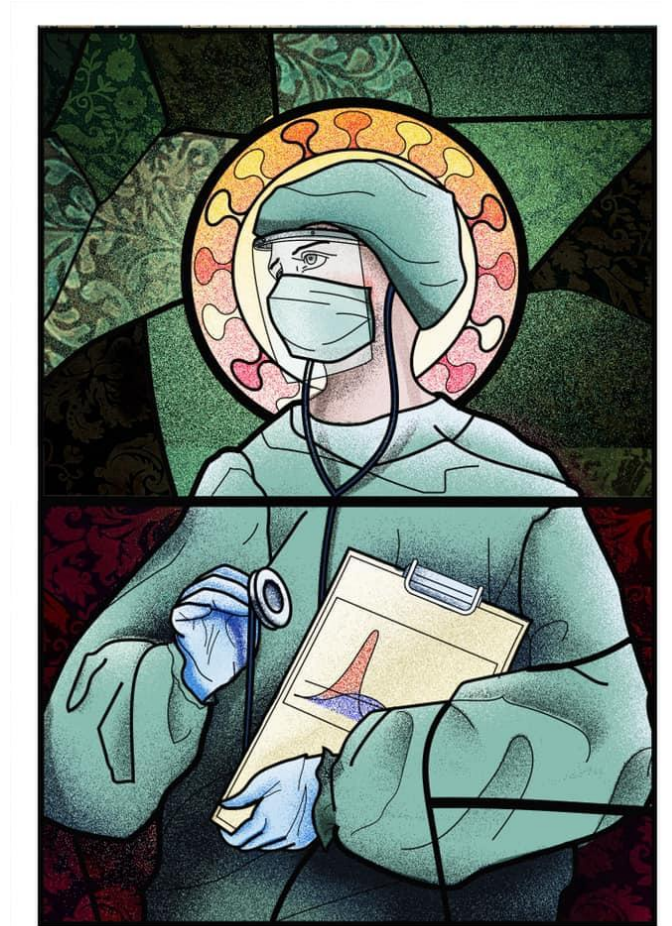
- Healthcare should be a healing setting and opportunity to come together
- Responsible leadership that supports the healthcare staff
- Emphasis on solidarity between teams to help mitigate work stressors
- Open difficult conversations to rebuild teams
- Healthcare organizations need to be prepared in advance to support and protect healthcare staff from minority populations during crises and be proactive from the outset of the crisis

**Appreciation to physicians and nurses for  
sharing their experiences and stories**

# Please share your own findings, experiences and stories

## Reflections and discussion

- Stories/experiences of healthcare staff experiencing moral distress and conflicting solidarities in your/other countries in general and during crisis
- Have you heard of similar experiences among minority healthcare staff in non-crisis situations?
- How is moral injury related to such stories/experiences of healthcare workers?



MacCan Romania