

A Managers Guide...

...To Moral Injury

WHAT IS MORAL INJURY AND DISTRESS?

- Moral injury is a term that originates from the military and “can be defined as psychological distress that results from actions, or the lack of them, which violate someone’s moral or ethical code” (Litz, Stein, Delaney et al (2009).
- Moral distress refers to the psychological unease generated where professionals identify an ethically correct action to take but are constrained in their ability to act. More simply, it is the feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles.
- Moral injury can arise when sustained moral distress leads to impaired function or longer-term psychological harm. Moral injury has been linked to severe mental health issues.

HOW IS IT RELEVANT TO HEALTHCARE AND THE NHS?

The causes and triggers of moral injury and moral distress in healthcare settings often stem from situations where healthcare professionals feel unable to act in accordance with their ethical values or are exposed to significant ethical challenges.

WHAT CAN CAUSE MORAL INJURY AND DISTRESS?

Moral injury and distress can be caused by ethical dilemmas in clinical practice, as well as organisational and systemic issues, these include:

- Limited ability to make an informed decision for patients.
- Resource constraints: Insufficient resources or non-existent resources to provide care to suitable professional standards, or within an appropriate setting, e.g., so called ‘corridor-care’.
- Witnessing poor standards of care.
- Practical experience of medical care clashing with ethical standards taught in education, and medical staffs own personal ethical standards.
- Complicity in wrongdoings.
- End-of-life care decisions.
- Ethical dilemmas.
- Systemic and organisational pressures.
- Challenging patient outcomes.
- Unresolved grief or trauma.
- Moral conflict within teams.
- Lack of support for speaking up.

IS BEING EXPOSED TO MORALLY INJURIOUS EXPERIENCES ALWAYS PROBLEMATIC?

- Not everyone who is exposed to such challenges through their work life goes on to develop moral distress or injury. “Post-traumatic growth” whereby the person’s self-esteem, Worldview, values, and resilience are positively impacted by their experiences can occur too.
- Greenberg, Docherty, Gnanapragasam and Wessely (2020) report that the development of post traumatic growth or moral injury is most likely influenced by the way the person is supported before, during and after a challenging event. This need for support is something for the organisation and managers to address.

- Moral injury is not a mental illness, but those who experience it are likely to hold negative beliefs about themselves and others such as “I’m an awful person” or “My workplace doesn’t care about patient’s suffering.”
- These kinds of beliefs can lead to feelings of shame and guilt which can contribute to mental health difficulties such as burnout, exhaustion, depression, anxiety, and Post Traumatic Stress Disorder (PTSD).

Moral injury could look like:

Someone becoming hopeless, which could result in ‘shutting down’ and disengaging from their workplace/team.

- Changing relationships with other people, or themselves. This could be due to being more self-critical, they may believe they are not worthy of maintaining positive relationships.
- Experiencing emotions such as shame, guilt, sadness, anxiety, disgust, anguish, and a sense of powerlessness, such feelings can be on a continuum.
- Blaming yourself or others, leading to anger or distress.
- Lowered self-esteem, high self-criticism, loss of self-belief or trust in others.

Moral injury and distress can also impact healthcare workers job performance:

- Reduced Quality of Care: difficulty focusing or making decisions can lead to errors or suboptimal care.
- Increased Absenteeism: avoidance behaviours or frequent sick leave because of distress.
- Retention issues: Moral injury can lead to dissatisfaction and a desire to leave the profession or organisation.
- Compassion Fatigue, leading to diminished capacity for empathy, impacting patient relationships and quality of patient care.
- Ethical tensions may strain team dynamics/colleague relationships.
- Withdrawal from peers due to feelings of shame or misunderstanding
- Difficulty engaging in teamwork due to emotional exhaustion or disillusionment.

Moral injury and distress can influence the wellbeing of healthcare staff:

- Physical health can be influenced by moral injury/distress. It can lead to disturbances in sleep, weakened immune system (due to prolonged stress), and somatic symptoms (such as headaches, gastrointestinal issues, and muscle tension linked to chronic stress).
- Mental health can also be influenced by moral injury/distress, (see above).

HOW CAN YOU, AS A MANAGER, WORK TO HELP REDUCE THE RISK OF STAFF EXPERIENCING MORAL INJURY AND DISTRESS?

- Ensuring suitable and sufficient risk assessments are undertaken on psychological hazards/causes of work-related stress. This might include looking at and filling out the trust stress risk assessment with your members of staff, which can be found here: [trust stress risk assessment](#).
- Monitoring organisational data such as sickness absence and NHS staff survey data to identify any potential issues/areas of concern and addressing these with an agreed action plan in collaboration with the staff team, organisational development or health and wellbeing.
- Preparing staff who are likely to be exposed to potentially morally injurious experiences (like ICU, A&E, trauma etc) and ensure that staff are made aware of the risk of working in these areas and are prepared for the reactions they may experience. Monitor both new and existing staff working in these areas – even those who are familiar with the work can be impacted over time.
- Holding regular open and honest conversations about the nature of the tasks people face and how they may respond ideally before they are exposed to potentially morally injurious events.
- Ensuring that all leaders role-model compassionate behaviour, including acknowledgment that moral injury may occur in difficult circumstances.

IF A STAFF MEMBER IS ALREADY EXPERIENCING MORAL INJURY OR DISTRESS, THERE ARE WAYS YOU CAN SUPPORT THEM:

- Provide compassionate support in response to difficult experiences at work. Acknowledge potential moral challenges openly and honestly with the whole team, including ancillary/support staff who may have witnessed or been involved. It is important to support your bank/agency/student staff too.
- Signpost to sources of further help and advice, including occupational health service, spiritual/pastoral/chaplaincy team, Vivup and trade unions. Encourage conversations outside of the organisation, such as with friends and family.
- Be open about the difficulties they have had which can lead to honest discussions and reparation. Support for senior leaders can be found via the NHS Leadership Academy.
- Schwartz Rounds provide a forum for healthcare staff to discuss and make sense of the challenges (including emotional) of providing care to patients amongst peers. These are available through the Trust and more information can be found here: [Sherwood Stories - Sherwood Forest Hospitals](#).

Vivup: The employee assistance programme provides 24/7, 365 days a year confidential helpline offering a non-judgemental listening ear and provides free staff counselling. Contact 0330 380 0658 or visit VIVUP.co.uk.

The spiritual and pastoral care team offer a 24/7 confidential, sympathetic non-judgemental listening ear for those of any faith and those who do not have any religious belief. Call 01623 622515 ext. 2754 between 8.30am and 4.30pm / 3047 or call Switchboard for the on-call Chaplain 24/7.