

Preventing harms caused by moral injury in first responder communities

Summary Report



This Industry consultation booklet has been produced in partnership with Charles Sturt University as part of a PhD thesis by Rev. Mark Layson

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The need for a new approach to wellbeing

Costly mental health claims in first responders are still rising in many jurisdictions. It is time for a rethink on the causes, treatments and prevention of distress.

Among the first responder community there has been increasing attention given to the negative impacts on worker's mental health connected to their work. Over the last 40 years first responder organisations have produced numerous programs and built multi-disciplinary teams of wellbeing professionals to respond to increased distress. The approach developed is largely focused on trauma exposure as the main cause of distress. Interventions that have been used to address harmful trauma exposure aim to build resilience and assist those who suffer with early intervention and treatment. These strategies are largely secondary and tertiary preventions strategies and are mainly targeted at helping individuals become resilient. These practices are based on a biopsychosocial framework that takes wide view of human functioning.

While there has been some success in responding to distress, costly mental health claims in first responders are still rising in many jurisdictions. It is time for a rethink on the causes, treatments and prevention of distress. Such a reconsideration has been occurring on two fronts. First, research among military veterans has reported that moral suffering arises by the fracturing of a person's deeply held moral beliefs when they feel betrayed. These beliefs connect with the spirituality of a person that has been largely overlooked. Second, in the seemingly unrelated field of work health and safety, new psychosocial risk guidelines are recognising the harmful impact of poor organisational cultures and practices. The following pages explain the history and relevance of these two fields.



Background: moral suffering

Moral suffering opens a door to a new way of understanding what causes distress, and better interventions to prevent harm occurring.

During the 1990's psychiatrist Dr Jonathan Shay was working extensively with Vietnam war veterans. He saw in them a distress that was not strictly caused by trauma exposure but arose through the sense of betrayal that veterans felt. Shay coined the term "Moral Injury" that he said was caused by:

"Betrayal of what is right, by someone in legitimate authority in a high stakes situation" (Shay 2014)

Since Shay, many have researched moral injury in military settings and have reported that moral injury can also occur through witnessing, causing or failing to prevent events that go against one's own deeply held moral convictions (Litz et al., 2009).

Litz also reported these moral injuries leave lasting psychological, biological, behavioral, social, and spiritual impacts on a person.

Concepts such as moral distress (Jameton, 1984), and perceived injustice (Sullivan, 2008) also describe reactions to breaches of moral beliefs. These concepts combine with moral injury to describe a larger cluster of moral and spiritual causes and responses are known as moral suffering.

Much like post-traumatic stress disorder (PTSD), which is caused by traumatic events, moral suffering arises from the breaching of one's own moral code, and also from poor workplace cultures. Moral injury literature describes these as potentially morally injurious events (PMIEs). Moral suffering opens a door to a new way of understanding what causes psychological distress, and better interventions to prevent harm occurring. While trauma exposure cannot be removed from the first responder's work, acts perceived as betrayal can, if identified, be eliminated as a workplace hazard!



Background: psychosocial safety

Creating a psychosocially safe workplace culture requires more than the current focus on trauma exposure as a cause of psychological harm. It also requires addressing the leadership and organisational practices and cultures that also cause harm.

For a number of years there has been a growing body of research reporting that workplace hazards are not only physical. In fact Psychosocial Safety Culture (PSC) is the shared perception of employees that senior managers prioritise mental health and create a psychologically safe workplace (Becher & Dollard, 2016). While prioritising mental health may produce a positive return on investment, creating a PSC required organisations to implement practices and procedures that prioritised psychological health over production demands. While focusing on trauma exposure as a psychological harm has been important, PSC involves addressing the organisational and leadership context in which trauma exposure occurs.

In 2021 the International Organization for Standardization (ISO) introduced guidelines for managing psychosocial risks (ISO45003). Since then every state and territory in Australia has been introducing guidelines and regulations that will enforce the prevention of workplace psychological hazards.

In New South Wales organisations are now obliged to set in place strategies to control risks from events like overwork, lack of supervisor support, poor organisational justice, lack of recognition, bullying, and the like.

Creating a PSC requires more than the current focus on trauma exposure as a cause of harm. It requires addressing the leadership and organisational practices and cultures that also cause psychological harm. This research presented strategies to help organisations comply with psychosocial safety regulations.



Aim and methods of the research

The research aimed to fill a gap in the research literature and to build a holistic bio-psycho-social-spiritual framework that can prevent moral suffering.

Research Aims

The study found that while research on moral suffering in the military was plentiful, research in first responder populations was not. The study aimed to fill a gap in the research literature and to build a holistic bio-psycho-social-spiritual framework capable of preventing moral suffering. To accomplish its aim, the study:

- Identified if moral suffering is a valid concept in first responders (ie, does it exist in first responders?)
- If it is present, how does it impact staff?
- Identified the kinds of events and cultures that are associated with moral suffering,
- Devised primary prevention strategies to eliminate causes of moral suffering that can be used in the day to day running of the organisation,
- Supplemented the bio-psycho-social approach with spiritually informed practices to produce a truly holistic framework.

Methods

The research was inter-disciplinary in nature and used a mixed methods approach. After analysing the international literature on moral suffering, the research employed the following four steps.

1. Quantitative analysis (Bayesian Network Analysis) of surveys from 229 Australian first responders. Questions included 3 scales measuring moral suffering paradigms, questions asking about exposure levels to trauma and betrayal, and changes in religious and spiritual beliefs.
2. Narrative analysis of 21 autobiographies of Australian first responders.
3. Narrative analysis of interviews with 16 of the authors of these books.
4. Practical Theological Reflection that illuminates, interrogates, and suggests alternative ways of acting in response to the collected data.



Results: the presence of moral suffering

85 first responders (37.12%) reported having felt betrayed by a manager, colleague, or systems/people in their organisations over 50 times during their career.

Validity of moral suffering

Levels of moral injury in all first responder occupations (police, fire, ambulance, medical) were all significantly higher compared to combat veterans. Police had significantly higher levels of perceived injustice as it relates “blame” of others for decreased wellbeing. Those who reported higher levels of betrayal also reported higher levels of moral suffering and decreases in religiosity and/or spirituality.

Betrayal not trauma

A total of 85 first responders (37.12%) reported having felt betrayed by a manager, colleague, or systems/people in their organisations over 50 times during their career. Moreover, the highest levels of exposure to trauma saw only a 3% increase in distress levels, while high levels of betrayal were associated with a 26% increase in moral suffering.



Results: Damaging practices and cultures

Moral suffering and psychosocial hazards had not been previously connected, however, when they are considered together they lead to benefits for both wellbeing services and WHS professionals.

What causes harm?

The quantitative analysis provided evidence of the validity of moral suffering, however, it did not provide details of the causes and impacts of moral suffering. Qualitative analysis built on this by reporting the kinds of events that cause distress. From the autobiographies and interviews six major themes were found to be associated with distress formation (see table below). These themes were divided into stressors related to the content of first responder work, and also to the organisational context. While there were two stressors related to the content of the work, four themes were related to the organisational context.

Alignment with psychosocial risk

The current research project commenced before the introduction of SO45003 or any of the psychosocial codes of practice. Qualitative results showed that many of the events and cultures perceived as betrayal by workers overlapped with the lists of psychosocial hazards that had been published. While moral suffering and psychosocial hazards have not been previously connected, together they are considered to have benefits for both wellbeing services and WHS professionals. Moral suffering adds thick understanding of human suffering and the impacts on their heart, soul, and mind. A WHS psychosocial mindset brings a commitment and conceptual framework that allows for the control of workplace hazards, thus preventing psychological harm.

Theme categories

Content stressors

Context stressors

Stressor symptoms

Major themes

Death
Injustice

Organisational injustice
Leadership practices
Resources/workload
Reward

Anger/frustration
Shame
Distrust

Sub-themes

Civilian dissonance
Suicide
Vulnerable groups
Legal systems

Complaints
Hierarchical structure
Medals
Communication
Rivalry
RTW(insurance)

Family stress
Substance abuse
Suicidality
Growth

Results: Extent of harm

Along with feelings of guilt, shame and outrage, were substance abuse, family breakdown, and suicidality. Losing a solid personal identity and fracturing of just world beliefs are very harmful to wellbeing.

Personal impact

The journey of first responders through moral suffering saw a negative impact on the personal identity of first responders. Moral dilemmas and betrayals left workers on a journey that included a sense of inner moral conflict, detachment from emotions and social interactions, and a sense of abandonment by leaders and the organisation. First responders joined their organisation with high expectations of “making a difference” in their communities and being part of a “blue family”. However, expectations were often not being met. Along with feelings of guilt, shame and outrage, were substance abuse, family breakdown, and suicidality. Losing a solid personal identity and fracturing of just world beliefs is very harmful to wellbeing.

Blame and retribution

Of particular importance was uncovered during research was the role of perceived injustice and cognitions of blame. Perceived injustice had not previously been studied in relation of moral injury or moral distress, but it had some of the strongest associations with increased distress. Blame cognitions were reported with agreement to statements such as “I suffer as a result of someone else’s negligence.” One of the ways in which people respond when they believe they have been wronged is with acts of retribution. This can include absenteeism, workplace deviance, and even acts of malicious inhumanity.



Spirituality in the workplace

We all form a set of beliefs about the way the world should work. First responders are uniquely exposed to situations that challenge their deeply held moral beliefs, making spiritual themes important in wellbeing.

Defining Spirituality

The mention of spirituality in the workplace can be of concern to leaders in an increasingly secular context. Traditionally spirituality has inferred religiosity. However, spirituality is a different concept to religiosity. The consensus definition notes that “Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices” (Puchalski et al., 2014, p. 646).

The beliefs and values that we all form throughout life become a set of beliefs about the way the world should work. First responders are uniquely exposed to situations that challenge their deeply held moral beliefs, making spiritual themes important in wellbeing.

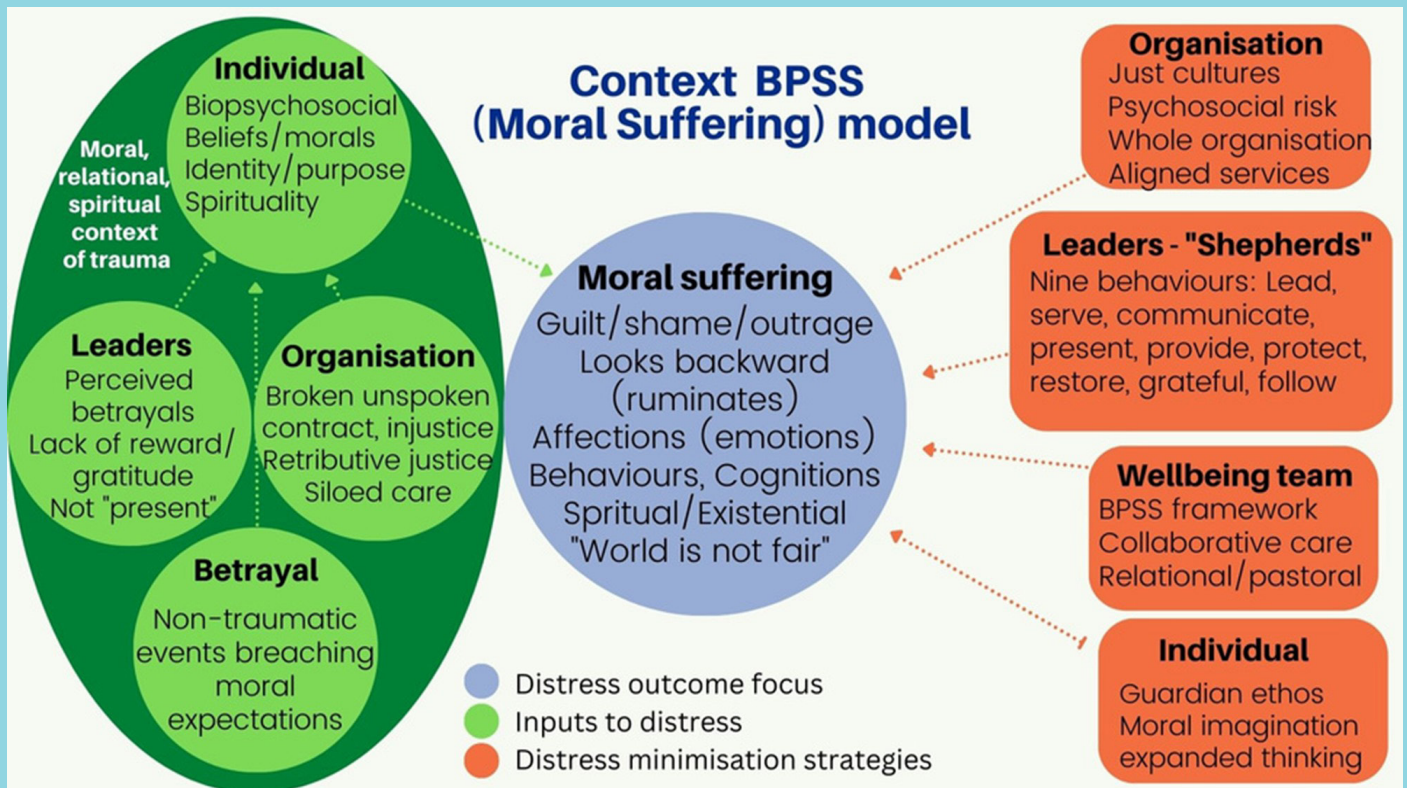
Practical Spirituality

Many organisations already use techniques derived from spiritual contexts, such as mindfulness that derives from Buddhist practice. While mindfulness is a helpful strategy, moral/spiritual themes are important in the everyday elements of leadership, organisational culture, and incident investigation. The Practical Theological Reflection leveraged spiritually informed practices that have practical and everyday use in the prevention of harm. For example, servant leadership is an old style of spiritually informed leadership that has been adapted by this research into a “shepherd leadership” model. Additionally, the insertion of repentance and forgiveness in a just culture for organisations is better for staff wellbeing and increases safety. Such spiritually informed practices have been shown to increase productivity and inclusivity.



The BPSS framework: a contextual model

It is important to recognise that harmful practices and cultures within an organisation are modifiable variables that impact on worker's wellbeing.



A wider view of distress formation

While trauma exposure at work is linked to worker distress, there is a more complex set of factors that lead to psychological distress. It is important to recognise that harmful practices and cultures within an organisation are modifiable variables that impact on worker's wellbeing.

Whole of organisation approach

Wellbeing teams should be encouraged to help address the organisational settings, and leadership behaviours that cause harm. Every business unit, particularly their leaders have a role to play in reducing distress in their workers through moral/spiritual behaviours that model gracious relationships.



Real-world application

Applying a bio-psycho-social-spiritual framework to 4 groups to address “psychosocial risk”.

1. Organisation Level Responses: Creation Of Just Cultures

Many organisations focus on the traumatic content of first responder work as a sole cause of psychological harm. They pay less attention to the harmful organisational and leadership contexts that are just as harmful to staff wellbeing. E.g., punitive workplace cultures, harmful leader behaviour, and whole of organisation alignment.

Therefore, there is a need for:

- “Just cultures” where restoration replaces retribution,
 - Support and guidance for leaders,
 - Organizational gratefulness replaces mere recognition,
 - Better integration of services particularly WHS & wellbeing.
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2. Leaders, Managers and Commanders: Shepherds

Leadership is key with a need for the adoption of a Shepherd Leader identity through the following behaviours:

- Strong sincere leadership,
- Servant leadership,
- Gracious presence with staff,

- Truthful two-way communication,
 - Provision of staff needs,
 - Protection of staff from injustice,
 - Regularly expressed gratitude,
 - Restoration after error or conflict,
 - Humbly following others.
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3. Wellbeing Teams: Collaborative Care

No organisation in Australia currently has a wellbeing strategy to address moral suffering. Wellbeing teams can be trained in moral suffering, and how to adopt a holistic and collaborative model of care.

Therefore, there is a need for:

- Replacing the multi-disciplinary “stepped care” approach with inter-disciplinary “collaborative care”,
 - Attention to measuring primary well-being outcomes.
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4. Front-Line Workers: Guardian Spirit

The spiritual/moral framework of first responders often resembles an ice-berg, where deeply held moral expectations are largely held tacitly under the water line. When a moral crisis arises, they can be unable to understand or maintain their moral integrity in the face of betrayal. Neither are workers empowered to give and receive forgiveness.

Therefore, there is the need for:

- Forming a “guardian” rather than warrior identity,
 - Exercising “moral imagination” (moral reflective practice),
 - Exercising “enlarged thinking” (empathetic understanding).
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