

USING CASE STUDIES TO UNDERSTAND THE IMPACTS OF MORAL INJURY ON PUBLIC SAFETY PERSONNEL



Contributorship

This resource was prepared by the Atlas Institute for Veterans and Families. Atlas would like to thank the following individuals for their contributions to the resource. Please note the names listed include only those who have explicitly consented to being acknowledged as a contributor.

LIST OF CONTRIBUTORS

Advisor

Moral Injury in PSP Working Group

Approval

Sara Rodrigues, MaryAnn Notarianni, V. Joy Pavelich, Fardous Hosseiny

Conceptualization

Shannon Tracey, Sara Rodrigues, Jean-Michel Mercier, Moral Injury in PSP Working Group

Editing

Shannon Tracey, Sara Rodrigues, Courtney Wright, Krystle Kung, Moral Injury in PSP Working Group

Methodology

Shannon Tracey

Production

Ghislain Girard

Project administration

Shannon Tracey

Research and analysis

Sara Rodrigues, Jean-Michel Mercier

Supervision

Sara Rodrigues, Tara McFadden

Visualization

Wendy Sullivan

Atlas Institute for Veterans and Families. Case series: Using case studies to understand the impacts of moral injury on public safety personnel. Ottawa, ON: 2024. Available from:

atlasveterans.ca/documents/mi-in-ppsp-case-studies-en.pdf

Interested in learning more about the Atlas Institute's approach to recognizing contributions to this resource? Check out [our website](#) for more information.

Table of contents

Teaching note	4
Case study 1: Logistics	7
Case study 2: Paramedic	9
Case study 3: Dispatcher	11
Case study 4: Peer support worker	13
Case study 5: Manager	15
Resources and additional information	17
Appendix A	21

Using case studies to understand the impacts of moral injury on public safety personnel

Objective

The objective of these case studies is to deepen understanding of the impacts of moral injury on public safety personnel (PSP). By exploring the experiences of Graham in logistics, Mia the paramedic, Cam in the dispatch centre, Marshall the peer support worker and Mitch the manager, these case studies aim to foster empathy, awareness and understanding in the public safety sector.

While these stories are fictional, they are informed by real-life scenarios described by interviewees in a qualitative study of Canadian PSP conducted in 2021¹. The case studies were co-created by a working group representing personnel from diverse public safety functions. [Visit the Atlas Institute's website](#) for more information on the research study.

1. Rodrigues S, Mercier JM, McCall A, Nannarone M, Hosseiny F. 'Against everything that got you into the job': experiences of potentially morally injurious events among Canadian public safety personnel. *Eur J Psychotraumatol.* 2023;14(2) <https://doi.org/10.1080/20008066.2023.2205332>





How to use the case studies

Read each case study carefully

Begin by reading each case study thoroughly to gain insights into the experiences of various PSP. Pay close attention to the challenges they face both professionally and personally.

Reflect on moral injury

Consider the concept of moral injury – the lasting impact (psychological, biological, spiritual and/or social) of exposure to events that transgress one’s deeply held moral beliefs and expectations. Can you identify what types of potentially morally injurious events (PMIEs) might each person in the case studies be experiencing? See Appendix A for a summary of PMIE types identified through our qualitative study or go to pages 15 to 30 in the [research report](#).

Identify symptoms and coping mechanisms

Look for signs of moral injury in each case and examine how these individuals cope with the challenges. Consider the short- and long-term effects on their mental health and overall well-being.

Discuss preventive measures

Consider potential preventive measures and strategies to reduce the risk of moral injury in PSP. How can organizations create environments that prioritize mental health and well-being?

Potential questions for discussion

- What specific events in each case study could contribute to moral injury?
- How do the individuals in the case studies cope with the challenges they face?
- How might moral injury impact the professional performance of PSP?
- In what ways can addressing moral injury positively influence the overall effectiveness of a public safety team?

Potential questions for further reflection

- What role should your organization play in preventing and addressing moral injury?
 - How can organizational policies be adapted to better support the mental health needs of PSP?
 - What mental health supports can best help people in these situations?
 - What educational supports would be helpful?
 - How can leaders better understand and address the stressors that may affect their teams?
-

Remember that these case studies are informed by on real-life scenarios. Use these stories as a foundation for discussions and learning, promoting a culture of understanding and support within the public safety sector.

For more information visit the Atlas website at atlasveterans.ca/moral-injury-psp.





Graham tossed and turned in his bed. The neon digits on the alarm clock blinked 2:47 a.m. in the dimly lit room. He could hear the soft hum of the city outside, but the turmoil inside his mind was deafening — a relentless churn of guilt and anger.

Graham's day had started like any other: an early start, a busy schedule and countless balls to juggle. In other words, lots of opportunities to screw up or upset people and lots of opportunities to get things right and make a difference. Graham worked in logistics for a paramedic service and it was his job to make sure the ambulances were fully stocked, the equipment worked and paramedics were ready to go.

The job is far more than just replenishing supplies — it's about organizing and arranging everything so it makes sense. Every second counts in an emergency and Graham prided himself on always making sure that the paramedics can find what they need quickly and without hesitation. There is satisfaction in that.

But tonight was different.

Earlier that day, Graham and his colleagues had been tasked with restocking an ambulance — a routine task they had done hundreds of times. But his colleague Dave was in a foul mood. Who knows what it was this time?

It was Dave's job to ensure all the equipment was field-ready, but instead of focusing on it he grumbled, barely paying attention. Graham should have said something. He should have insisted that Dave do his job properly, but he stayed silent, not wanting to make things worse.

Two hours later, that ambulance rolled back in. Graham overheard the paramedics talking to their supervisor, upset about their last call. A man was in cardiac arrest on the 10th floor of an apartment building. His grandson had been the one to call 9-1-1 – only 10 years old.

A chilling realization struck Graham like a thunderbolt. The defibrillator! Were the batteries charged? Please let the batteries have been charged!

They weren't.

Graham pictured that grandson, wide-eyed with fear.

The paramedics continued chest compressions down the 10 floors to the ambulance. Vital minutes were lost. By the time they finally got the man to the hospital, they didn't even know if he was going to survive.

At first, Graham was furious at Dave.

But now, in the darkness of his room, he directed his anger solely at himself. A man's life hung in the balance and there was nothing he could do about it now. There was no way for Graham to even find out if the man recovered. He felt helpless.

As the hours passed, Graham's anger morphed into guilt and then sadness. His inaction sat like a heavy weight on his chest. He knew he should have spoken up.

The alarm clock now glowed 3:23 a.m. Sleep seemed pointless. He'd have to get up for work soon anyway.

Graham swore he would never let this happen again – a vow he made so he could forgive himself. Despite the challenges and frustrations at work, it is his sense of responsibility and dedication that keeps him going.



It was a sweltering summer day. Mia wiped the sweat from her forehead as she approached a quaint suburban house. Dispatch had reported a 70-year-old woman with a possible hip fracture. As Mia and her partner Ahmed entered the home, the patient's pained cries echoed through the walls.

The elderly woman lay on the living room floor. She looked sturdy, Mia thought. Like someone who had weathered a lifetime of storms. But the fractured hip had her contorted in agony. Two adult sons looked on and the sense of desperation hung heavy in the air, like the humidity.

Mia's training kicked in and she began to assess the situation. It was clearly a bad fracture. She administered what pain medication she could with her Basic Life Support training. She and Ahmed began to transfer the elderly woman onto the stretcher, but the woman howled. Mia flinched.

The basic pain medication did nothing to touch the woman's discomfort. Her screams echoed in the small living room, each one a plea for relief that Mia couldn't provide.

Mia called dispatch and asked them to send an Advanced Life Support crew who could insert an IV and administer morphine or fentanyl. None were available. She asked for a lift assist but was told that crew was at least 30 minutes out. Mia swore in frustration.

Mia knew the right thing to do was to get the patient's pain under control before continuing the move, but the woman's pulse was racing. She needed to get to a hospital.

Mia once again began to prep the woman for transfer onto the stretcher. Ahmed, a rookie paramedic, assisted with wide eyes. Mia could sense his uncertainty, his unspoken question about whether they were really doing everything they could.

Mia did her best to comfort the patient, using a gentle touch as she administered what little relief she could. But the pain persisted.

The patient's howls morphed to a low guttural moan and the two sons loomed anxiously. They watched Mia's every move, their concern transforming into frustration and anger. Every movement only intensified the elderly woman's pain and the Family erupted into loud accusations. Mia could see the mistrust in their eyes.

The situation didn't improve upon arrival at the hospital. A shortage of available beds meant Mia had to wait for hours with the suffering patient. She tried to convince the triage nurse to get her patient seen sooner, but it didn't help. Mia cradled the woman's hand, trying to convey reassurance amid the chaos. Her attempts to explain the circumstances to the family were completely ignored.

When Mia returned to the station hours later, her supervisor informed her that the Family had already lodged a complaint, claiming that Mia and Ahmed had exacerbated the woman's pain. Mia's heart sank. She knew she had done everything she could to help. The notion that her competence could be called into question infuriated her.

She cared about that elderly woman's pain. Amid a system that seemed to be surrounded by a wall of bureaucracy and indifference, she felt isolated. No one else seemed to care enough to try to fix things.

That night at home, Mia couldn't shake the feeling of helplessness. Why even bother trying if you do everything you can and you still get a complaint filed against you? Why even go back on the road tomorrow? Why even try to help?



Inside the bustling ambulance dispatch centre, urgency resonated through a symphony of sounds: phones buzzed, keyboards clattered, voices weaved together, alarms went off. Cam sat at their desk, their eyes fixed attentively on their glowing computer screen. As a dispatcher they represented the front line of the 9-1-1 system, answering emergency calls and deploying help where needed.

Cam knew they were good at their job. They were calm, reassuring and a great listener. You never know what's going to happen when you answer a call, but they felt equipped to handle whatever came their way.

Or at least that's how they used to feel.

Tonight they felt a knot in their stomach and had the sinking feeling it was going to be another crappy shift. There were absolutely no paramedics available to pick up patients – all were already on a call or stuck in an emergency room. It used to be something rare, but it was happening more often. For Cam, this was the third shift in a row where there was no one to send out.

Cam juggled the calls, comforting distraught callers while trying to find solutions. Time crawled, making seconds feel like minutes and minutes feel like hours. Their shift felt like an eternity.

As the clock hit 8 p.m., Cam fielded a call from an elderly man named Thomas. He was panicked because his wife had fallen and was in severe pain. Cam provided support as their fingers danced around the keyboard entering their details. They knew Thomas's wife needed help but followed protocol and assessed the situation as "stable for now" before turning their attention to the next caller.

The night dragged on, the weight of responsibility pressing on Cam's shoulders as they answered each call. They repeatedly delivered the same news: Help is on the way ... but it's going to take some time.

Understandably, this wasn't what Thomas wanted to hear. He kept calling back, advocating for his wife, his voice trembling with fear and anger.

"Please, my wife fell and broke her hip. I need help. It has been hours," Thomas pleaded.

"Sir, I understand this is a difficult situation," replied Cam. "Unfortunately there are no ambulances available right now, but I'll do my best to help you. I am going to ask you some questions again to make sure we have the call prioritized properly. Is your wife breathing normally? Has there been any change in her condition?"

"She is still in a lot of pain. What do I do?"

Cam provided Thomas with instructions to keep his wife as comfortable as possible and to monitor her breathing. "The situation seems stable for now, sir. Update me on any changes. Help is on the way, even if it takes a bit longer than usual."

Cam moved on to the next call as the number of emergencies grew. Thomas called back five times as the night went on, each time more desperate than the last.

"I've been waiting for hours! Why hasn't anyone come yet?" said Thomas, his frustration seeping through the phone.

"Sir, we're doing everything we can. I understand this is incredibly stressful, but we're working to get help to you as soon as possible," Cam said, struggling to maintain their composure.

When Thomas called for the fifth time, Cam snapped.

"I've told you, sir, there are no ambulances available at this time! Your constant calling won't make them appear faster! This is not a life-threatening situation. There are people who have been waiting longer than you who are in more severe situations. There is nothing I can do!" Cam's voice rose and then cracked as the words poured out.

Silence hung in the air. Cam, realizing the weight of their words, took a deep breath. "I'm sorry, sir. I know this is hard for you. We will send someone as soon as we can. This is why we have to re-ask questions, to make sure we haven't missed anything. I appreciate your patience."

Hours passed and the overwhelming feeling of chaos slowly eased. Ambulances returned to service. Cam slumped into their chair, emotionally drained. The memory of their sharp words to the elderly man gnawed at them.

Maybe they would stop on their way home to pick up a bottle of wine and shake off the shift before they went to bed.



Under the evening sky, two men sat on a weathered park bench. Their silhouettes cast a faint shadow on the pavement beneath them.

Marshall, a fellow paramedic, pulled a bag of chips from his backpack and offered some to Carter. The two men sat for a few minutes, their silence broken only by the crinkling of the bag and the crunching of chips.

Carter was a paramedic too and had just wrapped up a grueling night. His shoulders slumped as he looked over at Marshall, wondering why he was there. Accustomed by now to the drama of the job, Carter had grown skeptical of the idea of sharing his experiences, especially with someone he barely knew.

Marshall had been a peer support worker for five years now. He sensed Carter's skepticism but remained patient. He knew building trust took time and tonight would be no exception. Eventually, Carter broke the silence.

"Why bother with this peer support thing? It's not like you can change what happened back there," he muttered with frustration.

Marshall nodded, understanding the weight of his words. "You're right — I can't change a damn thing. Still, talking about it might not fix everything, but it's a start."

Carter scoffed, glancing at him sideways. “And how do I know this will stay between us? Everyone knows everyone else’s business around here.”

Marshall met his gaze. “Confidentiality is crucial, Carter. What you share with me won’t go anywhere else. I promise.”

Carter sighed, skepticism still etched across his face. After a few more minutes of silence, he took a deep breath and told Marshall what had happened during his shift.

Marshall was relieved. He had become a peer support worker because he knew how hard it was to be a paramedic, and he wanted to help make it easier for others by sharing the weight of their burdens. He wholeheartedly felt the only way any of them could survive the relentless distressing situations that came with the job was for them to do it together.

It always felt like the same problems call after call, month after month. It didn’t seem like anything ever changed or that anyone cared. Marshall felt his mind start to wander and knew he needed to pull himself out of this spiral of hopelessness. He refocused on the conversation with Carter.

As the night unfolded, Carter found himself continuing to open up. Marshall patiently and non-judgmentally listened. He didn’t try to make excuses for why things were the way they were or try to tell Carter how to fix things.

Soon the chips were all gone and it was starting to get chilly outside. Two hours had somehow flown by.

Carter felt ... lighter. The chaos in his mind had taken a bit of a break. He stood up, thanked Marshall and walked to his car.

Marshall, on the other hand, felt heavier. The words exchanged tonight fell like weights onto his shoulders and he struggled to shake it off. Nothing ever seemed to change. Maybe he wasn’t even making any difference at all.

He pulled out his phone and decided to call a friend. The only way to get through this was to do it together.



Mitch sat in his messy office at the heart of the busy paramedic station, his eyes staring blankly at his computer screen.

Over the past two years he had led his team through the unrelenting chaos of the COVID-19 pandemic. At first, the fear was real as they faced the unknown, donning layers of PPE that seemed to change as often as the virus itself. Mitch would send his team on the road, hoping to calm their anxiety and mask his own. He worried that one of them would get seriously sick or even die.

As the weeks turned into months and the months into years, frustration replaced fear. The guidelines for PPE seemed to change at the drop of a hat, often leaving the paramedics confused and skeptical of the management team's competence. Mitch deeply understood their frustration — it echoed in management meetings where he voiced his own concerns.

A new problem emerged as pandemic fatigue set in. Some paramedics began disregarding PPE protocols altogether, a dangerous gamble that raised the potential for disciplinary action and health hazards among Mitch's team. Regardless of their growing fatigue, COVID-19 was still widespread in the community. His team members were putting themselves and the people they came in contact with at risk, and it was his job to look out for them. The Health and Safety Act took COVID-19 safeguards seriously and he knew it was a real possibility that he could be fined or even lose his job.

Now, even with the pandemic in the rearview mirror, he was seeing sick time skyrocketing and staff shortages as the new norm, putting even more pressure on those on the road. Paramedics were skipping lunch breaks, working overtime and shouldering the burden of an overextended health care system. The frustration and burnout are very real.

Tonight, his phone is abuzz with messages – paramedics reporting in, updates on patient conditions – each message a reminder of a system stretched beyond its limits. Yup, it looked like they were heading into another busy night with paramedics on short supply.

Mitch, once a respected leader, felt the weight of his team’s frustration and burnout. He packed up to go home, overcome with guilt for the missed meal breaks, the shift overruns, the denied vacation days. For his powerlessness to change any of it.

He looked around the station at the folks working overtime, making no attempts to hide their judgment as he left the office and headed home. Mitch regularly worked plenty of overtime himself, but not tonight. Tonight he had nothing left to give.

He feels his team’s exhaustion, and then realizes ... it is also his own.

Mental health resources and additional information for addressing potentially morally injurious events

PMIEs can be experienced by PSP at an individual, organizational or system level. The common factor in PMIEs is the violation of the morals, values or ethics held by PSP.

These case studies illustrate how PMIEs can manifest within different roles in the context of public safety organizations. The case studies aim to help organizational leaders identify, address and prevent PMIEs in the workplace.

Resources that focus on supporting individuals in their role at different levels of the system are available. Find out more:

Where can I get support as a frontline PSP?

988.ca

The 9-8-8 crisis helpline for mental health and suicide prevention support is funded by the Government of Canada and delivered by the Centre for Addiction and Mental Health (CAMH) and their partners. Canadians can call or text 9-8-8 to access bilingual, trauma-informed and culturally appropriate mental health and suicide prevention support. The service is free and available 24 hours a day, 7 days a week, 365 days a year.

Badge of Life Canada

Badge of Life Canada empowers Canadian PSP and their Families in managing OSIs (including posttraumatic stress and suicidal ideation), achieving healthy living and fostering posttraumatic growth. Badge of Life Canada helps connect PSP with therapists, crisis resources and self-care tools including podcasts and education for Family members.

Employee Assistance Program

Check with your manager or human resources department to see if your organization offers an Employee Assistance Program (EAP). An EAP provides free and confidential short-term counselling for personal and/or work-related challenges.

Hope for Wellness Helpline for all Indigenous Peoples

The Hope for Wellness Helpline is available to all Indigenous Peoples across Canada. While it is not exclusive to PSP, experienced and culturally competent counsellors are reachable by telephone and online 24-7. Call 1-855-242-3310 or [visit their website](#) to connect with a counsellor online.

PSPNET

[PSPNET](#) is a clinical research unit that delivers and conducts research on Internet-delivered cognitive behavioural therapy (ICBT) for PSP. As part of its research, PSPNET offers [free ICBT](#) for PSP in New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Quebec and Saskatchewan. PSPNET also provides a [self-guided PSP well-being course](#) that is available for PSP across Canada.

PSP Mental Health

[PSP Mental Health](#) provides a list of all mental health support programs and services available to PSP and their Families across Canada, including peer support.

Wounded Warriors Canada

[Wounded Warriors Canada](#) is a national mental health service provider that provides a range of programs specifically developed to support the unique needs of Veterans, PSP and their Families.

How can I support my peers who have experienced a PMIE?

Evidence is emerging about the use and value of peer support in helping to prevent and manage the impacts of PMIEs. More research is underway, but early findings suggest that peer support offers connectivity and belonging which can contribute to better mental health outcomes for colleagues.

National Center for PTSD: Moral injury in health care workers

The [National Center for PTSD's website](#) offers considerations for supporting peers who have experienced a PMIE, including tips on reaching out to colleagues and listening effectively. A few resources they highlight include:

- [Psychological First Aid Manual](#)
- [Skills for Psychological Recovery Manual](#)

What concrete actions can I take as a leader to address moral injury in my organization?

As an organization, consider assessing your processes for how PSP access support through your workplace peer support program. For example, how do you communicate the qualifications of peer supporters to your employees? How do you make it clear that peers will maintain confidentiality?

Some resources for organizations on moral injury:

Atlas Institute for Veterans and Families: Moral injury toolkit

The [Atlas Institute developed a toolkit](#) that provides leaders with an understanding of moral injury in an organizational context. The toolkit includes tools, templates and tips for understanding what preventative and early intervention structures are already in place, and what more might need to be done. The toolkit includes these resources and several others:

- [Moral injury: What is it and what can leaders do about it?](#)
- [A conversation guide: Helping leaders talk about moral injury](#)

National Center for PTSD: Moral injury in health care workers

The **National Center for PTSD** has a dedicated webpage with resources associated with moral injury in health care workers. The resources span across all levels of the health care system and include strategies for self-care, information on how colleagues can support their peers and what leaders can do to support employees. The following article was developed during the COVID-19 pandemic to support leaders:

- **[For leaders: Supporting your staff during the coronavirus \(COVID-19\) pandemic](#)**

What do policy makers need to know? How does policy make a difference?

Atlas Institute for Veterans and Families: Experiences of moral injury in Canadian public safety personnel

The Atlas Institute, in partnership with The Royal Ottawa Mental Health Centre, conducted a study to better understand **moral injury in PSP within the Canadian context**. This report is the basis for the case studies prepared for this resource package. Findings from the study highlight the need for PSP regulatory bodies to recognize the impacts that competing policies and priorities can have on PSP mental health. High demands on the health care system are putting additional pressure on PSP and they may be more strongly distressed by PMIEs related to their organization and the broader health care system. For a more detailed description of system-level PMIEs, you can read the full report and peer-reviewed article:

- **[Research report: Experiences of moral injury in Canadian public safety personnel](#)** (see pages 25 to 30 for system-level PMIEs)
- **[‘Against everything that got you into the job’: Experiences of potentially morally injurious events among Canadian public safety personnel](#)**

SUMMARY OF PMIE TYPES

CATEGORY	MORALLY DISTRESSING EVENT	DESCRIPTION
Nature of work	PSP action and inaction	
	Treating people who have caused harm	Morally distressing situations in which PSP have had to treat patients who have caused harm to others or whose actions they find reprehensible.
	Harmful or futile treatment	Experienced a violation of PSP core beliefs in situations where established policies or standard operating guidelines compelled them to provide treatment that, in their professional judgement, was harmful or futile.
	Unable to provide treatment	Situations in which PSP were unable to provide treatment or in which they were unable to do more to help a patient while on scene.
	Others' action and inaction	
	Carelessness and laziness	When PSP witnessed others doing things that, to them, demonstrated carelessness, laziness, or negligence.
	Negligence and neglect	When PSP witnessed direct acts of negligence or neglect. For example, witnessing your partner chose to not medicate a patient who was having abdominal pain.
	Disrespect or a lack of compassion towards others	When a PSP's partner, colleague, or leader in the organization failed to treat others with respect or compassion

CATEGORY	MORALLY DISTRESSING EVENT	DESCRIPTION
Organizational culture or climate	Unmet needs or concerns	Circumstances in which PSP health and well-being needs went unmet. For example, having insufficient amount of processing time between difficult calls.
	Silenced or pressured to concede	Concerns or complaints were not taken seriously by trusted authorities.
	Unjust discipline or sanctions	The disciplinary response was unjust because PSP were confident in their decision-making and/or conduct.
	Toxic or hostile environment	Derogatory or offensive comments or behaviours that colleagues or leadership have made about other PSP in relation to gender, sexual orientation, and physical appearance. Derogatory comments made about patients who are part of marginalized communities.
Systemic issues, system failures	Limited control, compromised autonomy	The perceived inflexibility of protocols and procedures make it difficult for PSP to exercise discretion and respond in accordance with what the situation in front of them demands, which may be more nuanced than represented in the associated documentation.
	Competing policies, priorities, and politics	Mandates, guidelines, and interests of various authorities, which regulate PSP occupations and to which they are accountable, are often in conflict with PSP values and each other.
	Demands on the system	When the pervasive pressure on the health care system trickles down and impedes PSP work as well as the meaning and value that they derive from it.



The work of the Atlas Institute for Veterans and Families is made possible thanks to funding from Veterans Affairs Canada.

Disclaimer: Views and opinions expressed are solely those of the Atlas Institute for Veterans and Families and may not reflect the views and opinions of the Government of Canada.



atlasveterans.ca