

EXPERIENCES OF MORAL INJURY IN CANADIAN PUBLIC SAFETY PERSONNEL



Public safety personnel (PSP) play a vital role in protecting people and communities by responding to emergencies, crimes, and disasters. PSP include, but are not limited to, paramedics, firefighters, police officers, communications officials, border officials, and search and rescue personnel. The nature of their work means that PSP are uniquely and repeatedly exposed to situations that may be distressing and/or traumatic, and that may have serious, long-term mental health impacts, including depression, anxiety, PTSD, and many more.^{1, 12, 13, 30, 31, 50, 51}

One type of situation that PSP may face and that may lead to adverse mental health outcomes is called a potentially morally injurious event (PMIE). PMIEs are situations that violate or challenge an individual's core beliefs, morals, values, or ethics.³⁶ Left unaddressed, PMIEs can lead to a distress response known as moral injury (MI). Though not a formal diagnosis, MI is characterized by intense feelings of shame, guilt, distrust of authority, spiritual or existential distress, or inner conflict.^{25, 36} PMIEs and MI were first identified and articulated in research about the U.S. military and Veteran populations. Although evidence is growing to suggest that these phenomena manifest in health care and public safety contexts – and have been exacerbated by the COVID-19 pandemic – insight into these phenomena in the Canadian PSP context remains limited. Drawing on the results of semi-structured interviews with 38 paramedics, communications officials, and logistics technicians currently employed by a service in Ontario, this study aims to contribute to this literature by exploring the types of events that Canadian PSP consider potentially morally injurious or morally distressing, the impacts of these events on mental health and well-being, and the strategies or interventions PSP use to cope with these events and their impacts.

MAJOR FINDINGS

Potentially morally injurious events

PMIEs are part of the PSP experience. Events that PSP considered PMIEs fell into one of three main categories: those related to the nature of the work itself; those caused by the organizational climate or culture; and those that arose due to issues with the broader health care system. Events attributed to the nature of PSP work included treating people who had done harm, providing treatment PSP believe is harmful or futile, or being unable to provide treatment. It also included distress caused by witnessing others' actions or inaction, including carelessness, negligence, or disrespect or lack of compassion toward patients. PMIEs caused by the organizational climate or culture included instances in which PSP felt that their needs and concerns went unaddressed or unmet, that they were silenced or pressured to concede, that they faced unjust sanctions and discipline, or that they were subject to a toxic and hostile work environment. The broader health care system was also a source of PMIEs, as PSP experienced having limited control or autonomy over their work, bearing the consequences of a stressed system, and dealing with competing policies, priorities, and politics.

Impacts of PMIEs

Regardless of the category in which they arose, PMIEs left PSP feeling as though they cannot exercise judgement; broke the trust of PSP; and created inner conflict for PSP, which led to many negative consequences across all facets of their lives. When asked about the personal and professional impacts of having to face these events, PSP mentioned feeling anger and frustration; dealing with mental health problems, including depression and anxiety; having self-doubt or losing confidence in their abilities; experiencing reduced morale at work and strained relationships with colleagues and loved ones; and sensing a general erosion of their sense of self. Importantly, in addition to exposure to PMIEs, PSP are also repeatedly exposed to traumatic incidents and routine stress. Ultimately, the personal and professional consequences are the result of the accumulation of these events, sometimes with an eventual "final straw."

Coping with PMIEs

To cope with PMIEs, as well as work-related stress, PSP used a variety of coping strategies (e.g., exercise, spending time with friends and family, taking time off from work). Although PSP were aware of the importance and value of coping strategies, they experienced many barriers to exercising them, such as COVID-19-related restrictions, insufficient time to decompress between calls, inadequate health benefits, and a culture of stigma at work (e.g., taking time off indicates weakness). Notably, since the completion of this study, the organization has enhanced mental and physical health benefits.

Peer support

PSP sought support from peers, both informally, by reaching out to colleagues and superiors, and through the organization's formal peer support program. They cited consulting with peers for their ability to relate, listen, and validate; however, PSP did not directly tie support from peers to PMIEs, in that they did not discuss moral or ethical concerns with peers. PSP shared that their concerns about the formal peer support program – skepticism toward its degree of confidentiality, questions about the qualifications of peer supporters, and issues with access – contributed to their reluctance to use it.

Impact of PSP characteristics

Professional and personal characteristics also affected what PSP considered to be PMIEs, as well as how they interpreted PMIEs. In terms of professional characteristics, job function and tenure influenced the type of events described as PMIEs. For example, logistics personnel were uniquely troubled when their colleagues demonstrated poor work ethic and wasted time. In addition to specific roles, number of years on the job was also a factor in how PSP respond to PMIEs, as PSP with longer tenure were more likely to indicate that, regardless of policies or procedures, they follow what they believe is right.

Regarding personal characteristics, our findings reveal there is an interaction between sex and gender and PMIEs. PMIEs associated with work-related sexual harassment, sexual assault, and sex-based discrimination were more frequently mentioned by women. Women were also more likely to experience comments about their appearance or, particularly among paramedics, their ability to meet the physical demands of the job. As well, women were also more likely to indicate that calls to treat victims or perpetrators of violence were potentially morally injurious, leaving them feeling unable to help victims exit the relationship and/or disturbed by having to treat men who sustain injuries during the incident. Relatedly, our findings indicate that life experiences – such as parenting, adverse childhood experiences, and personal experience with disease or serious illness – informed their perception of the types of events described as PMIEs. Finally, this study also uncovered that an inverse relationship exists between lived experience and PMIEs, in that adverse on-the-job experiences have an impact on PSP's general view of the world, diminishing their faith in and perception of humanity as well as their tolerance for social problems.



Overall, this report reveals that PMIEs, which arise from myriad sources and contexts, are in fact part of the PSP experience. These events are morally or ethically problematic because they transgress the value that PSP place on fairness, helping others, integrity, the “golden rule,” and the “do no harm” principle. It also demonstrates that PMIEs, alongside potentially traumatic experiences and routine stress, contribute to a loss of trust in leadership and the health care system, a sense of inner conflict that fosters self-doubt and erodes confidence in decision-making, and feelings of anger, frustration, helplessness, and resignation. Finally, this report illustrates that neither PMIEs nor MI form the content of supportive interactions between peers, but that PSP value the insights and support of their peers after difficult experiences, including through formal peer support.

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

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