**Moral injury**

**Why is this relevant?**

Covid-19 is placing significant demand on the healthcare system. Prioritisation of resources due to increased demand means that some patients may not receive the care that they would ordinarily get. When preventable loss of life occurs due to these reasons, workers may be at risk of moral injury.

**Core constructs/concepts**

Moral injury is defined as the psychological distress which results from actions, or the lack of them, which violate your moral or ethical code.

Potentially morally injurious experiences (PMIEs), include ‘perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply help moral beliefs and expectations’. Due to the current covid-19 outbreak, frontline workers may be at increased risk of these PMIEs.

MI is linked to strong moral emotions related to such events. This can include guilt, anger and disgust. These emotions can lead to distress and further psychological difficulties. MI is not a mental illness but can contribute to other mental health problems, such as Post-traumatic Stress Disorder (PTSD).

Those who experience MI may have extreme negative self-appraisals which seem to contribute towards and maintain distress in a recursive cycle.

MI can impact upon work and social life. It has been linked to increased difficulties coping with occupational stressors and respecting authority. Socially, people who have experienced MI have been known to withdraw from others, which can lead to relationship breakdown with spouses, children and others in their social network. This exacerbates the impact of MI.

Evidence from a recent systematic review (mostly relying on cross-sectional studies) suggests there is a moderate-to-strong relationship between moral injury and experiences of PTSD, a weak-to-moderate relationships with stress and hostility, and negative associations with social adjustment, positive affect and resilience.

A number of risk and protective factors for MI have been identified. These include:

* Increased risk if loss of life is a child
* Increased risk if perceived lack of support from leader or family and friends post event
* Increased risk if unaware or unprepared for emotional/psychological consequences of decisions
* Increased risk if low education attainment
* Increased risk if the PMIE occurs alongside other trauma
* Decreased risk if receiving empathetic support after the event, particularly from fellow personnel who have experienced similar
* Decreased risk if leaders and decision makers take responsibility

Systematic research on MI and interventions designed to resolve feelings associated with morally injurious events are still emerging. Initial intervention research suggests that Cognitive-Behavioural Therapy (CBT) and adaptive disclosure (having imagined conversations with a moral authority) might be beneficial.

Individuals may be reluctant to talk about MI due to potential legal repercussions.

**Practical recommendations**

The bullet points above indicate a number of areas that may highlight when MI is more likely. Trying to address some of these areas ahead of a PMIE happening may be helpful.

It seems that making people aware of and getting them prepared for the likelihood of a PMIE happening, and the feelings that might be experienced as a result of such an event, can be helpful and may avoid an unexpected shock.

Empathetic leader, peer and family support to workers who may have experienced a PMIE is important.

Those in a position of authority should appropriately take responsibility for decisions and outcomes.

If a PMIE does occur, professional psychological support is encouraged. This might be best delivered by an experienced trauma specialist. This support should avoid confronting and further exposing individuals to feelings of shame and guilt, which is sometimes part of PTSD treatment but can make MI worse.

**Relevant literature**

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