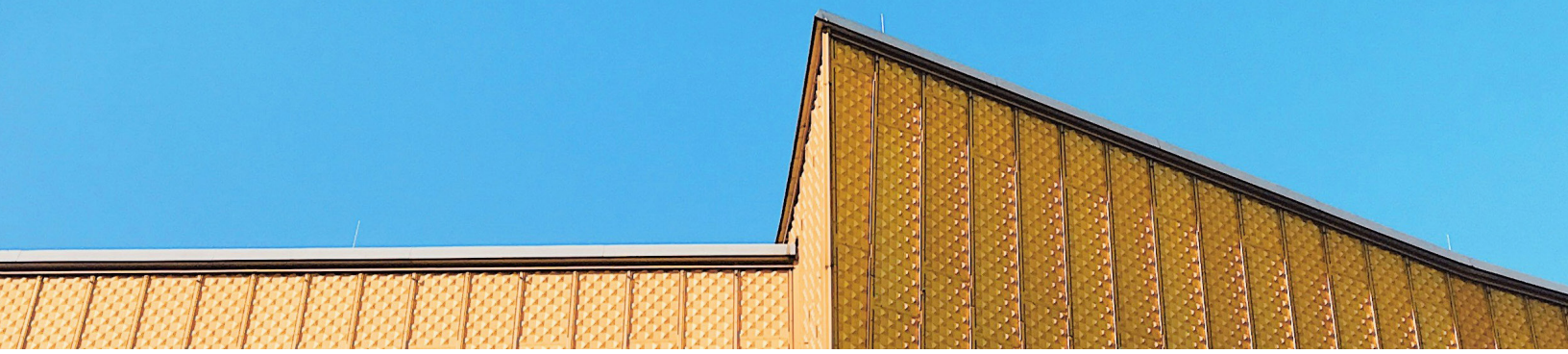
Un-packing Moral Injury: Cross-disciplinary Conversations in the Helping Professions

REPORT FROM A PUBLIC PANEL & SYMPOSIUM IN NOVA SCOTIA



Mount Allison University

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About the Event

Supported by the Social Sciences and Humanities Research Council, researchers from Mount Allison University and Mount Saint Vincent University collaborated to host a series of vital conversations on moral injury in frontline work. The series, entitled *Confronting Workplace Harm: Moral Injury in Frontline Work*, focused on the socio-political dimensions of occupational mental health injuries faced by frontline workers in human services during a time of increased polarization and hostility. *Confronting Workplace Harm* involved two knowledge mobilization events – a public panel and a full-day symposium – which brought experts in moral injury from the field of Veteran's mental health, together with advocacy groups, professional associations, and union representatives across the human services, to share knowledge about the identification, treatment and prevention of occupational harms associated with *moral injury* and *moral distress*.

This report presents preliminary findings from a literature review, observations from the public panel presentation and symposium on *moral injury* and *moral distress* within frontline human service workplaces, as well as two workshops that focused on sectors engaged with children and youth, and sectors responding to the opioid and housing crises.

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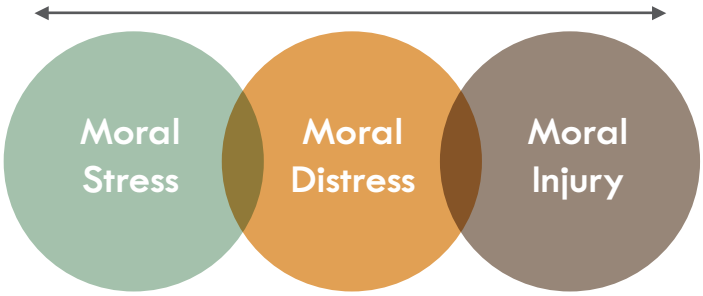
UNDERSTANDING MORAL INJURY

Moral injury is a concept that names the **persistent suffering**, including shame or guilt, **experienced by those who witness, perpetrate, or fail to stop acts of grievous harm** - acts that violate one's sense of right and wrong and goes against one's values.[1] It is not the same as post-traumatic stress disorder, though the two concepts often overlap.[2,3] *Moral injury* is occurring in a range of contexts, and particularly in sectors where protection, care, and support are central, such as first response, military, health care (including nurses, social workers, and therapists), education and other sectors focused on marginalized communities (i.e., child & youth workers). It is a complex injury that often stems from institutional and structural restrictions and failures. Thus, approaches to prevention and treatment that extend beyond clinical mental health disciplines are needed to address the political and social dimensions of *moral injury*.

Moral Stress – Moral Distress – Moral Injury



Moral injury exists on a continuum and while each step may represent a distinct construct, it is important to view the impacts as differing by degrees rather than tangible behaviour.[4] Cribb[5] views moral stress as an inevitable product of overstressed systems, resulting in pressure or tension on both the systems and the workers. In a scoping review by Perez and colleagues,[6] service providers described structural, systemic, internal, and external organizational barriers that limited opportunities to perform in ways that may reduce morally stressful situations and increase feelings of personal isolation and helplessness. Buchbinder and colleagues[7] argue that *moral distress* and *moral injury* fail to capture the full breadth of responses to everyday moral strains, and thus, *moral stress* is an important addition to the moral injury continuum.

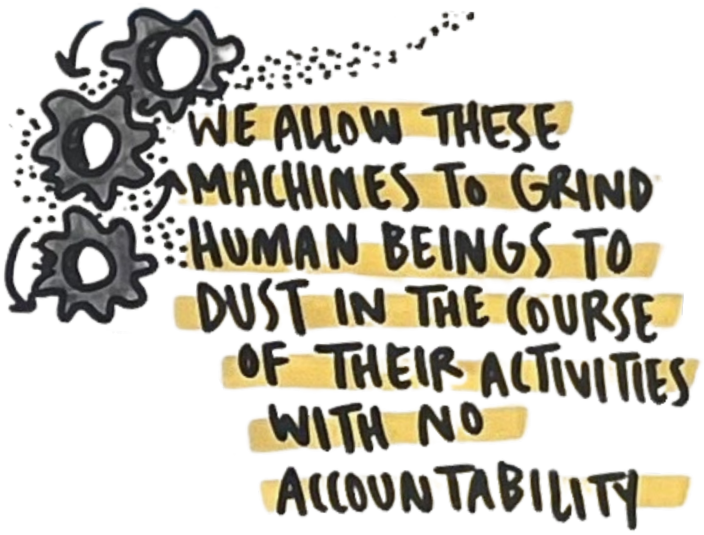
Moral distress emerged as a concept in nursing literature in the 1980s to describe the impact on a nurse's conscience when institutional constraints made it impossible to do what they knew was the right course of action.[8] *Moral distress* typically represents temporary reactions to morally distressing situations. Core features of *moral distress* include stress, burnout, relational consequences, and unhealthy coping behaviour resulting from situations in which individuals feel prevented from doing what they consider to be morally right.[9,10,11] Importantly, *moral distress* may be considered a signal of moral conscientiousness and result in feelings of powerlessness or blame.[12] The terms *moral distress* and *moral injury* are often blurred,[13] however, the concepts are associated with distinct intellectual and disciplinary histories.[14]

Moral injury, while related, is typically described as lasting damage because of moral transgressions. The concept of *moral injury* was introduced in the 1990s based on work with Vietnam Veterans who experienced lasting harm related to events perceived as immoral or unethical in nature.[15] Events leading to *moral injury* tend to be considered more extreme than *moral distress* and lead to lasting psychological injury that can influence multiple domains.

Both *moral distress* and *moral injury* have been used to describe the impacts of the COVID-19 pandemic on frontline care and protection workers who faced increasing moral dilemmas in their work.[16,17,18] For instance, healthcare workers might endure potentially morally injurious experiences when they are forced to choose who lives or dies because of a lack of hospital beds.[19,20,21] *Moral distress* or *moral injury* can also impact those who are tasked with protecting children, such as social workers or police, when they are powerless to protect because of poor supervisory decisions, lack of resources or bureaucratic constraints.[22,23,24] Research demonstrates that the harms from morally injurious events are often exacerbated when they involve children.[25,26]

Moral Distress & Moral Injury in Frontline Work

How can we justify asking frontline workers to sacrifice their mental health and wellbeing for the sake of others, especially when the system they serve is often the source of their moral injury?



Witnessing tragedy, or feeling powerless to stop a preventable tragedy, is increasingly common for frontline workers who struggle to maintain a weakening social safety net, during times of government austerity or institutional dysfunction.[27,28,29] However, despite sectors facing growing institutional and structural failures,[30] conversations about *moral injury* continue to be dominated by individualized medical models that seek to offer treatment options for the shame, guilt and suicidality experienced by those who meet emerging diagnostic criteria.[31,32] Although diagnostic tools exist[33] there is a lack of consensus on whether or how *moral injury* should be included in diagnostic manuals like the DSM-5 and ICD-11.[34] As debates continue within the clinical research community over the diagnosis and treatment of *moral injury,*[35,36] **workers in frontline care and protection work continue to face high rates of burnout, depression, and suicide.**[37,38] Furthermore, despite common threads between civilian and non-civilian experiences of *moral injury*, there has been a troubling lack of dialogue about who should be responsible for prevention.[39] Although *moral injury* and *moral distress* have been documented in childcare workers,[40 41] social workers,[42] clinicians,[43] and educators,[44] discussions about diagnosis and treatment remain in the field of military and first responder mental health[45] or clinical mental health literature, which **does not address systemic root causes**.

Our conversations aim to mend the knowledge gap across human services sectors and bring experts on *moral injury* together with advocates, professional associations, union representatives and workers from across the country.

OVERVIEW

Duty to Care & Prevent Harm

Our knowledge mobilization events were inspired by research conducted with Canadian Armed Forces Veterans (Dr. Baillie Abidi) and frontline care workers and civilian first responders (Dr. Whynacht) who serve to protect others, and in doing so face incredible moral complexity, often suffering from long lasting impacts from their service. As scholars and community members we wanted to create space for cross professional discussion on how to prevent *moral injury* while also improving care for those impacted.

Goals & Objectives

In *Confronting Workplace Harm: Moral Injury in Frontline Work*, we invited stakeholders to explore the **socio-political** dimensions of *moral injury* and *moral distress* in frontline work. To mobilize knowledge toward prevention across sectors, we endeavoured to:

1. Raise awareness about *moral injury* and *moral distress* within and beyond the field of military mental health.

2. Broaden conversations about *moral injury* and *moral distress* outside of clinical mental health disciplines to better consider approaches to prevention (rather than treatment).

3. Explore the role of culture, particularly Indigenous and other non-settler cultures in experiences related to *moral injury* and *moral distress* in the workplace.

4. Foster increased collaboration on research and advocacy across human services related to occupational mental health harms.

5. Create accessible knowledge products to enrich public discourse on *moral injury*.

Public Panel - This is not Burnout or PTSD: Moral Distress & Occupational Injury in Frontline Work

Our first conversation together was open to the public. *This is not Burnout or PTSD: Moral Distress & Occupational Injury in Frontline Work* (see Appendix A), sought to engage the public with leading experts in a conversation about the moral complexities of frontline work. Frontline workers such as social workers, teachers, firefighters, police, healthcare professionals, colleagues working in emergency shelters, and many other volunteers and professionals working in our communities are facing intensifying situations of *moral distress* and potentially morally injurious experiences. For example, *moral injury* can occur when health professionals are unable to care for patients due to staff or resource shortages; in social work when all options to care for a child seem to cause further harm; in education when teachers are tasked with responding to increasing complexity with dwindling resources and shrinking political support; in emergency response when personnel may feel like they are in a broken system that is not leading to further preparation, protection, or care; or in community-based work when there are not enough resources to provide essential services. *Moral injury* **can have lasting psychological, social, and spiritual impacts for those who serve in frontline care work.**

Occupational health and safety are not new concepts, however understanding **the costs of potentially morally injurious experiences in work needs more attention**. Our hope for the panel was to raise awareness about *moral injury* in frontline work, to explore approaches to prevention and care that promote health and well-being, and to foster increased collaboration on research and advocacy across the human services related to improving workers' health. The event was free, live-streamed, and recorded for future knowledge mobilization. Importantly, mental health support was available to participants through providing all attendees with access to a clinical psychologist during the panel and contacts for mental health support. The following is a summary of the panel.

Opening Remarks - Dr. Manal Azzi

Hello and welcome. Let me begin by expressing my gratitude to everyone for joining this important discussion in Halifax on confronting workplace harm and *moral injury* in frontline work. I'm also very honored to be invited on behalf of the International Labour Organisation (ILO) and very thankful to the organisers at Mount Saint Vincent University, Mount Allison University and the Social Sciences and Humanities Research Council. This is an important opportunity to bring awareness to the issue of *moral injury* and *moral distress* and to continue to foster collaboration across disciplines, sectors, and organisations.

Protecting the physical and mental health of workers is a core value of the ILO since its foundation in 1919. And its importance was strongly reaffirmed recently in 2022 when a safe and healthy working environment was declared a fundamental principle and right at work. This declaration underscores the urgent need to address both the physical hazards and the growing prevalence of psychosocial risks at work, including *moral injury* and *moral distress*.

Mental health at work has a huge impact on society and the world of work. We know that 12 billion working days are lost every year due to depression and anxiety in relation to exposures at work. Poor mental health not only reduces productivity but also increases the risk of workplace accidents compounding the toll on workers and their families. During the COVID-19 pandemic workers in frontline roles faced unprecedented challenges. They had impossible ethical decisions to make. They had resource shortages, heightened risks for violence and harassment and blurred boundaries between work and between personal life. Many also suffered moral and psychological harm as they were forced to work in strained and in under-resourced systems without proper protection. Addressing these challenges requires a comprehensive approach to occupational safety and health. The ILO emphasizes the importance of identifying psychosocial hazards and integrating strategies to assess risks and introduce control measures into broader occupational safety and health frameworks.

The ILO and the World Health Organization recently published a joint policy brief on mental health at work calling for action on mental health in the workplace and promoting a comprehensive approach that includes three main areas. First, prevention is key.

A preventative approach to occupational safety and health must include the identification of psychosocial hazards. It must include open communication between employers and workers and ongoing risk management practices. Employers must recognize the moral and ethical dilemmas their workers may face and create conditions that allow them to navigate these challenges safely without fear of retaliation. This includes addressing institutional failures, resource constraints and systemic inequities that can give rise to *moral injury.* Second, promoting mental health and wellbeing is equally crucial and critical. A positive occupational safety and health culture is one where workers feel valued and supported, where ethical challenges are openly acknowledged and where solutions are developed collaboratively. When organizations invest in promoting health, wellbeing and a sense of purpose, they create workplaces where workers are not only protected from harm, but also they are able to find fulfillment in their roles. And third, we must ensure access to support systems for those experiencing *moral injury*. Workers must not be left to manage these challenges alone. By providing access to peer networks, counseling and professional support, organizations can help workers recover, rebuild, and sustain their sense of purpose and wellbeing.

I want to thank you all for gathering today to examine and discuss this critical topic. While I regret not being able to join you in person in Halifax, I'm truly honored to contribute virtually to this important event. I look forward to hearing about the insights and strategies shared during these discussions and the collective impact they will have on improving the lives of all workers.

Panel Discussion

The panel discussion was MCed by Dr. Catherine Baillie Abidi, moderated by Dr. Ardath Whynacht, and featured the following panellists:

Jodie Boyle is a committed humanitarian specializing in mental health and psychosocial support, Emergency Management and community recovery, with over 20 years in the Red Cross, Red Crescent movement and a decade in the Canadian forces, including service with the Kandahar provincial reconstruction team.

Dr. Lisa Barrett is a clinician scientist with expertise in infectious disease and human immunology and a professor within the Department of Medicine at Dalhousie University, where she founded the Senescence infection, aging infection Immunity Laboratory.

Audrey Huntley is a licensed paralegal, who works with survivors of violence at Aboriginal legal Services, is a filmmaker, storyteller and Co-founder of No More Silence, working with other Indigenous women, trans and two-spirit people supporting community members through the loss of missing and murdered women, girls, trans and two-spirit people. Through her work with No More Silence, Audrey has played a pivotal role in launching Raónraon Hummingbird Healing Lodge, a space for respite and healing at Six Nations of the Grand River territory, which is open to service providers and caregivers to Indigenous people and other resilient communities.

Q1: How do you see moral harm within your workplace?

While each of the panellists represent different sectors, their responses all focused on intensifying moral complexities in their workplace. Jodie Boyle discussed **compounding crises** in emergency management such as climate change, public health emergencies, and substance use, which lead to "***people that are really tired… a system that's really tired***." In the context of public health, Dr. Barrett shared:

> *I don't think it's a secret or a surprise that during parts of the COVID pandemic, there were moments when frontline workers and people in medicine around the world felt … they wanted to do the right thing, but either for reasons of not being in the right job or position, restrictions meant for public health, meant that people didn't feel that they could do what they wanted or needed to do… I watched that moral distress in the… thousands of volunteers we had in Nova Scotia who were doing COVID testing for us voluntarily.*

Audrey Huntley reflected on "***the sites of harm***" for Indigenous peoples and how moral **harm is deeply implicated in racial capitalism.** For example, Huntley described how Indigenous people face over-incarceration at alarming rates and legal advocates carry a heavy burden in the search for justice. The panellists also reflected on the range of people who engage in frontline work, from volunteers to professionals, including people in leadership or support services, all with diverse lived experience and expertise. Thus, when we think about moral harm in the workplace, in the context of frontline work, we need to think about the many volunteers and informal contributors to community-based programming.

Q2: How do you define moral injury?

Dr. Barrett stated that "*I think of* ***moral distress leading down a line or a progression to perhaps a moral injury*** *with a more lasting impact*." Jodie Boyle described *moral injury* as arising from "*profound unfairness where there is the possibility of an alternative… It's one thing to deal with something where you know there's no other alternative. Your hands are tied. I think that's a bit easier to metabolize than when there is a very easy alternative, but a policy prohibits it.*" And Audrey Huntley suggested that *moral injury* is **an injury to people who have a heightened sense of social justice or humanity**. Huntley stated: "*I think the people who are experiencing moral injury are right on and they don't have a problem. It's not their lens that needs to change... to me those are the folks with a conscience.*"

The panellists critiqued individualized conceptions of *moral injury*. Dr. Barrett acknowledged her frustration arising from workplaces or policies which attempt to label moral injury as a lack of personal resilience and noted that "***this is a workplace issue, not a person issue***." The panellists highlighted the need for conceptions of *moral injury* to encompass larger systems, involving not just individuals who have been harmed, but also those in positions to create systematic change. Jodie Boyle stated:

> *people that build these systems* [occupational health and safety systems] *really intend for them to be functional. They're not intentionally building heartless systems. They're really hoping that it works for most people, but there's just these constraints that tie their hands… So there needs to be that consultation with the people that are making the policies and making these systems directly back to the people that are actually working within them. Is this working? What are the unintended consequences?"*

Audrey Huntley added that neglecting to recognize the role of colonial systems of harm is deeply troubling and will lead to continued moral harms, particularly for Indigenous peoples. She further stated that current approaches to caring for people working in morally complex frontline work is "*kind of like… we're just putting some band aids on people's wounds, but we're not really able to help them with the transformation of their situations… fundamental change has to happen in order for lives really to be transformed and for us to live in a better world. We are going to need to decolonize.*" All panellists defined *moral injury* in the context of the **failure of systems**.

Q3: What are the causes of moral injury in frontline work?

Dr. Barrett argued that one cause of *moral distress* and *injury* is when effective solutions to complex social issues are possible but not implemented or sustained. For example, she stated that "*one of the actions in Nova Scotia that was really … effective for the protection of people* [during the early stages of COVID] *was that there was a decarceration process, as there eventually was in most provinces to a certain extent*." This process allowed a decrease in the spread of illness in closed settings and allowed individuals who "*really probably didn't need to be there anyway*" to await the next step of the judicial process safely. She further stated:

> *Not everyone in a prison, jail, or correctional setting, is actually charged. Many people are remanded and not yet charged […] I'm not speaking specifically of Nova Scotia here, but in general there's an enhancement of people with Indigenous identity in that context and what everybody said was this doesn't make sense. These people probably don't need to be here, and we are going to not just hold them in jail until someone comes about to charge them or they get a hearing. We're just going to make sure that people have the ability to leave unless they really, really, really have offences that would be considered to be public safety issues. And that took a lot of collaboration to do that safely and well between health and justice. And it happened so beautifully. And then I will be frank, that has not sustained now … these are examples of things that are particularly challenging because there are alternatives. You don't have to go back to the status quo.*

In this example, Dr. Barrett reflected on the **moral complexities of working in discriminatory and ineffective systems** and knowing that alternative processes are possible but a lack of political will is preventing systemic changes. Jodie Boyle elaborated by focusing on the betrayal aspect of *moral injury* and stated: "*I think it might go back to the concept of there being an alternative… because you don't think betrayal if there's no other choice… But whenever there's another choice, that's when it becomes a betrayal*" and can lead to moral harms.

Q4: How can we improve prevention of moral injury in frontline work? How can we organize to better respond to folks who are experiencing mental health impacts?

Jodie Boyle opened the discussion by reflecting on and critiquing the focus on self-care, noting that "*it doesn't matter how much you meditate, it's not going to open up more beds in long term housing.… it really has this sort of passive-aggressive way of saying, you know, you just have this kind of problem.*" Instead of this individualized approach, Boyle shared the need for **team care and compassionate systems** as important steps forward in caring for frontline workers who are often "*really committed compassionate people that have chosen to do that work as a vocation.*" Dr. Barrett further added that systems need to prioritize the **intentional hiring and nurturing of** "***highly empathetic, highly compassionate, highly motivated, highly skilled people.***"

The panellists continued to speak about the systemic context in which moral injury occurs and the importance of supporting those who challenge systems. Ardath Whynacht stated that "*we don't always have the privilege of critiquing the systems that we work in and coming out unscathed*" and invited the panelists to consider how we can support institutional critiques to advance frontline workers health despite the risks involved. Audrey Huntley articulated that the systemic racism that exists across Canadian systems requires challenge, and challenging these systems is essential for enhancing the health and wellbeing of frontline workers. Huntley stated:

> *I do think it's important to be naming the reasons* [for moral injury], *but the reasons are very systemic… betrayal is only appropriate if you had a belief in that system anyways, and if you're Indigenous and you're in this racialized capitalism on stolen land, it isn't something that you buy into... I co-founded No More Silence 20 years ago… we're going to show up at police headquarters for the 20th year in a row and we go there because we want to underline that the system is complicit and nothing has changed… The silence has been broken… It's not silent anymore and I do think it begins with that.* ***The work always begins with making something known, naming it.***

SYMPOSIUM

Confronting Workplace Harm: Moral Injury in Frontline Work

The full day symposium featured two panels and two workshops focusing on specific aspects of *moral injury* and *moral distress*. In each event, facilitators asked participants to respond to key prompts such as, what does *moral distress* or *injury* look like in your sector? What are the implications for prevention? What is missing from our conversation? A knowledge translation fair was also hosted throughout the symposium featuring information and resources from Halifax Workers Action Centre, Equity Watch, Fernwood Publishing, Nova Scotia Department of Labour Skills and Immigration, and unions associated with occupational injury.

Panel 1: Un-packing Moral Injury within Frontline Work

The first panel featured three panellists: Dr. Anthony Nazarov, a neuroscientist with research expertise in the areas of PTSD, moral injury, and social cognition, and the Associate Scientific Director at the MacDonald Franklin OSI Research Centre; Robert Wright, a social worker and sociologist whose extensive career has spanned the fields of education, child welfare, forensic mental health, trauma, sexual violence, and cultural competence; Dawn Ferris the Executive Director of Autumn House, a women's shelter in Nova Scotia, and a leader in violence prevention; and was moderated by Dr. Catherine Baillie Abidi.

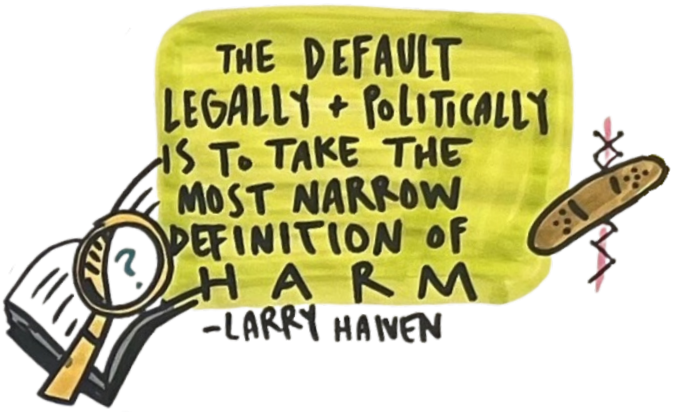
The panellists emphasized the importance of conversations that center *moral injury* and morally injurious challenges especially in light of intensifying and compounding complexities endured in frontline work. Dr. Nazarov highlighted that where PTSD can be visualized as a racing heart, *moral injury* can be understood as a broken heart due to the connection to core values. The broken heart analogy resonated throughout the discussion as a visual of the social

element that makes *moral injury* distinct from other occupational health and safety issues.

The speakers talked about the ways in which neoliberal capitalism has influenced workplace cultures and eroded a sense of community. Robert Wright discussed the deterioration of humanity and civility in workplaces, arguing that workplaces "*are no longer humane*" and these changes are evident in indicators such as increasing sick leave (as illustrated in child welfare for example). Dawn Ferris further added that the increasing complexity of services required to prevent and respond to contemporary social issues, combined with reduced resources, is exacerbating harm for staff and the people directly impacted by challenges such as intimate partner violence. These harms are further intensified by the on-going legacy of colonialism, whereby racialized workers and communities suffer more. Significant work is required in communities to reduce community inequities, repair harms, and build trust.

In relation to prevention and treatment, the panel critiqued the exclusive use of medical models to understand systemic harm. Treating *moral injury* as solely a clinical phenomenon means that the individual sufferer is the focus of treatment, rather than the harmful system or situation that caused of their distress. Focusing on the individual "*sends the*

message that you are the problem" (Dr. Nazarov). The discussion highlighted ways in which *moral injury* can be understood as a structural disease or an indication that the system is sick. Dr. Nazarov used the metaphor of frogs in a pond. If one frog is sick, the medical model makes sense. When multiple-or most- of the frogs become sick or distressed, then, the problem is their pond. Fixing the 'pond' requires larger system-based changes, and collective social action. Dawn Ferris added that one way we can enhance prevention of *moral distress* and *injury* is through finding your circle – talking it out with other members of your communities to understand the full context, having regular conversations between leadership and staff so impacts and potential solutions are explored together, and amassing a collective voice to seek systemic change. Community-based options are particularly important in allowing morally injured individuals to be reminded that their *injury* is not the problem, but rather a reaction to harmful scenarios and systems. All panelists highlighted that prevention is key to reducing suffering across sectors.



Panel 2: Workplace Policy Approaches for Prevention, Treatment, and Justice

The second panel featured Larry Haiven, a professor emeritus of labour relations, former union leader and co-founder of Equity Watch and Kristina Fifield, a trauma therapist who works both clinically and structurally as an activist in the gender-based violence sector, with moderation by Dr. Ardath Whynacht. The goal of this panel, was to explore the relationship between workplace policy, working conditions and *moral injury*. Panellists reflected on experiences of occupational betrayal, the capacity of care systems to address occupational harm, and how structural inequality influences care and support for *moral injury* in neoliberal societies that provide little reward for protecting workers.

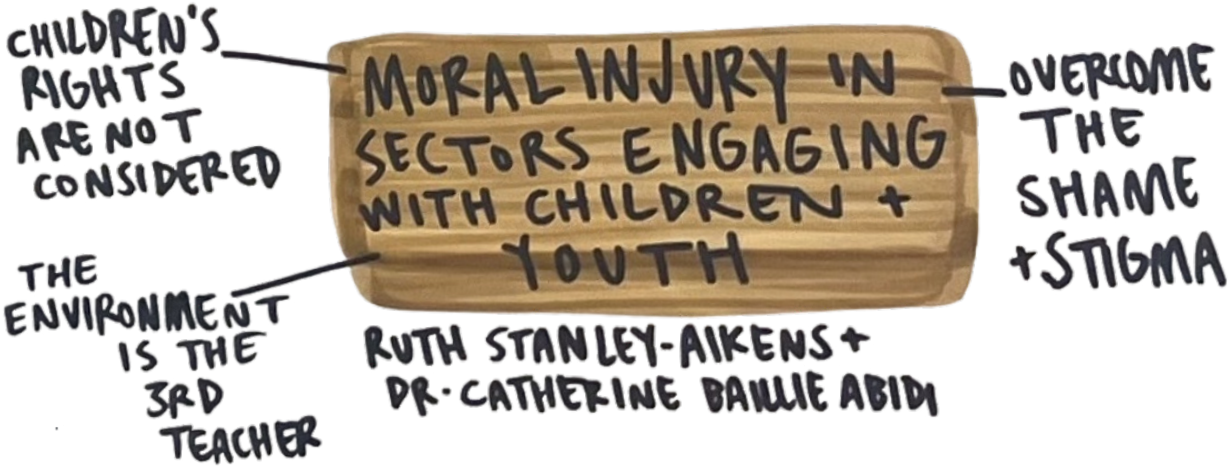
The speakers discussed the challenges of identifying when *moral injury* is present within workplaces as it often requires a worker to self-identify with a mental health condition or act as a whistleblower in ways that could jeopardize their current or future employment. Both panellists agreed that there are many people currently experiencing *moral distress* or *injury* in frontline work, specifically in non-profit sectors that are tasked with correcting structural inequality, but not resourced to engage in prevention. The panel spoke to the value of identifying moral harm within systems and a need for workplaces to take more responsibility for preventing and identifying that toll that it can take on the health and wellbeing of workers. Larry spoke about the inherent tensions in the employee/employer relationship in capitalist

societies, where fundamental role of the employer is to maximize profit at the expense of worker wellbeing. He pointed out that employers interpret harm in the narrowest possible terms, to avoid accountability for mental health injuries experienced on the job. He advocated for worker-driven collective action to improve mental health and wellbeing, calling on workers to: "**fight back against individualism with collectivism**." Offering some successful case studies where the broader community came to support the rights of workers, he pointed out that "**labour rights are human rights**" and that we all have a role to play in supporting collective job action and the important role of whistleblowers who draw attention to injustice and occupational mental health injuries at work.

Moral injury is an important concept to help unpack occupational injuries that have been rendered outside the frame of employer responsibility. Kristina Fifield spoke about her work as a trauma therapist and support for other frontline workers in the gender-based violence sector, drawing connections between a need to treat crises with urgency, while also engaging in prevention. She reflected on strategies that have helped frontline sexual assault counsellors and crisis shelter workers, survive for years in jobs that involve vicarious trauma and exposure to fear, chronic stress and grief. Neoliberal societies that manufacture resource shortages in the nonprofit sector often pit prevention efforts against crisis support services, forcing organizations to choose one over the other when budgets are strained. However, she argued that the only reason she has: "survived in this work for so long, is by **leaning into ways I can make change**." For her, the fight against the use of non-disclosure agreements, or NDAs, has been one way in which feminist movements against gender-based violence has worked to prevent repeat violence by the same person against survivors in their caseload. Echoing many of Audrey Huntley's earlier comments, Kristina spoke about the long and often un-rewarding trajectory of making change on issues of violence, racism and misogyny, and a need to constantly find ways to avoid burnout and demoralization for those who work at the frontline of the crises created by structural inequality. Both presentations highlighted a need for collective action, prevention of the crises that cause grievous harm for workers and clients of frontline services and a need to lessen the load on whistleblowers and individual workers by engaging in acts of solidarity and support with the broader public and workers across sectors.

Workshop 1: Moral Injury in Sectors Engaging with Children & Youth

The goals of this workshop were to: 1) increase awareness of *moral injury* in sectors working with children & youth; 2) explore strategies for prevention, care, and support; and 3) increase collaboration across sectors. The workshop was facilitated by Ruth Stanley-Aiken, a social worker with extensive experience working in child protection and is currently the special advisor for the Sexual Misconduct Support and Resource Centre with National Defence; and Dr. Catherine Baillie Abidi, a children, peace and security researcher. The participants represented a range of sectors including, early childhood education, public education, counselling, and Indigenous community services. The workshop opened with a discussion about what *moral injury* looks like in the sectors represented, what health and social impacts are occurring, and what elements of the professions/ workplaces contribute to risk for *moral injuries*.



Q1: What does moral injury look like in your sector? What are the health and social impacts?

The workshop participants highlighted that the language of *moral injury* is missing from their sectors and expressed the necessity of identifying *moral injury* in these contexts to improve prevention and care efforts. The participants illustrated a changing work context, for example, dealing with increasingly complex social circumstances and the resulting increase in children's challenging behaviours, with fewer resources and supports available. Participants stated that the impact of witnessing or learning of harms against children and being restricted in their ability to respond was central to morally injurious experiences in their sectors.

One participant suggested *moral injury* is the harms associated with "*feeling it is right to do something but can't*" because you lack support, confidence to make decisions, or you fear your supervisors. The harms were described as: feelings of guilt for not being able to support in the way they feel is required; physical challenges such as the inability to sleep; struggling to find a balance between work and other life commitments due to feelings of responsibility for the children/youth in their care; and complex mental health challenges – all of these impacts are resulting in decreased satisfaction at work, increased sick time, and high staff turnover. One participant said that the impacts, such as missed workdays, are furthering the harm because professionals who work with children and youth feel "***I can't burn out, the children need me.***"

Q2: What elements of your profession contribute to risks for moral injury?

All the participants described that working with vulnerable populations, including children and youth, heightens the risk for *moral injury* due to elevated responsibilities for care and protection. They argued that reduced resources (personnel and otherwise), lack of support from leadership, misaligned goals between practitioners and policy makers, and lengthy wait times for support services, combined with an increase in children with behavior challenges due to their complex lives, are leading to heightened risks for *moral injury* and toxic resiliency. The participants also identified a gendered reality in morally complex work, stating that the workforce engaging with children and youth are largely women, and the fields are often undervalued and under supported.

The participants discussed a sense of powerlessness and feeling they lacked the power to change policy and practice to improve experiences with children, youth and their families. This sense of powerlessness was especially troubling when acting as the liaison between children/youth, their families and failing/failed systems. In this regard, one participant stated that they "*have a large sense of outrage professionally.*" Some stated that they choose to tolerate these

frustrations because they expressed being "*accustomed to needs and resources not being met*." Others described being "*paralyzed*", not knowing what to do to create change. While others argued that advocating for increased staff and ensuring workplace environments are safer is essential.

Q3: What strategies would you like to see for mitigating/preventing moral injury?

The workshop participants argued that naming how *moral injury* impacts frontline sectors working with children and youth is a key first step to mitigating the harms in their work. They highlighted the importance of building and sustaining reflective communities of practice to share resources and opportunities on how to improve care for children and youth, and each other. Communities of practice would strengthen workplace health by building stronger teams who can navigate systems and relations of power and advocate for change together. Finding time to engage in reflective practice requires logistical and administrative support (ex. coverage for staff due to ratios). The workshop participants felt strongly that engaging in advocacy work is an important prevention factor as those engaged no longer feel powerless. One participant suggested that engaging in advocacy to improve workplace health and wellbeing "*keeps people from falling in the river.*"

In summary, the participants identified unique aspects and risk factors for those engaged in sectors working with children and youth. They also articulated that in early childhood education the environment is described as the third teacher – recognizing that a healthy environment is key to children's health. By building healthier environments for the adults working with children and youth, we will strengthen the environment for whole communities.

Workshop 2: Moral Injury in Sectors Responding to the Opioid & Housing Crises

The goal of this workshop was to explore connections between two overlapping crises affecting frontline workers in health and community services and share insights to protect and promote frontline worker wellbeing. The workshop was led by Michelle Malette, the Executive Director of the Out of the Cold Shelter who won the 2020 Invisible Champion Award for bringing radical approaches to labor organization and service delivery for clients, challenging traditional hierarchies in non-profit governance structures; and Euan Thomson, who leads EACH+EVERY, a national coalition of businesses supporting harm reduction, and conducts independent drug policy reporting at Drug Data Decoded.

Euan Thomson spoke about the difficulties faced by frontline staff and volunteers dedicated to supporting drug users in Alberta, a province where harm reduction and evidence-based addiction supports receive little government or public support, and drug poisoning deaths are on the rise as a result. Emphasizing a need to connect the dots between personal grief, when faced with the loss of a loved one to larger policy failures, he pointed out that: "*these things don't just happen- they're being done TO us.*" Urging our audiences to be more explicit in identifying the profiteers of eviction and bad drug policy, he named private healthcare firms, corporate landlords and land developers in urban areas, who are more invested in protecting and increasing profits than supporting public health and safety amidst a drug poisoning crisis. Thomson outlined the positive impact of saving lives and the subsequent feelings of powerlessness and demoralization when government and police cracked down on lifesaving services and criminalize street-based health services. Grief, anger and *moral distress* are responses to a wave of preventable drug poisonings that are effectively, "*social murder en masse.*" Centering his comments on the tremendous work of community members and allied downtown businesses that are fighting back and saving lives, he offered a hopeful reprise to the story that is often told in news headlines and government press releases that use the drug poisoning crises for political theater, rather than meaningful change. Finally, Thomson emphasized the importance of independent journalists and the use of Freedom

of Information Requests to share stories to build public support.

Echoing many of Thomson's comments, Michelle Malette spoke about the challenges of supporting un-housed residents in K'jipuktuk, where factors driving the crises are outpacing the resources available to the shelter and non-profit housing sector. They spoke about their role as an executive director and former shelter worker, who had experienced vicarious trauma in the work, and the importance of courage to protect and care for staff when social conditions are hostile to their work. They pointed out a need for organizational flexibility to allow staff to temporarily move to different positions within an organization so that they can balance the grief of frontline work with change-making efforts such as fundraising or public education. Highlighting the harms of 'NIMBYism', whereby citizens might approve of providing services for un-housed residents but actively oppose those services being located in their neighbourhoods, Malette offered case studies in demoralization and burnout for shelter workers. They shared a story about having restrictions placed on them by a funder which did not allow them to support citizens who did not reside in their shelter, which meant that staff were not allowed to offer water to un-housed people who had no shelter bed during a potentially lethal heat wave. They also spoke about the harmful nature of 'competition' for non-profit project grants that force organizations to compete against each other, rather than work together with stable funding to offer efficient and long-term options to residents.

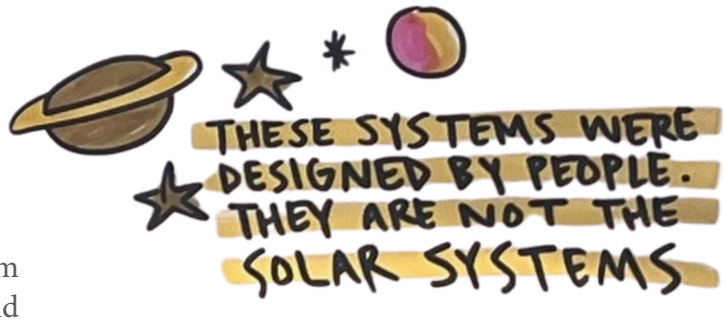
This workshop was attended by workers and leadership representatives from health and community services, the provincial government, and other allied organizations. After a short discussion amongst attendees, two groups were formed to build on relevant aspects of the presentations and develop a shared agenda toward the prevention of *moral injury* in their organizations. The first group focused on building skills toward working with the media and drafting and submitting Freedom of Information (FOIPOP) requests to gather relevant data to tell important stories of public concern. The second

discussion focussed on identifying an agenda to reduce burnout, *moral distress* and *moral injury* in housing and community services. All attendees we invited to respond to the following question:

> *How can we make small, sustainable changes right now, so we can play the long-game for housing justice and health equity?*

Overwhelmingly, attendees expressed frustration with the current system of housing support in Nova Scotia. Many participants spoke about their feelings of *moral distress* and anger with how housing becomes a playing field for profit accumulation and real estate speculation, which leads to shared benefits for investors and landlords when rents go higher than most citizens can pay. They talked about the failure of the federal and provincial governments to acknowledge that housing is a human right and how social assistance money ends up going directly into the pockets of landlords, who are responsible for contributing to the housing crisis in the first place. Participants talked about a **need to organize across sectors** (health, community services, education and non-profit organizations) to demand more investment into non-profit public housing that is thoughtfully designed and conducive to the mental health and wellbeing of residents. The shared sentiment amongst all participants in the workshop, was frustration and anger with not being able to address the root cause: capitalism, and a failure of governments to invest in publicly owned and non-profit solutions to social distress and premature death. The second shared sentiment amongst attendees, was a commitment to build more and better relationships with trusted journalists to make whistleblowing and story-sharing more effective. They talked about how all workers must: "*be loud when we can!*" and to gather a support system of others with shared values and experiences to help affirm, validate, and process chronic *moral distress* at work.

NEXT STEPS & RECOMMENDATIONS



With 180 registered attendees and 12 speakers from across allied sectors, our public panel discussion and symposium offered a glimpse into the impact of *moral distress* and *moral injury* in frontline work. It was overwhelmingly clear that the concept of *moral injury* resonated across sectors and it is vital in naming and understanding occupational mental health injury and wellbeing challenges for workers who seek to care for people, especially those who are vulnerable to discrimination, violence and premature death. While the following list is not exhaustive, it reflects general consensus amongst the attendees on the importance of mobilizing against *moral injury* in workplaces beyond Veteran and first responder mental health practice. Many workers in human services and frontline care workplaces are, without a doubt, trauma-exposed professionals. However, as our attendees and speakers repeatedly emphasized, the pathway to medicalization and individualized treatment plans for *moral injury*, might offer some limited benefits - but it won't address the scale or seriousness of their suffering, nor will it help to prevent further expansion of moral suffering amongst the workers we need to care for us in our most vulnerable moments. Where it is collectively felt - to various degrees - and socially caused, the prescription for healing must include: collective action and social change.

Pathways to Change: Collective Action in Frontline Care & Protection

- **Make the harm known & name it:** Large scale knowledge mobilization on and about the continuum of *moral injury* and how it impacts workers beyond public safety is vital to ensure that the right supports for workers are put in place. At the same time, the social and political causes of *moral distress* and *moral injury* cannot be divorced from attempts to improve worker wellbeing. Prevention requires naming and understanding the socio-political factors that lead to injurious events.

- "**Be loud when you can**": Whistle-blower protections must be in place for workers who experience *moral injury* in their workplaces and are unable to seek help or redress due to funder constraints. Collective organizing of workers across organizations may help provide more support for those who are harmed most grievously and cannot find help.

- **Find your people**: Peer support between and amongst workers who understand and have experience with burnout, *moral distress*, and *moral injury* can alleviate loneliness or shame associated with occupational mental health injury. Leadership can support and encourage formal and informal peer support inside of - and between - organizations. Workers can request support from unions or professional associations and work towards shared policies and supports for all affected workers.

- **Organizational flexibility & informed leadership**: Leaders responsible for protecting and caring for frontline staff should remain informed and literate about burnout, *moral distress*, and *moral injury* and engage in cross-sectoral opportunities to share best practices for addressing it in allied organizations. Leadership can and should work together across organizations to emphasize the importance of understanding *moral injury* at work, with government and charitable funding organizations. Leadership should remain literate on how to support trauma-exposed professionals, even in casual and entry-level positions.

- **Systemic change in community services, housing and healthcare sectors at Federal and Provincial levels**: Workers should collectively work to name causes of *moral distress* and *moral injury* that stem from our economic system or policy approaches and to place public pressure on elected officials to take action to prevent and mitigate impacts. Stable, long-term operational funding for care and protection services and non-profit programs that improve community wellbeing and health equity, is vitally important to the prevention of *moral injury*. Sustained funding can alleviate workplace pressures that make healing from *moral injury* extremely difficult for precariously employed workers and those in high demand healthcare organizations.

Future Research & Action

Our knowledge mobilization symposium and facilitated community conversations were designed to introduce *moral injury* to frontline workers who may be unfamiliar with the concept but are likely to have firsthand experiences with it in their fields. Are non-profit workers, community-services staff, child and youth care professionals, and healthcare workers impacted by burnout, *moral distress*, or *moral injury*? Our small-scale, regional event would indicate that they are and that the impacts are closely tied with their workplace environments and social responsibilities for caring for marginalized people. Unfortunately, there is still a lot that we do not know about the extent of the problem, how to mobilize existing knowledge to enhance prevention as well as care for those impacted, and how to create new knowledge to address *moral injury* in frontline human services work. Future research and action requires an integrated approach that critically analyses the socio-political aspects of *moral injury*, including the role of institutional betrayal in the mental health and wellbeing of frontline workers. As highlighted by the event participants, engaging frontline workers in participatory action research - research designed by those most affected by workplace based *moral injury* - can lead to effective and relevant solutions to ensure that frontline workers are safe and healthy as they carry out their essential community service. We have a collective responsibility to better understand, name and ameliorate the harms associated with frontline work. Healthy workplaces support healthy people and healthy people lead to healthy communities.

ACKNOWLEDGEMENTS

We would like to thank our speakers for their leadership in advancing workplace health and wellbeing and to those who joined us to learn, share and care for each other. We also want to thank the Social Sciences and Humanities Research Council, Mount Saint Vincent University and Mt. Allison University for their funding/in-kind support.

ANNEX A

Public Panel Discussion

CONFRONTING WORKPLACE HARM: MORAL INJURY IN FRONTLINE WORK

This is Not Burnout or PTSD: Moral Distress & Occupational Injury in Frontline Work

PUBLIC PANEL DISCUSSION

Featuring

DR. MANAL AZZI

Team Lead on Occupational, Safety & Health Policy, International Labour Organization

DR. LISA BARRETT

Clinican Scientist, Assistant Professor Dal Medicine

JODIE BOYLE

Humanitarian and CAF Veteran

AUDREY HUNTLEY

Co-Founder of No More Silence & Hummingbird Healing Lodge; Honouring the Lives of Missing and Murdered Indigenous Women, Girls, Trans and Two-Spirit People.

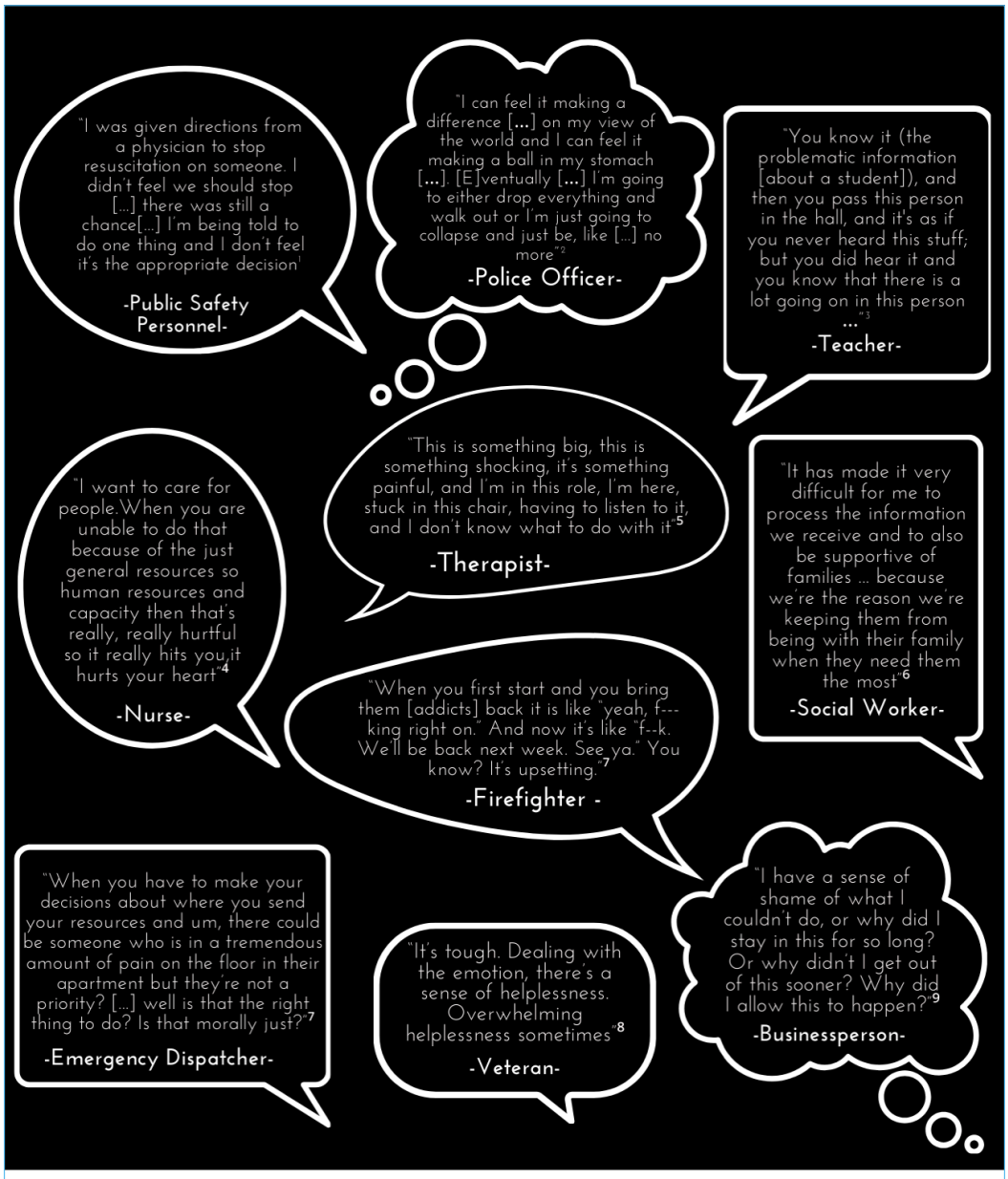
FEBRUARY 13TH

7:00 PM TO 8:30 PM

SSHRC CRSH
Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

Mount Allison University

Mount Saint Vincent University



If you feel uncomfortable or need any support during the panel due to the sensitive subject matter please visit room 407 or text/call to talk to John Whelan, a clinical psychologist who is equipped to support you

For more information on Moral Injury, or to share your thoughts, contact Dr. Ardath Whynacht (awhynacht@mta.ca) or Dr. Catherine Baillie Abidi (Catherine.BallieAbidi@msvu.ca)

References

APPENDIX B

Full-day Symposium Agenda

Confronting Workplace Harm:

MORAL INJURY IN FRONTLINE WORK

FEBRUARY 14, 2025
9:00 - 3:30

MOUNT SAINT VINCENT UNIVERSITY

SCHEDULE OF EVENTS

9:00 - 10:30	**Opening Remarks** **Opening Plenary:** Un-packing Moral Injury within Frontline Work Dr. Anthony Nazarov (MacDonald Franklin OSI Research and Innovation Centre), Robert Wright (MSW, RSW), & Dawn Ferris (Autumn House)
10:30 – 11:00	**Coffee & Supported Networking Space**
11:00 - 12:00	**Panel Discussion:** Workplace Policy Approaches for Prevention, Treatment and Justice Larry Haiven (Equity Watch) & Kristina Fifield (Fifield Trauma Therapy)
12:00 - 1:30	**Lunch & Knowledge Translation Fair**
1:30 - 3:00	**Concurrent Sessions:** • **Workshop 1:** Moral Injury in Sectors Engaging with Children & Youth Ruth Stanley-Aikens & Dr. Catherine Baillie Abidi • **Workshop 2:** Twin Crises: Moral Injury in Sectors Responding to the Opioid and Housing Crises Michelle Mallette (Out of the Cold), Euan Thompson (OPS project), Dr. Ardath Whynacht
3:00 - 3:30	**Closing**

APPENDIX C

Symposium
Graphic Recording

APPENDIX D

Further Reading

Scan to visit the project website for updates and more information.

Learning Resources

Atlas Institute for Veterans and Families. "Moral Injury". https://atlasveterans.ca/knowledge-hub/moral-injury/

Atlas Institute for Veterans and Families. "Experiences of Moral Injury in Canadian Public Safety Personnel. https://atlasveterans.ca/knowledge-hub/moral-injury/experiences-of-moral-injury-in-canadian-public-safety-personnel/

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Recent Moral Injury Research

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