



THE UNIVERSITY OF
BUCKINGHAM



Centre for Developmental
and Complex Trauma
Part of St Andrew's Healthcare

From Injury to Repair: Addressing Moral Harms in Secure Healthcare Systems

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Part I.

The case for addressing moral harms

Moral harms: Conditions and outcomes

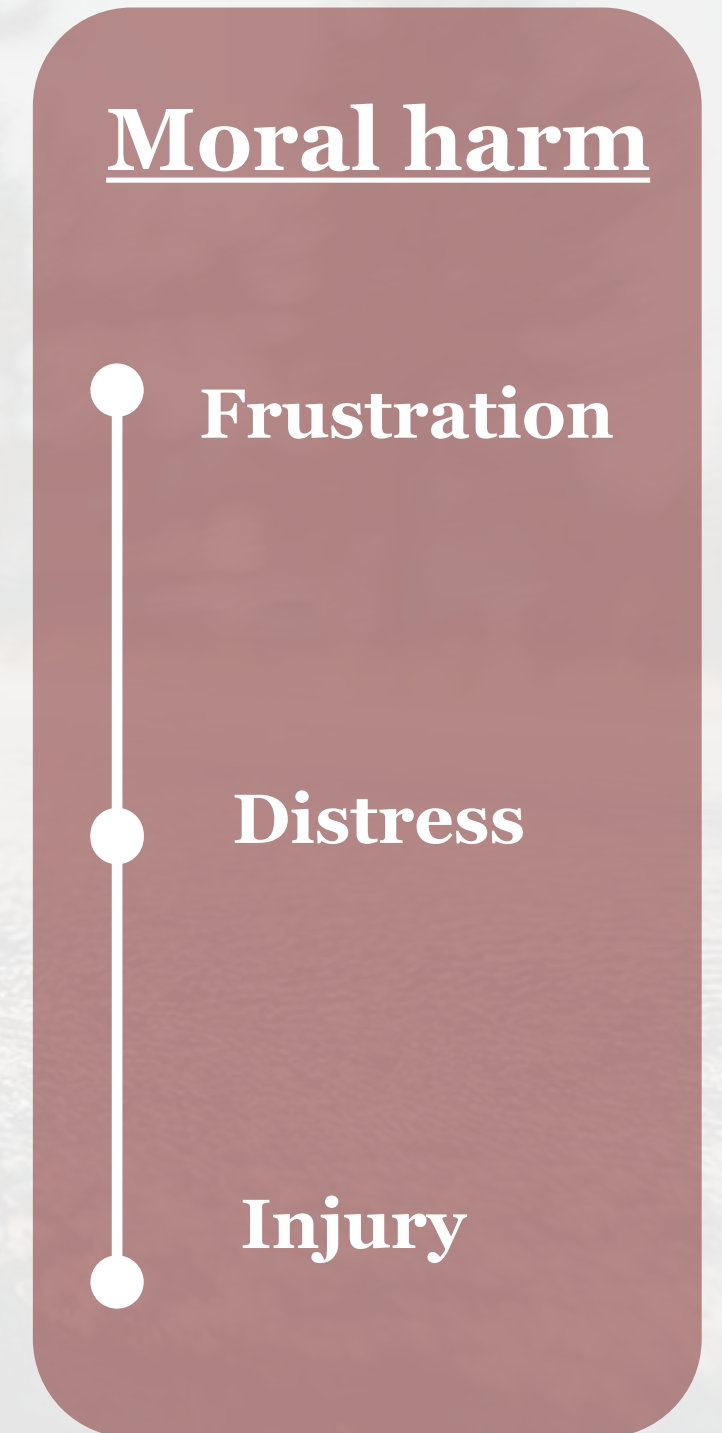
A caveat about language...

- Conflicting use of terms within the moral field - moral harms inclusive of spectrum of outcomes (Gosling et al., 2019)

What does a moral framework add?

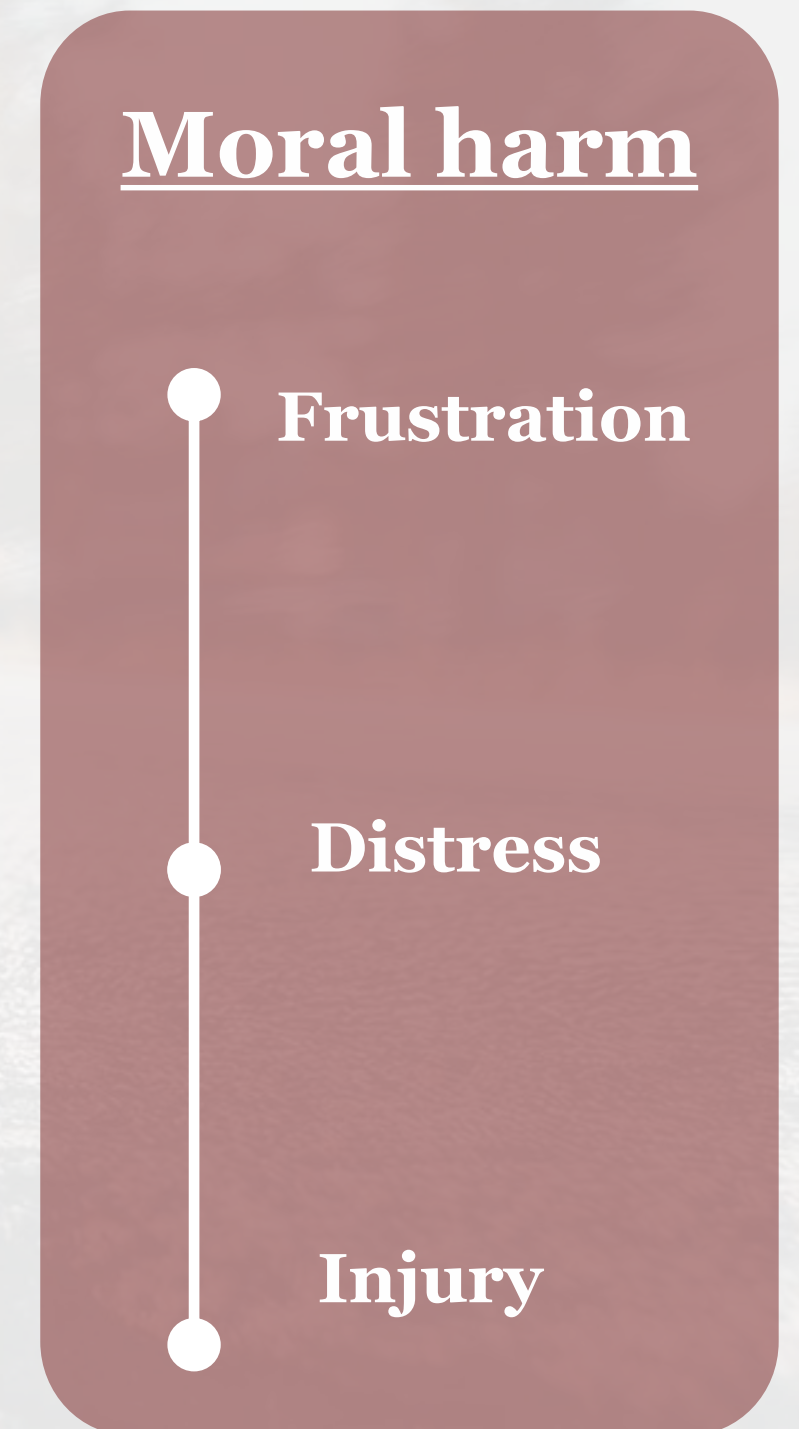
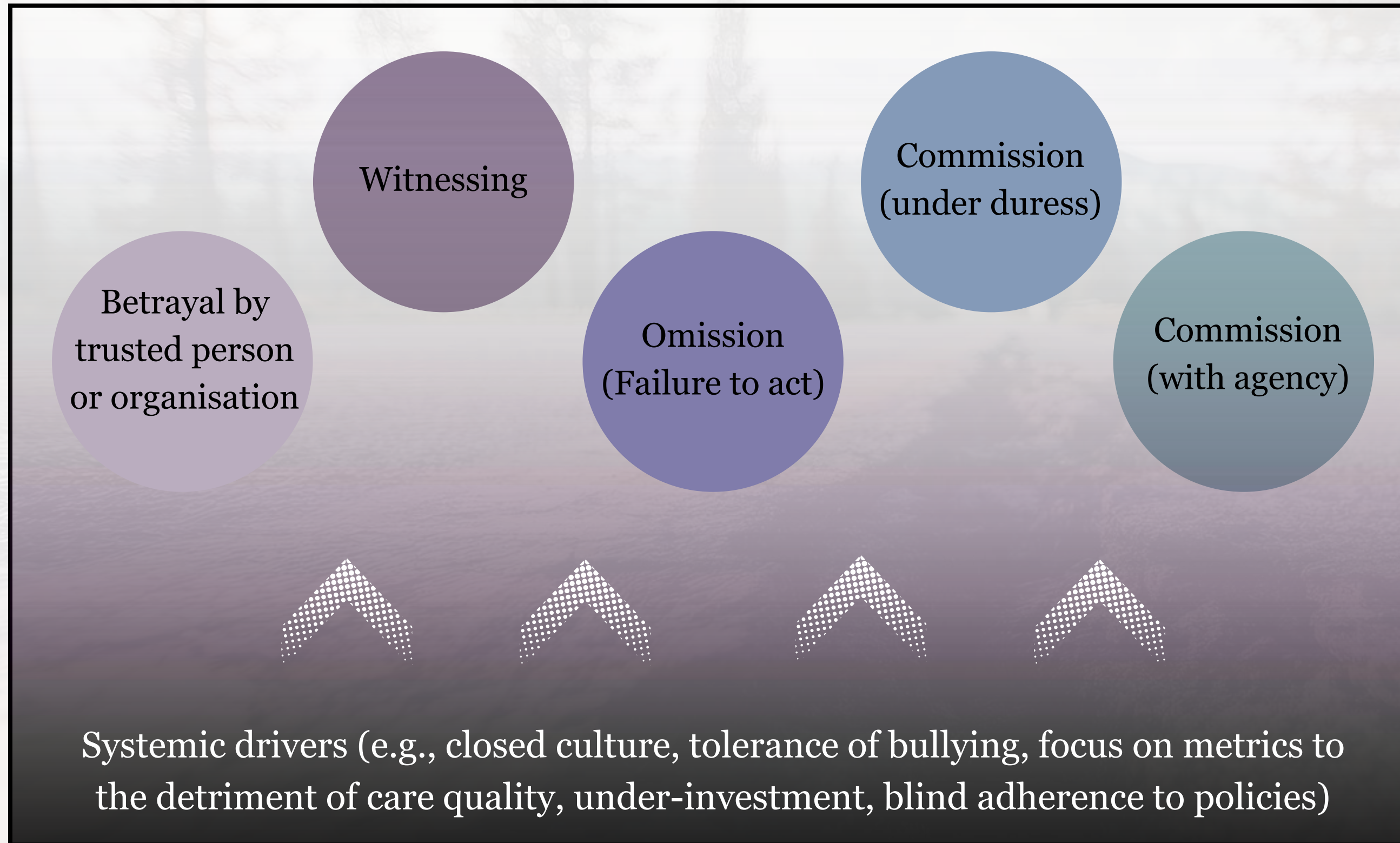
- Minimal impact of existing interventions to date.
- Current approaches primarily theoretical and individually-focused - this is in contrast to knowledge about the role of wider system.
- Risks pathologisation of individual (lack of resilience) and delivery of ineffective interventions.

| | Moral harms | Burnout |
|------------------------------|--|--|
| Cause (Dean et al., 2024) | 'Exposure to actions, policies and practices that undermine professional obligation' | 'Exposure to chronic, inconsonant and transactional demands' |
| Localisation of solution | External - authority and system | Internal - individual performance and resilience |
| Primary symptoms | Shame, guilt, existential conflict, loss of trust | Emotional exhaustion, depersonalisation, inefficacy |



Dean et al. (2024). Moral injury in health care: A unified definition and its relationship to burnout. *Federal Practitioner*, 41(4).

Moral harms: Conditions and outcomes



Moral harms in forensic services

Sources of moral harm

Past and present harm

- Exposure to aggression
- Failing to ensure safety of patients or colleagues

Challenging practices of profession

- Restrictive practices (when inappropriate or alternative solutions available)
- Inappropriate administration of treatments
- Inappropriate discharge (e.g., to free up beds)

Inadequate standards of care

- Poor practice (e.g., unlawfully breaching consent)
- Witnessing demoralisation/demeaning of patients
- Being unable to meet a patients' care needs

Relational factors

- Silenced patient voice in decision-making

Other sources

- Physically inadequate care environment
- Restricted patient engagement

System

Lack of resources

Closed culture

Dismissal of patient and staff voice

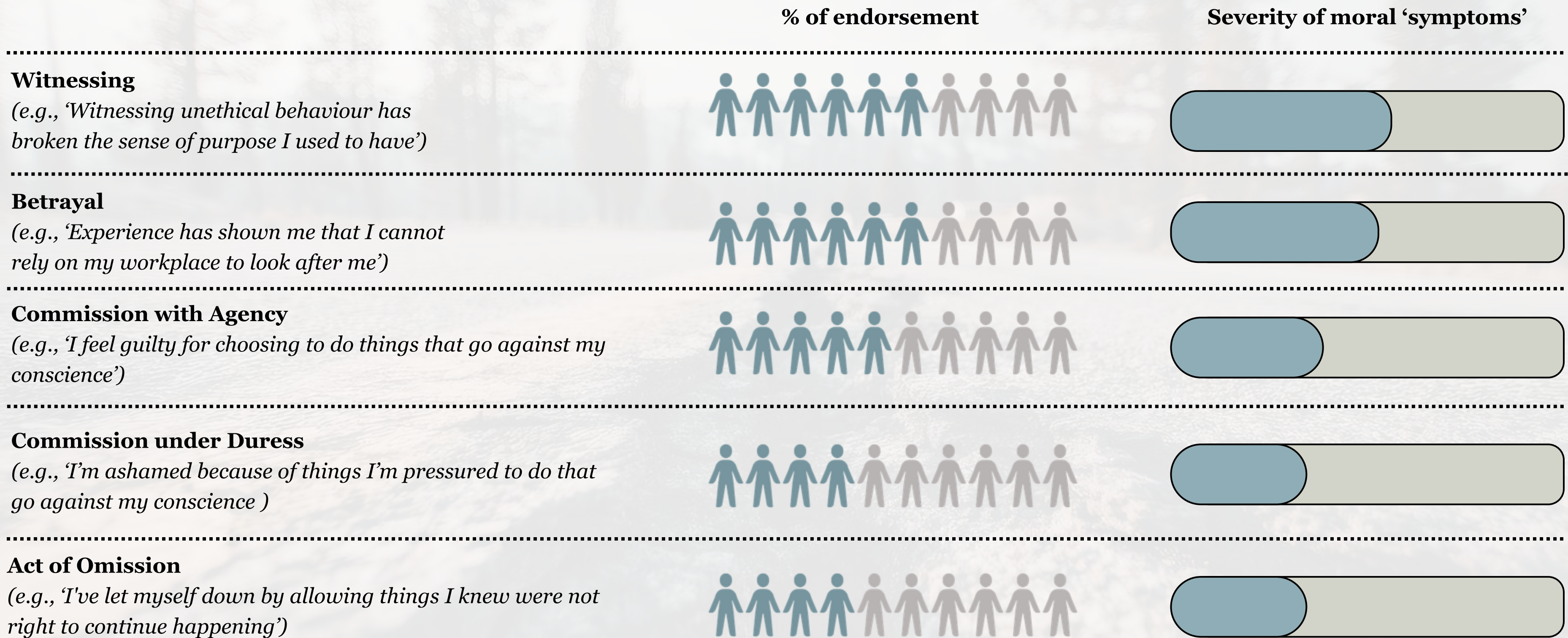
Prioritisation of costs > care

Non-therapeutic culture

Prioritisation of risk > care

Source: Webb et al. (2024). Defining and identifying PMIES for secure mental healthcare workers: A Delphi study.

Moral-related distress in healthcare





Part II.

Organisational solutions to addressing moral harms



Pause for thought...

Solutions to addressing moral harms

Guidance for organizations that prevent, mitigate and manage the risk for moral injury

Organisations should establish a morally centred culture that...



- Aligns values and practices with organisational goals
- Prioritises & harnesses employee voice
- Proactively normalises discussion of moral challenges
- Invests in the moral centeredness and wellbeing of senior leaders

Organisations should implement practices that...



- Demonstrate adherence to accountability and resist 'unjust' regulations
- Foster transparent and selective recruitment
- Invest in staff and their autonomy
- Foster non-punitive (learning) approaches to disciplinarys




Organisations should show self-awareness by...



- Implementing non-retaliatory feedback mechanisms
- Prioritising psychological safety for staff
- Monitoring levels of moral injury
- Conducting research activities to improve moral health

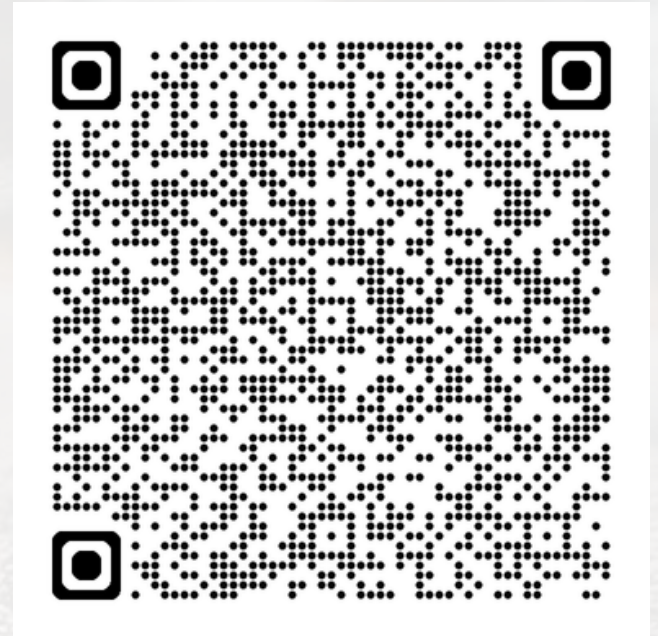
Guidance for creating morally healthy organizations that remediate the experience of moral injury in healthcare: Findings from an international e-Delphi study

Morris, Deborah DClinPsy; Dean, Wendy MD; Webb, Elanor Lucy PhD; Wainwright, Jack BSc; Hampden, Roisin MSc; Talbot, Simon MD

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JOEM Journal of Occupational and Environmental Medicine



Morris, D. J., Dean, W., Webb, E. L., Wainwright, J., Hampden, R., & Talbot, S. (2024). Guidance for organizations that prevent, mitigate and manage the risk for moral injury. *Journal of Occupational and Environmental Medicine*, 67(3).

Solutions to addressing moral harms

Just culture initiatives

- Seeks to integrate a 'lessons learnt' approach to incidents - accountability (*what went wrong?*) over blame (*who did wrong?*).
- Recognising that incidents and mistakes are rooted in systemic problems rather than people alone (changes the direction of pressure).
- Prospective approach to mitigating further harm, rather than a fully retrospective reflection.
- Some cautions to be mindful of:
 - Importance of enabling conditions for successful implementation (i.e., Boskeljon-Horst et al., 2024; Tasker et al., 2023):

Perspective-taking by leadership

Psychological safety

External pressure (e.g., media)

Shared vision & understanding

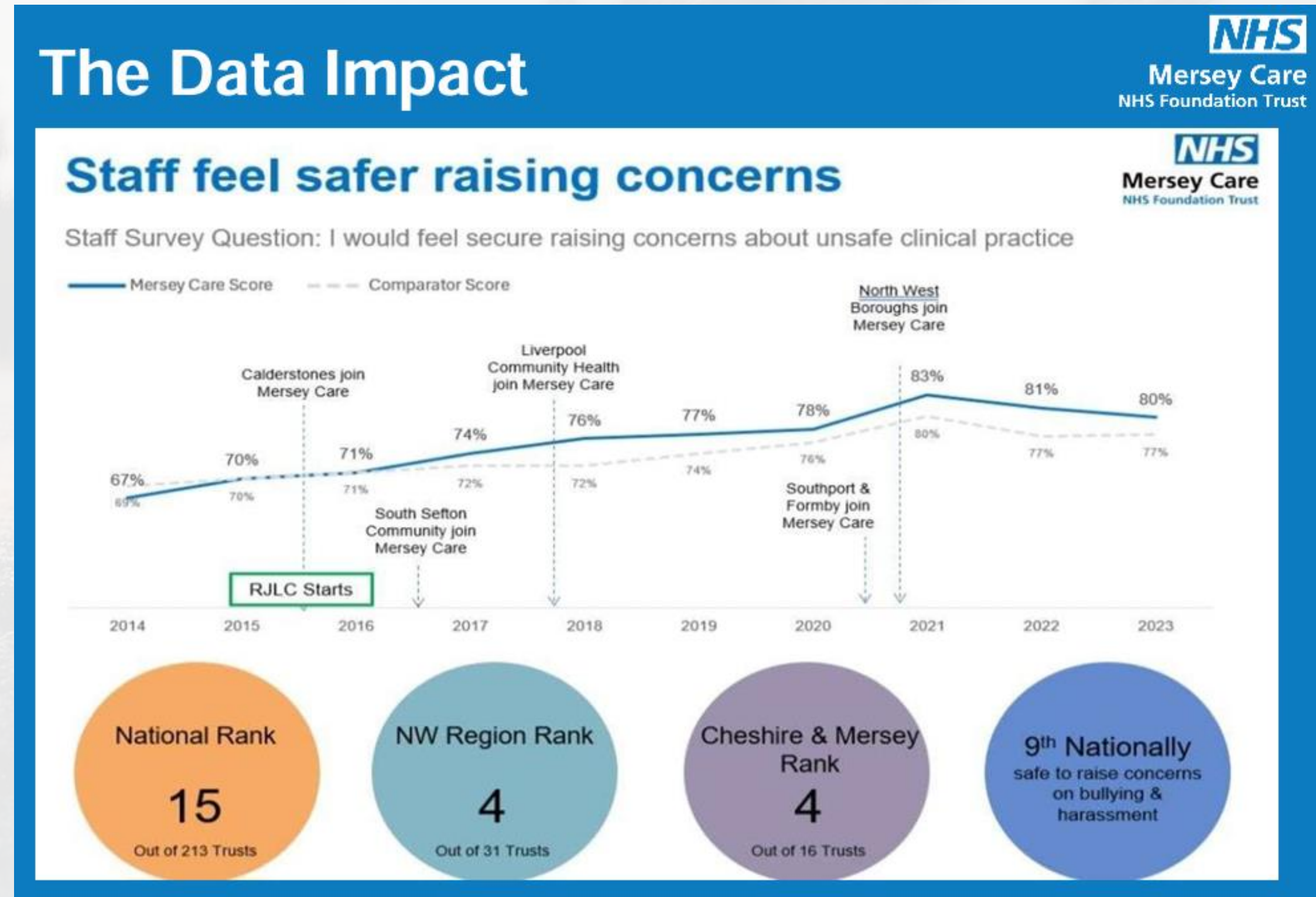
Training in incident management

- Limited empirical evaluation...

Solutions to addressing moral harms

Just culture initiatives

- Initial evaluation of 'Restorative Just Culture' (RJC) initiative in Mersey Care NHS trust identified:
 - Improved sense of staff safety in raising concerns
 - Reduced number of investigations, in the context of an increasing workforce size
 - Reduced number of staff suspensions and serious incidents
- Further sources of evidence to consider:
 - Language used in incident reports
 - **Psychological safety**
 - Use of speaking out mechanisms
 - Sense of 'being heard'
 - Levels of trust
 - Service user outcomes



SOURCE: Rafferty, J. (2024). Mersey Care's Journey to Restorative Just Culture. 4th International Occupational Distress and Moral Injury Conference, Centre for Developmental and Complex Trauma, CDT Section of the British Psychological Society & Moral Injury of Healthcare, Northampton, United Kingdom.

Solutions to addressing moral harms

Avoiding 'leader bashing' and 'reflexive mistrust of leadership' (Molendijk, 2025)

- Current interventions and their evaluations primarily tailored towards 'frontline' staff.
- Occupying leadership position is often seen as synonymous with being the cause of systemic problems...
- Whilst leaders do play a key role in setting organisational culture and practice, they too are people operating within constraints.
- For example, in the context of the COVID-19 pandemic:



95% of surveyed leaders in UK healthcare settings reported that the pandemic had had a detrimental impact on their wellbeing



87% were unprepared for the impact of the pandemic in their organisation with frequent resourcing problems related to PPE, COVID-19 tests and vaccines and frontline staffing



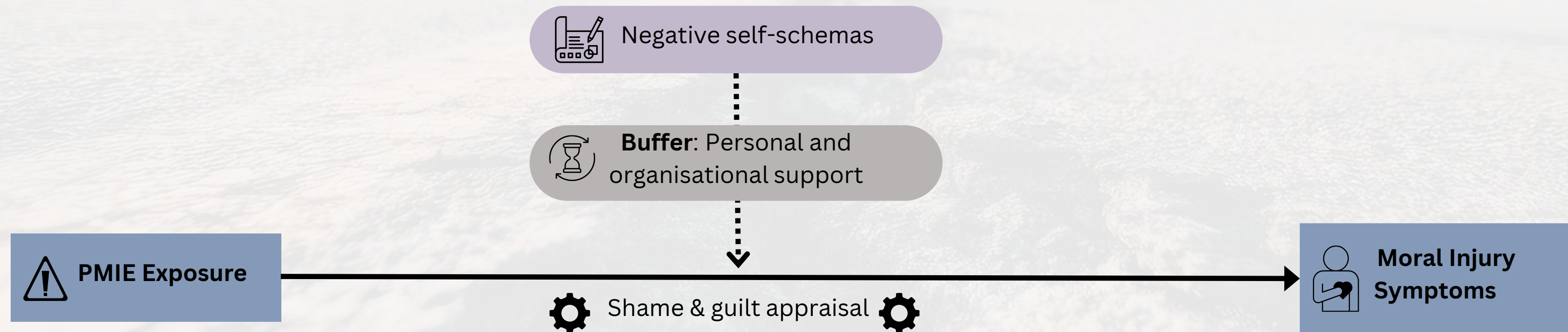
67.5% experienced misalignment between their beliefs and mandates issued by governing bodies

Source: Morris et al. (2025). Looking beyond the frontline: Senior healthcare leaders' personal, professional and psychological experiences of the COVID-19 pandemic in the UK. [International Journal of Workplace Health Management](#), 18(2).

Solutions to addressing moral harms

Relational support, trust and psychological safety

- Betrayal-based events are typically interpersonal in nature and involve an erosion of trust
- Pertinent to secure care, where:
 - Staff commonly recruited internationally, and/or working long shift patterns and unsociable hours
 - Proportion of staff without social support is elevated (13.5% (Webb et al., 2024) vs. 4.7% (Kantar Public, 2022)).
 - Over a quarter (28.8%) report relationship problems (across demographic groups)
- Social support found to mediate pathway between PMIE exposure and MI symptoms through negative self-schemas



Source: Webb et al. (2025). Proposing the Integrated Pathway Model of Moral Injury (IPM-MI): A moderated mediation analysis of moral injury among secure mental healthcare staff. *Issues in Mental Health Nursing*, 46(1), 1-16.

Solutions to addressing moral harms

Relational support, trust and psychological safety

Interventions

- Supporting staff to develop social skills to facilitate relationship building both in and out of work (i.e., social prescribing)
- Relation-based interventions? I.e.:
 - Relational dynamic group-therapy (Evans et al., 2023)
 - Restorative justice...

Organisational operations

- (Re)generating trust and psychological safety in the organisation through **transparency, adherence and fairness**, i.e.:
 - **Embracing** staff who speak up (problem notifiers) rather than penalising (problem causers)
 - Demonstrating **adherence to morally just processes** above *mandated* processes
 - Ensuring sufficient **independent** regulation (e.g., whistleblowing procedures)
 - Facilitating **translation** of feedback into realistic action plans that are **upheld**
 - **Actively** seeking out moral problems and solutions
 - Providing multiple **confidential feedback** mechanisms for all staff

Solutions to addressing moral harms

Restorative justice

‘Restore the status and heal relationships and injuries of victims and the wider community in the wake of an ethical breach’ (Dekker and Breakey, 2016).

- The utility of RJ approaches lacks empirical evaluation, including in respect of moral injury, though potential utility for various professions recognised (e.g., Reamer, 2021)
- Theoretically, RJ approaches may be fruitful in addressing moral harms through reintegrative shaming of ‘action’ and changing relationship with shame :
 - Avoids internalised judgements of behaviour (characteristic of MI)
 - Shame may be reasonable response to acts of commission with agency
 - Not acknowledging shame can lead to further harm.
 - Meta-emotional response may therefore be a useful target for intervention addressed by RJ.

Solutions to addressing moral harms

Schwartz rounds

- Structured monthly 1-hour forum to discuss emotional and social impacts of work. Open to all staff and no expectation for contribution.
- Initial evaluations of **moral** impact of SR's (Whitehead et al., 2015, 2021):
 - 50.6% reported no change in moral distress
 - 33.7% reported decrease
 - 15.7% reported increase
 - No statistically sig difference between pre and post moral distress scores.
- However, positive impacts for wider outcomes, including:

Increased emotional resilience and acceptance of experiences

Reduced negative views of colleagues

Reduced general psychological distress

Increased empathy towards patients and self

Increased sense of approachability and trust in colleagues

Normalising emotional disclosure

See McCarthy et al. (2020). 'We needed to talk about it': The experience of sharing the emotional impact of health care work as a panellist in Schwartz Center Rounds® in the UK. [Journal of Health Services Research & Policy](#), 26(1).

Solutions to addressing moral harms

Clinical ethics consultations (CECs) and Moral Case Deliberation (MCD)

- CECs identified as protective factor against moral distress in critical care staff (Thomas et al., 2021), though in absence of empirical evaluations.
- Ethical and objective analysis from third-party can help to prevent morally harmful or conflicting behaviours (**proactive** consults)
- Provide opportunity for perspective-taking when transgression has occurred and correction of faulty interpretations (**reactive** consults).

Where might the value of CECs and MCD panels lie in relation to addressing moral harms?



- Awareness and risk management: Feedback mechanism for identifying morally challenging situations



- Relationship maintenance: Managing differing perspectives and opinions, greater compassion and reduced negative judgements, collaborative approach



- Moral reflexivity: Equip staff with skills to reflect on moral dilemmas, awareness of blind-spots



- Solution-focused: identifies possible action(s) that could be taken (now/in future)

See de Snoo-Trimpp et al. (2018). Defining and categorizing outcomes of Moral Case Deliberation (MCD): concept mapping with experienced MCD participants. *BMC Medical Ethics*, 19.

Reflections and summary

II *How do such approaches mirror staff wellbeing interventions and services in your organisation?*

- Moral harms not entirely avoidable - services have a duty to prepare, equip and support staff to work as safely as possible
- Staff first need the language to understand their experiences - education and training will go some way.
- Opportunities for improvement primarily lie at organisational-level - though current supports primarily person-focused
- Currently at very early stages of identifying interventions that organisations can adopt. Insufficient empirical data to suggest any specific intervention approaches BUT cause to be optimistic...
- Next steps:
 - Integrate consideration of moral harms within assessments (organisational risk and staff wellbeing)
 - Implementation and evaluation of impacts of interventions (individual and organisational)



Thank you for
listening!

Any questions?

