

Welcome!



- Please be aware that some of the sessions are being recorded for sharing later.

- We want people to participate but please use the 'raise hand' facility to ask questions and contribute when others are talking.

- Please be considerate to others - together we want to create a safe, open and reflective space to learn.

- You can turn on live captions on by clicking on the 3 dots at the top of your screen if you need this.

- Please do take the time to provide us with some feedback towards the end of the session.

Thank you!



Moral Distress and Moral Injury within the NHS

Kayleigh Darling
TRIM Manager for N&W Primary Care
Norfolk and Suffolk NHS Foundation Trust

Special thanks to Roger Kingerlee, Anjum Piracha, Vicki Homan, Vicky Bailey & Sue Christie



Aims of the session

To better understand the concepts of moral distress and moral injury in relation to our work in the caring professions

To relate these concepts to our own experiences in the workplace and during the Covid 19 pandemic.

To understand the impact of moral distress and injury on us as individuals and as teams

To open up discussions about how teams and individuals can manage and recover from moral distress and injury within the workplace

History of moral injury

The term moral injury developed originally in the context of combat and war and the impact of some military actions or omissions or decisions made by others, on military personnel.

More recently it has been associated with a wider range of professions including health and social care staff.

The prevalence and impact of moral distress and injury was heightened by the restrictions placed on, or experienced by individuals and teams during the Covid 19 pandemic

This lingers still for many who tried to do their best in the most challenging of circumstances.

What is Moral Distress?

The psychological unease generated where professionals identify an ethically correct action to take but are constrained in their ability to take that action. Even without an understanding of the morally correct action, moral distress can arise from the sense of a moral transgression. More simply, it is the feeling of unease stemming from situations where institutionally required behaviour does not align with moral principles. (BMA)

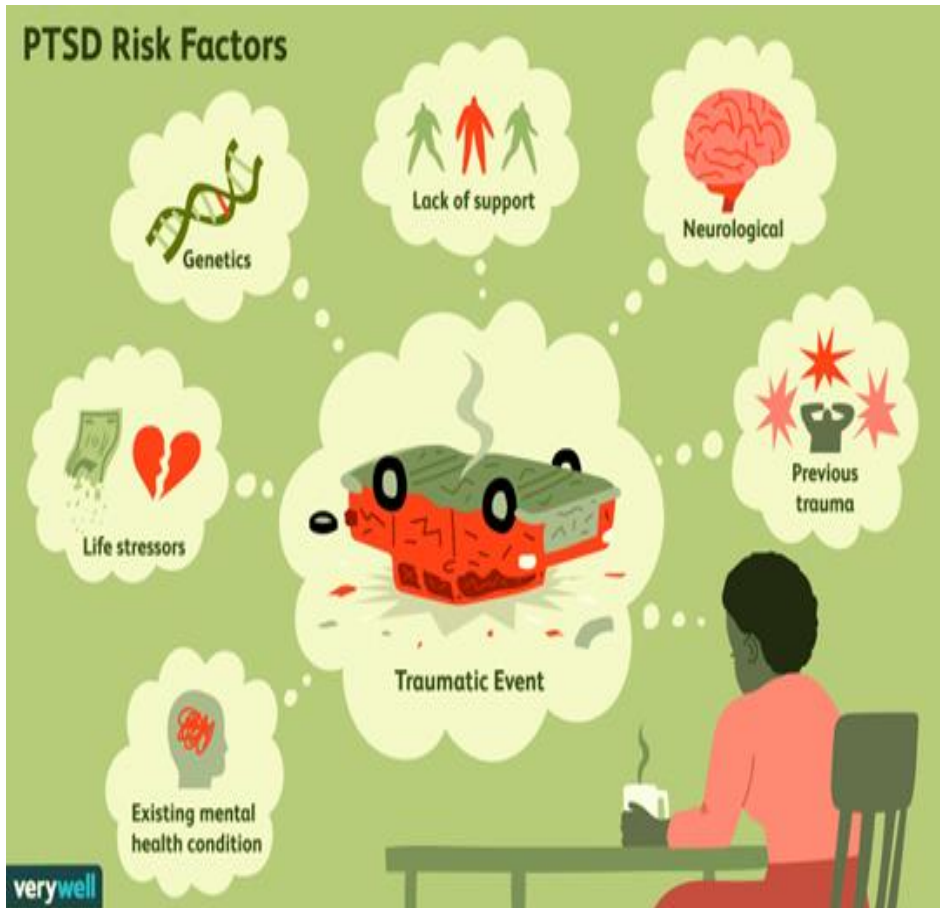
In such circumstances we may be forced into the position of both *Victim and Perpetrator* in situations where stakes are extremely high.

What is Moral Injury?

The psychological wounding, that we may experience at work, as a result of the provision, witnessing or failure to prevent acts which go against our moral compass and values.

In the caring professions we will all find ourselves in situations which may be morally distressing. Not all of us will experience moral injury as a result of this.

Understanding the terms moral distress and injury in the workplace



Two broad types of events:

1. moral transgressions that involve people doing or failing to do things themselves (intentionally or unwittingly)
2. Being exposed directly to transgressions on the part of someone else

These events are sometimes termed 'potentially morally injurious events' (PMIEs) in recognition that not everyone will react in the same way to such events and responses can be collective or individual.

Examples of moral distress in health and social care during the pandemic

Experiencing severe threat to and disruption of normal services and knowing that patients/ clients and staff will suffer. Being exposed to their distress and that of their families.

Omission

Having to balance the desire or need to go to work and help others, with the urge or need to protect your own loved ones and keep them safe and feeling unable to do either well i.e. to prioritise one important set of values (such as caring for patients with contagious diseases) over another (such as keeping family members safe from infection).

Omission/Commission

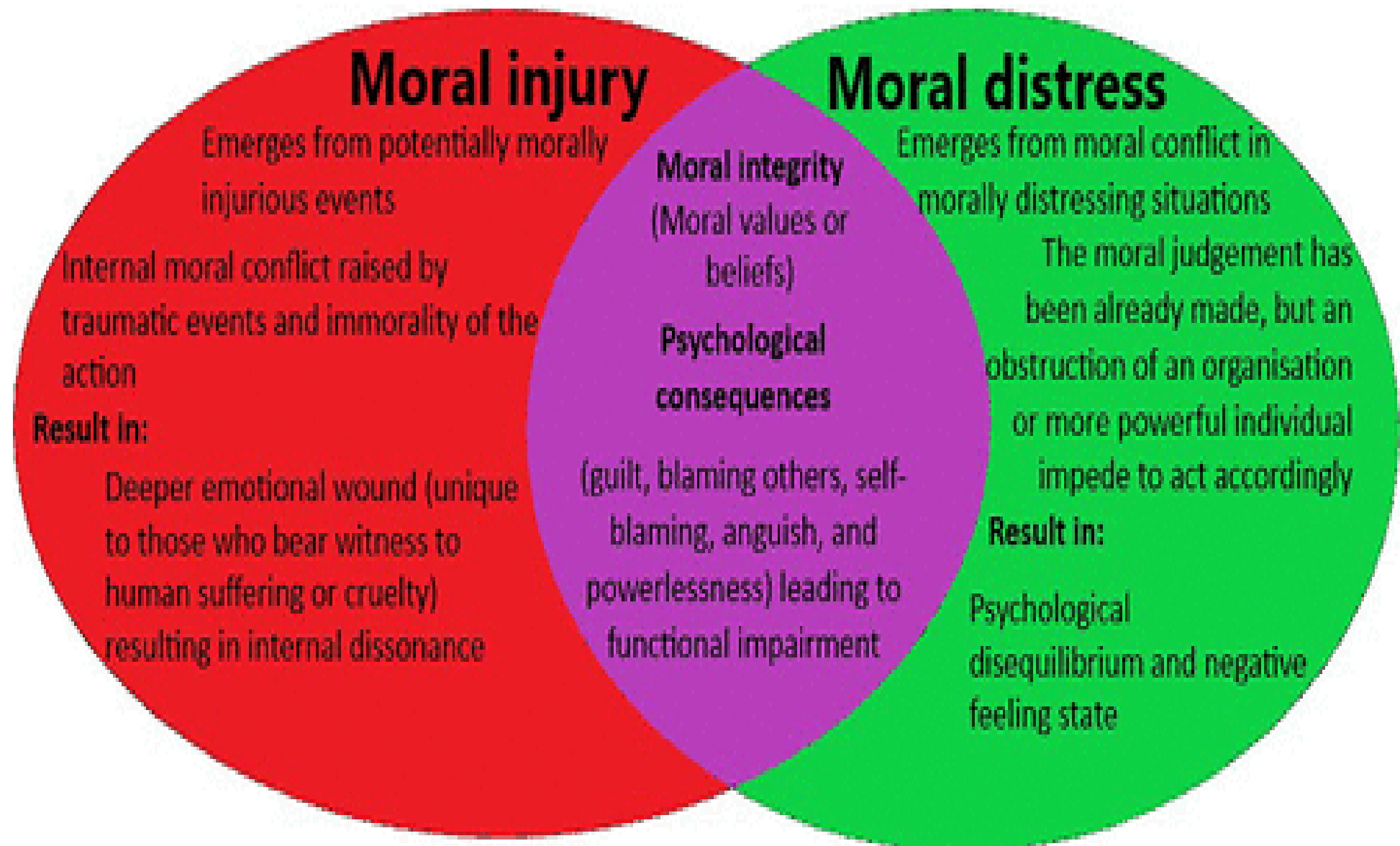
Making very difficult decisions about the care of patients/ clients and the allocation of scarce resources i.e. knowing what is needed but being unable to deliver this due to circumstances beyond your control such as being directed to discontinue face to face therapy, preventing families visiting a dying patient or having to decide who is allocated an ICU bed.

Commission/Betrayal

Examples of moral distress in health and social care during the pandemic (contd)

Having decisions imposed on you by others with authority which transgress your moral or ethical code such as discharging patients earlier than recommended, stopping visiting children in need at home or closing ward beds due to staff shortages.

Having to take time off when unwell, stressed or exhausted knowing this will leave your team short staffed and care will be affected and feeling responsible.



**Interplay between moral injury and moral distress
(PA and CCE- PTSD 2020)**

What do we mean by values?

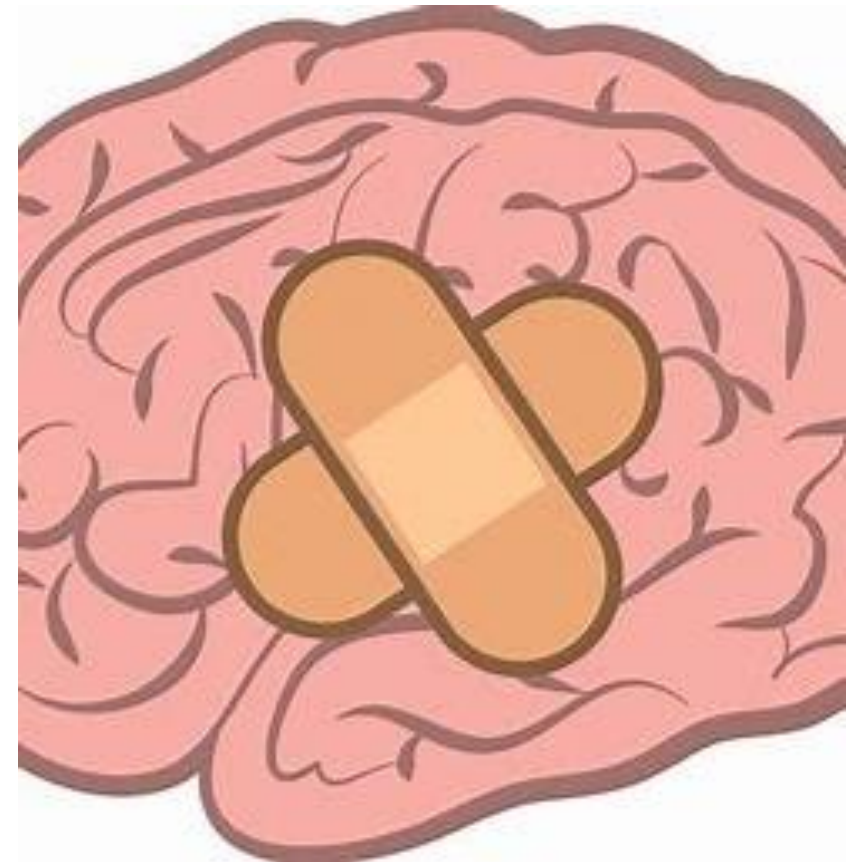
We all have a belief system – about how the world, or care, *should be*



What does moral injury look like?

We all have a belief system – about how the world, or care provision, *should be*

- A sense of hopelessness, something which is unfixable – resulting in a ‘shutting down’, turning away from and disengagement from a situation/workplace/team.
- Changing relationships with other people, perhaps even with yourself
- ‘I don’t care – because I can’t care anymore’
- May involve experiencing emotions such as shame, guilt, sadness, anxiety, disgust, anguish and a sense of powerlessness on a continuum
- May involve a threat to your ethical code or values and lead to blame towards self or others leading to anger and distress
- May lead to lasting changes such as a lowered self esteem, high self criticism, loss of hope, self belief or trust in others, especially those in authority – this can be termed lasting ‘moral injury’



Impact on the mental health of health and social care professionals

- Can lead to a loss of sense of purpose and motivation:

'Nobody comes into nursing or mental health work or anything like that into that line of work to just be constantly frustrated. You know that there are shortages. It's that helplessness, you can't do anything about it.' (Owen, Nurse) Hegarty et al 2022.

- May lead to individuals and teams feeling disconnected and with increased difficulties within an occupational context such as difficulty with coping with authority figures or making decisions
- May lead to enduring psychological, social or spiritual harm with adverse impact on mental health, relationships and quality of life.
- Can lead to 'burnout' or long term absence from work
- Can lead to social avoidance, substance misuse and relationship breakdown
- MI significantly associated with symptoms of PTSD and depression (Battles et al., 2018; Williamson et al., 2018)
- Increased suicidality & rumination (Ames et al., 2019; Bryan et al., 2018; Williamson et al., 2018)
- May lead to some individuals leaving their profession
- NOTE – with not all moral distress resulting in moral injury there is also room for posttraumatic growth, increased esteem, compassion and empathy within a given experience



We were Heroes – or not?



Factors that may support the wellbeing of a team

- Having positive role models within and outside of the team who are prepared to discuss moral challenges.
- Supportive teams and appreciation from all levels of the organisation
- Strong empathic leadership who help staff to make sense of morally ambiguous situations, who model self care and help-seeking as required and regularly check in with staff to monitor their wellbeing.
- Team camaraderie, pulling together as colleagues who have shared experiences
- Feelings of effectiveness- celebrate every success! It can be easy to lose sight of these.
- Encourage self compassion and pride in making it through adversities.

(PA and CCE- PTSD 2020)



What might team support look like?

- Being seen and heard; shame cannot survive empathy and compassion
- Schwartz rounds, Supervision, TRiM support, human connection, team building
- What is the intention? Supporting teams in line with values – such as authenticity, providing stability, supporting and nurturing growth
- Shared values to which the foundations of care are built upon and maintained even at times of great strain
- Use supportive language in teams, normalising the impact of circumstances beyond our control on us both personally and professionally. For example recognising and discussing as a team, the impact of not being able to help everyone in need. Without minimising lived experience with phrases such as ‘at least’ or ‘it could have been worse’ or ‘you just need to’
- Acceptance of human responses which have been pathologized with flexible expectations where possible – treating individual professionals as individual human beings first and foremost. You are not a superhero and you never were.

Managing moral distress and injury in the workplace

- Ensure staff wellbeing is prioritised so everyone feels supported in the difficult work they do. This may reduce the risk that moral distress and injury leads to mental health difficulties such as depression or PTSD.
- Ensure teams and individuals have support to access interventions that can help to reduce the long term impact of moral distress and injury and encourage and model seeking help to reduce the stigma that may be felt.
- This is a time of great change and with change there is opportunity to reimagine and redesign services which prioritise the needs of the staff as equal to the needs of those we serve
- Rotate between high and low stress roles/environments where possible
- Regular check ins –routine and as a standard – meaningful

Treatment for Moral Injury



Currently no consensus regarding best treatment for moral injury-related mental health difficulties – key focus on the individuals emotional processing of shame and guilt



Psychological therapies can help



Restore & Rebuild – Pilot – Combat Stress & King's college London

[Restore and Rebuild: pilot Moral Injury treatment enters second phase of testing | Combat Stress](#)

[Development of an intervention for moral injury-related mental health difficulties in UK military veterans: a feasibility pilot study protocol - PubMed \(nih.gov\)](#)



[Development of an intervention for moral injury-related mental health difficulties in UK military ve \(tandfonline.com\)](#)



Ongoing development of Staff support services in Norfolk & Waveney

Just to summarise...

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- Moral distress and injury is well recognised in health and social care settings, especially since the pandemic. You are not alone.
- Talking about events, decisions and challenges and acknowledging their impact on us is important within our workplace and should be part of everyday life at work.
- Supporting each other as colleagues with shared experiences through difficult times and celebrating all successes can help us to survive and thrive.
- Connecting with our personal values to understand ourselves, shared values as the building blocks of teams
- ***You are not a Hero and you never were.*** You are extraordinary people who do extra-ordinary work and sometimes that's going to mean you need extra support too.

References

- British Medical Association (2021) Moral distress and moral injury Recognising and tackling it for UK doctors. BMA.org.uk
- Hegarty et al (2022) 'It hurts your heart': frontline healthcare worker experiences of moral injury during the COVID-19 pandemic. European Journal of Psychotraumatology
- National Centre for PTSD, Moral Injury in Healthcare Workers on the Frontlines of the Coronavirus (COVID-19) Outbreak. www.PTSD.VA.GOV
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- Phoenix Australia- Centre for Posttraumatic Mental health and the Canadian centre for Excellence- PTSD(202) Moral Stress Amongst Healthcare Workers During Covid-19: A guide to moral injury. Phoenix Australia- Centre for Posttraumatic Mental health and the Canadian centre of excellence- PTSD
- Williamson et al (2020) Confidentiality and the Psychological treatment of moral injury; the elephant in the room. BMJ Military health

TRAUMA RISK MANAGEMENT (TRIM)

Email: PCNTRIM@nsft.nhs.uk



WHO ARE WE ?

1 Year Pilot N&W Primary Care (Commenced Sept 2022)

Kayleigh Darling – TRIM Manager for PCNS

Previously Freedom to Speak Up guardian

Previously Lead Professional Midwifery Advocate

Registered Midwife

HISTORY OF TRIM

- ▶ **TRiM was the brainchild of two mental health nurses, who were asked by Royal Marines to help devise an effective way of managing traumatic stress**
- ▶ **This was developed and adapted with Cameron March and Professor Neil Greenberg to become TRiM**
- ▶ **Researched and used in military and non-military organisations**
- ▶ **Managers and Practitioners trained by March on Stress**
- ▶ **TRIM used today in Military, Police Forces, Fire services, Life boat services and various areas of the NHS**

WHY DO WE NEED TRIM ?

We recognise that due to the complex and challenging nature of health care, there may be times when staff are exposed to potentially traumatic incidents

HASAW 1974:

- Employers have a general duty of care to ensure the health, safety and welfare of all their employees at work

ICS priorities:

- To make sure you only have to tell your story once
- To make N&W the best place to work in healthcare

Restoring Primary Care – 10 Key Priorities (NHS Confederation, 2021)

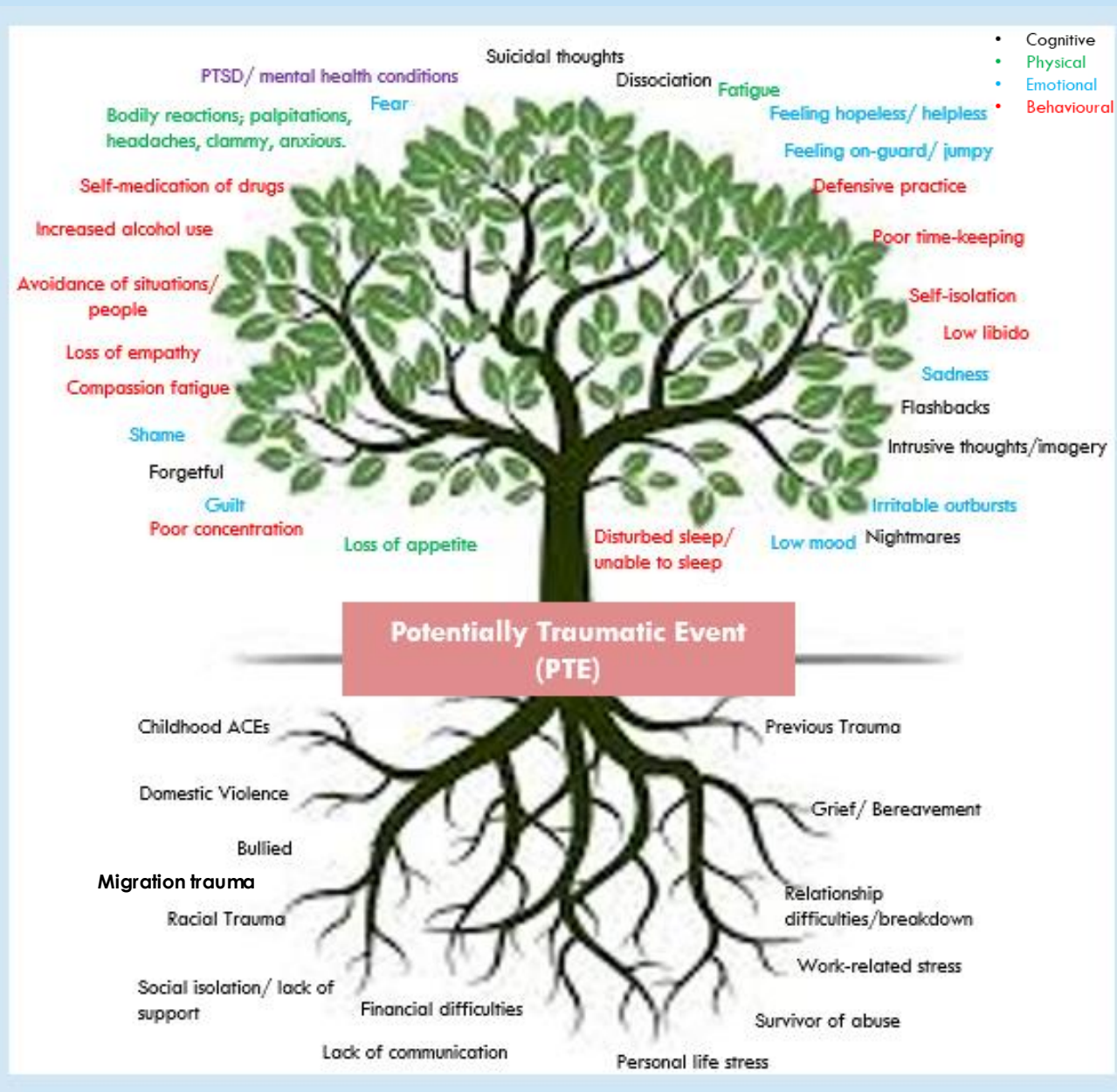
- *Renewed focus on H&W of staff*
- *Building back better and differently (applying this principle to addressing staff support needs)*
- *Primary care as the 'frontdoor' seeing 90% of patients – high risk of exposure to trauma-soaked work*



WHAT IS TRIM?

- ▶ TRiM is a peer led process , intended to assess the response of a member of staff who has been exposed to a traumatic or potentially traumatic incident
- ▶ Increases awareness, early intervention following incidents allows the normalisation of post incident distress
- ▶ TRiM provides an opportunity to assess wellbeing support mechanisms and can facilitate access to psychological help if needed
- ▶ It is confidential
- ▶ It is not therapy
- ▶ It is there for you





- Individuals respond in a variety of ways to traumatic events
- Traumatic stress occurs in response to events that the individual perceives as traumatic

Due to the nature of our Professional roles, exposure to a PTE will always be an occupational hazard.

Support following a PTE

TRiM
(Trauma Risk Management)

Improving lives **together**
Norfolk and Waveney Integrated Care System

WHAT TO DO

Following a potentially traumatic event

- 1. Immediately after a potentially traumatic event**

"DEFUSE" the situation

 - Person in charge assemble Staff exposed
 - Briefly summarise the facts of what happened
 - Normalise it's OK not to be OK
 - EMAIL TRIM TEAM
 - Take a break & check staff have support at home, share 24/7 support numbers

Collect names & email address of all staff (clinical & non-clinical) involved directly & indirectly

Email TRIM Team:
PCNTRIM@nsft.nhs.uk
- 2. 24 – 72 hours after a potentially traumatic event**

ORGANISE A TIM 'Team Incident Meeting'

 - Contact TRIM Team
 - Senior Lead & TRIM Lead
 - TIM's can be delivered in multiple sessions in person and online.
 - Share 'Caring for you after an incident' leaflet and signpost to video
- 3. 72 hours + after a potentially traumatic event**

TRIM CHAT 1:1 or group

 - Confidential & non-judgemental with a TRIM trained practitioner
 - TRIM is not therapy
 - TRIM practitioners are trained in understanding trauma responses and can support you to navigate further support if required

1:1 TRIM CHAT
If you are missed from the above list you can self-refer or refer a colleague directly for TRIM support

We are all unique & individual. An experience which may be perceived as traumatic for one person may have little or no effect for another

NHS
Norfolk and Suffolk
100 Standard Units

TRiM

(Trauma Risk Management)

For staff working in primary care

A traumatic incident has the potential to cause physical, emotional, spiritual, or psychological harm.

Talking through an incident can help people to process what has happened, aid recovery and resolve any issues.

TRiM provides a safe and confidential space to support you.

We are here for you.

Working together for better mental health

Before going home after an event



- TIME - Take some time to allow emotions to settle



- TALK - to those who make you feel comfortable



- WALK - outside with a peer if you need to get outside of the work environment to decompress



- CALL - Ring ahead to whoever is usually at home/ a friend to spend some time with you this evening – even if it's not talking



- 24/7 support - If there's no-one home that you feel you can talk to consider one of the 24/7 support numbers for healthcare workers (see end slide)

WHAT WE CAN OFFER

- ▶ Support Site management and help identify staff to reach out to
- ▶ We can attend a Team Incident Meeting (coming soon video to be used if not able to attend in person or via Teams)
- ▶ Confidential initial check in within days of the incident (aimed 3-7 days)
- ▶ Follow up assessment in 4-6 weeks later
- ▶ If needed further follow up at 3 months
- ▶ Referral on for further psychological support

Occupational Health, GP, Wellbeing Service

Vast list of sources of support: [#WeCareTogetherTrauma Risk Management \(TRiM\) - #WeCareTogether \(wecaretogethernw.co.uk\)](#)

Any barriers to accessing support we can explore confidentially



Improving lives **together**

Norfolk and Waveney Integrated Care System



The next [Integrated Care System Schwartz Round](#) for ALL health and social care colleagues is on Thursday 21st September 2023, from 1:00pm to 2:00pm via Microsoft Team, the topic is: “I’m human too, when feelings surface” book via this [link](#).

[N&W Schwartz Round "I'm human too": When feelings surface Tickets, Thu, Sep 21, 2023 at 12:45 PM | Eventbrite](#)

24/7 SUPPORT NUMBERS

Support for all staff		
Urgent Mental Health Helpline	24 hour urgent mental health helpline	Call 111 and select option 2 (24/7)
FRONTLINE	For free, confidential, emotional support (it won't appear on your phone bill and completely anonymous)	TEXT 'FRONTLINE' to 85258 (24/7)
Samaritans	If you need someone to talk to, we listen. We won't judge or tell you what to do.	Call: 116 123 (24/7)
SHOUT		TEXT SHOUT to 85258 (24/7)

Support for Doctors and Medical Students		
The British Medical Association Doctor Wellbeing Support Service	For all Doctors and medical students regardless of BMA membership - In the moment support.	Call: 0330 123 1245 (24/7)
YouOkayDoc?	Confidential support	Text: YOD – 85258 (24/7)

Support with drug and alcohol use		
FRANK	Support for misusers, families, friends and carers.	Website: www.talktofrank.com Helpline: 0300 123 6600 (24/7) SMS: 82111

Norfolk Multi-agency Practice Week



Feedback can be provided through the QR code on the left or through this link which will be shared in the chat:

<https://forms.office.com/e/EM5kEwrFLU>

