"Flat, cold and empty…. How humane is one then?": exploring the experiences of moral distress and moral injury in mental health care settings. A rapid review of qualitative literature.

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Introduction

- Moral distress (MD) and moral injury (MI) depicts the experience of health care professionals feeling obligated to perform a morally correct action but being unable to do so due to external constraints. MD and MI highlights the overlap in moral integrity and psychological consequences of having moral values questioned, which lead to functional impairments.
- The experience of MD and MI can have an adverse impact on individual physical and mental health, leading to symptoms such as burnout and feelings such as guilt, anger and shame. Leading to high professional turnover, MD/MI in health care workers can also affect the quality of care provided.
- Covid-19 has reportedly exacerbated the triggers associated with MD and MI and the research team wanted to examine the views and experiences of MD and MI in mental health care workers, specifically aiming to address the following.

Research questions

What are the reasons for and factors that influence MD/MI in healthcare workers?

Does psychological safety (the feeling of being able to speak out or seek help) have an impact on MD/MI in healthcare workers?

Do major events/disasters (i.e. pandemics) have an impact on MD/MI in healthcare workers?

What are the views and experiences of healthcare workers regarding treatment interventions to prevent MD/MI?

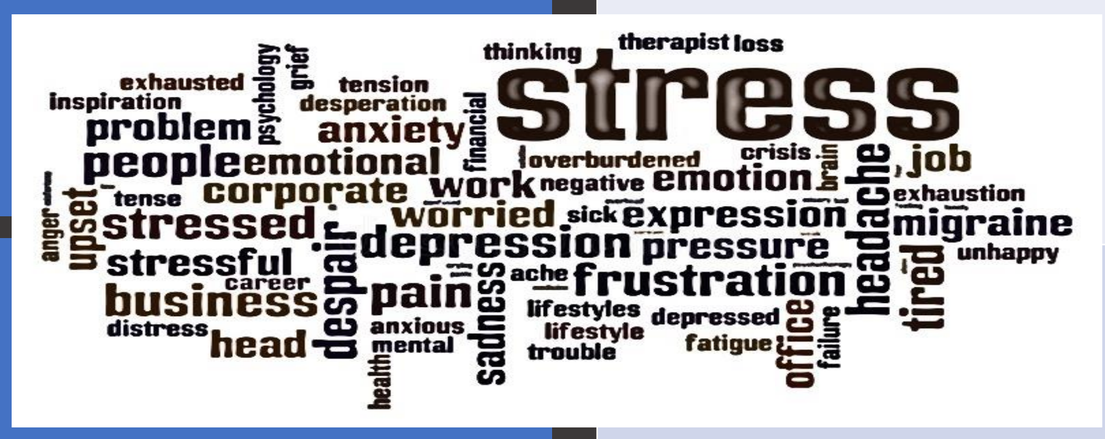
Methods following Cochrane Rapid Review Guidelines

- Databases: PubMed, CENTRAL, CINAHL (general databases), Scopus (health and social sciences), PsycArticles (psychology), and medRxiv (grey database); final search in January 2022.
- Inclusion criteria: experience of MD/MI as primary aim, qualitative methods, healthcare workers (psychologists, psychiatrists and mental health nurses), English or Italian, western countries.
- Included studies were quality assessed using CASP tool.
- Data synthesis: thematic analysis [Nvivo 12]. Themes were collated and agreed by all reviewers.

Results

- Seven studies were identified within the psychological/psychiatric/mental health settings, with data from the UK, Norway, Canada and the Republic of Ireland.
- The earliest study was published in 2005, with the most recent in 2021. One paper was directly focused on the experiences of mental healthcare workers during the Covid-19 pandemic.
- All studies main aims were identifying the experiences of mental healthcare workers in relation to MD/MI, however one study used data from a wider range of healthcare disciplines.
- Data analysis identified four major themes:
  1. Causes & Triggers,
  2. Coping cure & prevention
  3. Experiences
  4. Short & long-term consequences.

  Six sub-themes also emerged from causes & triggers and coping, cure and prevention



Discussion

- It was expected that findings of this review would support literature published pre-covid pandemic that **individual traits, organisational specific factors and external influence** are contributing triggers to MD & MI.
- Our aim to understand the experiences of MD & MI in mental healthcare workers has been investigated to some extent.
- Healthcare workers feel their experiences of MD/MI may not be evident until a crisis point is reached
- Helpful services exist, however they are not universal, and lack support, knowledge and skills that are barriers to commitment to improve healthcare workers physical and psychological wellbeing
- Potential solutions for triggers of MD & MI should focus on maintaining a safe & ethical environment, enhanced psychological support training for all staff with a focus on positive individual and group oping mechanisms.
- Further research is needed on the effects of pandemics regarding the triggers of MD & MI, although it is safe to report that the Covid-19 pandemic has exacerbated the triggers.
- Future solutions for MD & MI may look to include prevention of mass change of organisational structure to inhibit the experiences of MD & MI

The table below shows the themes emerging after thematic analysis and reporting eight selected quotes.

Main Themes	Quotes
Causes and Triggers: Individual Organisational Social/Relational	"And it put me in distress because I doubted my practice, I doubted my decisions, I doubted what I had done with this patient" (Musto & Schreiber, 2012).
	"The challenges I faced were ethical, having a duty of care I find it hard to actively let a patient self-harm in such a harmful manner but at the same time I felt I had no choice but to follow the senior member of staff's lead" (Matthews & Williamson, 2016).
Experiences	"It's the emotional feelings you have. The moral distress arises because the clients aren't getting a good quality service and that can lead to moral distress for me. So, how can I treat myself and how can a client who has his own moral distress, how can a chemical treat that kind of moral distress" (Deady & McCarthy, 2010).
	I was really toying with the idea of not staying in this job because it wasn't good for me(…). But then I thought, I'm a humanitarian at heart, if I bail on a pandemic what am I doing really?" (Liberati et al., 2021)
Short and Long-Term Consequences	"I have been on sick leave due to stress, got high blood pressure. I sometimes feel that I cannot breathe, that no-one listens" (Jansen et al., 2020).
	"You feel more anxious because as a clinician you are used to doing face-to-face, you are doing this on the phone, you worry that you will miss something and that was a big anxiety, at least for me" (Liberati et al., 2021).
Coping, Cure & Prevention	"Although there is support from immediate staff, I don't think the support extends to higher up the chain. I think we had one or two staff support sessions over four years and that was all we got" (Matthews & Williamson, 2016).
	"…described someone to talk to when experiencing moral distress as someone who could say, 'Wow, I get what you are talking about" (Musto & Schreiber, 2012).

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Included papers: Deady & McCarthy (2010); Jansen et al., (2020); Musto & Schreiber (2012); Matthews & Williamson (2016); Austin et al., (2005); Liberati et al., (2021); & Jansen et al., (2021)

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