

EXPLORING THE ASSOCIATION BETWEEN MORAL INJURY AND IMPAIRMENT IN WORK AND SOCIAL FUNCTIONING AND PHYSICAL WELLNESS IN FORENSIC MENTAL HEALTHCARE STAFF

Moral injury is increasingly utilised as a framework with which to explore the experiences of those working in healthcare including in forensic mental health settings due to the potential for exposure to moral conflicts and dilemmas in these environments, with consequences for mental wellbeing.

But what about the holistic or embodied impact on the individual?

AUTHOR

Corinne Fallows

AFFILIATIONS

 Midlands Partnership University
NHS Foundation Trust

 THE UNIVERSITY OF
BUCKINGHAM

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

INTRODUCTION

Current research predominantly focuses on the impact that moral injury may have on mental health or psychological wellbeing. For example, Hall et al. (2021) found positive associations between moral injury and anxiety, depression, post-traumatic stress disorder, sleep disturbance and suicidality in a veteran population. Similarly, in a forensic mental health staff population, Morris et al. (2022) found that moral injury was predictive of higher secondary trauma and burnout, and lower compassion satisfaction.

However, a preliminary search of the literature regarding the impact of exposure to moral injury in health care workers in forensic mental health settings indicated a gap in knowledge regarding potential impacts on physical wellness and the ability to function in work and social settings. Having a more holistic view of potential impacts could help services to design more effective systems to mitigate this risk.

OBJECTIVES

Establish the prevalence of exposure to potentially morally injurious events (PMIEs) and moral injury symptoms, functional impairment and somatic symptoms in forensic mental health care staff.

Establish whether there is an association between PMIE exposure, symptoms of moral injury and, somatic symptoms and work and social functioning in this group.

METHODOLOGY

Design: Quantitative, secondary analysis of cross-sectional survey data.

Participants: Sample size of the original survey = 323 forensic mental health staff.

Materials: Data from the SCL90-R somatisation subscale (Derogatis & Savitz 1999), MIESS-C (Fani et al. 2021) and the WSAS (Mundt et al. 2002) was analysed.

Procedure: A link to the electronic survey was administered to participants by email, internal intranet site or via a QR code on a poster or a paper copy provided.

RESULTS

There was a significant, moderate, positive correlation between MIESS-C exposure total score and WSAS total score ($r=.406$, $p<.001$), implying that higher exposure is moderately associated with greater impairment in functioning although it should be noted that the data cannot predict causation.

There was a significant association ($p=.003$) between exposure to moral injury and moderate to severe impairment in work and social functioning (indicated by having a WSAS score of 21 or more). The odds ratio was 4.017 (95% CI: 1.496 to 10.789), indicating that the odds were approximately four times higher for the exposed group.

Those exposed to a PMIE and experiencing symptoms of moral injury were statistically more likely to have a higher somatisation score than those who were not exposed ($p<.001$)

of these
86%
experienced
MI symptoms

DISCUSSION

The results imply that forensic mental healthcare workers who have experienced moral injury may carry a heavier load of somatic symptomology and impairment in work and social functioning than those who have not. However it should be noted that whilst this is suggestive of a connection, it cannot indicate causation so further exploration of this connection is warranted.

Suggested further research:

- To understand factors affecting the prevalence of somatic symptoms in the forensic mental health workforce overall.
- To understand whether there is a causal relationship between exposure to potentially morally injurious events and higher somatic symptomology.
- To understand whether there is a causal relationship between exposure to potentially morally injurious events and impaired work and social function.
- To explore the impact of the stated impairment in work and social functioning on quality of care delivery.

OF THE TOTAL SAMPLE

91%
experienced
somatic symptoms

30%
had moderate to
severe functional
impairment

67%
had been exposed
to a PMIE

REFERENCES

- Derogatis, L. R., & Savitz, K.L. (1999). The SCL-90-R, Brief Symptom Inventory, and Matching Clinical Rating Scales. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment 2nd ed.*, (679–724). Lawrence Erlbaum Associates Publishers.
- Fani, N., Currier, J.M., Turner, M.D., Guelfom A., Kloess, M., Jain, J., Mekawi, Y., Kuzyk, E., Hinrichs, R., Bradley, B., Powers, A., Stevens, J.S., Michopoulos, V. & Turner, J.A. (2021) Moral injury in civilians: associations with trauma exposure, PTSD, and suicide behaviour. *European Journal of Psychotraumatology*. 28;12(1).
- Hall, N.A., Everson, A.T., Billingsley, M.R., Miller, M.B. (2021). Moral injury, mental health and behavioural health outcomes: A systematic review of the literature. *Clinical Psychology and Psychotherapy*. 29(1):92-110. Morris, D.J., Webb, E.L. & Devlin, P. (2022) Moral injury in secure mental healthcare: Part II: experiences of potentially morally injurious events and their relationship to wellbeing in health professionals in secure services. *The Journal of Forensic Psychiatry and Psychology*, 33(5) 726-744.
- Mundt, J.C., Marks, I.M., Shear, M.K. & Greist, J.H. (2002) The Work and Social Adjustment Scale: a simple measure of impairment in functioning. *British Journal of Psychiatry*. 180:461-4.
- Williamson, V., Lamb, D., Hotopf, M., Raine, R., Stevelink, S., Wessely, S., Docherty, M., Madan, I., Murphy, D. & Greenberg, N. (2023) Moral injury and psychological wellbeing in UK healthcare staff, *Journal of Mental Health*, 32:5, 890-898.