



DOING THE RIGHT THING

Moral injury is not only detrimental to the mental health of individuals but also has significant implications for organisations

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everyone has their moral 'red line'; a limit beyond which a certain behaviour is no longer acceptable because it challenges an individual's ethical beliefs and values.

This can happen in someone's personal life, but also in their work environment where being party to

unethical behaviour, witnessing it or failing to stop it can result in a range of negative emotions, such as guilt, shame, anger and disillusionment, and ultimately result in mental health issues and burnout.

Psychologists refer to this experience as 'moral injury' and, in the corporate world, it often arises when profit is prioritised over ethical principles, such as cutting corners where safety, quality, environmental impact or equality are compromised.

The performance and morale of employees coming to terms with moral injury can affect productivity and lead to high turnover, and there is the danger of an organisation's reputational damage resulting in loss of customers and difficulty attracting talent, as well as legal and regulatory risks.

The concept of 'moral injury' first gained currency during the Vietnam war, when veterans' experience of combat resulted in levels of anguish and alienation that were different from the mental health issues seen before, such as post-traumatic stress disorder.

Combatants were not affected by the actual shock of war but by their participation in, witnessing or failing to prevent actions that violated their own moral beliefs and expectations, such as witnessing the death of civilians, having to obey orders that resulted in the death of comrades or not being able to provide emergency medical aid to others.

WOUNDING OF THE SOUL

Moral injury has also been referred to as a 'wounding of the soul' and has resulted in a wide range of psychological, emotional, social and behavioural issues that can lead to mental health issues over time and burnout. It starts out as moral stress, when individuals are extremely uncomfortable as a result of an unethical event but the repetition of unethical behaviours can lead to moral injury over time.

While the majority of research into moral injury has been focused on high-risk sectors such as the military, emergency services and healthcare sectors, new research has highlighted its effect on individuals in corporate environments.

Leading this research, commissioned by Softer Success, to develop an understanding of moral injury in business settings is Dr Rachel Lewis, a Chartered Occupational Psychologist with health and wellbeing research consultancy Affinity Health at Work, and Birkbeck, University of London.

Dr Lewis said: "In the past, moral injury has been studied in high-risk sectors such as in the military or emergency services, so our study was the first of its type to look at moral injury in the corporate world. We wanted to examine the antecedents and contexts



in which this occurs in business settings, as well as the mediators and moderators, and look at the outcomes, in particular the links between mental ill-health and burnout.

"While the decisions of employees in business settings may not determine the life or death of others, they are able to significantly impact on the life of others and many would be classified as high-stake decisions."

There have been many scandals in business settings, such as the Enron crisis (2001), the UBS rogue trader incident (2011) and the Volkswagen emissions scandal (2016), where individuals have been aware of transgressions and tried to bring these issues to attention of management or ended up whistleblowing and losing their jobs.

Dr Lewis and her team started the research by conducting a literature review of moral injury in scientific papers but, of the 7,006 research papers that were identified as covering moral injury, only 15 actually looked at the issue

Rachel Lewis



in a business setting. However, as these were all quantitative studies – the data was not collected on the lived experience of moral injury in business settings or did not examine the outcomes of moral injury over time – Dr Lewis had to look for other sources of 'data' for her research.

She put a request on LinkedIn for people that had experienced this situation at work and was inundated with responses; unfortunately, she only had funding to conduct

16 interviews but the number of responses enabled her to get a good cross-section of experiences.

The participants selected for the interviews covered a wide range of professional office workers in various levels of seniority in sectors covering advertising, law, technology, telecoms, corporate healthcare, HR, behavioural sciences, accounting, banking and finance. While the individuals provided an equally wide range of situations where they had experienced moral injury at work, Dr Lewis found a common four-stage process where moral stress turned to moral injury, resulting in the large majority of the individuals leaving the organisation they worked for.

Although the experiences of moral stress and injury differed in source, severity and length, all the participants in the research followed a similar process:



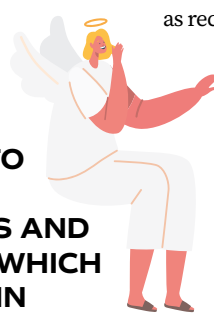
TABLE 1: Recommendations to deal with moral injury

INDIVIDUAL	GROUP
<ul style="list-style-type: none"> • Seek allyship and support from others • Invest in self-care • Seek elements of the situation that you can control • Think about learning and skill development • Reflect upon your experience and what this means for your role and career • Seek professional help if you are struggling with feelings such as anxiety, depression, and burnout 	<ul style="list-style-type: none"> • Seek validation and support from independent experts • Be aware of the impact of emotional contagion • If you are a manager, balance urge to protect your team with need to protect yourself
LEADER	ORGANISATION
<ul style="list-style-type: none"> • Encourage a culture where leaders take responsibility for their actions • Develop leaders to be ethically and authentically oriented • Train and develop managers in people management skills 	<ul style="list-style-type: none"> • Be prepared to acknowledge and learn from mistakes • Embed ethical standards in practices, processes, policies and communications • Invest in an audit to assess the extent to which you are providing a healthy working environment • Ensure the timely, transparent and fair application of internal investigations • Enable a culture of psychological safety where employees are free to speak up without fear of recrimination • Provide tertiary support to those suffering from outcomes of moral stress • Ensure open and transparent recruitment and selection processes

1. The event itself. The events ranged from catastrophic transgressions to a succession of gradual incidents; and the majority involved witnessing transgressions of others
2. The initial reaction; from shock to a realisation that this transgression had not been a mistake
3. A period of reflection and processing
4. And finally taking action. In the vast majority of cases, taking action involved leaving the organisation in which the transgression/s occurred.

Dr Lewis said: “The long-term nature of people’s reactions was really surprising. The event itself was not actually the thing that caused the pain and the injury to the individuals, but the reaction of other people. Our participants expected someone to say ‘I’m sorry’ or ‘Yes, that’s a terrible mistake and it won’t happen again’, but they soon realised that the event was deliberate and intended. That’s what they couldn’t deal with and ultimately couldn’t get over.”

“**WE WANTED TO EXAMINE THE ANTECEDENTS AND CONTEXTS IN WHICH THIS OCCURS IN BUSINESS SETTINGS**”



Following the initial shock of the event, many participants generally found themselves taking immediate action in the hope of rectifying the situation and under the assumption that a mistake had been made. Many participants collected evidence (such as recordings and video evidence, email trails, HR policies and processes, ethical or professional standards) to prove that the transgression was wrong and immoral, and to provide feedback to parties or individuals perceived to be in the wrong. In most cases they found that this evidence was not well received.

Dr Lewis added: “Some people who raised concerns formally were hauled over the coals, and, in some cases, underwent legal prosecution, while others who informally raised concerns were ousted by their team members or bullied as a result. In some cases, management either refused to acknowledge the action or said the financial imperative took precedence to meet targets; an attitude of ‘never mind, that’s what we do here.’”

The research concluded that for most participants, it was the organisation’s response, or lack of, to their immediate concerns that compounded the experience of moral stress. For some, there was a complete lack of response which made participants feel the wrongdoing was ‘brushed under the carpet in broad daylight’, and that ‘turning a blind eye’ to such transgressions was ‘disturbing’.

It was at this point that participants realised that efforts to reconcile wrongdoings had ‘fallen on deaf ears’, and it was ‘not a conversation [leaders] wanted to have’, which, for many, led to an intensification of shock and dissonance. One participant felt that in calling out the wrongdoing, they had ‘become the enemy’, while another noted that in ‘in choosing to do that, I made my life and my family’s life hell’.

TRYING TO RECTIFY A SITUATION

In the interviews, when participants realised that they had witnessed or learned of an event that had challenged their moral beliefs, they talked about an initial experience of dissonance; they referred to initial feelings of shock, confusion, petulance, failure and numbness. For many, they ‘couldn’t believe what was happening’ and felt that they were ‘ill-prepared’ for such an event.



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TABLE 2: Examples of what participants in the research encountered in terms of moral stress and injury

INDIVIDUAL	GROUP
<ul style="list-style-type: none"> Individual transgression with repercussions for other staff 	<ul style="list-style-type: none"> Homophobic discrimination
LEADER	ORGANISATION
<ul style="list-style-type: none"> Managing the impact of personal differences in senior leadership team, where role responsibility is to protect the entity Senior leaders in receipt of large personal dividends with evidence of excessive personal expenditure while making staff redundant or failing to pay salaries Leadership style based on humiliation, fear, control, manipulation Nepotism (employing based on personal relationships) 	<ul style="list-style-type: none"> Failure to comply with legislation or regulation Dispassionate treatment of employee with medical emergency, personal challenges, mental health concerns Unfair selection in assessment, selection or redundancy scenarios Failure to act upon duty of care to employees Scapegoating Blockers to enacting caregiving role Failure to follow HR policy or poor management of serious people concerns, such as bullying and harassment, whistleblowing complaints Corruption in form of prioritised supplier relationships Employee moonlighting and engaging own companies for work Misuse of Government funding Sanitisation of audit reports to maintain auditor/client relationship Targeting financially vulnerable clients Contradictions internal/external organisational ethical narrative Misinformation fed to shareholders and clients Failure to acknowledge harm or mistakes, irrespective of intent

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COMING OUT STRONGER

In the study, Dr Lewis reported that the evidence from participants experiencing moral injury supported academic literature in finding emotional outcomes of stress and burnout along with depression, anxiety, powerlessness and anger, as well as physical outcomes such as sleep issues and excessive alcohol consumption. In particular, the interviews highlighted a wider range of work-related outcomes than previously found, including participants experiencing loss of competence and confidence, withdrawal and disengagement and apathy.

Despite the unpleasantness of the incidents, there were a few participants who felt they came out stronger from their experience.

Dr Lewis explained: “Some people experienced ‘growth from adversity’ and felt stronger because they confirmed where their moral ‘red lines’ were and that they are not prepared to cross. This has enabled them to pursue different careers that were more in tune with their value systems and to feel better about themselves.”

Dr Lewis’s research makes recommendations for employees experiencing moral stress and for organisations to mitigate the likelihood or implications of moral

stress or moral injury in the workplace, the latter where leaders take responsibility for their actions and organisations embed ethical standards throughout all its practices, processes and policies (see Table 1).

She added: “Moral injury doesn’t happen within organisations where people are trying to do the right thing, so if you have really clear processes in place, and you have consequences for non-compliance, then everybody is clear about how to behave ethically. It is also important to have a culture where people are encouraged to speak up and where they’re not going to be blamed, such as having an anonymous whistleblower process.

“Obviously, preventing the occurrence of moral stress and injury in the first place is about making sure that people are working in morally responsible ways and if they do have transgressions, then leaders need to admit the mistake and apologise for them.”

Having just scratched the surface of the issue of moral injury in corporate settings, Dr Lewis said there is more research to do: “Moral injury is still very much defined by its roots in high risk populations so there needs to be an understanding of what moral injury looks like within a non-high-risk setting. We need to do more research in different sectors to really understand the causes and outcomes in order to build a firm, theoretical model for this issue in corporate settings.”

View the study at www.affinityhealthatwork.com/our-library/1215

