



Moral injury among Child Protection Professionals: Implications for the ethical treatment and retention of workers



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A B S T R A C T

This study considers any “moral injury” occurring among professionals working within the Child Protection System (CPS). Moral injury refers to the lasting psychological, spiritual and social harm caused by one's own or another's actions in high-stakes situations that transgress deeply held moral beliefs and expectations. We administered a modified version of the Moral Injury Events Scale (MIES) (Nash et al., 2013) to 38 CPS professionals. We then conducted in-depth, semi-structured, audio-recorded individual interviews with them to elaborate their responses to the MIES. Professionals' MIES scores and descriptions of their responses suggest that some professionals do experience moral injury as a result of their CPS involvement. Similar to parents involved with CPS, professionals described harm to themselves occurring through under-resourced systems, problematic professionals, unfair laws and policies, abusive parents, an adversarial system, systemic biases, harm to children by the system and poor-quality services. They also communicated feelings associated with moral injury such as anger and sadness, emotional numbing, and guilt and shame. These feelings have been reported by CPS-involved parents and are described in the existing moral injury literature. Many also described troubling, existential issues including their ability to function in an ethical and moral manner within a system they viewed as deeply flawed, and in an unsupportive working environment steeped in human misery. Nearly a third of all professionals described themselves or colleagues as actively seeking employment elsewhere. We discuss implications for the related issues of the ethical treatment and retention of professionals working within CPS.

1. Introduction

Retention of effective professionals is a key concern of child welfare agencies (General Accounting Office, 2004). Nationally, turnover rates in child welfare agencies range between 23% and 60% annually with some agencies experiencing turnover of > 90% of their workforce (see Strolin-Goltzman, Kollar, & Trinkle, 2010). High turnover rates cause agencies tremendous expense in training new workers (Graef & Hill, 2000), increase the workload for remaining workers (Strolin, McCarthy, & Caringi, 2007), and ultimately affect the quality of services for children and families (Cahalane & Sites, 2008; Ryan, Garnier, Zyphur, & Zhai, 2006). High worker turnover may reflect the working conditions experienced by many professionals including multiple stressors from high workloads and low salaries relative to other human services professionals (General Accounting Office, 2003). Workers' intentions to leave their jobs or stay also can be affected by their sense that their jobs are meaningful, e.g., that they are able to make a positive difference in the lives of vulnerable children and families, and meet their personal career goals (Chen, Park, & Park, 2012). Furthermore, the

challenge of supporting and retaining child welfare professionals may be exacerbated when professionals perceive that their moral values and professional ethics are incongruent with or constrained by those enacted in their agencies (see Zeitlin, Augsberger, Auerbach, & McGowan, 2014). This study examines any “moral injury” occurring among professionals involved with the Child Protection System (CPS) and discusses implications for supporting and retaining effective, ethically-engaged child welfare professionals.

1.1. The construct of moral injury

Moral injury refers to the lasting psychological, spiritual and social harm caused by one's own or another's actions in a high-stakes situation that transgress deeply held moral beliefs and expectations (see Litz et al., 2009). Although violations of the moral order and deviations from normative ethical expectations are not new human experiences, the use of the term “moral injury” by mental health professionals and scholars is relatively recent. The contemporary construct of moral injury was developed by psychiatrists providing care to Vietnam combat

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veterans. They observed that many were suffering from persistent emotional distress, and loss of meaning and trust that were not captured by the DSM diagnosis of posttraumatic stress disorder (PTSD) (Gray et al., 2012; Shay, 2014).

In contrast to PTSD, which involves a traumatic threat to physical safety and results in anxiety, moral injury occurs in high-stakes situations that contradict one's deeply held moral framework; that is, beliefs about right and wrong that one has long held as sacred (Boudreau, 2011; Dombo, Gray, & Early, 2013; Meagher, 2014). This troubling mismatch between one's core beliefs and events can lead to a “breakdown in global meaning” (Currier, Holland, Rojas-Flores, Herrera, & Foy, 2015, p. 26) or “threat to the integrity of one's internal moral schema” (Dombo et al., 2013, p. 200). It is this lack of meaning and integrity, not threat to physical safety (Currier, Holland, & Malott, 2015), that contribute to guilt, shame, rage, depression (Dombo et al., 2013; Kopacz, Simons, & Chitaphong, 2015; Litz et al., 2009; Shay, 1994) and loss of trust in one's own or others' capacity to behave in an ethical manner (Drescher et al., 2011).

Likewise, moral injury is distinct from secondary traumatic stress and vicarious trauma. Secondary traumatic stress occurs from indirect exposure to traumatic events, such as clients' histories of abuse. Social and emotional reactions include intrusive re-experiencing of the traumatic material, avoidance of trauma triggers and emotions, and increased physical arousal (Cieslak et al., 2014). Vicarious trauma also refers to the effects of indirect exposure to trauma including by professionals working with trauma victims. These effects include changes in cognitive schemas for trust, safety, intimacy, and power and a move to an overall negative worldview (McCann & Pearlman, 1990). Although moral injury may co-occur with trauma and even include some cognitive components similar to those of vicarious trauma, it has some important distinctions. Unlike PTSD, secondary traumatic stress or vicarious trauma, moral injury does not require exposure (direct or indirect) to a traumatic event, only a transgression of deeply held moral beliefs in a high-stakes context (Litz et al., 2009; Shay, 2014). Furthermore, the violation of morals, values and existential beliefs fundamental to moral injury are not key components of PTSD, secondary traumatic stress or vicarious trauma.

Understanding moral injury and distinguishing it from related constructs such as trauma has important implications for the design of effective responses to alleviate moral injury. Moral injury does not appear to be resolved by interventions for PTSD (Gray et al., 2012; Litz et al., 2009; Nieuwsma et al., 2015) and if left unaddressed may persist for years (Litz et al., 2009). Furthermore, some evidence suggests that moral injury may be alleviated by processes not typically prioritized in treatment for trauma. The ability of veterans to find redemptive meaning in moral transgressions, for instance, appears critical for healing and moving forward from a moral injury (Currier et al., 2015; Currier, Holland, Drescher, & Foy, 2015; Ferrajao & Oliveira, 2015, 2016; Gray et al., 2012). Moral injury also may be alleviated by acceptance, forgiveness, and a recommitment to personal values (Nieuwsma et al., 2015; Park, 2010). Gray et al. (2012), for instance, found that veterans' participation in reparation activities facilitated their coping with moral injury. Mentalizing, the capacity to understand behavior in terms of psychological states (Fonagy & Allison, 2015), also may be key to recovery from moral injury. Mentalizing invites an individual to focus not simply on morally egregious actions, but on the actors' motivation for acting and emotional states at the time of the event such as fear, confusion, intoxication and mental illness. Such reflection might provide reasonable explanations for morally injurious events that could provoke compassion and understanding which might lead to forgiveness and psychological relief (Ferrajao & Oliveira, 2014, 2015, 2016). For some individuals, drawing upon and strengthening their spiritual or religious engagement also may ease moral injury (Moyo, 2015).

Although the contemporary construct of moral injury was developed to characterize responses of individuals in military contexts, it also

may play a role in increasing the vulnerability of individuals in other sociocultural contexts (Haight, Sugrue, Calhoun, & Black, 2016). We consider professionals working within the arguably high-stakes context of CPS. They may experience moral injury working within social systems and with colleagues charged with providing assistance to struggling families that instead cause harm, for example, through inadequate social services or stigmatizing legal proceedings. One way other “helping” professionals respond to moral stress is to leave their employment, or even their professions (e.g., Corley, 2002; Santoro, 2013). Efforts to address the retention of child welfare workers have focused on “burnout,” i.e., the exhaustion, cynicism, depersonalization, and ineffectiveness resulting from chronic job stress (Gabel, 2013; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001), that is associated with secondary traumatic stress and vicarious trauma (e.g., see Child Welfare Information Gateway, 2017). However, if involvement in CPS also places professionals at increased risk of moral injury, then moral injury is a critically important construct for social workers to understand and address for supporting and retaining an effective, ethically-engaged child welfare workforce.

1.2. Moral injury in professional contexts: well-being and retention

Moral injury has not been examined among child welfare professionals, but it has been linked to diminished psychological well-being in a variety of other high-stakes helping professions with strong ethical commitments to vulnerable individuals. Keefe-Perry (2016) and Levinson (2015) suggest that public school teachers experience moral injury within the morally complex and high-stakes settings of their work where they often are required to take ethically challenging actions. For example, teachers may experience moral injury when they enforce “zero-tolerance” discipline policies that suspend students on first offense while knowing that suspension is harmful for children (Keefe-Perry, 2016; Levinson, 2015). The widespread use of high-stakes standardized testing is another possible source of moral injury for teachers. Keefe-Perry (2016) cites an educator from Florida who wrote in her resignation letter that she was becoming more and more disturbed by testing reforms and, “I just cannot justify making students cry anymore ... Their shoulders slump with defeat as they are put in front of poorly written tests that they cannot read” (p. 5).

The medical literature describes health professionals who experience moral injury-like responses in the context of performing their professional roles (e.g. Scott et al., 2009; Sirriyeh, Lawton, Gardner, & Armitage, 2010; Wu, 2000). Second victim, for instance, refers to doctors who experience intense feelings of guilt, shame and moral distress following their medical or surgical errors (Wu, 2000). Moral distress (Jameton, 1984), described almost exclusively in the nursing literature, refers to an emotional experience that results when individuals make moral judgments about the right course of action, but are unable to take them due to internal or external constraints (see Huffman & Rittenmeyer, 2012; McCarthy & Deady, 2008). For example, nurses who are compelled to comply with problematic medical orders feel distress at the patients' subsequent pain and suffering. Gabel (2011, 2012, 2013) uses the term demoralization to refer to diminished morale or hopelessness occurring when the principles, values, or standards of health-care professionals are threatened (Gabel, 2011). Such demoralization may occur due to threats to the moral foundation of their practice such as lack of resources, commercialization of healthcare, or policy changes that limit their ability to provide the type of care that they feel morally obligated to provide, and may contribute to burnout (Maslach et al., 2001).

In addition to psychological and existential distress, some scholarship suggests that moral injury may affect professionals' behavior including their decisions to remain employed in their positions. In a synthesis of the moral distress and retention literatures, Hamric (2012) suggests that morally and ethically distressing events are linked to high nursing staff turnover with some individuals leaving the profession. Within education, moral and ethical factors also may contribute to teachers' decisions to leave their profession (Santoro, 2013;

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