

# Moral Injury in the (Toxic) UK Public Sector

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# Introduction / overview

- Neoliberalism and the UK Public Sector
  - Moral injury
  - Covid-19 pandemic and UK Public Sector responses
  - Our 'Moral Injury' research
  - Findings
  - Conclusions
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# Neoliberalism

- Neoliberalism: “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade.” – David Harvey *A Brief History of Neoliberalism* 2005
  - Leads to the emergence of neoliberal institutions in the public sector
  - Rise of managerialism, bureaucratic governance and deployment of New Public Management (NPM) theories (bringing the ‘logic’ of the market, and market competition, into the public sector)
  - We can see this across the public sector: schools, NHS, councils, universities
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# Moral Injury

- Concept developed by psychiatrist Jonathan Shay as a result of working with military personnel
  - Beyond clinical diagnoses such as PTSD
  - Focuses on wider social and political elements of the work situation
  - Military personnel provided with inadequate equipment to undertake their role safely, being ordered to enter war zones by distant commanders, given unreasonable duties, being asked to do things against their own moral codes.
  - Shay defined Moral Injury as “A betrayal of what’s right, by someone who holds legitimate authority (e.g., in the military – a leader), in a high stakes situation” (Shay, 2014, p. 183)
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# Moral Injury

- Moral injury has been considered in other social settings and more developed understandings of the concept have emerged recently.
  - Litz: moral injury as “perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.” (2009: 697)
  - Moral injury concept recently applied to healthcare and social care workers. A number of researchers have suggested that the structural and resourcing implications of the UK healthcare system during the covid-19 pandemic would result in moral injury.
  - In addition, the idea of ‘an assumption of fairness’ that is central to much work is challenged when duties are unevenly distributed and those making decisions are removed from the realities and dangers of a situation.
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# Covid-19 pandemic and UK Public Sector responses

- Early 2020, rather complacent attitude from government and universities, not healthcare
  - The UK can “turn the tide of coronavirus in 12 weeks” – Boris Johnson 19<sup>th</sup> March 2020
  - Very rapid action from 23<sup>rd</sup> March 2020 as first lockdown imposed
  - Summer 2020 society encouraged to ‘return to normality’
  - Schools and universities open in September 2020 and allowed to operate in face-to-face mode
  - This continued despite 2<sup>nd</sup> national lockdown starting on 31<sup>st</sup> October 2020
  - Second lockdown ends on 2<sup>nd</sup> December 2020
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# Covid-19 pandemic and UK Public Sector responses

- Uncertainty, confusion and chaos across HE and healthcare sectors
  - National Health Service (NHS) staff under unprecedented pressure, with longer hours, fear of infection, and delays in personal protective equipment (PPE) and testing (Heilbron, 2020)
  - Universities shift to online only, but no co-ordination on this and lots of problems and issues
    - Increased workloads*
    - Stress*
    - Problems with technology*
  - ‘Key workers’ healthcare staff etc but university staff not accorded ‘key worker’ status until January 2021(though some variations on this)
  - At the height of the initial pandemic “peak,” 44% of a sample of doctors reported suffering from mental health issues or burnout related to or made worse by their work (British Medical Association, 2020)
  - Universities resourcing Lighthouse laboratories – again, ad hoc and patchy
  - University leadership requests government bail-out, but this was refused
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# Covid-19 pandemic and UK Public Sector responses

- NHS staff considered at high risk of moral injury during COVID-19 as they may not have the resources and staffing needed to provide the best care (Green-berg et al., 2020), or to support a “good death” (Selman et al.,2020)
  - From the UK’s fetishisation of corporate processes, managerialism and top-down control, academia was tipped overnight into a Wild West of rugged, pioneering individualism as academics were thrown back on their own resources to find ways of keeping students calmly studying, maintain research deadlines and attend remote, often erratic meetings. A frenzy of remedial action was undertaken regardless of the new challenges in the domestic arena where schools and nurseries were closed down and many vulnerable groups advised to self-isolate, requiring additional commitments of kinship support.” (Ashencaen Crabtree, Esteves, and Hemingway, 2021, p. 1)
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# Our 'Moral Injury' research

- **Study 1 – Higher Education**

- Phase 1 - looked at the late 2020 period
  - Many universities operating a 'business-as-usual' model: 'keeping calm and carrying on'
  - Phase 2 - January 2021 to March 2021
  - Research question:  
*'Did academics working in UK HEIs suffer moral injury in responding to changes in their work and working environments following the COVID-19 pandemic'*
  - Ten topic-related questions, with follow up sub-questions.
  - Also invited participants to write in additional information
  - Survey disseminated via social media, THE, UCU, and snowballing
  - 663 fully completed questionnaires including 658 that included written additional information which we analysed using Braun & Clarke's method for thematic analysis
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# Our 'Moral Injury' research

- **Study 2 – Healthcare**

- Phase 1 – March 2020 – August 2020

- Online survey to understand mental health impact and needs

- 534 Healthcare workers

- Phase 2 – September 2021 to December 2021

- Qualitative semi-structured online video interviews

- Research aims:

- 'explore NHS staff experience of burnout, incidences of potentially morally injurious events and associated emotion, and thoughts around responses and impact of leadership'*

- Analysed using Reflexive Thematic Analysis

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# Main quantitative results – study 1

In your work during the course of COVID-19, have you acted in ways that you have found difficult or have made you feel uneasy?

Yes	69.5%
No	30.5%

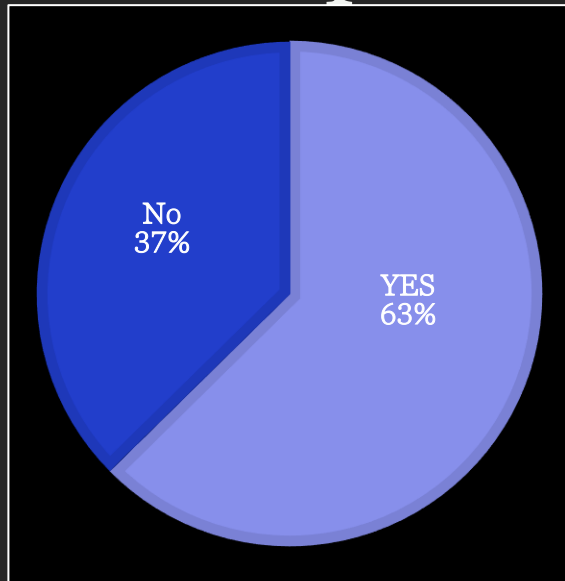
During the course of COVID-19, have you acted in ways that you feel have compromised your own moral judgement?

Yes	37.8%
No	62.2%

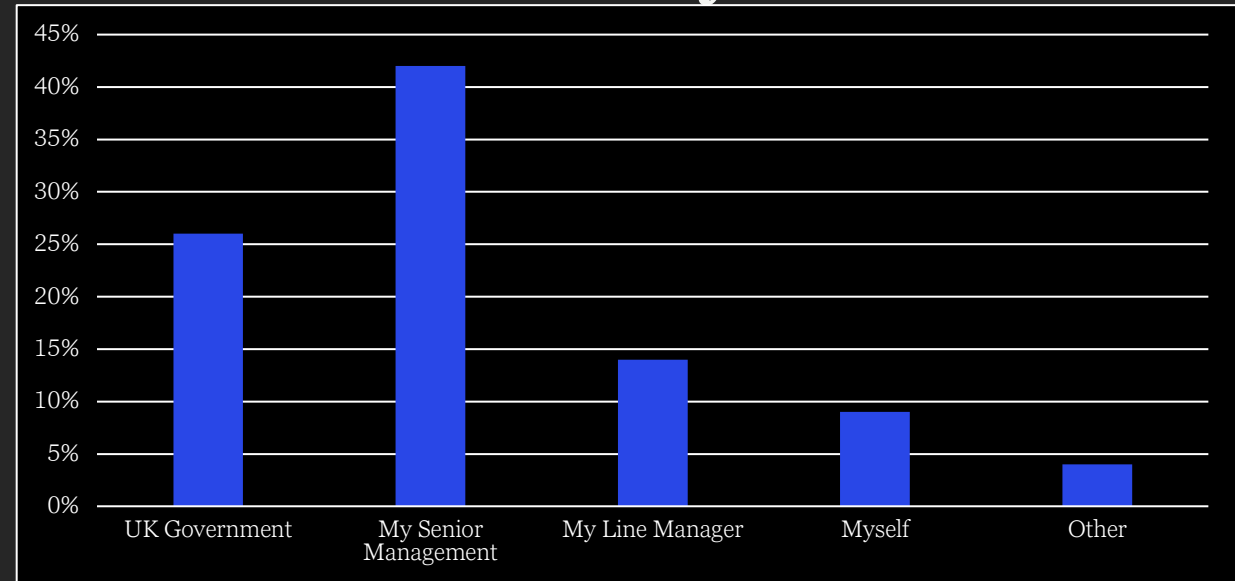
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# Main quantitative results – study 1



- During the course of COVID-19, have you acted in ways that you feel have put your health and wellbeing at risk?



- Who do you think is responsible for this?

# Main quantitative results – study 1

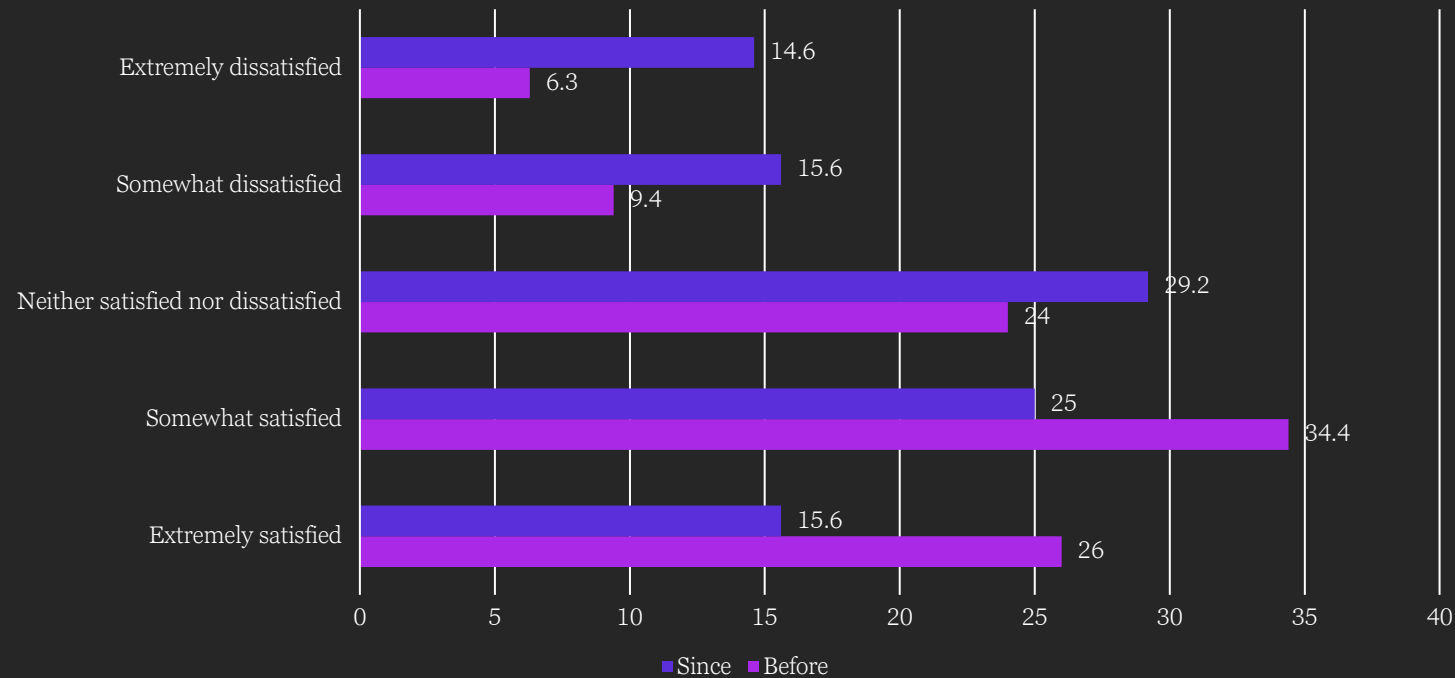
## Support

- Senior managers in general did not receive a positive evaluation in the survey:
    - 67% said they did not feel supported by senior management through the pandemic*
    - 61% said they felt betrayed by senior management.*
  - However, the UK government was also considered to be at fault: 80% of participants said that the HE sector had been betrayed by the government in the pandemic.
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# Main quantitative results – study 2

## Support

Satisfaction with mental health support before and since the COVID-19 outbreak



# Main quantitative results – study 2

## Distress

Score	%
0	27.1
1	21.4
2	16.4
3	18.9
4	10
5	6.1

PC-PTSD-5 (amended for COVID-19) results (n=280)

35% scored 3 or more for PTSD

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# Main quantitative results – study 2

## Distress

Severity	%
Low	43
Mild	26.6
Moderate	16.8
Severe	13.6

Generalised Anxiety Disorder  
GAD-7 (n=316)

Severity	%
Low	39.3
Mild	27.6
Moderate	18.3
Moderately severe	6.5
Severe	8.4

Patient Health Questionnaire – Depression  
PHQ-9

# Qualitative results

Four emergent themes:

absence of leadership,

betrayal,

compulsion,

affective responses

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# Absence of leadership - HE

- Shay argues that moral injury can be experienced through the betrayal of an ‘assumption of fairness’ when leaders and decision makers are removed from the realities and significant dangers of working on the ‘front line’.

- This account resonated with many participants in our research:

*They have been distant and or invisible. it has become much more of an us and them culture than previously. They are unaccountable to staff. [Female, 48, £50-59k, full-time permanent]*

*I have not seen senior managers on site very often and initially they failed to address my concerns about campus readiness quickly. [Female, no age, £40-49, full-time permanent]*

*UK HE management is now so far divorced from the lived-realities of academics to be scarcely occupying the same universe. [Male, 36, disabled, £40-49k, full-time permanent]*

*HE management appears to have little understanding of what is happening at the chalk face, and doesn't seem to care so long as their snouts are in the trough. [Non-binary / 3<sup>rd</sup> gender, 55, disabled, £40-49k, full-time permanent]*

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# Absence of leadership - HE

I think UK HE management are smart enough to know that encouraging people from different households to meet indoors is dangerous during a pandemic. But they chose to turn a blind eye because they feared the financial consequences of closing campuses and keeping them closed. [Male, 53, £40-49k, full-time permanent]

I care passionately about education and academia, UK HE management live in a bubble that has them removed from the frontline - they are concerned with metrics more than mission and because they are well paid and most have over-achieved: they do not rock the boat with govt. [Male, 44, £50-59k, full-time permanent]

I would like HE management to come and see what it looks like to teach in person during a pandemic. I would like them to read through the emails I get from students about their struggles. I would like them to be more compassionate, more human, and more caring towards not only students but their staff, many of whom (like myself) are suffering psychologically during this difficult time. Instead what I hear from them is negative feedback about student satisfaction and NSS. [Female, 33, £40-49k, full-time permanent]

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# Absence of leadership - Healthcare

“If I die, they don’t care. It doesn’t matter if [they] get like, you know, 600 nurses have died from COVID-19, and you know, with higher exposure being linked to severity and things like that. And it just felt like [they] don't care, they'll just get somebody else in my shoes tomorrow.”[Female, Nursing]

“It felt like we were just the cannon fodder because at the beginning no one knew you know what what's happening. What is COVID? How’s it spread? Are we gonna get it? And we weren’t wearing masks...And then as research has gone on and they said now you need all this PPE, well we didn't have that and it feels like they knew that we should have had it, but they just weren’t gonna say it cause they didn’t have the equipment and it didn't matter cause it was only us going in there.”[Female, Nursing)

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# Absence of leadership - Healthcare

“In terms of, you know, these clinical well, nonclinical managers, all very substantial bandings, no-one was really on the shop floor face-to-face to kind of say look we’re here we’re in the office down the hall if you want to talk to us. It was all e-mail communications. So I think there was a real general ...just a feeling of [being] pissed off. That it was like hey we’re all here where are you realistically?” [Female, Occupational Therapy]

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# Betrayal - HE

- Assumption in organizations is that there is a duty of care that should be exercised by people in positions of power or authority. This is related to 'organizational trust' defined as 'an individual's expectation that some organised system will act with predictability or goodwill' (Maguire & Phillips, 2008, p. 371)
- Trust was eroded through the pandemic, and many participants in our research felt they had been betrayed:

*They have betrayed staff and students - I think this has destroyed any trust staff had in their senior management. [Male, 64, over £60k, full-time permanent]*

*Up until Covid I believed in the community of values espoused by my employer. But now I know it was all rhetoric. A management that seeks to uphold student experience by exposing its teaching staff to a serious virus is morally bankrupt. [Male, 54, over £60k, full-time permanent]*

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# Betrayal - Healthcare

I think if you genuinely mess up and make the wrong decision, whether that was about how quickly we went into lockdown or how prepared the NHS was and how much we were supported by the government to get PPE or have the equipment they needed, if you messed up whether you meant to or not, it's not about your intentions but the accountability side of it, and I think people underestimate how important a simple apology can be the power of that." [Female, Psychology]

"I think we cannot get away from the fact that COVID-19, or SARS-CoV-2 is here, and people are going to die from it and people are going to be really unwell from it. And we're going to deal with them because we're health service. And if we'd acknowledged the fact that it's a real shit position to be in, but instead we have this misdirection and this 'oh yeah we're doing great and doing this, that and the other and we're protecting you by doing this,' and it's all bollocks." [Male, Paramedic]

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# Betrayal - HE

- Some participants identified ways that senior management had used the pandemic to further their goals:

*At one level, the Vice Chancellor has been effective in terms of immediately outlining the impact on the university of government pronouncements. At the same time, the decision to continue with a possible 145 redundancies during this period is wholly demoralising, even though I [am] not yet directly affected. [Female, 68, £30-39k, full-time permanent]*

*University made redundancies so as research staff we now have to pick up teaching and supervision of undergrad and Master students because the university doesn't want to hire additional HPLs. I have a perm contract which really means nothing. I am constantly fearful of my job and I am micromanaged like I have never experienced before. There has been a consultation almost every month since the first lockdown and they are slowly chipping away at staff. [Female, 32, £40-49k, full-time permanent]*

*Senior managers are using the cover of the pandemic to further their own interests. [Female, 56, disabled, £40-49, contract not specified]*

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# Compulsion - HE

- Our research identified participants who described feelings of compulsion to act in ways which put their lives at risk. For example:

*I have type 1 diabetes and other risk factors, which mean that any infection is problematic for me. The university insisted that I teach face-to-face because, against their own risk assessment, they deemed me 'not at risk'. I felt like my life did not matter to the university – like a lamb to the slaughter.*

*[Female, 48, £50-59k, full-time permanent contract]*

*I was made to deliver face-to-face teaching despite expressing my concerns. I did not feel that I was in a position to go against these instructions and felt incredibly vulnerable in seminar rooms. Eventually the situation was improved by students actually refusing to come to face-to-face classes but it meant that, for several weeks, teaching was not delivered as successfully as it could have been done had it been fully online. [Female, no age, £50-59k, full-time permanent contract]*

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# Compulsion - HE

*Because of my age and underlying medical condition I am vulnerable to COVID. Nevertheless, I was interviewed by OH at my institution who ignored the evidence and declared me fit to undertake F2F teaching. [Male, 61, over £60k, full-time permanent]*

*I am classified as extremely vulnerable to COVID. It was made as difficult and unreasonable as possible for me to teach from home...The University is fully aware that I nearly died of a lung infection in 2019 and have chronic conditions that mean that I am extremely vulnerable to Covid. They just do not care. [Female, 48, disabled, £40-49k]*

*Morally it felt entirely inappropriate to support on campus events, I wish I had continued to refuse to work the events but felt pressured to and that I was being obstructive and difficult, causing a lot of upset and tension. I feel like my institution, senior management and management have no care or concern about the moral implications of their decisions and ignore any impact they have on staff. [Female, 26, £30-39k, full-time permanent]*

*The realisation that your employer has no problem putting your life, and that of students, on the line in the interest of money is a chilling one. I, as well as many colleagues, have been left scarred and with long term health issues. [Female, 40, disabled, £40-49k, full-time permanent]*

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# Compulsion - HE

*I was forced to attend work when not feeling safe, with Gov not taking decisive action and Senior Management holding the threat of redundancies over our head. [Female, 44, less than £20k, part-time permanent]*

*The university chose to hold large, on-campus events despite almost all other institutions deciding not. When I expressed my discomfort at working such an event my line manager was very difficult and told me it was in my contract that I HAD to work on campus events. [Female, 26, £30-39k, full-time permanent]*

*Being compelled under threat of disciplinary action to take a long public transport journey to teach on campus, thus exposing myself to Covid infection risk during lockdown in November. [Female, 53, £50-59k, full-time permanent]*

*I taught in person labs while many students were falling ill. The propaganda was we were covid secure. Nonsense. [Male, 58, £50-59k, full-time permanent]*

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# Compulsion - Healthcare

*...they basically were trying to tell us things like chest compressions aren't aerosol generating. Yes, they fucking are. Just say we've run out, fine. If somebody is dying, I'm going to go in without anything on and I just accept the risk. But if for instance, my colleague is somebody pregnant or someone at risk then they shouldn't be going in. Just be transparent" [Female, Doctor]*

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# Affective responses: psychological and emotional impacts - HE

- Existing research highlights how the experience of moral injury evokes feelings of guilt, shame, anger and depression.
- Many participants expressed this clearly:

*I have felt ashamed having to tell students that they must attend university in person despite their legitimate concerns. [No data, salary £50-59k, full-time permanent]*

*My institution insisted that students and staff return to campus for F2F teaching and the exemption system was very patchy in the beginning; I handled several cases where students had valid reasons for remote-only learning but the processes put in place by senior management did not permit them to do this. I felt ashamed of my university's policies. [Female, 33, £40-49k, full-time permanent]*

*The face to face teaching hours - we were told students needed it for mental health challenges. I don't think we should have allowed students to come in the first place -it was a financial decision. And we are all implicated. We should have gone on strike. We didn't. [Non-binary / 3<sup>rd</sup>, 48, £50-59k, full-time permanent]*

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# Affective responses: psychological and emotional impacts - HE

*As an academic and line manager I feel complicit and guilty. I could do more to resist but it is increasingly hard and my health, sanity and humanity is challenged every day. [Female, 53, £50-59k, full-time permanent]*

*I was unable to persuade senior management to protect students' interests. I should have resigned and gone to the press, but I did not. [Female, 59, disabled, £30-39k, part-time permanent]*

*I went in to teach in person, but even if I was wearing a mask and a visor, rooms were not properly ventilated and safe distance was not always possible. It is possible I was an asymptomatic carrier of the virus and passed it on to students. [Male, 40, disabled, £40-49k, full-time permanent]*

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# Affective responses: psychological and emotional impacts - Healthcare

“I feel extremely frustrated, I feel powerless, I don't feel listened to, I feel like I have nowhere to go with anything. That's why I feel like I've reached the end of the road. I do feel like that. It feels like a sad decision to come to, but I cannot feel like this anymore and I do not want to just go to a different hospital because I'd just be walking into something the same. So I need to try something else.” [Female, Nursing]

“It has made me feel terrible. Absolutely terrible, but at the same time it's made me feel like I've kind of got through that terrible despondency and I still have hope again” [Female, Occupational Therapy]

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# Some concluding thoughts

- “Moral injury destroys trust in the immediacy of an event, but also destroys the capacity for trust going ahead” (Shay, 2012).
  - Moral injury enables a focus beyond burnout, individual ‘pathologies’, & resilience
  - Morale is low – 66% of academic staff say that are likely or very likely to leave profession in the next 5 years (that figure rose to 81% for staff aged under 30) – NHS staff turnover is high and staff stability is decreasing (Buchan et al, 2019)
  - Wellbeing initiatives are needed, but underlying systemic issues that lead to feelings of betrayal must be addressed
  - Returning to campus in late 2021 academic staff were greeted by further cuts to pay and pensions, inequalities in pay distribution, increasing casualization of the workforce – NHS striking over pay and conditions
  - Neoliberal public sector is, probably, here to stay
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# Published versions

- Hanna, P., Erickson, M. & Walker, C. (2022) UK Higher Education staff experiences of moral injury during the COVID-19 pandemic. *High Educ.* <https://doi.org/10.1007/s10734-022-00956-z>
  - Download link: <https://link.springer.com/article/10.1007/s10734-022-00956-z>
  - French, L., Hanna, P., & Huckle, C. (2021). “If I Die, They Do Not Care”: U.K. National Health Service Staff Experiences of Betrayal-Based Moral Injury During COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*. <http://dx.doi.org/10.1037/tra0001134>
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