This scoping review identifies research on moral injury and how it relates to moral distress in firefighters, paramedics, and police officers.

What is Moral injury?
Jinkerson (2016) defines moral injury as a "particular trauma syndrome including psychological, existential, behavioural, and interpersonal issues that emerge following perceived violations of deep moral beliefs by oneself or trusted individuals".

Moral injury is a psychological risk factor that can arise from participating in or observing an event or situation that conflicts with personal values. Conflicts and challenges to personal values can potentiate moral dilemmas and moral frustrations, this can lead to distress and impairment that may be referred to as moral injury.

Moral distress was first coined in 1984 by the nurse-philosopher Andrew Jameton as the negative experience "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action".

Where has the term come from?
Moral injury is almost exclusively used in military contexts, but the construct of moral injury has historical roots from spiritual, religious, and philosophical traditions. It is also recognised (using different words) in the modern history of attempts to manage potentially traumatic exposures. For example, early psychoanalytic work with Vietnam veterans implicated the experience of an "undoing of character" or "selfhood" stemming from deeply embedded moral woundedness as a critical component of PTSI.

Moral distress has been a concept within healthcare literature since the 1990s, which is much earlier than the more recent development of moral injury. Moral distress has been widely studied in healthcare, predominantly with nurses and more recently doctors.

Why it is being applied to the emergency service sector?
Emergency responders work in environments where duty, care, and moral agency intersect with human tragedy. The intersections facilitate the very best and the very worst in individuals as a function of their preparedness to carry out their professional duty, to care for those they have sworn to protect, and to do so in a manner that is consistent with their personal values.

Personal values do not always align with what emergency responders are expected to do or have to do. Moral injury can result from a betrayal, the inability to prevent death or harm, and ethical dilemmas. With regards to ethical dilemmas, emergency responders may find themselves in

uncertain or ambiguous and potentially traumatic circumstances where resolution may require rapidly acting against the interests of at least one person.

Emergency responders can be exposed to human suffering and need to make quick, morally challenging decisions which can affect their psychological wellbeing. This is especially the case when personal ethics clash with professional and bureaucratic systems wherein codes of conduct, explicit and implicit duties, and standards of practice, including the law, must figure into their decision making.

Why it is important?

Potentially psychologically traumatic event exposures and post-traumatic stress disorder can be comorbid with moral injury. Nevertheless, moral injury is distinct in that PTSD is associated with threat and fear-based mechanisms whereas moral injury does not require fear-based mechanisms or responses. Moral injury can involve cognitive, emotional, spiritual, or existential struggles, which in turn can produce feelings of severe shame, guilt, and anger. Working in a manner that is consistent with one's values is central to wellbeing.

Within current climates of public distrust in some emergency responder groups, such as police, there is often acute tension between individual personal morals and y uphold one's professional duty and organizational morals and values. Police are the most visible agents of the justice and health systems which leaves them open to public criticism and increased pressure to conform to different demands from a variety of sources (Cebulak, 2001). The traumatic experiences of PSP are complicated by citizen complaints, media attention, and internal or external criminal investigations all of which add to the stress of their work.

Key findings

The current review identified four dominant themes in the literature related to the moral injury and distress:

Values: The studies pointed to a common value orientation of police, firefighters and paramedics. The "desire to help people appears as a transcendent theme driven by a desire to help others and work toward a greater good"

Ethical decision-making: The studies point to how workers navigate moral challenges continuously. For example, paramedics frequently using their own clinical judgments because current prescribed protocols were too static to be meaningfully applied to the fluid and dynamic nature of pre-hospital care environments.   Yet this can cause ethical stress because they are still legally, professionally, and ethically obligated to use pre-established protocols. This tension may be intensified if a paramedic feels that following the protocol (i.e., the external LOC) may cause undue harm to a patient versus following their own clinical judgment. Another example is when police must deal with individuals in a public health context, for example, treating the homeless with compassion while facing pressure of having to remove the homeless person. A study shows that police can feel deep

discomfort when they move a homeless person from a location that they are not wanted to satisfy whoever sees the homeless as a public nuisance.

Organisational betrayal: Broadly defined, is a description of individual experiences of violations of trust and dependency perpetrated against any member of an institution, or when an institution causes harm to an individual who trusts or depends upon that institution. Agencies are designed to foster institutional values, codes, and duties, and this often neglect individual self-awareness and spirituality. Moral distress is often the result of the disconnect between what the agency asks, and what is a core personal value. It can also arise ensure when an individual, who gives above and beyond duty, feels they have been treated unfairly by their organisation, such as by disciplinary action, administrative resolution of citizen complaints, supervisor altercations, and blocked career aspirations.

Spirituality: is important for many aspects of service work, one study found it was to police work in terms of being a police officer as a vocation/calling, the desire to serve the greater good or help people, the ability to protect or provide compassionate care to those who have been harmed, finding meaning and purpose, and bearing witness to experiences of human destructiveness. Religion and spirituality provide an ethical frame for personal values. Acting again Christian or other religion principles could be a source of moral pain and distress that one study found to lead to disappointment, disillusionment, loss of self, meaninglessness, desacralization, alienation, hopelessness, and existential questioning.

Conclusions

There is hardly any research into moral injury or even awareness in the emergency management. Given its prevalence and impacts of mental health and wellbeing, it is an area that requires further attention not only for personal reasons, but organisational too. For instance, when people to act according to their own moral code, rather than follow organizational rules they reduce the likelihood of sustaining moral injury but may face disciplinary action.