



Ethical aspects of the work conditions of public safety personnel: a need for attention and solidarity

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Abstract

The work of public safety personnel (PSP; e.g. firefighters, police officers, and paramedics, among others) is essential to society but is practically and ethically complex, especially with the increased challenges posed by the COVID-19 pandemic. The strain on mental health in this population of workers and volunteers has been the focus of recent research. New programs and strategies are being developed and implemented in order to address the causes and implications of mental health problems at the individual and organizational levels in Canada and elsewhere. Yet, the properly ethical aspects of the work and work conditions of PSP have largely fallen outside the scope of public health research. There are few empirical studies on moral distress and moral injury of Canadian PSP, and the rich and complex moral life of these workers is often obfuscated by a pervasive, stoic, militaristic moral model that generally aligns with narrow biomedical treatment approaches. We argue that the lack of attention to the public, social, and ethical aspects of the moral distress and moral injuries experienced by PSP in Canada warrants greater public and academic awareness, more research on experiences of moral distress and moral injury in PSP, and evidence-informed training and support programs for individuals and organizations.

Résumé

Le travail du personnel de la sécurité publique (PSP; incluant, entre autres, les pompiers.ères, les officiers.ères de police, les ambulanciers.ères paramédicaux) est essentiel à la société, mais il est complexe sur le plan pratique et éthique, en particulier avec les défis accrus posés par la pandémie de COVID-19. La pression exercée sur la santé mentale de cette population de travailleurs et de bénévoles a fait l'objet de recherches récentes. De nouveaux programmes et des stratégies sont élaborés et mis en œuvre afin de s'attaquer aux causes et aux répercussions des problèmes de santé mentale aux niveaux individuel et organisationnel au Canada et ailleurs. Pourtant, les aspects proprement éthiques du travail et des conditions de travail du PSP sont peu abordés dans la recherche en santé publique. Il existe peu d'études empiriques sur la détresse morale et les blessures morales du PSP canadien, et la vie morale riche et complexe de ces travailleurs est souvent obscurcie par un modèle moral omniprésent, stoïque et militariste qui s'aligne généralement sur des approches de traitement biomédicales étroites. Nous soutenons que le manque d'attention aux aspects publics, sociaux et éthiques de la détresse morale et des blessures morales subies par le PSP au Canada justifie une plus grande sensibilisation du public et des universitaires, plus de recherche sur les expériences de détresse morale et de blessures morales chez le PSP, et des programmes de formation et de soutien individuels et organisationnels éclairés par des données probantes.

Keywords Public safety personnel · Ethics · Mental health · Stigma · Flourishing

Mots-clés Personnel de sécurité publique · éthique · santé mentale · stigmatisation · épanouissement

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The work of public safety personnel (PSP)—an evolving term that includes firefighters (career and volunteer), paramedics, police officers, public safety communications officials, border officers, and search and rescue personnel—is essential to the functioning of society, yet it can often prove mentally and physically taxing (Easterbrook et al., 2022; Smith-MacDonald et al., 2021). For instance, the work of firefighters and police officers can involve pulling people out from horrible automobile accidents, rescuing burnt children from fires, while also being in disposition to listen to people narrating tragedies. Police officers are increasingly engaged in cases involving psychological distress of citizens despite not being trained in social work or mental health intervention (Roesch & Goossens, 2022). Because they are law enforcers, “police officers are expected to make the ‘right’ decision, even when none of the available choices are apparent” (Papazoglou et al., 2020: 74). In addition to other traumatizing situations, PSP can also engage in morally perplexing situations such as attempting life-saving interventions on presumed violent crime offenders or adopting stoic attitudes towards significant personal distress or that of colleagues. PSP also face high rates of personal and mental health difficulties (Carleton et al., 2018a, 2018b), including suicidal ideation, planning, and attempts (Carleton et al., 2018a, 2018b). The COVID-19 pandemic has further deteriorated PSP working conditions while shortage of staff has increased the toll on remaining workers. However, it has also brought awareness to problems linked to public safety professions. In particular, the strain on PSP mental health is becoming the focus of recent research as new programs and strategies are being developed and implemented at individual and organizational levels (Knaak et al., 2019; Lentz et al., 2022; Szeto et al., 2019).

In this commentary, we make the case for the importance of the moral aspects of PSP work and thus of promoting ethical competencies in PSP and essential ethical support for PSP. We first briefly present the importance of morality in PSP work, then discuss gaps in current ethics and public health research with respect to important aspects of ethics inquiry (Racine, *The Theory of Deliberative Wisdom*, under review) such as *understanding* moral problems (their causes and implications) and the current practices used to *deliberate* about and *respond* to them.

Moral realities of public safety work and PSP

There are ethical issues associated with the execution of PSP work (e.g., following professional codes of ethics, exercising one’s ethical judgement about certain acts), as well as ethical questions related to the mental and physical

health conditions of PSP (e.g., psychological and moral distress, stigma related to mental illness). These latter questions regarding PSP relate notably to the impact of moral problems on PSP. They also concern training and support aiming to deal with challenging moral situations, including the competencies of individual workers and organizations involved in naming and discussing ethical aspects of work-related issues. While these are interwoven sets of questions, we focus on questions related to mental and physical health conditions of PSP, which are of clear public health relevance in terms of workers’ well-being.

Moral problems are situations that call into question values guiding human behaviour, often causing uneasiness, anxiety, and questioning, as well as moral distress and moral injury (see [Box](#)). These kinds of situations are often uncomfortable because values are at the core of our personal identities and personal integrity (Hitlin, 2003). Values are also central to the relationship we have with others and how others perceive our outward identities (Strohming & Nichols, 2014). If moral problems are neglected (e.g., not recognized, not discussed) and unresolved, they can undermine personal and professional identity and well-being. Indeed, the reservoir of resilience found in core personal and professional values and related positive practices can diminish to the point of causing fatigue, disengagement, and burnout, a phenomenon documented in healthcare professionals (DeLfrate et al., 2018; Fumis et al., 2017) but also found in PSP (Smith-MacDonald et al., 2021).

The ability to be morally sensitive to and aware of certain situations that touch upon values is contingent on personality, cultural background, and professional training (Racine, *The Theory of Deliberative Wisdom*, under review). Moral sensibility is also a reflection of professional and organizational

Box Classic definitions of moral distress and moral injury

Moral distress: [Moral distress arises] “when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (Jameton, 1984, p. 6)

Moral injury: [Moral injury designates] “the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations” (Litz et al., 2009, p. 697)

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culture; certain values become part of the fabric of who we are as persons and as workers in a given profession. In PSP, a stoic, militaristic moral model rooted in personal abnegation and commitment to others has been particularly influential (Smith-MacDonald et al., 2021). There are of course exceptions, since not all PSP professions are hierarchical. There are also organizational, structural, cultural, individual, and gender-based differences between different PSP professions. However, there is no denial that the militaristic model is highly influential in some PSP professions (Smith-MacDonald et al., 2021). Although useful in fostering discipline and a devoted service-oriented attitude, such a model can lead to profound problems similar to those encountered in military work, where the experience of moral distress and psychological difficulties has long been stigmatized as a sign of weakness and a threat to work performance.

Gaps in ethics and public health research about moral aspects of public safety work

Causes of moral problems in public safety work

Structural problems like the stigmatization of mental health and the intense mental and physical toll specific to public safety professions are some of the root causes of *moral injury* (see Box), leading to feelings of guilt and culpability surrounding mental health needs and to the loss of identity outside of public safety work (Easterbrook et al., 2022; Smith-MacDonald et al., 2021). Stigmatization, lack of funding, and unrealistic expectations of PSP responsibilities, as well as limited training and support, and the relentless nature of public safety work, are all factors that contribute to the development of such unhealthy situations (Ricciardelli et al., 2020a, 2020b; Smith-MacDonald et al., 2021). Moreover, the work environment of PSP is shrouded in a culture of secrecy and misunderstanding of mental illness (Ricciardelli et al., 2020a, 2020b), which compounds the implications of mental illness. Psychological injuries are rarely physically visible, thus exacerbating the impression that those seeking help are “taking advantage” of a system when they do not have “legitimate” psychological injuries to justify it (Ricciardelli et al., 2020a, 2020b). This kind of stoic rhetoric is echoed in PSP mental health training, which notably aims to “increase resiliency” and “reduce stigma” (Szeto et al., 2019). These terms often imply that it is the mental and physical strength and resilience of individual PSP that are inadequate to face the demands of the profession, thereby perpetuating a detrimental transfer of organizational issues to the individual. Moreover, PSP are expected to be mentally and personally fit for the job and be at ease with distressing situations. These expectations are internalized at an individual level (Smith-MacDonald et al.,

2021) and further incorporated at an organizational level into PSP recruitment, screening practices, training, and work culture where mental fitness and personal fitness are scrutinized (Ricciardelli et al., 2020a, 2020b).

Implications of moral problems in public safety work

Moral aspects of public safety work have important implications. On a personal level, the difficulty of naming and talking about moral problems gives rise to trust issues and communication difficulties that can affect the entire organization (Easterbrook et al., 2022; Szeto et al., 2019). The difficulties encountered on the job are also normalized to fit the mentality that the individual “signed up for this” and therefore should not complain (Smith-MacDonald et al., 2021). Additionally, the attribution of PSP identity often spills over into civilian life, for example, when PSP experience compassion fatigue because they are hardened by what they see on the job (Lentz et al., 2022). A related phenomenon is the shift in fundamental values that PSP often experience throughout their career, resulting from job-related demands and conditions (Szeto et al., 2019). Many, if not all, of these implications are commonly framed as individual failures wrapped up in medicalized language such as post-traumatic stress, moral injury, and moral distress (Smith-MacDonald et al., 2021), instead of failures of the organization to provide proper training and resources (Ricciardelli et al., 2020a, 2020b; Szeto et al., 2019).

Deliberation about moral problems in public safety work

Deliberative and participatory exercises on the moral aspects of mental health in which PSP are empowered to talk about and act upon lived moral difficulties are rare. Some studies highlight the need for dialogue between researchers and PSP and use deliberative strategies in their own methodology (Lentz et al., 2022). Beyond this, the input of PSP is infrequently sought in the development of research or programs targeting them. An example is the development of the “Road to Mental Readiness” (R2MR) program (Mental Health Commission of Canada, 2017). The R2MR program was launched in 2013 and aims to reduce stigma among and improve the resiliency of front-line staff. However, the lack of PSP input in such programs may contribute to their limited benefits (Fikretoglu et al., 2019; Lentz et al., 2022).

Responses to moral problems in public safety work

Much is currently being done to support PSP physical and mental well-being. What is less clear is how PSP are

treated as full persons within mental health interventions and training programs, notably in the workplace. Having a more holistic and complete understanding of the individual—including their unique lived experiences, their physical, cultural, institutional, and other environments, and their values and aspirations—can help counteract the issues caused by the transfer from an organizational level of PSP to individual workers. Current initiatives tend to be rather top-down and focus on supporting PSP in dealing with difficult situations (e.g., resilience as an individual skill); they adopt a biomedical orientation that attempts to diagnose and treat moral aspects of life using medical terminology in line with a stoic militaristic moral model (Smith-MacDonald et al., 2021). Moral distress and moral injury are not typically framed as phenomena that are systemic and social in nature. Also, in terms of the support offered to PSP, despite progress being made, health professionals rarely receive training specific to the work conditions of PSP and the kinds of situations they are exposed to, which could impede their ability to consider the impact of moral distress and moral injury in this population (Papazoglou et al., 2020). Strategies like workshop training and online surveys, as well as semi-structured interviews and focus groups, are currently used to give a voice to PSP. However, these methods could be supplemented to incorporate the benefits of more engaging and participatory approaches like living labs, photovoice research methodologies, and team discussions in which the actual conditions creating the problems (e.g., secrecy and stigma) can be tackled. For example, participatory action research has been used to investigate and empower participants with respect to various sensitive and traumatizing events (e.g., suicide, natural catastrophes, colonialism, and domestic violence) and is widely used in mental health (Schneider, 2012). Such a participatory research orientation could lead to the development of protocols in which PSP can break down taboos related to the stigma of moral distress and moral injury and help change the work culture (potentially empowering PSP in the process through feelings of self-efficacy). Future initiatives could take inspiration from these and similar participatory methods to create room for PSP to be active moral agents in the design, enactment, and evaluation of initiatives that concern them and their environments.

Conclusion

Public safety personnel are confronted with traumatic events and perplexing moral situations leading to moral distress, moral injury, and other important stressors. Social and ethical aspects of the moral distress and moral injuries experienced by PSP in Canada warrant greater public and

academic awareness. More extensive research and attention to current policies and underlying systemic issues are required, as are changes to these policies in order to understand and respond to the moral implications of PSP work. Future research toward these changes could directly involve PSP, using participatory methods to determine the strengths, weaknesses, and opportunities for improvement within current organizational models, such as the prevalent militaristic model. There is a need for more research on experiences of moral distress and moral injury in PSP, as well as evidence-informed training and support programs.

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Author contributions ER led the study and oversaw the project. He formulated the research questions, drafted initial ideas for the manuscript, revised the initial draft significantly, and produced the final paper. IMC contributed to a literature review, wrote initial draft ideas for the manuscript, edited subsequent versions, and approved the final manuscript. WB initiated the literature review, edited the manuscript, and approved the final manuscript.

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