



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

Updates 1 september 2022

'Moral injury', in het Nederlands ook wel 'moreel trauma' genoemd, is een begrip dat verwijst naar de psychosociale klachten die mensen kunnen ontwikkelen wanneer zij ervaringen hebben meegemaakt waarin belangrijke morele verwachtingen en overtuigingen worden geschonden.

Elke maand zet de ARQ-bibliotheek nieuwe publicaties over *Moral Injury* op deze lijst. Wilt u liever een mail ontvangen met referenties naar geselecteerde publicaties, geef dan uw e-mailadres door aan de [ARQ-bibliotheek](#). Ook voor eerdere updates kunt u mailen naar de [ARQ-bibliotheek](#).

1 september 2022

1.

Ayyala, R. S. and G. Baird (2022). "Burnout Is the Symptom, Moral Injury Is the Cause: The Need for Systems-Level Changes in Radiology." *AJR. American Journal of Roentgenology* **03**: 03. <https://dx.doi.org/10.2214/AJR.22.28027>
Burnout. Wellness. Resiliency. Self-care. These buzzwords have become commonplace and the topics of articles, webinars, and lectures in medicine. Opinions vary about the most effective initiatives to optimize radiologist wellness and mitigate burnout. Despite ongoing efforts, burnout continues to grow. Although individual-directed interventions play a role, the greater levers lie with practice- and organization-led initiatives.

2.

Bair, J. P. (2022). "US Veterans Experience Moral Injury Differently Based on Moral Foundations Preferences." *Journal of Community Engagement and Scholarship* **13**(4). <https://jces.ua.edu/articles/10.54656/WMOL9112>
This study is the first to examine the relationship between moral foundations preferences and the severity of moral injury symptoms reported by U.S. veterans. A total of 85 participants were recruited through social media pages for veterans, and participants completed an online survey assessing their severity and type of moral injury and their preferences for each of the five core moral foundations. Viewing moral injury through the lens of the moral foundations theory allows for an in-depth understanding of the cause and nature of moral injury. Overall, veterans' preferences for different groups of moral foundations had a significant relationship with the severity of the subtypes of moral injury they experienced. Veterans who have experienced a potentially morally injurious event (pMIE) and are suffering from moral injury as a result are likely not receiving adequate treatment, as moral injury is often masked and presents as alternative diagnoses (PTSD, depression, etc.). Assessing veterans' moral foundations preferences in addition to determining the severity of their self- and other-directed moral injury will allow for more effective treatments to be developed and implemented.

3.

Bremault-Phillips, S., et al. (2022). "Forgiveness: A Key Component of Healing From Moral Injury?" *Frontiers in psychiatry Frontiers Research Foundation* **13**: 906945. <https://dx.doi.org/10.3389/fpsy.2022.906945>
Service members and veterans can be exposed to potentially traumatic and morally injurious experiences (PMIEs) including participating in, witnessing, or failing to prevent an act(s) that transgresses their core beliefs. Violation of one's deeply held morals and values can be profoundly distressing and shatter one's sense of self at the deepest level. Relationships with self, others, the world, and for some, the Sacred, can also be fractured. Post-Traumatic Stress Disorder (PTSD) and/or Moral Injury (MI) can result. Left unresolved, MI can leave individuals struggling with guilt, shame, cognitive dissonance, and negative self-attributions. A holistic approach that

addresses the psychological and spiritual harm associated with MI is warranted. We wonder if forgiveness can help individuals struggling with MI to address the harm caused by actions or inactions, release negative emotions, and mend relationships. Commonly used by Spiritual/Religious (S/R) Leaders, forgiveness practices are increasingly being explored by Mental Health Professionals as a complement to evidence-based treatment approaches. This article provides case examples that illustrate the use of forgiveness practices that promote recovery and identifies programs used in clinical practice that incorporate forgiveness. Research is yet needed to better understand the importance of forgiveness in the treatment and healing of PTSD and/or MI. This requires an interdisciplinary discourse between Mental Health Professionals and S/R Leaders working in the field of MI. Such engagement and integrated use of forgiveness practices may yield improved outcomes not only for service members and veterans, but for all those struggling as a result of PTSD and/or MI.

4.

Dean, W. and S. G. Talbot (2022). "Standing AFFIRM: Stop Saying Physicians Are Burned Out; They Are Morally Injured, a Big Difference." *Emergency Medicine News* **44**(8): 1,20. 10.1097/01.Eem.0000855832.66568.77

[...]Reframing the distress as a systems failure rather than the lack of character implied by the label burnout resonates powerfully with physicians. Individuals risk moral injury when they are faced with "[p]erpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations." (Clin Psychol Rev. 2009;29[8]:695; <https://bit.ly/3b3elo2>.) Those deeply held moral beliefs in health care are the oaths physicians take, whether explicit or implicit, always to have patients as their priority.[...]

5.

Denov, M. (2022). "Encountering children and child soldiers during military deployments: the impact and implications for moral injury." *European Journal of Psychotraumatology* **13**(2): 2104007. 10.1080/20008066.2022.2104007

ABSTRACTBackground: During a deployment, soldiers must make seemingly impossible decisions, including having to engage with child soldiers. Such moral conflicts may continue to affect service members and veterans in the aftermath of a deployment, sometimes leading to severe moral distress, anguish, and personal crises. Service providers have increasingly argued that as a diagnosis, Post-Traumatic Stress Disorder (PTSD) cannot account for these deeply personal and painful moral conflicts. In light of this, the concept of moral injury has been introduced to better capture the profound forms of guilt and shame that may be experienced by service members and veterans.Objective: This paper addresses encounters with children and child soldiers during military deployments, as well as the risk for moral injury during and following these encounters, and their implications. This exploratory paper brings together existing literature on the topic to introduce, illustrate, and offer potential and promising interventions.Results: Given the potential moral conflicts that may ensue, military personnel who encounter child soldiers during a military deployment may be at risk for moral injury during and following these encounters. The introduction of the concept of moral injury provides a way for these largely unnamed personal and painful moral conflicts and violations to be recognized, addressed, and with appropriate care, remedied. Although there is limited research into their effectiveness at treating moral injury, individual and group-based interventions have been identified as potentially beneficial.Conclusion: As encounters with children during deployments are likely to continue, systematic research, training, healing interventions and prevention strategies are vital to support and protect children in conflict settings, as well as to ensure the mental health and well-being of service members and veterans.**HIGHLIGHTS** Profound moral conflicts may affect service members and veterans in the aftermath of a military deployment, sometimes leading to severe moral distress, anguish, and personal crises. The concept of moral injury has been introduced to better capture the profound forms of guilt and shame that may be experienced by service members and veterans.Encountering children and child soldiers during a military deployment, may present unique challenges, stress, and moral crises leading to potentially moral injurious events. In particular, transgression-based events which result from an individual perpetrating or

engaging in acts that contravene his or her deeply held moral beliefs and expectations such as harming children, and betrayal-based events, which results from witnessing or falling victim to the perceived moral transgressions of others, may lead to lasting psychological, biological, spiritual, behavioural and social impairments. Interventions applied in both an individual-based context such as Cognitive Processing Therapy, Impact of Killing, Adaptive Disclosure, and a group-based context such as Acceptance and Commitment Therapy and Resilience Strength Training, have been identified as potentially beneficial to addressing moral injury. However, more research is required to ascertain appropriate and effective intervention and healing strategies.

6.

Du, B. B., et al. (2022). "Synthesis of evidence to support EMS personnel's mental health during disease outbreaks: a scoping review." *Safety and Health at Work*. <https://doi.org/10.1016/j.shaw.2022.08.006>

and Keywords Emergency medical services (EMS) personnel are at high-risk for adverse mental health outcomes during disease outbreaks. To support development of evidence-informed mitigation strategies, we conducted a scoping review to identify the extent of research pertaining to EMS personnel's mental health during disease outbreaks and summarized key factors associated with mental health outcomes. We systematically searched three databases for articles containing keywords within three concepts: EMS personnel, disease outbreaks, and mental health. We screened and retained peer-reviewed original articles that discussed, in English, EMS personnel's mental health during disease outbreaks. Where inferential statistics were reported, the association between individual and work-related factors and mental health outcomes were synthesized. Twenty-five articles were eligible for data extraction. Our findings suggest that many of the contributing factors for adverse mental health outcomes are related to inadequacies in fulfilling EMS personnel's basic safety and informational needs. In preparation for future disease outbreaks, prioritization of resources should be given to improved provisions of personal protective equipment and infection prevention and control training. This scoping review serves as a launching pad for further research and intervention development.

7.

Ehman, A. C., et al. (2022). "Exposure to potentially morally injurious events and mental health outcomes among frontline workers affected by the coronavirus pandemic." *Psychological Trauma: Theory, Research, Practice and Policy* **04**: 04. <https://dx.doi.org/10.1037/tra0001345>

OBJECTIVE: The current studies explored associations between exposure to potentially morally injurious events (PMIEs) and mental health outcomes among frontline workers affected by the coronavirus pandemic.

METHOD: We administered online self-report surveys to emergency responders (N = 473) and hospital personnel (N = 854) in the Rocky Mountain region of the United States between April and June of 2020. Surveys assessed frequency and intensity of exposure to PMIEs alongside psychological and functional outcomes.

RESULTS: Between 20% and 30% of frontline workers reported exposure to PMIEs of at least moderate frequency and intensity. Exposure to more intense PMIEs was associated with greater psychological symptoms (i.e., stress, depression, and anxiety) and functional impairment (i.e., professional burnout), especially among emergency responders who reported frequent exposure but also hospital workers who reported few exposures.

CONCLUSION: Efforts to facilitate and maintain the well-being of the public health workforce should specifically address critical incidents encountered by frontline workers that have embedded moral and ethical challenges. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

8.

Garren, D. J. (2022). "Dirty Hands and Clean Minds: On the Soldier's Right to Forget." *Journal of Military Ethics*: 1-21. [10.1080/15027570.2022.2109314](https://doi.org/10.1080/15027570.2022.2109314)

ABSTRACTThe United States has been waging the "War on Terror" for nearly two decades. Obscured among the more obvious costs of that war is the moral injury borne by many of the soldiers who have fought and participated in it. Unlike post-traumatic stress disorder, which is rooted in fear, moral injury is rooted in shame,

shame for having committed a moral transgression, a violation of the moral code. Haunted by the memory of their misdeeds, these soldiers are plagued by all manner of illness and infirmity, from anxiety and depression to substance abuse and suicide. In this article, I explore whether these soldiers have a right to forget, one that would entitle them to use pharmacological or psychological manipulation to cleanse their minds of the memory that they have dirtied their hands, and in that way relieve themselves of the anguish and torment from which they suffer.

9.

Gherman, M. A., et al. (2022). "Injurious Memories from the COVID-19 Frontline: The Impact of Episodic Memories of Self- and Other-Potentially Morally Injurious Events on Romanian Nurses' Burnout, Turnover Intentions and Basic Need Satisfaction." *International Journal of Environmental Research and Public Health* **19**(15): 9604. <https://doi.org/10.3390/ijerph19159604>

Nurses have been frequently exposed to Potentially Morally Injurious Events (PMIEs) during the COVID-19 pandemic. Due to resource scarcity, they both perpetrated (self-PMIEs) and passively witnessed (other-PMIEs) moral transgressions toward the patients, severely violating their moral values. Our study investigated the impact of self- and other-PMIEs on work outcomes by exploring nurses' episodic memories of these events and the basic psychological need thwarting associated with them. Using a quasi-experimental design, on a convenience sample of 463 Romanian nurses, we found that PMIEs memories were uniquely associated with burnout and turnover intentions, after controlling for socio-demographic characteristics, general basic psychological need satisfaction at work and other phenomenological characteristics. Both self- and other-PMIEs memories were need thwarting, with autonomy and competence mediating their differential impact on burnout, and with relatedness—on turnover intentions. Our findings emphasize the need for organizational moral repair practices, which should include enhancing nurses' feelings of autonomy, relatedness and competence. Psychological counseling and psychotherapy should be provided to nurses to prevent their episodic memories of PMIEs to be (fully) integrated in autobiographical knowledge, because this integration could have severe consequences on their psycho-social function and occupational health, as well as on the organizational climate in healthcare institutions.

10.

Gilhuis, N. and T. Molendijk (2021). "When the personal is academic: thoughts on navigating emotions in research on moral injury." *Qualitative Research in Organizations and Management: An International Journal* **17**(5): 78-87. 10.1108/QR0M-11-2021-2243

Purpose
How should researchers navigate and interpret the moral emotions evoked in them in research on trauma? In this reflective essay, the authors discuss their experience as researchers on moral injury (MI) in veterans and police personnel in the Netherlands. Stories of MI usually do not allow for a clear-cut categorization of the affected person as a victim or perpetrator. This ambivalence, in fact, is explicitly part of the concept of MI. It means however that researchers face complicated psychological, ethical and methodological challenges during research on MI.
Design/methodology/approach
The authors contemplate these challenges by describing two empirical cases demonstrating the particular moral challenges that emerge in MI research. Drawing from literature on qualitative research and emotions, the authors distil different perspectives on the role of moral emotions in research.
Findings
Reflecting on the ambivalent and difficult emotions the authors experienced as researchers when listening to personal accounts of moral injury, the authors offer insights into the necessity and delicacy of navigating between the methodological potential and the ethical and psychological risks of such emotions.
Originality/value
This study is relevant for all researchers examining trauma, in particular when the research is surrounded by complex ethical questions. While the issue of managing emotions in research on trauma is challenging in itself, it is further complicated when the stories related by respondents challenge the researcher's own moral beliefs and values.

11.

Janzen, D. (2022). "The Bible and Moral Injury: Reading Scripture Alongside War's Unseen Wounds, written by Brad E. Kelle." *Horizons in Biblical Theology* **44**(2): 267-270. <https://doi.org/10.1163/18712207-12341457>

Moral injury can be conceived of in different ways, but in the sense that Brad Kelle largely understands it in *The Bible and Moral Injury*, it results from participation in warfare that damages one's moral conscience, ethical conceptions, and general worldview, resulting in a loss of a sense of a meaningful moral world (1–2). Arguably no scholar working in the field of Hebrew Bible/Old Testament has written more about moral injury than Kelle, and while he addresses this volume to "Christian ministers, chaplains, counselors, and interested ...

12.

Laher, Z., et al. (2022). "Prevalence, Predictors, and Experience of Moral Suffering in Nursing and Care Home Staff during the COVID-19 Pandemic: A Mixed-Methods Systematic Review." *International Journal of Environmental Research and Public Health* **19**(15): 9593. <https://doi.org/10.3390/ijerph19159593>

(1) Background: Nursing and care home staff experienced high death rates of older residents and increased occupational and psychosocial pressures during the COVID-19 pandemic. The literature has previously found this group to be at risk of developing mental health conditions, moral injury (MI), and moral distress (MD). The latter two terms refer to the perceived ethical wrongdoing which contravenes an individual's moral beliefs and elicits adverse emotional responses. (2) Method: A systematic review was conducted to explore the prevalence, predictors, and psychological experience of MI and MD in the aforementioned population during the COVID-19 pandemic. The databases CINAHL, APA PsychINFO, APA PsychArticles, Web of Science, Medline, and Scopus were systematically searched for original research studies of all designs, published in English, with no geographical restrictions, and dating from when COVID-19 was declared a public health emergency on the 30 January 2020 to the 3 January 2022. Out of 531 studies screened for eligibility, 8 studies were selected for review. A thematic analysis was undertaken to examine the major underpinning themes. (3) Results: MI, MD, and related constructs (notably secondary traumatic stress) were evidenced to be present in staff, although most studies did not explore the prevalence or predictors. The elicited major themes were resource deficits, role challenges, communication and leadership, and emotional and psychosocial consequences. (4) Conclusions: Our findings suggest that moral injury and moral distress were likely to be present prior to COVID-19 but have been exacerbated by the pandemic. Whilst studies were generally of high quality, the dearth of quantitative studies assessing prevalence and predictors suggests a research need, enabling the exploration of causal relationships between variables. However, the implied presence of MI and MD warrants intervention developments and workplace support for nursing and care home staff.

13.

Lathan, E. C., et al. (2022). "Civilian moral injury: associations with trauma type and high-frequency heart rate variability in two trauma-exposed community-based samples." *Psychological Medicine*: 1-10. [10.1017/S003329172200215X](https://doi.org/10.1017/S003329172200215X)

Background Moral injury exposure (MIE) and distress (MID) may indirectly affect the relationship between trauma exposure and alterations in autonomic regulation [assessed via high-frequency heart rate variability (hfHRV)] in civilians, but this has not been tested in prior research. We conducted two exploratory studies to examine trauma types' associations with MIE and MID among civilian medical patients (Study 1) and explore how these facets may indirectly affect the relationship between trauma type and hfHRV among civilians seeking mental health services (Study 2). Methods Participants recruited from a public hospital and/or community advertisements (Study 1, n = 72, 87.5% Black, 83.3% women; Study 2, n = 46, 71.7% Black, 97.8% women) completed measures assessing trauma type, MIE, and MID. In Study 1, trauma types that emerged as significant correlates of MIE and MID were entered into separate linear regression analyses. Trauma types identified were included as predictors in indirect effects models with MIE or MID as the mediator and resting hfHRV (assayed via

electrocardiography) as the outcome. Results Childhood sexual abuse emerged as the only significant predictor of MIE, $b = 0.38$, $p < 0.001$; childhood sexual abuse, $b = 0.26$, $p < 0.05$, and adulthood sexual assault, $b = 0.23$, $p < 0.05$ were significant predictors of MID. Participants with greater MIE and MID demonstrated lower hfHRV. Adulthood sexual assault showed an indirect effect on hfHRV through MID, $B = -0.10$, $s.e. = 0.06$, $95\%CI (-0.232 \text{ to } -0.005)$. Conclusions Moral injury was uniquely associated with sexual violence and lower hfHRV in civilians. Data highlight moral injury as a pathway through which autonomic dysregulation may emerge and its salience for trauma treatment selection.

14.

Malakoutikhah, A., et al. (2022). "The psychometric properties of the Persian version of the moral injury symptoms scale-health care professionals version." *Frontiers in Psychology* **13**: 978572. <https://dx.doi.org/10.3389/fpsyg.2022.978572>

Background: Health care professionals face a number of problems during crises, such as the COVID-19. Studies addressed the prevalence of moral injury among healthcare professionals during the COVID-19 outbreak. Lack of a valid standard of moral injury among health care professionals is one of the factors that has made it difficult to identify and treat this complication. This study aimed to evaluate the psychometric properties of the Moral Injury Symptoms Scale-Health Care Professionals (MISS-HP) among health care professionals in Iran. Methods: This study was conducted to evaluate the validity and reliability of the MISS-HP. The sample included 455 healthcare professionals working in four teaching hospitals in Kerman, who were in direct contact with patients. In this study, face validity, content validity, construct validity (structural and convergent), and internal reliability of the MISS-HP were evaluated. Demographic information questionnaire, the Moral Injury Symptoms Scale-HealthCare Professionals (MISS-HP), General Health Questionnaire (GHQ), and Impact of Event Scale (IES) were administered to study participants.

Results: The MISS-HP was evaluated using translation-back translation technique. The content validity index of the items (I-CVI) and the scale (S-CVI) were 0.9 and 0.99, respectively. Exploratory factor analysis showed a three-factor structure in the MISS-HP that explained 57.49% of the variance. Confirmatory factor analysis indices were acceptable. The cut-off point of the questionnaire was 36.5. There was a positive and moderate correlation between the Persian version of MISS-HP, GHQ ($r = 0.34$), and IES-R ($r = 0.40$). The Cronbach's alpha coefficient of the Persian version of MISS-HP was 0.70.

Conclusion: This study found that the MISS-HP is a concise, comprehensive, valid and reliable scale for assessing moral injury among health care professionals in clinical or research settings. This scale will be helpful for managers and researchers to identify and plan health policies and improve the psychological state of health care professionals.

15.

Morris, D. J., et al. (2022). "Moral injury in secure mental healthcare part II: experiences of potentially morally injurious events and their relationship to wellbeing in health professionals in secure services." *The Journal of Forensic Psychiatry & Psychology*: 1-19. [10.1080/14789949.2022.2111319](https://doi.org/10.1080/14789949.2022.2111319)

ABSTRACT Healthcare workers in secure psychiatric settings operate within highly restrictive legal frameworks and are often exposed to ethically complex scenarios. They also have an increased risk of experiencing a constellation of occupational traumas, resulting from exposure to violence and self-harm, which cumulatively can affect wellbeing and violate deeply held moral codes. Moral injury, which results from perpetrating, failing to prevent, witnessing, or learning about acts that transgress deeply held moral beliefs and expectations, has been posited as a construct that can account for a range of deleterious psychological outcomes. The current study sought to explore whether moral injury was endorsed, and related to wellbeing, within a secure psychiatric setting. The cross-sectional survey data ($N = 237$) showed that exposure to potentially morally injurious events and distress resulting from such events, were prevalent in healthcare professionals. Furthermore, moral injury was predictive of higher secondary trauma and burnout, and lower compassion satisfaction. The

perceived impact of COVID-19 was also predictive of secondary trauma and burnout, though held no relationship with moral injury nor compassion satisfaction. The findings indicate that models of occupational distress would benefit from including consideration of the morally challenging nature of working in secure settings.

16.

Morris, D. J., et al. (2022). "Moral injury in secure mental healthcare: part I: exploratory and confirmatory factor analysis of the Moral Injury Events Scale." *The Journal of Forensic Psychiatry & Psychology*: 1-18.

10.1080/14789949.2022.2111318

ABSTRACTIn recognition that existing theoretical paradigms may not offer a comprehensive account of the range of occupational stressors and responses experienced by healthcare professionals, interest in moral injury has grown. The Moral Injury Events Scale (MIES) remains the dominant assessment tool used to measure potentially morally injurious experiences (PMIEs) across different occupational groups, including healthcare professionals. Given the proliferation of research using the MIES in healthcare, in the context of ongoing debates about its structure and utility, an exploration of the psychometric properties of the MIES with this population is timely. Using the data (N=?235) from a study exploring the prevalence of exposure to PMIEs, the current study reports on the factor structure of the MIES in healthcare professionals working within a secure mental health setting. The results yielded a two-factor model representing transgressions and betrayals by ?others?, and transgressions committed by the ?self?. Exploration of the internal consistency of the scale yielded a McDonald?s ? of .93. Multi-group confirmatory factor analysis highlighted the model was an adequate fit for White females, tentatively suggesting that experiences of moral injury may vary by gender, intersected by ethnicity. Accordingly, future frameworks, measures and interventions to remediate the impact of moral injury may require an intersectional approach.

17.

Nagdee, N. and V. Manuel de Andrade (2022). "'I don't really know where I stand because I don't know if I took something away from her': Moral injury in South African speech-language therapists and audiologists due to patient death and dying." *International Journal of Language & Communication Disorders* **04**: 04.

<https://dx.doi.org/10.1111/1460-6984.12765>

BACKGROUND: Speech-language therapists and audiologists (SLT&As) may encounter difficulties when confronted with patient death and dying, which may conflict with their moral beliefs and result in moral injury. Furthermore, South African SLT&As practice in a country with a high mortality rate, which may add to the complexity of their experience. Moreover, they may be influenced by African philosophies promoting care, which might conflict with their experiences of patient death and dying.

AIMS: To explore the moral injury experienced by South African SLT&As in patient death and dying, and how they overcame the injury.

METHODS & PROCEDURES: This article forms part of a larger qualitative study that explored SLT&As' experiences of patient death and dying in South Africa. Thematic analysis was conducted on the transcripts of 25 episodic narrative interviews conducted with South African SLT&As on their experiences of patient death and dying.

OUTCOMES & RESULTS: Findings suggest that South African SLT&As experienced helplessness, guilt and anger in patient death and dying. However, with support from the allied team, engaging in self-reflection and religious practices, they reported alleviation of moral injury.

CONCLUSIONS & IMPLICATIONS: In order to mitigate moral injury in South African SLT&As, they require professional education, self-care strategies, guidelines and support from the teams in which they work and their supervisors. Research is needed that explores how SLT&As' biographical characteristics and interactions with significant others of dying and deceased patients, may result in moral injury. **WHAT THIS PAPER ADDS?:** What is already known on this subject? Moral injury and measures used to overcome the injury have been explored in military personnel, doctors and nurses, but not in SLT&As. However, studies that explored the perceptions of SLTs and/or audiologists regarding providing palliative care and of death and dying, particularly that by Rivers et al. in

2009, suggested that these professionals may be at risk of experiencing emotional trauma due to patient death, particularly when not receiving undergraduate education on this subject. However, the extent of this trauma and the support needed to overcome it is unknown because the participants in these studies may have not experienced patient death, and were only students or just SLTs. What this article adds? This article highlights the complexity of speech-language therapy and audiology practice when confronted with patient death and dying. South African SLT&As may have to make decisions that conflict with their morals and professional practice standards, especially as the helping nature of their profession is characterized by African philosophies that promote care, which may result in moral injury. Clinical implications of this article This article indicates that in addition to undergraduate education on patient death and dying, SLTs and audiologists require continuous professional education on this topic, self-care strategies, support from the teams in which they work, and their supervisors and guidelines for when they encounter patient death and dying.

18.

Nichter, M. (2022). "From idioms of distress, concern, and care to moral distress leading to moral injury in the time of Covid." *Transcultural Psychiatry* **59**(4): 551-567. [10.1177/13634615221115540](https://doi.org/10.1177/13634615221115540)

In this invited commentary on the thematic issue of *Transcultural Psychiatry* on idioms of distress, concern, and care, I provide a brief overview of how my research agenda evolved over the years while conducting community and clinic-based research in South and Southeast Asia as well as North America. I then suggest areas where future research on idioms of distress, concern, care, and resilience will be needed among different demographics given social change and shifts in how we communicate face to face and in virtual reality, the impact of medicalization, pharmaceuticalization and bracket creep, changes in indigenous healing systems, and hybridization. I further call attention to the importance of conducting idioms guided research in occupational settings. Toward this end I highlight the moral distress health care workers in the U.S. have experienced during the Covid-19 pandemic and point out the importance of differentiating individual burnout from moral injury related to structural distress. I conclude by discussing the general utility of an idioms of distress perspective in the practice of cultural psychiatry and suggest that this perspective needs to be included in the training of all practitioners regardless of the system of medicine they practice. Doing so may enable the formation of mental health communities of practice in contexts where there are pluralistic health care arenas.

19.

Norman, S. B., et al. (2022). "Moral injury among U.S. combat veterans with and without PTSD and depression." *Journal of Psychiatric Research* **154**: 190-197. <https://doi.org/10.1016/j.jpsychires.2022.07.033>

Background Questions persist about how often potentially morally injurious events (PMIEs) are associated with posttraumatic stress disorder (PTSD) and depression. Methods This study examined the overlap of morally injurious events with probable PTSD and depression in a nationally representative sample of U.S. combat veterans ($n = 1,321$, mean age 59.1, 93.7% male). Results Most veterans with probable PTSD (72.2%), probable depression (72.4%), and probable PTSD and/or depression (68.4%), endorsed experiencing PMIEs; 31.1–35.3% of these participants endorsed perpetration, 45.1–50.4% endorsed witnessing others, and 52.6–55.7% endorsed betrayal. The prevalence of PMIEs among veterans without current probable PTSD and/or depression was 33.7%, 32.3%, and 31.5%, respectively; 7.9–9.1% of these participants endorsed perpetration-based PMIEs, 19.2–20.3% witnessing, and 19.8–21.8% endorsed betrayal. PMIEs were more prevalent among veterans with probable PTSD or depression relative to those without (ORs ranging 2.14–3.32; p 's < 0.001). Conclusions This is the first nationally representative study to examine the prevalence of PMIEs among veterans with and without probable PTSD or depression. Results highlight the importance of understanding distress and functional impairment in these veterans to evaluate whether they may benefit from intervention. PMIEs were strikingly more prevalent among veterans with probable PTSD and depression, suggesting that veterans without PMIEs are the minority among combat veterans with these disorders.

20.

Osmann, J., et al. (2022). "Validation of the Toronto Moral Injury Scale for Journalists." Traumatology: No Pagination Specified-No Pagination Specified. 10.1037/trm0000409

Little has been written about moral injury in journalists notwithstanding emerging data suggesting that it is present and associated with work-related activities. One of the factors hindering research in the area is the lack of a self-report psychometric scale developed specifically for detecting moral injury in journalists. To address this, we set out to develop a self-report psychometric scale for detecting moral injury in journalists. Three focus groups were run with a total of 39 journalists from which qualitative and quantitative analyses generated 15 potentially morally injurious events (PMIEs). Thereafter, 159 journalists completed various psychometric scales including the Beck Anxiety Inventory (BAI), the Beck Depression Inventory-II (BDI-II), the PTSD Checklist for DSM-5 (PCL-5), and the 15 PMIEs items. Exploratory factor analysis (EFA) and confirmatory factor analysis were undertaken on the PMIEs items after they were first checked for between-item correlations and language redundancies. Based on the EFA, a three-factor confirmatory factor analysis model was fitted for the PMIEs items. Overall fit indices for the three-factor model indicated a good-to-excellent fit. The nine items retained from the EFA had an average of 18 observations per item, strong internal reliability (Cronbach's $\alpha = .86$), and good convergent validity, correlating significantly with the PCL-5: $r = .40$, BAI: $r = .31$, and BDI-II: $r = .36$ ($p < .001$ for all). Our study provides robust evidence for the conceptual soundness and psychometric validity of the Toronto Moral Injury Scale for Journalists. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

21.

Ranney, R. M., et al. (2022). "Moral injury and chronic pain in veterans." Journal of Psychiatric Research. <https://doi.org/10.1016/j.jpsychires.2022.08.009>

Posttraumatic stress disorder (PTSD) and chronic pain are highly prevalent and co-morbid among veterans. Moral injury (MI), which results from traumatic experiences that conflict with deeply held moral beliefs, is also associated with pain. However, relationships between different types of exposures to potentially morally injurious events (PMIEs) and pain have not yet been investigated. In the current study, we investigated these relationships between exposure to PMIEs (betrayal, witnessing, and perpetration) and different types of pain (joint pain, muscle pain, and overall pain intensity), while controlling for other relevant variables (including PTSD symptoms, combat exposure, adverse childhood experiences, age, gender, and race/ethnicity). We also examined gender differences in these associations. Participants were 11,871 veterans drawn from a nationwide, population-based survey who self-reported exposure to PMIEs, PTSD symptoms, frequency of adverse childhood experiences, combat exposure, sociodemographic information, past six-month joint pain, past six-month muscle pain, and past week overall pain intensity. Population weighted regression models demonstrated that PMIEs were not significantly associated with joint or muscle pain, but that betrayal was associated with past week overall pain intensity, even when controlling for all other variables. Models investigating men and women separately found that for women, betrayal was associated with joint pain and pain intensity, but for men, betrayal was not associated with any pain outcome. These findings suggest that it may be especially important to assess betrayal when treating patients with a history of trauma and chronic pain.

22.

Rosen, A., et al. (2022). "Moral Injury in Health Care: Identification and Repair in the COVID-19 Era." Journal of General Internal Medicine. 10.1007/s11606-022-07761-5

Frontline health-care workers experienced moral injury long before COVID-19, but the pandemic highlighted how pervasive and damaging this psychological harm can be. Moral injury occurs when individuals violate or witness violations of deeply held values and beliefs. We argue that a continuum exists between moral distress, moral injury, and burnout. Distinguishing these experiences highlights opportunities for intervention and moral repair, and may thwart progression to burnout.

23.

Rudden, M. G. (2022). "“A weird culture of coercion”: The impact of health care corporatization on clinicians." *International Journal of Applied Psychoanalytic Studies* n/a(n/a). <https://doi.org/10.1002/aps.1765>

Abstract This paper describes the nature of today's corporatized health care system in the United States, offering examples of the psychological toll it takes on clinicians at all levels. It details corporate practices that disenfranchise practitioners from exercising their clinical judgment and from offering input to system administrators about problematic patient care experiences. It discusses the sense of frustration, resignation and moral injury that can permeate their work lives and disrupt their sense of effectiveness and well-being in this context. Following this background is a psychoanalytic analysis of narratives from two physicians about their corporate health care experiences. Two case studies follow, in which a nurse and a physician entered psychoanalytic psychotherapy to process the destructive psychological impact of their work environments. A third case illustrates the negative impact of automatized insurance practices on one psychologist and her patient.

24.

Rynders, T. (2022). "How the Arts Help Us Hold Grief and Maintain Collective Care." *AMA Journal of Ethics* **24**(7): E681-684. <https://dx.doi.org/10.1001/amajethics.2022.681>

This first-person narrative illuminates how the author—a nurse, artist, and dancer—uses the arts and movement to help patients and clinicians process personal loss individually and collectively in the hospital setting. Through the arts, play, movement, and performance, the author raises awareness of and offers artistic practices to combat burnout, secondary traumatic stress, and moral injury. The author acknowledges that the stories of her patients have, in many ways, become her stories, and the reverse is true as well. These shared experiences remind us of the incredible impact that nurses have on patients—and patients, on nurses—every single day. Lastly, the author questions her understanding of resiliency and shares the ways the arts have helped her redefine its meaning.

25.

Staebell, T. J. (2022). "Morally injurious combat-trauma experiences and their influence on post-trauma spiritual/religious identity." *Dissertation Abstracts International Section A: Humanities and Social Sciences* **83**(9-A): No Pagination Specified.

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc18&AN=2022-56502-167>

The moral and spiritual/religious implications of serving in combat have gained increasing attention over the past few years. An emerging area of research on spirituality/religion and moral injury has documented spiritual/religious change following a traumatic event, with some individuals casting doubt on their faith and others renewing their investment. However, the emotional, cognitive, and relational processes involved in spiritual/religious change remain unclear. The research regarding the link between morally injurious combat experiences and alterations in spirituality/religion is lacking. The purpose of the present study was to examine participants' phenomenological experiences of spiritual/religious change following morally injurious combat-related experiences. In-depth interviews were conducted with 32 participants who experienced changes in their spirituality/religiosity due to a morally injurious combat-trauma experience. The interviews strived to discover participants' view of the following: 1) combat-trauma experience 2) sense of morality 3) spiritual/religious experience 4) personal/internal dynamics that influence how they connect to spirituality/religion following combat-trauma related experiences 5) and the social/external dynamics that influence how they connect to spirituality/religion following combat-trauma experiences. Data were analyzed thematically using the grounded theory approach, and an integrative model of spiritual/religious change was proposed. Findings indicated that participants viewed their moral and spiritual/religious identities as acquired through their upbringing and later influenced by their military experience. Results also showed that following a morally injurious combat experience, participants engaged in an emotional, cognitive, and relational process of spiritual/religious change that generally

followed a path of either weakening of faith or strengthening of faith. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

26.

Testoni, I., et al. (2022). "Burnout following moral injury and dehumanization: A study of distress among Italian medical staff during the first COVID-19 pandemic period." Psychological Trauma: Theory, Research, Practice and Policy **04**: 04. <https://dx.doi.org/10.1037/tra0001346>

BACKGROUND: Italy was the first country outside Asia to deal with the early phase of the COVID-19 pandemic, and health care facilities and medical staff were not fully prepared. Research worldwide has documented the enormous effect of the COVID-19 pandemic on health care providers' mental health, including experiences of dehumanization, but less work has focused on factors which may influence the development of these outcomes in response to COVID-19-related stress.

OBJECTIVE: This study examined the association of dehumanization, self-efficacy, and alienation to burnout, depression, and PTSD among medical staff. Potential moderators included moral injury, professional role, COVID workload, and work in a critical care unit (CCU).

METHOD: Participants were recruited through the Internet. The sample consisted of 270 medical staff members who completed a self-report survey online. Instruments included: Human Traits Attribution Scale for dehumanization; NYP-Queens Survey-Self-Efficacy Subscale for self-efficacy; Moral Injury Events Scale for moral injury; Alienation Scale for alienation; PTSD-8 for posttraumatic stress disorder; Patient Health Questionnaire-9 for depression; and a single item for burnout. The analytic plan included ANOVAs, zero-order correlations, logistic regression analyses, multiple linear regression models, and parallel mediation.

RESULTS: Results show that dehumanization was associated with higher levels of burnout, PTSD, and depressive symptoms and effects were consistent across professional role and work context. Dehumanization was significantly associated with PTSD symptoms only among those who had increased COVID-19-related caseloads. Moral injury was positively associated with dehumanization, displayed an independent association with all 3 mental health outcomes, over and above dehumanization, and tended to exacerbate the effects of dehumanization. The effect sizes across analyses were small to medium.

CONCLUSION: This research confirms that the COVID-19 pandemic stressed Italian medical staff in a way not documented in the pre-pandemic literature. There is a need to support staff in their complex relationships and communication with patients. (PsyInfo Database Record (c) 2022 APA, all rights reserved).

27.

Trahair, C. (2022). An Interview Study of Beliefs About Confidentiality and Attitudes Towards Disclosure of Moral Injury in the Canadian Armed Forces. Psychology, The University of Western Ontario. **Master of Science**, <https://ir.lib.uwo.ca/etd/8766>

Military members often encounter potentially morally injurious events (PMIEs) during their service. These encounters can put them at higher risk for developing moral injury, defined as the psychological distress following morally-transgressive situations. If untreated, this can lead to negative health outcomes like depression, suicide ideation, and post-traumatic stress disorder. However, the rate of help-seeking among military members experiencing mental health issues is low. Thematic analysis was used to evaluate barriers to mental health help-seeking among individuals with CAF experience, including perceived confidentiality of information, and whether PMIEs impact the decision-making process. The sample consisted of 9 individuals with CAF experience aged 26 to 64 years (M = 48.65, SD = 10.01; 1 woman, 8 men). The results of this study indicate that military personnel are not always comfortable sharing information with health care providers. Results should aid policymakers in creating programs to help facilitate help-seeking and utilization in the military

28.

Vivalya, B. M. N., et al. (2022). "Moral Injury in People Living in Armed Conflict and Natural Disaster Settings: A Narrative Review." *Depression and Anxiety: Open Access* 5(1): 1001. <https://meddocsonline.org/depression-and-anxiety-open-access/moral-injury-in-people-living-in-armed-conflict-and-natural-disaster-settings-a-narrative-review.pdf>

This review explores the moral injury in people living in regions affected by armed conflict and outbreaks. It is based on clinical presentation and measurements of moral injury, its prevalence, its theoretical perspective and implications on psychiatric practices. Poor assessment of moral injury, which is sometimes associated with post traumatic disorder, increases the incidence of substance use disorder, major depressive disorders and suicide in the aftermath of armed conflict and outbreaks. Failure to recognize moral injury impairs its management. This article emphasizes the need for routine screening for moral injury in individuals living in armed conflict and outbreak settings.

29.

Zhang, Q., et al. (2022). "Does Childhood Maltreatment Predict Moral Disgust? The Underlying Mediating Mechanisms." *International Journal of Environmental Research and Public Health* 19(16): 10411. <https://www.mdpi.com/1660-4601/19/16/10411>
https://mdpi-res.com/d_attachment/ijerph/ijerph-19-10411/article_deploy/ijerph-19-10411-v2.pdf?version=1661141684

Although moral disgust is one of the most important moral emotions, there is limited evidence about the antecedents of it in China. This paper aimed to discuss the linkage between childhood maltreatment and moral disgust, and investigated the specific mechanism between these two variables from the perspective of emotional development and moral development, respectively, based on the Tripartite Model. By combining random sampling and cluster sampling, this study recruited 968 participants from college. Then, childhood maltreatment, moral disgust, emotional intelligence, and empathy were measured separately by using the Childhood Trauma Questionnaire (CTQ), Moral Disgust Scale (MD), Wong Law Emotional Intelligence Scale (WLEIS), and Interpersonal Reactivity Index–C (IRI). Additionally, the results of the mediation model analysis show that childhood maltreatment is negatively predictable of moral disgust. In addition, the mechanism by which childhood maltreatment influences moral disgust could be explained by the effect of emotional intelligence on empathy. To sum up, this study explored and explained the specific mechanism between childhood maltreatment and moral disgust, replenishing previous achievements and providing support for the design of intervention on moral disgust by improving emotional intelligence and empathy.