



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

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'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.

Callis, A., et al. (2022). "Impact Of Moral Injury On Work Performance In Nurses Following The Covid-19 Surges." *Articles, Abstracts, and Reports*: 6556.

<https://digitalcommons.psjhealth.org/publications/6556>

Background

Moral Injury (MI) was defined by Jonathan Shay in 1994 as committing acts that betray one's moral compass in high-stakes situations, while under the authority of another, that severely affect one's well-being. MI was measured solely in the military prior to the COVID pandemic.

Aims

1. Explore the relationship between moral injury (MI) and perceived work performance in hospital nurses following the pandemic surges. 2. Determine relationships between MI and select participant demographics and between work performance and select demographics.

Sample

A convenience sample of 191 nurses from seven Southern California Hospitals participated in the study from March to June 2022. The mean years of experience of participants was 15, 84% worked full-time, 53% were Caucasian, and 97% cared for COVID-19 patients.

Design

Cross-sectional multi-site survey.

Variables and Instruments

The DV was MI. The IVs were work performance and nurse demographics. The Moral Injury Symptom Scale was revised for use with Health Professionals (MISS-HP) and used in this study. Perceived work performance was measured using the Nurse Performance Index (NPI).

Data Analysis

Descriptive analysis was used to calculate scale scores and demographics. Correlational and linear regression analysis were used to examine relationships between dependent and independent variables and specifically to determine if MISS-HP scores were a predictor of NPI scores.

Findings

Increased levels of moral injury were a significant predictor of decreased levels of perceived work performance. Younger and less experienced nurses had greater levels of moral injury. Levels of MI due to the traumatic situations that nurses experienced during the pandemic negatively affected self-reported work performance. Nurses reported at times having to modify their standards to get their work done.

Implications

Nurse well-being programs and improved working conditions for nurses are needful to avoid compromising quality nursing care and patient safety. In-hospital care programs for nurses that include sacred spaces like Tea for the Soul, serenity lounges, and provision for consistent break times with adequate staffing, are imperative in optimizing nurse performance and thus optimizing patient care outcomes as well as organizational outcomes.

2.

Chandrabhatla, T., et al. (2022). "Second victim experiences and moral injury as predictors of hospitalist burnout before and during the COVID-19 pandemic." *PloS one* **17**(10): e0275494.

<https://doi.org/10.1371/journal.pone.0275494>

Background The increasing number of physicians leaving practice, especially hospitalists, has been well-documented. The most commonly examined factor associated with this exodus has been burnout. The COVID-19 pandemic has put a unique and unprecedented stress on hospitalists who have been at the front lines of patient care. Therefore, the investigation of burnout and its related factors in hospitalists is essential to preventing future physician shortages. **Objective** This study examined the relationship between burnout, second victim, and moral injury experiences before and during the COVID-19 pandemic among hospitalists. **Methods** Two anonymous cross-sectional surveys of hospitalists from a community hospital in the metropolitan Washington, DC area were conducted. One was conducted pre-COVID-19 (September-November 2019) and one was conducted during COVID-19 (July-August 2020). The surveys were sent to all full-time hospitalists via an online survey platform. A variety of areas were assessed including demographic (e.g., age, gender), work information (e.g., hours per week, years of experience), burnout, second victim experiences, well-being, and moral injury. **Results** Burnout rates among providers during these two time periods were similar. Second victim experiences remained prevalent in those who experienced burnout both pre and during COVID-19, but interestingly the prevalence increased in those without burnout during COVID-19. Moral injury was predictive of burnout during COVID-19. **Conclusion** While there were some factors that predicted burnout that were similar both pre- and during-pandemic, moral injury was unique to predicting burnout during COVID-19. With burnout as a contributing factor to future physician shortages, it is

imperative that predictive factors in a variety of different environments are well understood to prevent future shortages. Hospitalists may be an excellent barometer of these factors given their presence on the front line during the pandemic, and their experiences need to be further explored so that targeted interventions aimed at addressing those factors may be created.

3.

Chug, S. and R. Babasa (2022). "333 Prevalence of Moral Injury and its Clinical Consequences Among Filipino Emergency Physicians During the COVID-19 Pandemic: A Cross-Sectional Study." Annals of Emergency Medicine **80**(4): S142. 10.1016/j.annemergmed.2022.08.361

Background

Moral Injury is defined as the distress experienced by an individual when circumstances are discordant with one's ethical code. If left unaddressed, it can become a risk factor for a range of mental health issues. The COVID-19 pandemic has recently been regarded as a cause of moral injury for Filipino health care workers but to date, has not been formally investigated.

Study Objectives

We aimed to determine the prevalence of moral injury, identify risk factors and clinical consequences on mental health among Filipino emergency physicians who worked during the COVID-19 pandemic. Method: Our cross-sectional study utilized a nationwide survey of Emergency Medicine Residents and Consultants from accredited training programs in the Philippines. The online questionnaire comprised of 4 validated tools for mental health evaluation: Moral Injury Symptom Scale-Health Professionals, Belief Into Action Scale, Abbreviated Maslach Burnout Inventory and Kessler Psychological Distress Scale. The survey was conducted from August to October 2021.

Results

A total of 129 emergency physicians responded to the survey, which revealed high prevalence of moral injury at 96.9%. Concurrent with this, respondents were found to suffer from burnout causing emotional exhaustion ($p=0.007$) and depersonalization ($p=0.044$) as well as anxiety and depression ($p=0.002$). Females and those that do not have any children were more likely to experience moral injury.

Conclusion

There is high prevalence of moral injury among Filipino emergency physicians during the period of study, which coincided with the second wave of the COVID-19 pandemic in the country. Moral injury was also associated with the co-occurrence of burnout, anxiety and depression.

4.

DeCaro, J. B., et al. (2022). "Sentenced to shame: Moral injury exposure in former lifers." Psychological Trauma: Theory, Research, Practice, and Policy: No Pagination Specified-No Pagination Specified. 10.1037/tra0001400

Objective: A significant increase in the release of individuals who served life sentences (i.e., lifers) in California has created the opportunity to study aspects of their psychological wellness for the first time. Moral injury may be a particularly relevant factor to consider in this population but has not been previously studied. This study is the first to explore the concept of moral injury within a currently or formerly incarcerated population. Method: Former lifers currently in reentry in California (N = 41) completed a survey that measured their moral injury exposure (MIE), MIE-related guilt, MIE-related

shame, MIE-related rumination, religiosity, attempts at making amends, and flourishing. Results: As expected, a high rate of lifetime MIEs was endorsed (97.6%). Events linked to life sentence crimes (75.6%) and time in prison (56.1%) were very common. Lower levels of MIE-related shame ($r = -.58$, $p = .35$, $p < .05$) were significantly associated with greater flourishing. By contrast, degree of MIE exposure, MIE-related guilt, and MIE-related rumination, and making amends were all weakly associated with flourishing. Conclusion: Our results highlight that MIE is pervasive in this population and extends beyond life sentence crimes. Moreover, our findings suggest that it is lifers' self-concept following MIEs that appears to affect well-being upon release, rather than the extent and nature of moral injury exposure. Further research exploring moral injury in incarcerated and formerly incarcerated populations is needed to improve their well-being and chances of successful reentry. (PsyInfo Database Record (c) 2022 APA, all rights reserved)

5.

Eide, M. (2022). "Biography of Killing: Veterans Remember the Wars in Iraq and Afghanistan." [a/b: Auto/Biography Studies: 1-21](#). 10.1080/08989575.2022.2133331

AbstractAs Joanna Bourke memorably observes: "The characteristic act of men at war not dying, it is killing." While many soldiers have killed in war without experiencing any significant psychological or ethical challenges, others, even those who kill in conditions justified militarily in the combat context, suffer the results not only of post-traumatic stress, but (less understood) of moral injury. Having killed places a combatant on the other side of an ontological divide. How do veterans who have undergone this kind of extreme and transformative experience understand themselves after experiencing the limit event of killing? The ways that veterans describe killing can inflect our understanding of life writing.

6.

Fleming, W. H. (2022). "The Moral Injury Experience Wheel: An Instrument for Identifying Moral Emotions and Conceptualizing the Mechanisms of Moral Injury." [Journal of Religion and Health](#). 10.1007/s10943-022-01676-5

This paper introduces an infographic tool called The Moral Injury Experience Wheel, designed to help users accurately label moral emotions and conceptualize the mechanisms of moral injury (MI). Feeling wheels have been used by therapists and clinical chaplains to increase emotional literacy since the 1980s. The literature on the skill of emotion differentiation shows a causal relationship between identifying emotions with specificity and emotional and behavioral regulation. Emerging research in moral psychology indicates that differentiating moral emotions with precision is related to similar regulatory effects. Based on this evidence, it is proposed that increasing moral emotional awareness through use of an instrument that visually depicts moral emotions and their causal links to MI will enhance appraisal and flexible thinking skills recognized to reduce the persistent dissonance and maladaptive coping related to MI. Design of the wheel is empirically grounded in MI definitional and scale studies. Iterative evaluative feedback from Veterans with features of MI offers initial qualitative evidence of validity. Two case studies will show utility of the wheel in clinical settings and present preliminary evidence of efficacy.

7.

Ford, C. G., et al. (2022). "Measuring morality: Analyzing the factor structure of the moral foundations questionnaire in veterans." *Journal of Clinical Psychology* n/a(n/a). <https://doi.org/10.1002/jclp.23448>

Abstract Objectives Moral reasoning is an underexamined and potentially useful area of research relative to the care of moral injury in veterans. However, the most widely used measure of moral reasoning, the moral foundations questionnaire (MFQ), has not been validated in this population. **Methods** Post-9/11 veterans (N = 311) completed questionnaires which included the MFQ. Veterans' scores were compared to the general US population. Confirmatory factor analysis was used to test existing models of the MFQ in the sample. Exploratory factor analysis (EFA) was also used to examine potentially improved model fits. **Results** The two leading, preexisting MFQ models were both poor fits for the data. EFA results produced a four-factor model for the veteran sample using 25 of the original 30 items of the MFQ. **Conclusions** Measuring moral reasoning among veterans may be important in understanding the experience of moral injury. However, the most widely used scale (MFQ) performs poorly among a sample of post-9/11 veterans, indicating that veterans may respond differently to the measure than the general US population. Military culture may uniquely influence veterans' moral reasoning, suggesting the need for military specific measures for this construct.

8.

Graham-Young, K. (2022). *Christian U.S. Army Female Combat Veterans Diagnosed with Ptsd Experiencing a Moral Injury of War*. Ann Arbor, Walden University: 193, <https://www.proquest.com/dissertations-theses/christian-u-s-army-female-combat-veterans/docview/2725255279/se-2>

Warzone exposure potentially impacts the mental and physical health of veterans who receive a diagnosis of PTSD. There is limited research addressing the adjustments of the potentially morally injurious event(s) (PMIEs) experienced by Christian U.S. Army female combat veterans diagnosed with PTSD who returned home from Iraq and Afghanistan warzones post - 9/11. To better understand the impact of PMIEs experienced by the target population, a study of the integration of the transpersonal-existential meaning-based model was used. A general qualitative research design was selected to understand the complex social phenomena. In-depth telephone interviews were conducted to gather viable data. These data were audio-recorded, transcribed, and coded for emergent themes. The themes were: internal conflict leads to emotional distress and doubts in decision-making; long-term combat and operational stress injuries prompt both mental and physical health outcomes; adjustment experiences can birth lifestyle changes; combat zone experiences can create challenges when transitioning back to civilian life; holding onto Christian principles and practices to embrace and resolve moral conflict generated by a moral injury of war; a safe place to share/talk/and be heard is still needed. This study yielded greater awareness of the impact PMIE has on women and served to inform helping professionals and spiritual leaders on how to identify and treat this unique population.

9.

Guy, C., et al. (2022). "Moral injury and well-being in essential workers during the COVID-19 pandemic: local survey findings." *BMJ Leader* 6(3): 237-239. <https://dx.doi.org/10.1136/leader-2021-000518>

BACKGROUND: Essential workers have faced many difficult situations working during the pandemic. Staff may feel that they, or other people, have acted wrongly and be distressed by this. This represents moral injury, which has been linked with significant mental ill health.

METHODS: This survey asked essential workers in County Durham and Darlington about their experiences during the first wave of the pandemic and anything they felt would help. Well-being and moral injury were rated using sliders.

RESULTS: There were 566 responses. A majority of respondents reported feeling troubled by other people's actions they felt were wrong (60% scored over 40, where 0 is 'not at all troubled' and 100 'very troubled', median score=52.5). Respondents were generally less troubled by their own actions (median score=3). Well-being and moral injury scores varied by employment sector (eg, National Health Service (NHS) staff were more troubled by the actions of others than non-NHS staff). Staff suggestions included regular supervisor check-ins, ensuring kindness from everyone, fair rules and enforcement and improving communication and processes. Respondents offered simple, practical actions that could be taken by leaders at team, organisation, societal and governmental levels to tackle moral injury and the underlying causes of moral injurious environments.

CONCLUSION: Using these findings to develop a strategy to address moral injury is important, not only for staff well-being, but staff retention and continued delivery of vital services in these challenging times. Working together, we can seek to reduce and mitigate 'moral injury' the same way we do for other physical workplace 'injuries'.

10.

Hurlock, K. (2022). Was There Combat Trauma in the Middle Ages? A Case for Moral Injury in Pre-modern Conflict. *Combat Stress in Pre-modern Europe*. O. Rees, K. Hurlock and J. Crowley. Cham, Springer International Publishing: 123-150.10.1007/978-3-031-09947-2_7

The study of combat trauma, and in particular PTSD, is well-established in the historiography of ancient Greece and Rome, but has received very little attention in relation to medieval conflict. Recent works have looked at PTSD and trauma in the First Crusade, and on the mental impact of military service during the Hundred Years War, but existing studies do not engage with psychological theory in depth, and tend to cherry-pick diagnostic criteria. Part of the reason for the comparative lack of study in this field is the source base, as medieval writers tended to glorify war and rarely reflected on its impact, and the genre in which many wrote meant they lacked the necessary vocabulary to express their experiences. This chapter will argue that combat trauma, the psychological impact of conflict, did exist in the middle ages but that current approaches to its study, and in particular the desire to define psychological experiences using the diagnosis of PTSD, have constrained our ability to recognise and understand aspect of the medieval experience. Consequently, this chapter will propose that historians of the middle ages (and indeed all eras) should look move away from the emphasis on historical PTSD and instead read historical sources in light of the psychological theory of moral injury.

11.

Hussain, A. (2022). P-Curve Analysis: Moral Injury and Mental Health in Civilians. [\[replication.media.mit.edu\]](https://replication.media.mit.edu). **02/11/2022**, <https://replication.media.mit.edu/2022/02/01/p-curve-analysis-moral-injury-and-mental-health-in-civilians/>
For Want of P-Values...

Initially, my topic of choice was lesion network mapping (LNM), which utilizes human connectome data to identify functional brain networks associated with neurological and psychiatric conditions that are caused by lesions, as I have previously applied the technique in a research project. I planned to extract

p-values from the ten most recent studies which used LNM network “connectivity” or “disconnection” (as defined by the original authors) to predict behavioral outcomes, create a p-curve from the p-values, and test for the evidential value of the studies through right-skewness tests of the p-curve.

[...]

I restarted with a new topic: moral injury. Morality, especially when examined through a neuropsychological lens, is fascinating to me. The concept of moral injury, loosely defined as psychological harm caused by experiencing events that violate deeply-held moral principles, affirms one of my own personal intuitions (which, according to Prentice et al. (2018), is often assumed but rarely directly, empirically tested) about human morality: the majority of people have a fundamental psychological need to view themselves as morally good. To indirectly examine this intuition and address the lack of focus on civilian populations in moral injury research, I decided to test the evidential value of studies examining associations between moral injury and mental health metrics in civilian groups and pre-registered my meta-analysis (link: <https://doi.org/10.17605/OSF.IO/KTJ4C>). Based on my intuition, I hypothesized that the studies would demonstrate evidential value, which would be supported by statistically significant ($p < 0.05$) right-skewness tests for both the full and half p-curves.

12.

Kelley, M. L., et al. (2022). "Mindfulness to Manage Moral Injury: Rationale and development of a live online 7-week group intervention for veterans with moral injury." Contemporary Clinical Trials Communications **30**: 101011. <https://doi.org/10.1016/j.conctc.2022.101011>

Background Military service puts service members at risk for moral injury. Moral injury is an array of symptoms (e.g., guilt, shame, anger) that develop from events that violate or transgress one's moral code. Objective We describe adaption of in-person mindfulness training program, Mindfulness to Manage Chronic Pain (MMCP), to address symptoms of moral injury to be delivered live via the web. We discuss how we will assess benchmarks (i.e., recruitment, credibility and acceptability, completion rates, and adherence) of the Mindfulness to Manage Moral Injury (MMMI) program. Methods Aim 1: To develop and then adapt the MMCP program based on feedback from experts and veterans who took part in Study 1. Aim 2: To develop an equally intensive facilitator-led online Educational Support (ES) program to serve as a comparison intervention and conduct a run-through of each program with 20 veterans (10 MMMI; 10 ES). Aim 3: To conduct a small-scale randomized controlled trial (N = 42 veterans; 21 MMMI; 21 ES) in which we will collect pre-post-test and weekly benchmark data for both refined intervention arms. Results Study 1 and 2 are completed. Data collection for Study 3 will be completed in 2022. Conclusion MMMI is designed to provide a live facilitated mindfulness program to address symptoms of moral injury. If Study 3 demonstrates good benchmarks, with additional large-scale testing, MMMI may be a promising treatment that can reach veterans who may not seek traditional VAMC care and/or who prefer a web-based program.

13.

Kramer, E.-H. and T. Molendijk (2022). Military trauma and the conflicted human condition: Moral injury as a window into violence, human nature and military ethics,

As an organization that operates in extreme conditions, the military organization may be confronted with destructive behavior of individuals, organizations and societies. Bringing together a

variety of expertise, this book reflects on confrontations with violence in extreme conditions and various challenges resulting from it. The potential confrontation with violence in extreme conditions is a distinctive feature of military practice. As such it forms a point of orientation for ethical reflection on this practice. The military may be confronted with abuses of power, aggression, as well as the consequences of such behavior like human suffering and anxiety. Moreover, as an executing the state's monopoly of force, the military can use force instrumentally, which creates a risk of violent destructive behavior within the military organization. Understanding the multifaceted and partially hidden dynamics of destructive violent behavior is essential for the military organization. The contributions in this book reflect on this theme from a variety of disciplines such as philosophy, psychology, anthropology, political science, and organizational studies. Interdisciplinary explorations of this theme has been at the core of the work of Prof. Dr. em. Désirée Verweij, who held a chair in Military Ethics at the Netherlands Defence Academy between 2008-2021. The contributions in this book celebrate her achievements and aim to contribute to the continuing attention for these important themes.

14.

Kreil, C. (2022). Supporting Women Wishing to Retain or Relinquish Christian Faith Following Religious Trauma, City University of Seattle, <http://hdl.handle.net/20.500.11803/1927>

Faith and religious practice or participation are often standard components of an individual's identity and worldview. Religious beliefs and communities offer outlets for socialization, a positive sense of self-worth, and a way to externalize and make meaning of events. However, when trauma occurs, or there is a clashing of beliefs with one's identity and life choices, many will experience confusion, isolation, shame, anger, and even various forms of abuse. Religious Trauma (RT) is the result of chronic abuse inflicted by damaging activity and doctrine, or the impact of severing connection with one's beliefs of faith communities. This paper is a review of available literature highlighting the experience of RT for women in the context of Evangelicalism who are now navigating what to do with their faith. It also explores the protective factors of faith and the intersection of RT and resilience in this population. Several articles and supplemental works were coded for emerging themes. Some of these themes included attachment to God and church congregations functioning human attachments, the oppressive view of women, movements such as "purity culture" which postured women as sexually responsible, and patriarchy. Moving towards efforts to reconcile beliefs and identity, this review also provides research evidencing best practices for treating RT, and several areas for future research that might help future practitioners foster healing in women who have experienced RT.

15.

Naiman, A., et al. (2022). Healing the Healers: Addressing Moral Injury in Healthcare Workers During COVID-19. Integrity of Scientific Research: Fraud, Misconduct and Fake News in the Academic, Medical and Social Environment. J. Faintuch and S. Faintuch. Cham, Springer International Publishing: 297-306.10.1007/978-3-030-99680-2_29

Moral injury (MI) describes the intense feelings of shame, guilt, anger, and betrayal that individuals may experience after violating their own moral codes or witnessing the moral transgressions of others. While MI is not a diagnosable mental health disorder, it has been associated with elevated symptoms of depression and anxiety, suicidal ideation, and substance misuse. MI overlaps with some of the diagnostic properties of posttraumatic stress disorder (PTSD) but has been proposed as a distinct phenomenon. Originally identified in military contexts, moral injuries have also been observed in

civilian populations. Healthcare workers (HCWs) are at risk of encountering potentially morally injurious events (PMIEs) in the workplace. During the COVID-19 crisis, HCWs forced to provide care with limited resources reported self-blame after losing patients and while fearful of infecting loved ones. As vaccine roll-out continues, it is essential that we encourage healing among the very population that serviced the ill in their time of need.

16.

No authorship, i. (2022). ""Magical thinking and moral injury: Exclusion culture in psychiatry": Response to Beale." *BJPsych Bulletin* **46**(3): 188.

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc19&AN=2022-67618-003>

Comments on an article by Chloe Beale (see record 2022-28486-004). The authors write to add their personal experience of 30 years of consultant psychiatric practice and of having a son with a long history of serious psychiatric problems who attempted to hang himself to endorse Chloe Beale's powerful indictment of current mental health service failures. Beale's paper should be required, albeit uncomfortable reading for all involved in psychiatric care. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

17.

Parry, K. J., et al. (2022). "Impact of moral injury and posttraumatic stress disorder on health care utilization and suicidality in rural and urban veterans." *Journal of Traumatic Stress* **03**: 03.

<https://dx.doi.org/10.1002/jts.22889>

This study explored the impact of moral injury (MI) and posttraumatic stress disorder (PTSD) on health care utilization, mental health complexity, and suicidality in rural and urban veterans. Analyses combined data from the Salt Lake City PTSD Clinic Intake Database and the Department of Veterans Affairs Corporate Data Warehouse. Participants (N = 1,545; M_{age} = 45.9 years) were predominately male (88.3%) and White (87.8%). Adjusted analyses indicated associations between a 1-unit increase in Moral Injury Events Scale (MIES) score and increased mental health complexity, RR = 1.01, 95% CI [1.01, 1.02], p < .001; psychotropic medication utilization, RR = 1.01, 95% CI [1.01, 1.03], p < .001; VA drug class count, RR = 1.01, 95% CI [1.00, 1.01], p = .030; outpatient utilization, RR = 1.01, 95% CI [1.01, 1.02], p < .001; and mental health outpatient utilization, RR = 1.01, 95% CI [1.00, 1.03], p < .001. For the MIES x PTSD interaction, all associations remained statistically significant with similar estimated effects. However, for rural veterans, this interaction did not significantly affect utilization. Among those with PTSD, a 1-unit MIES increase was associated with an increased risk of suicidality, OR = 1.02, 95% CI [1.01, 1.04], and psychiatric admission, OR = 1.02, 95% CI [1.00, 1.04]. Findings suggest that higher MIES scores predict increased health care utilization and mental health complexity. Further, PTSD combined with higher MIES scores may increase the risk of suicidality and psychiatric admission. Rural veterans with PTSD and higher MIES scores may require additional outreach and intervention.

18.

Pearson, A., et al. (2022). Moral injury in social work staff. *A Scoping Review Protocol*, International Platform of Registered Systematic Review and Meta-analysis Protocols.10.37766/inplasy2022.10.0050

The primary objective of this scoping review is to understand the extent and type of evidence in relation to moral injury in social work staff. The secondary objective is to establish how moral injury has

been defined in the literature in the context of social work. The review question is: what is currently known about moral injury in social work staff?

19.

Rak, J. (2022). "The Impact of Morally Injurious Events on the Dynamics of Mobilization for Women's Rights in Poland." The Przegląd Politologiczny **3**: 35-45.

<https://repozytorium.amu.edu.pl/bitstream/10593/27027/1/03-Rak.pdf>

Why did the registration of the Gals for Gals name as a trademark and the publication of the Constitutional Tribunal's ruling stop the largest protest movements for women's rights in democratic Poland despite unaccomplished goals? What was the source of the 2018 and 2021 demobilization acts and subsequent waves of non-mobilization? Drawing on the theory of moral injury and narrative research methodology, this article aims to account for the determinants of the Gals for Gals' and the All-Poland Women's Strike's demobilization and the lack of mobilization. The main argument is that during the fight for women's rights, a part of Polish society involved in civic activity experienced two severe traumas. Each of the two waves of mobilization ended in a moral injury development. In both cases, a moral injury involved the loss of trust in self and others. Moreover, in both cases, the moral injuries were so severe that they turned out long-lasting. At the stage of the cognitive dissonance, there were no attempts to resolve it. In other words, activists did nothing to prevent cognitive dissonance from turning into a moral injury. In the first case, it may indicate the organizational and emotional immaturity of activists. In turn, the second case may indicate the weakening of civil society, building Poland's political culture of withdrawal and submission.

20.

Ricciardelli, R., et al. (2022). "Testifying after an Investigation: Shaping the Mental Health of Public Safety Personnel." International Journal of Environmental Research & Public Health [Electronic Resource] **19**(20): 21. <https://dx.doi.org/10.3390/ijerph192013643>

In this editorial, we draw on two Canadian cases to interrogate how mass causality events and investigations consume many responders before (e.g., public safety communicators, detachment service assistants), during (e.g., police, fire, paramedics), and after the incident (e.g., coroners, correctional workers, media coverage). Their well-being may suffer from the associated processes and outcomes. In the current article, we focus on the mass causality incident of 2020 in Nova Scotia, Canada, and the investigation following a prisoner death in 2019 in Newfoundland, Canada, to explore how testifying post-incident can be made more palatable for participating public safety personnel (PSP). Specifically, we study how testifying after an adverse event can affect PSP (e.g., recalling, vicarious trauma, triggers) and how best to mitigate the impact of testimony on PSP well-being, with a lens to psychological "recovery" or wellness. We focus here on how to support those who may have to testify in a judicial proceeding or official inquiry, given being investigated for best-intended actions can result in moral injury or a posttraumatic stress injury, both exacerbated by judicial review, charge, accusation, or inquiry.

21.

Ross, B. D. (2022). "Responding to wounds of the soul: American law enforcement, moral injury and religious coping." Dissertation Abstracts International: Section B: The Sciences and Engineering **83**(12-B): No Pagination Specified.

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc19&AN=2022-81478-026>

The concepts of moral injury and religious coping are inherently entwined, based on the common reaction of many to turn to religion when faced with stressors. Specifically, Koch (2010) suggests religion is a common means by which individuals, including police officers, may try and cope with their occupational stress. In consideration of the current focus on police mental health and wellness, examining the literature related to moral injury, religious coping and American law enforcement officers serves as a viable first step in conducting further research. Furthermore, based on the extremely limited body of literature on the aforementioned subject(s) independently, and to an even more limited degree when considered together, the instant research sought to contribute to the base knowledge of the prevalence of moral injury in American law enforcement officers and how specific variables (such as years of service, position, rank, religious affiliation, etc.) may have effect on the existence of moral injury and, additionally, how religious coping may be related to those levels of moral injury. In empirically examining the prevalence and characteristics of moral injury in law enforcement officers, the instant study positions itself within the primary research centered around moral injury and law enforcement officers and satisfies the recommendations of those who have conducted prior research on the topics, building on the slim foundation now existing and contributes to positive progress related to law enforcement mental health and wellness, which can impact a variety of outcomes (including officer self-harm/suicide, job performance, use of force, etc.). Furthermore, a foundation is be laid for future research on religiosity of American police officers, especially regarding how religious coping may be utilized to counter moral injury. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

22.

Stanojevic, S. and A. Cartolovni (2022). "Moral distress and moral injury and their interplay as a challenge for leadership and management: The case of Croatia." Journal of Nursing Management **04**: 04. <https://dx.doi.org/10.1111/jonm.13835>

AIM: We aim to investigate the interplay between moral distress and moral injury among nurses working in palliative and oncology wards and to assess its impact on nursing leadership.

BACKGROUND: The past 2 years have been particularly challenging for nurses and nursing leaders in Croatia. The coronavirus disease pandemic and the subsequent earthquakes in the country significantly impacted the work of nurses. Moral distress has been well-known to nursing professionals, but recent studies warn about cofounding it with moral injury and their possible intercorrelation, deserving more attention from an empirical perspective.

METHODS: We conducted quantitative cross-sectional research in palliative and oncology wards in 11 Croatian health care facilities on 162 nurses, using a questionnaire and paper/pencil method over 6 months (1 January 2021 to 1 July 2021). The questionnaire consisted of three parts: sociodemographic data, a Measure of moral distress for health care professionals and Moral injury symptoms scale for health care professionals. The research protocol was approved by the Ethics committee of the Catholic University of Croatia under no. 1-21-04.

RESULTS: The findings of our study demonstrated that the current average levels of moral distress might be characterized as low, but the moral injury symptoms are severe. The results of our study bring interesting novel insights, such as the strong correlation between moral distress and moral injury, but also in terms of nurses' decision to leave or consider leaving their position. The nurses who experience

higher levels of moral distress experience severe symptoms of moral injury, while nurses who score higher in moral distress and moral injury have left, considered or consider leaving their positions. CONCLUSIONS: This study highlighted the need to pay attention to the emerging phenomenon of moral injury that has been unaddressed and overshadowed by moral distress, their intercorrelation, and the importance of addressing them timely and adequately within health care organizations with their leadership and management.

IMPLICATIONS FOR NURSING MANAGEMENT: These findings provide a significant insight that may assist nursing managers and leaders to act and respond in time to develop various prevention and mitigation measures and help resolve situations leading to moral distress or moral injury.

23.

Van Denend, J., et al. (2022). "The Body, the Mind, and the Spirit: Including the Spiritual Domain in Mental Health Care." *Journal of Religion & Health* 61(5): 3571-3588.

<https://dx.doi.org/10.1007/s10943-022-01609-2>

This article supports the expansion of Engel's (Science (AAAS) 196(4286):129-136, 1977) biopsychosocial model into a biopsychosocial-spiritual model, as Sulmasy (The Gerontologist 42(5):24-33, 2002) and others have suggested. It utilizes case studies to describe five areas of clinical work within mental health (religious grandiosity, depression and grief, demoralization and suicidality, moral injury, and opioid use disorder) with emerging evidence for the inclusion of the spiritual domain in addition to the biological, psychological, and social. For each clinical area, an underutilization of the spiritual domain is compared with a more developed and integrated use. An argument is made for continuing to develop, understand, and utilize a biopsychosocial-spiritual model in mental health.

24.

Williamson, V., et al. (2022). "Development of an intervention for moral injury-related mental health difficulties in UK military veterans: a feasibility pilot study protocol." *European Journal of Psychotraumatology* 13(2): 2138059. 10.1080/20008066.2022.2138059

ABSTRACTBackground: Experiencing potentially morally injurious events (PMIEs) has been found to be significantly associated with poor mental health outcomes in military personnel/veterans. Currently, no manualised treatment for moral injury-related mental health difficulties for UK veterans exists. This article describes the design, methods and expected data collection of the Restore & Rebuild (R&R) protocol, which aims to develop procedures to treat moral injury related mental ill health informed by a codesign approach.Methods: The study consists of three main stages. First, a systematic review will be conducted to understand the best treatments for the symptoms central to moral injury-related mental ill health (stage 1). Then the R&R manual will be co-designed with the support of UK veteran participants with lived experience of PMIEs as well as key stakeholders who have experience of supporting moral injury affected individuals (stage 2). The final stage of this study is to conduct a pilot study to explore the feasibility and acceptability of the R&R manual (stage 3).Results: Qualitative data will be analysed using thematic analysis.Conclusions: This study was approved by the King's College London's Research Ethics Committee (HR-20/21-20850). The findings will be disseminated in several ways, including publication in academic journals, a free training event and presentation at conferences. By providing information on veteran, stakeholder and clinician experiences, we anticipate that the findings will not only inform the development of an acceptable evidence-based approach for treating

moral injury-related mental health problems, but they may also help to inform broader approaches to providing care to trauma exposed military veterans.

25.

Winiarz, K. (2022). "Bringing humanity into healthcare: Treating moral injury in a physician population." Dissertation Abstracts International: Section B: The Sciences and Engineering **83**(12-B): No Pagination Specified.

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc19&AN=2022-81480-259>

Despite facing various challenges relating to mental health and often dealing with a highly stressful work environment, physicians often feel as though they cannot readily access mental healthcare services. This is due to an array of elements, such as personality factors, systemic barriers, and cultural issues. While the prevalence of mental health difficulties within a physician population is relatively well researched, very little has been done to address the obstacles to treatment. Physicians are regularly exposed to potentially traumatic experiences and often make morally ambiguous decisions. While highly trained and undeniably competent, no physician is perfect, and medical errors with severe consequences do happen. Further, healthcare systems face unprecedented challenges worldwide due to circumstances following the onset of the Covid-19 pandemic. This manuscript discusses the risk of what is known as Moral Injury in a physician population due to everyday difficulties and the extraordinary circumstances resulting from the Covid-19 pandemic. Subsequently, the discussion is then broadened to propose implementing a form of Acceptance and Commitment Therapy (ACT) as a means of treatment for said Moral Injury. (PsycInfo Database Record (c) 2022 APA, all rights reserved)