



Nationaal
Psychotrauma
Centrum

Moral Injury: alertering

Updates 8 november 2023

'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.

Voor eerdere updates kunt u mailen naar de [ARQ-bibliotheek](#).

Deze attendering hoort bij het [themadossier Moral Injury](#).

Abbara, A., Rayes, D., Tappis, H., Hamze, M., Wais, R., Alahmad, H., Almhawish, N., Rubenstein, L., & Haar, R. (2023). "Actually, the psychological wounds are more difficult than physical injuries:" a qualitative analysis of the impacts of attacks on health on the personal and professional lives of health workers in the Syrian conflict. *Conflict and Health*, 17(1), 48. <https://doi.org/10.1186/s13031-023-00546-5>

Attacks on healthcare in armed conflict have far-reaching impacts on the personal and professional lives of health workers, as well as the communities they serve. Despite this, even in protracted conflicts such as in Syria, health workers may choose to stay despite repeated attacks on health facilities, resulting in compounded traumas. This research explores the intermediate and long-term impacts of such attacks on healthcare on the local health professionals who have lived through them with the aim of strengthening the evidence base around such impacts and better supporting them.

Alexander, A. R., Mendez, L., & Kerig, P. K. (2023). Moral Injury as a Transdiagnostic Risk Factor for Mental Health Problems in Detained Youth. *Criminal Justice and Behavior*, 00938548231208203.

<https://doi.org/10.1177/00938548231208203>

Youth who become involved in the juvenile justice system are at highly elevated risk for many emotional and behavioral problems. Past research has often focused on trauma exposure as a transdiagnostic risk factor in this population. However, distress resulting from perpetrating or witnessing acts that conflict with one's deeply held moral beliefs, termed moral injury, may also play a role in predisposing these youth toward negative mental health outcomes. This study utilized a sample of 96 youth housed in secure detention centers and tested associations between exposure to potentially morally injurious events (PMIEs) and mental health outcomes, including anxiety, depression, posttraumatic stress, and nonsuicidal self-injury (NSSI). After controlling for trauma exposure and demographic variables, PMIEs were significantly and positively associated with symptoms of depression and anxiety, as well as engagement in NSSI. Implications for research and clinical practice are discussed.

Alvarez, N. A., Gaither, C. A., Schommer, J. C., Lee, S., & Shaughnessy, A. M. (2023). Moral Distress and Moral Injury in Pharmacy and Why the Academy Needs to Care. *American Journal of Pharmaceutical Education*, 0(0).

<https://doi.org/10.1016/j.ajpe.2023.100610>

Pharmacists and other pharmacy personnel are experiencing job stress and burnout, and in some instances, suicidal ideation and death by suicide. However, the described lived experiences of pharmacists and other pharmacy personnel are not defined by burnout. Thus, consideration of and research about whether pharmacy personnel are possibly experiencing moral distress or moral injury is necessary and urgent. The pharmacy academy is served by considering workplace conditions and lived experiences of pharmacists because of the potential, negative impact upon prospective student recruitment, quality of experiential sites and preceptors, sites for clinical faculty placement, and well-being of alumni. Understanding phenomena occurring for pharmacy personnel and determining how it impacts the pharmacy academy can lend itself to the future development of solutions.

Arquette, C., Peicher, V., Ajayi, A., Alvarez, D., Mao, A., Nguyen, T., Sawyer, A., Sears, C. M., Carragee, E. J., Floyd, B., Mahanay, B., & Blankenburg, R. (n.d.). Moral Injury: How It Affects Us and Tools to Combat It. *MedEdPORTAL*, 19, 11357. https://doi.org/10.15766/mep_2374-8265.11357

Introduction: Moral injury comprises feelings of guilt, despair, shame, and/or helplessness from having one's morals transgressed. Those underrepresented in health care are more likely to experience moral injury arising from micro- and macroaggressions. This workshop was designed for interprofessional health care providers ranging from students to program leadership to raise awareness about moral injury and provide tools to combat it. Methods: This 75-minute interactive workshop explored moral injury through a health care lens. It included components of lecture, case-based learning, small-group discussion, and individual reflection. Participants completed anonymous postworkshop evaluations, providing data on satisfaction and intention to change practice. We used descriptive statistics to analyze the quantitative data and applied content analysis to the qualitative data. Results: The workshop was presented at two local academic conferences. Data were collected from 34 out of 60 participants, for a response rate of 57%. Ninety-seven percent of participants felt the workshop helped them define and identify moral injury and was a valuable use of their time, as well as indicating they would apply the information learned in their daily life. One hundred percent would recommend the workshop to a friend or colleague. Almost half felt they could implement strategies to address moral injury after participating in the workshop. Discussion: This workshop proved to be a valuable tool to define and discuss moral injury. The materials can be adapted to a broad audience.

Burnout and Moral Injury Among Active-Duty U.S. Army Behavioral Health Officers: A Quantitative Correlational Study - ProQuest. (n.d.). Retrieved November 8, 2023, from

<https://www.proquest.com/openview/591746bbe860b7b97938a5ecac7e3520/1?cbl=18750&diss=y&pq-origsite=gscholar&parentSessionId=cs4QU6fxeGEp17%2BVykkYrtbYiAZI1ALZksgprHxYGi4%3D>

There is a lack of understanding of burnout and moral injury among U.S. Army behavioral health officers (BHOs). These providers hold dual roles as active-duty officers and licensed mental health clinicians, placing them at a higher risk than their single-role peers. This quantitative correlation with regression study analyzed 41 BHOs who actively served through back to back national crises like the COVID-19 pandemic, the Black Lives Matter movement, and the U.S. Capitol Insurrection, which created prolonged periods of extreme emotional strain between 2018-2022. Results showed a statistically significant, strong positive correlation between burnout and moral injury, $r(39) = .65$ $p < 0.001$, and that work-related burnout statistically significantly predicted moral injury, $p = .043$ as measured by the Copenhagen Burnout Inventory and the Moral Injury Symptom Survey-Health Professional. Findings show all BHOs (54% Licensed Clinical Social Workers and 44% Clinical Psychologists) are experiencing at least moderate levels of burnout and/or at least low to moderate levels of moral injury. The job demands-resource (JD-R) model supports organizational-level interventions focusing on decreasing moral injury, which in turn optimizes opportunities for individual-level interventions to work more effectively in decreasing work-related burnout. Recommendations include the U.S. Army addressing potentially morally injurious events (PMIES) in BHO by decreasing role conflict & ambiguity, and workload & pressures. Future recommendations include expansive qualitative research on BHO experiences exploring factors contributing to burnout and moral injury, and also to the pervasive and "wicked problem" of suicide in active-duty populations. This study is important because it addresses mental health provider shortages and contributes to the expansion of JD-R theory by providing new burnout and moral injury data on active-duty mental health clinicians (BHOs), a population not adequately represented in prior research.

Carey, L. B., Bambling, M., Hodgson, T. J., Jamieson, N., Bakhurst, M. G., & Koenig, H. G. (2023). Pastoral Narrative Disclosure: The Development and Evaluation of an Australian Chaplaincy Intervention Strategy for Addressing Moral Injury. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-023-01930-4>

This paper describes the development and initial chaplaincy user evaluation of 'Pastoral Narrative Disclosure' (PND) as a rehabilitation strategy developed for chaplains to address moral injury among veterans. PND is an empirically informed and integrated intervention comprising eight stages of pastoral counselling, guidance and education that was developed by combining two previously existing therapeutic techniques, namely Litz et al's (2017) "Adaptive Disclosure" and 'Confessional Practice' (Joob & Kettunen, 2013). The development and results of PND can be categorized into five phases. Phase 1: PND Strategy Formation—based upon extensive international research demonstrating that MI is a complex bio-psycho-social-spiritual syndrome with symptoms sufficiently distinct from post-traumatic stress disorder. The review also provided evidence of the importance of chaplains being involved in moral injury rehabilitation. Phase II: Development and Implementation of 'Moral Injury Skills Training' (MIST)—which involved the majority of available Australian Defence Force (ADF) Chaplains (n = 242/255: 94.9%) completing a basic 'Introduction to Moral Injury' (MIST-1) as well as an 'Introduction to PND' (MIST-2). Phase III: MIST-3-PND-Pilot evaluation—involved a representative chaplaincy cohort (n = 13) undergoing the PND eight-stage strategy to ensure the integrity and quality of PND from a chaplaincy perspective prior to wider implementation. The pilot PND evaluation indicated a favourable satisfaction rating (n = 11/13: 84.6%; M = 4.73/5.0 satisfaction). Phase IV: MIST-3-PND Implementation—involved a larger cohort of ADF Chaplaincy participants (n = 210) completing a revised and finalized PND strategy which was regarded favourably by the majority of ADF Chaplains (n = 201/210: 95.7%; M = 4.73/5.0 satisfaction). Phase V: Summation. In conclusion the positive satisfaction ratings by a significant number of ADF chaplaincy personnel completing MIST-3-PND, provided evidence that chaplains evaluated PND as a suitable counselling, guidance and education strategy, which affirmed its utilisation and justifies further research for using PND to address MI among veterans, that may also prove valuable for other chaplains working in community health and first responder contexts.

Cole, A. C., Smirnova, M. O., Yang, Y., & Lancaster, C. L. (2023). Longitudinal associations between moral injury perceptions and mental health among healthcare workers during the pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified.

<https://doi.org/10.1037/tra0001594>

Objective: The COVID-19 pandemic strained the healthcare system and resulted in higher rates of potentially morally injurious events. These events are perceived as violating one's own moral code, so a more precise construct label could be moral injury perceptions (MIPs). MIPs may exacerbate stress-related symptoms. However, consistent with the broader literature on mood-congruent cognitive bias, stress symptoms may also exacerbate MIPs. To test this bidirectional hypothesis, we examined the relationship between MIPs and stress symptoms among healthcare workers during the first year of the pandemic. Method: Online questionnaires for MIPs and stress-related symptoms (i.e., pandemic-related posttraumatic stress [PTSS], perceived stress, depression, and anxiety) were completed in April/May 2020 (time point one [T1]; N = 184), 1 month later (time point 2 [T2]; N = 135), and 6 months later (time point three [T3]; N = 112). Results: Findings from cross-lagged panel modeling favored unidirectional models, but the direction of the relationship varied by symptom type. Perceived stress, PTSS, and depression, all predicted increased MIPs at a later time point. However, in a reversal of direction, MIPs predicted increased anxiety. Conclusions: Results suggest that MIPs may function as both a predictor and an outcome of stress-related symptoms. Mood-congruent cognitive biases could account for why depression, PTSS, and perceived stress predicted subsequent MIPs, whereas MIPs may have exacerbated more generalized anxiety about the future. Broadly, these findings highlight the importance of early access to mental health services for healthcare workers during public health crises to disrupt the relationship between MIPs and stress-related symptoms. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

D'Alessandro-Lowe, A. M., Link to external site, this link will open in a new tab, Karram, M., Link to external site, this link will open in a new tab, Ritchie, K., Brown, A., Millman, H., Sullo, E., Link to external site, this link will open in a new tab, Xue, Y., Pichtikova, M., Schielke, H., Malain, A., O'Connor, C., Lanis, R., McCabe, R. E., & McKinnon, M. C. (2023). Coping, Supports and Moral Injury: Spiritual Well-Being and Organizational Support Are Associated

with Reduced Moral Injury in Canadian Healthcare Providers during the COVID-19 Pandemic. *International Journal of Environmental Research and Public Health*, 20(19), 6812. <https://doi.org/10.3390/ijerph20196812>

Healthcare providers (HCPs) have described the onset of shame- and trust-violation-related moral injuries (MI) throughout the COVID-19 pandemic. Previous research suggests that HCPs may turn to various coping methods and supports, such as spirituality/religiosity, substance use, friends/family or organizational support, to manage workplace stress. It remains unknown, however, if similar coping methods and supports are associated with MI among this population. We explored associations between MI (including the shame and trust-violation presentations individually) and coping methods and supports. Canadian HCPs completed an online survey about their mental health and experiences during the COVID-19 pandemic, including demographic indices (e.g., sex, age, mental health history) and measures of MI, organizational support, social support, spiritual well-being, self-compassion, alcohol use, cannabis use and childhood adversity. Three hierarchical multiple linear regressions were conducted to assess the associations between coping methods/supports and (i) MI, (ii) shame-related MI and (iii) trust-violation-related MI, when controlling for age, mental health history and childhood adversity. One hundred and seventy-six (N = 176) HCPs were included in the data analysis. Spiritual well-being and organizational support were each significantly associated with reduced total MI (p 's < 0.001), shame-related MI ($p = 0.03$ and $p = 0.02$, respectively) and trust-violation-related MI (p 's < 0.001). Notably, comparison of the standardized beta coefficients suggests that the association between trust-violation-related MI and both spiritual well-being and organizational support was more than twice as great as the associations between these variables and shame-related MI, emphasizing the importance of these supports and the trust-violation outcomes particularly. Mental health history ($p = 0.02$) and self-compassion ($p = 0.01$) were additionally related to shame-related MI only. Our findings indicate that heightened levels of spiritual well-being and organizational support were associated with reduced MI among HCPs during the COVID-19 pandemic. Rather than placing sole responsibility for mental health outcomes on HCPs individually, organizations can instead play a significant role in mitigating MI among staff by implementing evidence-informed organizational policies and interventions and by considering how supports for spiritual well-being may be implemented into existing models of care where relevant for employees.

Erlandson, E., Ramirez, C., & Dean, W. (2023). Medicine shouldn't be this hard: The intersection of physician moral injury and patient healthcare experience in pediatric complex care. *Journal of Pediatric Rehabilitation Medicine*, 16(3), 443–447. <https://doi.org/10.3233/PRM-230027>

Dr. Jay Neufeld's story in *If I Betray These Words* is a detailed account of one physician's catastrophic journey through moral injury when caring for pediatric patients with complex medical conditions [1]. Many clinicians may recognize Jay's journey

Fulton, T., Lathan, E. C., Karkare, M. C., Guelfo, A., Eghbalzad, L., Ahluwalia, V., Ely, T. D., Turner, J. A., Turner, M. D., Currier, J. M., Mekawi, Y., & Fani, N. (2023). Civilian Moral Injury and Amygdala Functional Connectivity During Attention to Threat. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*. <https://doi.org/10.1016/j.bpsc.2023.07.006>

Background Moral injury references emotional and spiritual/existential suffering that may emerge following psychological trauma. Despite being linked to adverse mental health outcomes, little is known about the neurophysiological mechanisms of this phenomenon. In this study, we examined neural correlates of moral injury exposure and distress using the Moral Injury Exposure and Symptom Scale for Civilians. We also examined potential moderation of these effects by race (Black vs. White individuals) given the likely intersection of race-related stress with moral injury. Methods Forty-eight adults ages 18 to 65 years (mean age = 30.56, SD = 11.93) completed the Moral Injury Exposure and Symptom Scale for Civilians and an affective attentional control measure, the affective Stroop task (AS), during functional magnetic resonance imaging; the AS includes presentation of threat-relevant and neutral distractor stimuli. Voxelwise functional connectivity of the bilateral amygdala was examined in response to threat-relevant versus neutral AS distractor trials. Results Functional connectivity between the right amygdala and left postcentral gyrus/primary somatosensory cortex was positively

correlated with the Moral Injury Exposure and Symptom Scale for Civilians exposure score (voxelwise $p < .001$, cluster false discovery rate–corrected $p < .05$) in response to threat versus neutral AS distractor trials. Follow-up analyses revealed significant effects of race; Black but not White participants demonstrated this significant pattern of amygdala–left somatosensory cortex connectivity. Conclusions Increased exposure to potentially morally injurious events may lead to emotion-somatosensory pathway disruptions during attention to threat-relevant stimuli. These effects may be most potent for individuals who have experienced multilayered exposure to morally injurious events, including racial trauma. Moral injury appears to have a distinct neurobiological signature that involves abnormalities in connectivity of emotion-somatosensory paths, which may be amplified by race-related stress.

Jones, T. W., Power, J., & Jones, T. M. (2022). Religious trauma and moral injury from LGBTQA+ conversion practices. *Social Science & Medicine*, 305, 115040. <https://doi.org/10.1016/j.socscimed.2022.115040> Religion-based LGBTQA + conversion practices frame all people as potential heterosexuals whose gender aligns with their birth sex (in a cisgender binary model of male and female sexes). Deviation from this heterosexual cisgender social identity model is cast as curable ‘sexual brokenness’. However, research shows conversion practices are harmful, and particularly associated with increased experiences of abuse, mental health diagnoses, and suicidality. This paper explores their contribution to the particular harms of moral injury and religious trauma, drawing firstly on the foundational moral injury literature to offer a unique conceptual framework of spiritual harm and moral injury, and secondly on a rare qualitative 2016–2021 study of the spiritual harms reported in semi-structured interviews of 42 survivors of LGBTQA + change and suppression practices in Australia. The paper examines the survivors’ support needs around the nature and extent of religious trauma and moral injury, to inform services working towards supporting their recovery from such experiences and their resolution of conflicts deeply bound in their sense of self and belonging. It argues that impairment of conversion survivors’ relationships with religious communities, and religious self-concepts, point to the need for additional improvements in pastoral practice.

Kraemer, M. S., Conner, N. R., & Lax, A. W. (2023). Second Victim. In A. Agrawal & J. Bhatt (Eds.), *Patient Safety: A Case-based Innovative Playbook for Safer Care* (pp. 381–393). Springer International Publishing. https://doi.org/10.1007/978-3-031-35933-0_26

Moral distress and injury are common occurrences in healthcare. The second victim phenomenon, a concept coined by Dr. Albert Wu in 2000, is defined as psychological trauma experienced by healthcare team members following a medical error and/or a patient-related event. Organizational response to moral injury has a direct impact on the well-being of healthcare team members. Understanding the psychological impact of the second victim phenomenon sets the stage to identify and establish appropriate support and intervention for healthcare team members. As a function of the multiple competencies contributing to a high reliability organization, support of the second victim is the right thing to do from a humanistic standpoint and a best practice. We discuss the six stages of the second victim phenomenon and recovery and the recommended interventions for each stage. An outline of organizational recommended practices to aid the second victim, such as a C-level executive to serve as the executive sponsor of the second victim support team, is reviewed. The magnitude of the second victim phenomenon and its consequences reinforces the worthwhile investment of establishing an infrastructure for second victim support.

Lall, M. (2023). *Moral Injury in the Forensic Psychiatric Population* [Thesis]. <https://macsphere.mcmaster.ca/handle/11375/29124>

This research investigates the intricate interplay between the moral emotions of shame and guilt, within justice-involved populations, with a special focus on those deemed Not Criminally Responsible (NCR) due to Mental Disorder. Recognizing the pivotal role of offense-related shame and guilt in motivating behavior and influencing psychological functioning, we conducted an extensive investigation to underscore the significance of

acknowledging moral injury (MI) and its symptoms within this context. By synthesizing two comprehensive studies, our objective was twofold: to shed light on the prevalence and effects of shame and guilt, and to introduce the concept of moral injury as a fundamental lens for understanding their impact. In the first study, we examined the influence of shame and guilt on motivating behavior and psychological well-being among offending populations. We found that shame consistently relates to adverse outcomes, including defensive behaviors, self-loathing, and externalizing behaviors such as blame-shifting. Contrary to our predictions, guilt was associated with constructive responses, such as self-forgiveness, empathic concern, and assuming responsibility for one's actions. However, both shame and guilt contributed to the risk of recidivism among certain offenders. This study illuminates the intricate dynamics between moral emotions, psychopathology, and recidivism, underscoring the need to acknowledge the differential influences of the moral emotions, shame, and guilt. In the second study, we developed and validated the Moral Injury Screener in the Offending Population NCR (MIO-NCR), a self-report measure that assesses MI in justice-involved individuals, particularly NCR individuals. Through rigorous psychometric analysis, the MIO-NCR demonstrated promising criterion and construct validity. Our findings emphasized the centrality of guilt and betrayal in MI experienced by NCR individuals, aligning with contemporary syndromal definitions. The MIO-NCR, an invaluable tool, enables promising identification of MI within the NCR population. By consolidating these studies, we found that shame and guilt manifest profoundly within the justice-involved population, underscoring the value of MI and its core symptoms. The current thesis not only reaffirms the importance of understanding moral emotions but also advances knowledge on MI within this unique context. Our research provides a framework for developing a comprehensive approach to intervention and rehabilitation that recognizes the intricate relations between moral emotions, psychopathology, and recidivism, ultimately fostering healthier outcomes for justice-involved individuals.

Lathouwers, R., & Molendijk, T. (2023). *The effects of decorations on moral injury*.
<https://doi.org/10.17605/OSF.IO/QK9RH>

A study investigating the effects of (military) decorations on moral injury.

McGuire, A. P., Howard, B. A. N., Burns, C., Zambrano-Vazquez, L., & Szabo, Y. Z. (2022). Biopsychosocial Correlates and Individual Differences for Eliciting Moral Elevation in Veterans With PTSD: An Experimental Case Series. *The Journal of Nervous and Mental Disease*, 10.1097/NMD.0000000000001725.
<https://doi.org/10.1097/NMD.0000000000001725>

A promising approach to enhancing trauma-focused treatment is moral elevation—feeling inspired by witnessing a virtuous act. This study explored potential links between eliciting elevation and relevant outcomes in a series of case examples. Veterans with probable posttraumatic stress disorder completed experimental tasks including a written trauma narrative exercise and watching elevation-eliciting videos. Participants also completed baseline assessments, repeated measures of trauma-related cognitions, emotions, elevation, and saliva sample collection. Four cases were identified and reviewed: two positive responders (high elevation after videos) and two nonresponders (restricted elevation response). Positive responder cases reported decreased cognitions, emotions, and moral injury distress from after the trauma narrative to after elevation exercises, whereas nonresponders reported minimal to no changes. Positive responders also demonstrated decreases in cortisol, whereas nonresponders demonstrated increases in cortisol. Future work should examine whether elevation contributes to changes in biopsychosocial outcomes and identify individual factors that indicate who might benefit from elevation-based interventions.

Moral Injury: The Spirit's Unseen Wound. (n.d.). Retrieved November 8, 2023, from

<https://www.mdedge.com/fedprac/article/264692/mental-health/moral-injury-spirits-unseen-wound>

On July 17, 2023, several media outlets covering military and federal news carried a story about the US Department of Veterans Affairs (VA) plan to conduct a major survey of moral injury in veterans. This new VA

survey can provide crucial information because we know so little about moral injury or how to help those with the condition.

Olsen, O. K., Hystad, S. W., Bøe, H. J., & Are, E. (2023). Long-term post traumatic growth after moral- and victim-traumas among Norwegian UN military peacekeepers: the impact of emotional distress and leadership. *Journal of Military Studies*, {"content-type": "ahead-of-print", "content": 0}(0). <https://doi.org/10.2478/jms-2023-0003>
Abstract This study investigated the relationship between traumatic experiences during peacekeeping operations in Lebanon (UNIFIL) between 1978 – 1998 and post traumatic growth (PTG), recalled and measured 17-38 years after, in a sample of 11 633 Norwegian military. Specifically, the study investigated how victim traumas (lethal danger) and moral traumas (moral failure) related to PTG, measured by the Posttraumatic Growth Inventory (Cann et al., 2010). Emotional distress experienced during the traumas served as a potential mediator of this relationship, and leadership by closest superior a potential moderator of the mediation. The results showed a significant positive relationship between number of victim traumas and PTG, while number of moral traumas did not contribute to explain variance above this effect. The trauma - PTG relationship was partially mediated by emotional distress, but authentic- and laissez faire leadership did not moderate this mediation. In sum, the veterans with most traumatic experiences, as recalled 17-38 years later, had higher PTG, and emotional distress related to trauma mediated this growth. The findings indicate that traumatic experiences may represent a resource for growth and subsequent hope for recovery. Given the retrospective study-design which might have hindered accurate measurement of PTG, advice on future research approaches is included.

Paltzer, J., Ritchie, J., Lindberg, D., Toppe, M., Theisz, A., & Brocklin, T. V. (2023). Moral Injury Among Western Healthcare Missionaries: A Qualitative Study. *Christian Journal for Global Health*, 10(2), 58–73.
<https://doi.org/10.15566/cjgh.v10i2.839>

Introduction Moral injury among healthcare missionaries leads to negative consequences for the individual, healthcare team, patients, and sending agencies. Conflicting values in clinical care, culture, and spirituality provide unique potentially morally injurious experiences. The purpose of this qualitative study is to explore the phenomenon of moral injury among healthcare missionaries to develop effective support and treatment strategies. Methods A qualitative interview guide was developed based on the existing literature on moral injury. Twenty-one key informant interviews were completed by two former healthcare missionaries. Participants were based in Africa, Asia, and Eastern Europe healthcare mission settings. Questions were based on clinical, cultural, and spiritual domains of potential ethical and moral conflicts. Protective factors were also explored based on one's faith and spiritual practices. Interviews were transcribed and coded independently by two analysts. The team reviewed the codes and determined themes from across the three domains. Results Seven themes emerged from the interviews ranging from morally injurious experiences with cultural leadership practices and unfamiliar clinical care experiences to guilt over practicing outside of one's scope of practice and addressing suffering alongside God's sovereignty. The themes led to the development of an injury/growth pathway as a potential model for helping healthcare missionaries describe and move through potentially morally injurious experiences. Conclusion The themes allow for healthcare missionary sending agencies to develop strategies, training, and support systems for teams preparing to enter the mission field and for individuals already in the field. Recommendations for growing through potentially morally injurious experiences are suggested to guide practice and support for missionaries in the field. The growth values and strategies could inform the development of a screening tool to assess moral injury among healthcare missionaries.

Pico, E. L. (n.d.). Dedication: Spotlight on moral injury and repair in healthcare. *Journal of Pediatric Rehabilitation Medicine*, 16(3), 427. <https://doi.org/10.3233/PRM-239003>

Volume 16, Issue 3 is a new JPRM special issue regarding physician wellness, moral injury, and burnout coinciding publication with National Physician Suicide Awareness Day, September 17. In this issue, the special guest editors discuss their personal struggles and solutions alongside many articles that are impactful from all aspects of our

practices. This special themed issue is dedicated to all those in our field of pediatric, adolescent and adult rehabilitation, and all our team members past and present.

Singhal, K., & Chukkali, S. (2023). The role of guilt-shame proneness and locus of control in predicting moral injury among healthcare professionals. *Cogent Psychology*, 10(1), 2264669.

<https://doi.org/10.1080/23311908.2023.2264669>

Despite the advances in studies conducted among healthcare professionals to explore the impact of the pandemic on their mental health, a large population still continues to display COVID-19 related psychological complaints. There has been recent awareness of moral injury related guilt and shame among doctors and nurses. However, the factors associated with moral injury have not received much attention, due to which the issue still persists. This study aims to explore the role of guilt-shame proneness, and locus of control in predicting moral injury among healthcare professionals. MISS-HP, PGI Locus of Control, and GASP scales were administered to a sample of 806 healthcare professionals. Pearson correlation coefficient indicated a significant positive relationship between moral injury and guilt-shame proneness, as well as the locus of control. Regression analysis indicated a significant role of guilt-shame proneness and locus of control in predicting moral injury. In conclusion, while studying moral injury, it becomes equally important to consider these factors to understand the concept better.

Sychev, A. A., & Анатольевич, C. A. (2023). Individual and Social Dimensions of Moral Stress. *Človek*, 34(4), 170–180. <https://doi.org/10.31857/S023620070027359-1>

The article is devoted to moral stress, which is understood as a combination of emotional reactions challenging the integrity of a system of moral norms and values, as well as a result of such an impact. Individual dimensions of moral stress are shown on the example of the analysis of the concepts of moral distress and moral injury. Using the concept of “moral resilience” as an example, approaches to overcoming moral stress are analyzed, which involve rationalizing the causes and consequences of traumatic events and changing the subject’s attitude to stress factors. It is shown that these approaches manifest the therapeutic turn in culture. There is an increase in the influence of stress factors on modern life. If in the past the manifestations of moral stress were personalized and extreme, in modern times they acquire a habitual character and a collective dimension. The reason for this is the growing gap between the value system, which advocates individual well-being, and the system, aimed at the effective regulation of the social whole. The widening of this gap is associated, on the one hand, with the expansion of the space of individual freedom, on the other hand, with the extraordinary conditions of the fight against terrorism, the pandemic, etc., regulating of which requires the restriction of personal rights. The author proposes several strategies of overcoming moral stress. Defense strategies are labeled as moralization and intellectualization. The third strategy, which involves the support of individual well-being, is realized in the form of the so called “new ethics”. It is concluded that to overcome moral stress, it is necessary to initiate not only internal, but also structural changes. To do this, it is necessary to go beyond the psychological interpretation of individual moral stress to broad interdisciplinary generalizations on its social causes and collective manifestations.

Thomas, V., Bizumic, B., & Quinn, S. (2023). The Occupational Moral Injury Scale: Development and validation in frontline health and first responder workers. *Traumatology*, No Pagination Specified-No Pagination Specified.

<https://doi.org/10.1037/trm0000482>

Moral injury is an emerging construct that has been primarily examined in military groups but is increasingly expanding to a broader range of nonmilitary occupational settings. A key barrier to this research on moral injury in broader occupational groups has been the lack of valid and reliable measures specifically developed for nonmilitary settings. The current article addresses this gap by developing the Occupational Moral Injury Scale (OMIS), a measure designed to capture both morally injurious events (MIEs) and primary markers of moral injury (guilt, shame, anger, loss of trust, existential conflict) in any occupational setting, without the need for modification. A combination of confirmatory factor analyses and item response theory analyses was used in scale development and refinement. Drawing upon a sample of 1,454 primarily frontline health and first responder

workers across two studies, factor analytic results revealed an expected bifactor structure of five primary factors capturing exposure to MIEs (commission with agency, commission under duress, act of omission, witnessing, betrayal) and a general factor of moral injury. Subscales demonstrated excellent internal consistency, and when compared to theoretically relevant constructs OMIS scores demonstrated strong convergent and divergent validity. Differential validity was also observed among the OMIS subscales. The OMIS provides a psychometrically validated tool for assessing moral injury risk in any occupational setting. The OMIS will help facilitate further research and understanding of how moral injury presents in high-risk occupational settings beyond the military and allow for direct comparison between these groups for the first time. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Whitehead, P. B., Haisch, C. E., Hankey, M. S., Mutcherson, R. B., Dewitt, S. A., Stewart, C. A., Stewart, J. D., Bath, J. L., Boone, S. M., Jileeva, I., Faulks, E. R., & Musick, D. W. (2023). Studying moral distress (MD) and moral injury (MI) among inpatient and outpatient healthcare professionals during the COVID-19 pandemic. *The International Journal of Psychiatry in Medicine*, 00912174231205660. <https://doi.org/10.1177/00912174231205660>

Background COVID-19 increased moral distress (MD) and moral injury (MI) among healthcare professionals (HCPs). MD and MI were studied among inpatient and outpatient HCPs during March 2022. Objectives We sought to examine (1) the relationship between MD and MI; (2) the relationship between MD/MI and pandemic-related burnout and resilience; and (3) the degree to which HCPs experienced pandemic-related MD and MI based on their background. Methods A survey was conducted to measure MD, MI, burnout, resilience, and intent to leave healthcare at 2 academic medical centers during a 4-week period. A convenience sample of 184 participants (physicians, nurses, residents, respiratory therapists, advanced practice providers) completed the survey. In this mixed-methods approach, researchers analyzed both quantitative and qualitative survey data and triangulated the findings. Results There was a moderate association between MD and MI ($r = .47$, $P < .001$). Regression results indicated that burnout was significantly associated with both MD and MI ($P = .02$ and $P < .001$, respectively), while intent to leave was associated only with MD ($P < .001$). Qualitative results yielded 8 sources of MD and MI: workload, distrust, lack of teamwork/collaboration, loss of connection, lack of leadership, futile care, outside stressors, and vulnerability. Conclusions While interrelated conceptually, MD and MI should be viewed as distinct constructs. HCPs were significantly impacted by the COVID-19 pandemic, with MD and MI being experienced by all HCP categories. Understanding the sources of MD and MI among HCPs could help to improve well-being and work satisfaction.

Zerach, G., Ben-Yehuda, A., & Levi-Belz, Y. (2023). Prospective associations between psychological factors, potentially morally injurious events, and psychiatric symptoms among Israeli combatants: The roles of ethical leadership and ethical preparation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 15(8), 1367–1377. <https://doi.org/10.1037/tra0001466>

Background: Exposure to potentially morally injurious events (PMIEs) during military service is known to be associated with psychiatric symptoms. However, antecedents and outcomes of exposure to PMIEs have only been studied in cross-sectional or retrospective-designed studies. In this prospective study, we examined associations between preenlistment characteristics, predeployment psychological factors, exposure to PMIEs, posttraumatic stress disorder (PTSD), and psychiatric symptoms, and the moderating roles of ethical leadership and ethical preparation, among combatants. Method: A sample of 335 active-duty Israeli combatants participated in a 2.5-year prospective study with three waves of measurements. Participants' characteristics were assessed via semistructured interviews and validated self-report measures between 2019 and 2021. Results: Above and beyond preenlistment personal characteristics and psychiatric symptoms, predeployment psychological flexibility predicted higher levels of exposure to PMIEs-Other and Betrayal, and combat exposure predicted higher levels of exposure to PMIEs-Self, Other, and betrayal. Moreover, PMIEs-Betrayal predicted higher levels of PTSD and psychiatric symptoms, and ethical preparation predicted lower PTSD and psychiatric symptoms. Importantly, among combatants who reported high levels of ethical preparation and leadership, the association between



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exposure to PMIEs and PTSD and psychiatric symptoms following deployment dissolved. Conclusions: This is the first prospective study of antecedents and outcomes of exposure to PMIEs among active-duty combatants. Clinicians treating combatants should be aware of the putative role of psychological flexibility for exposure to PMIEs, as well as the promising mitigating role of ethical leadership and preparation for moral injury and psychopathological outcomes among combatants. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)