# ARQ

**Nationaal Psychotrauma Centrum**

# Moral Injury: alertering

Updates 3 oktober 2024

**'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](ARQ-bibliotheek).**
**Deze attendering hoort bij het [themadossier Moral Injury](themadossier Moral Injury).**

Anastasi, G., Gravante, F., Barbato, P., Bambi, S., Stievano, A., & Latina, R. (2024). Moral injury and mental health outcomes in nurses: A systematic review. *Nursing Ethics*, 09697330241281376. https://doi.org/10.1177/09697330241281376
Introduction: Moral injury involves the adverse psychological, biological, spiritual, behavioural, and social consequences of actions that violate moral values. It can lead to anxiety, depression, burnout, and post-traumatic stress disorder. Nurses, who often face ethical dilemmas, are particularly vulnerable. Despite its significance, the relationship between moral injury and mental health outcomes in nurses remains underexplored. Aim: This systematic review aimed to describe the associations among moral injury, anxiety, depression, and quality of life in nurses. Methods: The review was registered in PROSPERO (CRD42023438731) and was conducted following the PRISMA guidelines. A literature search was performed in December 2023 across PubMed, CINAHL, Scopus, and Web of Science. Peer-reviewed primary research involving nurses, published in English or Italian, without time restrictions, was considered eligible. The risk of bias and the quality of evidence were assessed using the Joanna Briggs Institute checklist and the GRADE approach. Results: Out of 4730 articles identified, eight met the inclusion criteria. The analysis revealed significant positive associations between moral injury, anxiety, and depression, along with a significant negative association with quality of life. Conclusion: These findings highlight the need for healthcare systems to implement strategies that mitigate moral injury among nurses. Future research should prioritize longitudinal studies to explore causal relationships and develop targeted interventions. Additionally, standardizing the concept and measurements of moral injury is crucial for enhancing the comparability and understanding of this phenomenon.

Cabanillas-Chavez, M. T., White, M., Medina-Bacalla, W. J., Arévalo-Ipanaqué, J. M., Zegarra, R. O., Suyo-Vega, J. A., Morales-García, M., Morales-García, W. C., & Taylor, E. J. (2024). Psychometric evaluation of a Spanish translation of the moral injury symptom scale for healthcare professionals. *BMC Psychology*, *12*(1), 468. https://doi.org/10.1186/s40359-024-01922-3
Moral injury is prevalent among health care professionals, especially nurses. It can have negative personal consequences for clinicians, and indirectly impact the quality of patient care. Although nurses around the world experienced moral injury during the pandemic, it will continue to be a professional challenge. Thus, this study aimed to determine the psychometric properties of a scale measuring moral injury translated into Spanish. Methods A methodological study with a cross-sectional approach was conducted. After translating the Moral Injury Symptom Scale for Healthcare Professionals (MISS-HP) into Peruvian Spanish (MISS-HP-S) using International Test Commission methods, data were collected using online survey methods from a sample of 720 Peruvian nurses. Analytical methods included exploratory and confirmatory factor analysis, and invariance by age were examined. The corrected homogeneity index, ordinal alpha, and McDonald's omega allowed the evaluation of internal reliability. Results Findings from this sample of nurses who were mostly female (92%), from coastal Peru (57%), and averaged 39 (± 11) years of age, provided support for the validity and reliability of the MISS-HP-S. Structural validity was endorsed by findings indicating consistent factorial structure and adequate invariance among different age groups. In this study, three factors were observed: guilt/shame, condemnation, and spiritual strength. Internal consistency values included an ordinal alpha of 0.795 and

McDonald's omega of 0.835. Conclusion These findings differ from those reported from previous studies in other cultural contexts, suggesting the influence of cultural and sample-specific factors in the perception of moral injury among Peruvian nurses. Because this evidence supports the validity of the MISS-HP-S, it can be used in professional practice and in future research to identify and address situations that contribute to nurse moral injury.

Cavagnis, L., & Paleari, F. G. (2024). *Moral injury in the context of work-family conflict: The protective role of moral resilience for working-mothers*. IT. https://aisberg.unibg.it/handle/10446/279749
In 2022, a notable number of Italian women, compared to men, voluntarily left their jobs due to challenges in balancing work and caregiving roles. Conflicting responsibilities from work and family domains significantly impair mental health and well-being, resulting in increased stress and burnout. Work-family conflict could also lead people to face moral injury, that is severe distress resulting from acting inconsistently with one's own moral beliefs, as individuals may grapple with decisions that seemingly compromise their values, such as prioritizing work over family. Despite its possible relevance, moral injury has never been studied in the context of work-family conflict. The present study aims at exploring the moderating effect of moral resilience, which is the ability to manage challenging situations while maintaining moral principles and values, in the relationship between work-family conflict and moral injury. We recruited a sample of working women with high caregiving responsibilities, who completed an anonymous online self-report questionnaire. Specifically, we collected data from working women with at least one child up to the age of five (N = 160) and from working women taking care of (in-law) parents and having at least one cohabiting child aged 14 years or older (N = 125). Analyses revealed a significant role of moral resilience in moderating the relationship between work-family conflict and moral injury in each sample. Specifically, at higher levels of moral resilience the association of work-family conflict with moral injury was reduced. These findings emphasize the crucial role of moral resilience in effectively managing moral injuries deriving from conflicting work and family responsibilities.

Choi, J. 1981-. (2024). *Re-embodying pastoral theology: ritual care for moral injury in veterans*. Lexington Books/Fortress Academic. https://www.bol.com/nl/nl/p/re-embodying-pastoral-theology/9300000179885460/
Re-embodying Pastoral Theology uses the problem of moral injury in veterans to propose a pastoral theology that recognizes ritual as the means by which the Christian community addresses the body in pastoral care. The author endeavors first to re-think moral injury and then to re-embody the field of Pastoral Theology

Cole, A. C., Smirnova, M. O., Yang, Y., & Lancaster, C. L. (2024). Longitudinal associations between moral injury perceptions and mental health among healthcare workers during the pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 16(7), 1179–1188. 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) 2024 APA, all rights reserved)

Connolly, C. E., & Norris, K. (2024). An exploratory examination of the symptoms of moral injury and posttraumatic growth in veterinary professionals following exposure to potentially morally injurious events. *Research in Veterinary Science*, *180*, 105415. https://doi.org/10.1016/j.rvsc.2024.105415
Through their occupational role, veterinary professionals are regularly exposed to potentially morally injurious events (PMIEs). These events can elicit negative (pathogenic) psychological outcomes of moral distress. However, PMIEs can also result in positive (salutogenic) outcomes of posttraumatic growth. Both outcomes are characterised by specific symptomology that is suggestive of a pathogenic or salutogenic trajectory. This study employed data from 194 veterinary professionals from Australia and New Zealand and sought to examine symptoms experienced by professionals following exposure to PMIEs. Respondents reported more symptoms of moral distress than posttraumatic growth following PMIE exposure. Negative symptoms included both affective and work-related factors including consideration of leaving the profession, while positive factors included increased confidence, personal growth, and staff cohesion. Potential factors contributing to the disparity in salutogenic and pathogenic outcomes are discussed. An integrated approach comprising both individual- and organisation-level factors is recommended to facilitate more salutogenic outcomes for veterinary professionals following PMIE exposure.

Dean, W., Morris, D., Llorca, P.-M., Talbot, S. G., Fond, G., Duclos, A., & Boyer, L. (2024). Moral Injury and the Global Health Workforce Crisis — Insights from an International Partnership. *New England Journal of Medicine*, *391*(9), 782–785. https://doi.org/10.1056/NEJMp2402833
With health care workforces in the United States and Europe shrinking at unsustainable rates, it's vital to understand the drivers of moral injury so that solutions can be developed.

Ebrahimi, S., Bazrafshan, A., Kamyab, A., Pakdin, M., & Ebrahimi, A. (2024). Moral Injury: A Challenge for Healthcare Workers During the Pandemic and Beyond. *IJ Psychiatry and Behavioral Sciences*, *18*(3). https://doi.org/10.5812/ijpbs-146570
Background: Suppression of negative, uncomfortable emotions can lead to moral injury, resulting in emotional, behavioral, and social issues, as well as mental health conditions such as depression and post-traumatic stress disorder. During the COVID-19 pandemic, the concept of moral injury-typically associated with conflict situations—has gained increased attention. Objectives: This study aimed to assess the prevalence of moral injury during the pandemic and its correlation with psychological distress. Methods: Between December 2020 and January 2021, we evaluated the frequency of depression, anxiety, and stress, and their correlation with moral injury in 333 medical interns, residents, and nurses. We used validated versions of the Moral Injury Symptom Scale-Healthcare Professionals (MISS-HP) and the Depression Anxiety Stress Scale (DASS-21). Results: The study included 333 medical professionals, most of whom were aged 26 - 30. Clinically significant moral injuries were observed in nearly half of the participants. Women had higher average scores for stress and anxiety compared to men. A lack of personal protective equipment (PPE) at the workplace was associated with increased depression, anxiety, and stress. Nurses reported higher levels of depression, anxiety, and stress than other healthcare professionals. Additionally, there was a significant positive correlation between moral injury and symptoms of depression, anxiety, and stress. Female participants experienced higher rates of moral injury than male participants, and single individuals reported more suffering than married ones. Moral injury was notably higher among nurses compared to other healthcare professionals. Conclusions: The study found that healthcare professionals experienced anxiety, stress, depression, and moral injury

during the COVID-19 pandemic. Moral injury was strongly associated with increased stress, worry, and depression. Female healthcare professionals exhibited higher levels of anxiety and stress, while being married appeared to offer some protection against depression. Nurses were particularly vulnerable, with end-stage patients and insufficient resources contributing to elevated levels of anxiety, stress, and moral injury.

Fantus, S., Cole, R., Thomas, L., & Usset, T. J. (2024). Confronting moral injury across health systems: Enhancing medical social workers' resilience and well-being. *Stress and Health*, (September 2024), e3485. https://doi.org/10.1002/smi.3485

Research has demonstrated that encounters of potentially moral injurious events (PMIEs) may result in longstanding psychological trauma that impact healthcare workers' mental health and well-being. In this paper, we explore strategies to alleviate PMIEs for medical social workers. In-depth semi-structured interviews (30–60 min) were conducted with medical social workers (n = 75) across the state of Texas. Supported by directed content analysis, textual data were coded and categorised to finalize emerging themes. Findings demonstrate that multilevel strategies ought to be implemented into daily healthcare practice. PMIEs that impact frontline healthcare delivery can be alleviated by having formal and informal support systems (e.g., mentorship, supervision, counselling) as well as honest and transparent interprofessional collaborative care to facilitate psychological team safety. PMIEs across the healthcare organisation, perhaps due to internal policies and practices, may be reduced by implementing educational initiatives and building ethical workplace cultures that serve to explicitly reduce stigma associated with mental health and enhance worker well-being. PMIEs that derive from macro-level social policies (e.g., insurance, health disparities) may be alleviated by instituting patient advocacy initiatives and dismantling systems of oppression to lessen psychological stress and trauma. Hospital leadership ought to understand how the United States healthcare industry triggers PMIEs across the healthcare workforce. Multi-tiered practices and policies that addresses frontline delivery care, leadership and administrative responsibilities, and the healthcare industry can enhance psychologically safe workplaces and elicit macro-level institutional reform in how health systems function. These findings have important implications for healthcare policy makers, practitioners, educators, and researchers to inform future research and practice development.

Fernandez, P. E., & Currier, J. M. (2024). Exploring the role of moral injury outcomes in intimate relationship functioning among U.S. combat veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, *16*(7), 1229–1232. https://doi.org/10.1037/tra0001553

Objective: Moral injury entails psychological, social, and possible spiritual issues that might interfere with veterans' functioning in romantic or intimate relationships. To date, research has not examined the contribution of moral injury outcomes in this core functional domain in many veterans' lives. Method: In total, 65 combat veterans who were engaging in a peer-led intervention for moral injury in a Veteran Service Organization completed the Expressions of Moral Injury Scale, posttraumatic stress disorder (PTSD) checklist for DSM-5, and the romantic relationship subscale of the Inventory of Psychosocial Functioning Scale. Results: Bivariate analyses revealed that moral injury and PTSD symptoms were each associated with worse relationship functioning among the veterans. When including moral injury and PTSD symptoms as predictors in a multivariate analysis, only moral injury was uniquely linked with poorer relationship functioning. Conclusions: Overall, these findings suggest that moral injury could play a pernicious role in many veterans' issues in relationship problems with their spouses or partners. Future research needs to examine the potential utility of addressing moral injury among veterans who are struggling to meet demands for intimacy and connection in their intimate or romantic relationships. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Field, T. A., White, D. B., Davis, J., Park, J. S., & Pierson, J. L. (2024). Scoping review of spirituality-integrated psychotherapies for posttraumatic stress disorder. *Spirituality in Clinical Practice*, *11*(3), 203–221. https://doi.org/10.1037/scp0000335

In this scoping review, we sought to determine the current quality of the evidence base for spirituality-integrated psychotherapies (SIPs) for posttraumatic stress disorder (PTSD) compared with existing evidence-based practices. Using a rigorous identification, screening, selection, and inclusion method, we extracted data from 33 articles to analyze trends within and across four categories of SIPs between 2002 and 2022 (building spiritual strengths and moral injury, spiritually integrated meditation and mind–body–spirit interventions, Islamic healing practices, other SIPs). Meditation and mind–body–spirit interventions such as transcendental meditation have high-quality randomized controlled trials demonstrating equivalent effect sizes and efficacy to existing evidence-based treatments for PTSD. Transcendental meditation specifically appears to have sufficient empirical support to be considered "evidence based." Interventions in the other categories currently lack sufficient research support to be designated as such. We contend that more high-quality randomized controlled trial designs with bona fide comparison conditions and between-group comparative baseline symptom evaluation are needed to support the efficacy of these approaches. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Floyd, C. (2024). Moral Injury And Its Connection To Compassion Fatigue, Compassion Satisfaction, And Burnout. *AYSPS Masters Theses.* https://doi.org/https://doi.org/10.57709/37404045
Recent research demonstrates the need to examine the concepts of moral injury and professional quality of life (compassion fatigue, compassion satisfaction, and burnout) in police officers. Building on these findings, the current study aims to determine the prevalence of these psychological concepts in a large municipal police department, as well as potential group differences in the prevalence of these concepts. Further, the study explores whether the psychological concepts of moral injury and compassion fatigue, also known as secondary traumatic stress, are associated within the sample of police officers. Finally, the study examined the potential of moral injury being a significant predictor of compassion fatigue (Papazoglou & Chopko, 2017). Initial Spearman's correlation coefficient analyses found significant relationships between moral injury and compassion fatigue. Exploratory linear regression analyses determined that moral injury and burnout consistently predicted compassion fatigue, even while controlling for sex, education level, and years of experience.

Hadson, K., Jacq, K. de, Travers, J. L., Gao, Y., & Norful, A. A. (2024). A Multimethod Exploration of Moral Distress and Moral Injury Among Health Care Assistants Working in Psychiatric Settings. *Nurse Leader*, *22*(4), 428–433. https://doi.org/10.1016/j.mnl.2024.05.002
Moral distress and moral injury among health workers yield adverse physical, psychological, and labor force outcomes. Research is limited on how psychiatric health care assistants (PHAs) experience these issues. In this multimethod study, we conducted a quantitative survey and qualitative interviews to examine moral distress and injury among PHAs. Almost half screened positive for moral injury. Three qualitative themes emerged: 1) hierarchies prevent contributions to care; 2) trust as a factor in de-escalating patient violence; and 3) navigating psychosocial challenges. Further research is recommended to investigate how to best support and inform practice and policy changes for PHAs.

Henschke, A. (2024). Moral Risk, Moral Injury, and Institutional Responsibility: Ethical Issues in HUMINT. *International Journal of Intelligence and CounterIntelligence*, *0*(0), 1–18. https://doi.org/10.1080/08850607.2024.2382031
Intelligence is morally unique—means and ends that are typically morally problematic are rendered justifiable by reference to the special purpose that national security intelligence serves. This is particularly the case with human intelligence (HUMINT), where operators and handlers might have to violate normal ethical principles as part of their job. Lying, coercion, and/or exploitation may feature as part of a HUMINT operation. This creates a moral risk, where individuals and institutions are excepted from normal moral constraints. Rather than looking at the immediate moral risks of HUMINT operations, this article looks at the relation between the moral risks encountered as part of HUMINT and moral injury. Moral injury may refer to two complementary phenomena: when a person is exposed to immoral activities and suffers psychologically because of dissonance between those immoral activities and

normal moral behaviors, and when a person's moral character is "numbed" because of them engaging in immoral activities. HUMINT exposes intelligence officers to both kinds of moral injury. There is a moral responsibility of intelligence institutions to be both aware of, and seek to mitigate, moral injury, while operating in a context where such moral risk is at times justifiable.

Hoover, T. D., & Metz, G. A. S. (2024). What Comes after Moral Injury?—Considerations of Post-Traumatic Growth. *Trauma Care*, *4*(3), 219–228. https://doi.org/10.3390/traumacare4030020
Moral injury is a psychological wound resulting from deep-rooted traumatic experiences that corrode an individual's sense of humanity, ethical compass, and internal value system. Whether through witnessing a tragic event, inflicting injury on others, or failing to prevent a traumatic injury upon others, moral injury can have severe and detrimental psychological and psychosomatic outcomes that may last a lifetime. Post-traumatic experiences do not have to be a permanent affliction, however. From moral injury can come post-traumatic growth—the recovery from trauma in which personal betterment overshadows moral injury. Moral injury may lead to substantial personal growth, improved capacity and resilience. Based on these observations, it seems that from struggles and darkness, there can be positivity and hope. This review will summarize the current concepts of post-traumatic growth and consider potential mechanisms leading to resilience and recovery through post-traumatic growth. These considerations are gaining more importance in light of a growing number of existential threats, such as violent conflicts, natural disasters and global pandemics.

Jeon, J. (2024). Military Chaplain's Christian Counseling Method on Moral Injury. 신학과 실천, *90*, 57–87. https://www.earticle.net/Article/A452974
This research aims to clarify the military chaplain's Christian counseling method on moral injury (MI). MI is a psychiatric term that refers to psycho-emotional injuries occurring in military and battlefield situations. It is a generalized concept that has been used since 1994. MI refers to psycho-emotional, psycho-social, and psycho-spiritual damage that begins with disharmony and conflict that occurs when military personnel's moral beliefs, faith, and values do not match those of people in power. MI causes a variety of psychological problems, including depression, anxiety, phobia, and trauma, stemming from feelings of betrayal, disappointment, frustration, guilt, shame, disgust, conflict, and anger. MI often appears in organizational cultures with strong vertical relationships, such as the military. MI mainly affects superiors and can be seen as a violation of the 'duty of care' of those in power and the 'duty of loyalty' of those who are ruled. Military chaplains are the psycho-spiritual experts of military personnel and can best handle MI. Resolving MI from a 'care-based perspective' requires the role of military chaplains. To deal with this effectively, group counseling is a good method, but the effectiveness of psycho-education at the platoon level can also be explored. Individual counseling can be the most optimal way to overcome MI. Accordingly, soldiers with MI need to strengthen their spiritual strength, such as prayer, and receive spiritual support counseling for psycho-spiritual resilience. When suffering from MI, the primary emotion is anger toward the person who committed the offense, but forgiveness is a major factor in Christian counseling and psycho-spiritual recovery.

Kassam, A.-F., Axelrod, D. A., & Geevarghese, S. K. (2024). Moral injury: An unspoken burden of transplant surgery. *American Journal of Transplantation*, *0*(0). https://doi.org/10.1016/j.ajt.2024.08.012
Moral injury in health care is characterized as the lasting psychological, biological, and social impact on providers that occurs following an adverse patient outcome. Moral injury can contribute to second victim syndrome and lasting psychological harm. Although many surgeons face moral injury due to patient acuity and the potential for intraoperative or postoperative complications, the transplant ecosystem compounds the impact of moral injury. Institutional blame placed on the transplant surgeon following a posttransplant death or graft loss is magnified by public reporting. Centers whose outcomes fall below threshold levels are subject to regulatory citation and financial loss. Moral injury can also result in risk aversion, limiting access to transplants for higher-risk candidates and reducing acceptance of marginal organs hurting donor families. Strategies to increase resilience, reduce accusation and blame, and focus

on system quality improvement are vital to mitigate the impact of moral injury on transplant professionals. The transplant community must proactively work to reduce moral injury to protect surgeons, ensure access to life-saving transplant procedures, and avoid unnecessary organ offer declines.

Kiper, J. (2024). Moral Injury as a Precondition for Reconciliation: An Anthropology of Veterans' Lives and Peacemaking. *Religions*, *15*(9), 1089. https://doi.org/10.3390/rel15091089
In this article, I rely on religious existential philosophy to make sense of the moral restoration expressed by combat veterans who engage in reconciliation with former enemies after suffering from moral injury. Moral injury is the persistent feeling of having betrayed one's deepest moral values. Anthropological research and analyses of combat veterans' testimony suggest that moral injury may be associated with reconciliation, which is considered here as a manifestation of an inner transformation akin to existential philosophies of striving for moral authenticity. Specifically, it is argued that Thomas Merton's defense of living a morally authentic life, which constitutes a process of moving from spiritual woundedness to social engagement with the other, parallels the transition of combat veterans involved in postconflict reconciliation efforts. Given this correspondence, existential moral transformation is considered alongside the anthropology of peace for explaining moral injury as a precondition for reconciliation, notably after armed conflict.

Levinstein, Y., Zerach, G., Levi-Belz, Y., & Dekel, R. (2024). The contribution of exposure to potentially morally injurious events to trajectories of posttraumatic stress symptoms among discharged veterans – a five-year study. *Social Psychiatry and Psychiatric Epidemiology*. https://doi.org/10.1007/s00127-024-02766-3
Combatants and veterans are at risk of developing post traumatic stress symptoms (PTSS). The long-term responses to traumatic events are variable and can be classified into distinct PTSS trajectories. In this prospective study, we evaluated PTSS trajectories among combat veterans during the initial year after discharge from military service. Subsequently, we analyzed how combat exposure and PMIEs contributed to these trajectories. Methods Our study encompassed 374 combat veterans who participated in a five-year prospective study, with four waves of measurements, T1 - one year before enlistment, T2 - one month prior to discharge from military service (July 2021), and then again at six months (T3 - February 2022) and twelve months after discharge (T4, July-August 2022) . Results The utilization of Latent Profile Analysis (LPA) revealed a diverse array of PTSS trajectories. Predominantly, a resilient trajectory emerged as the most frequently observed (69.3%), with 'delayed onset'(13.6%), 'improving'(9.9%) and 'chronic'(6.1%) trajectories following in order. Importantly, multinominal regression analysis indicated that combat exposure and PMIE-betrayal contributed to alignment with symptomatic trajectories. Conclusions This study represents the first of its kind to establish longitudinal, time-dependent associations between PMIEs and PTSS trajectories. These results emphasize the critical importance of ongoing screening and the development of tailored interventions for combat veterans.

Macready, J. D. (2024). Statelessness as Moral Injury: Immanent Normativity and Hannah Arendt's "Right to Have Rights." *Arendt Studies*, *8*, 35–48. https://doi.org/10.5840/arendtstudies202485

McGuire, A. P., Rodenbaugh, M., Howard, B. A. N., & Contractor, A. A. (2024). Response styles to positive affect during a positive psychology intervention for veterans with PTSD and moral injury: Preliminary results from a moral elevation intervention pilot trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, No Pagination Specified-No Pagination Specified. https://doi.org/10.1037/tra0001774
Objective: Veterans with posttraumatic stress disorder (PTSD) or moral injury are at risk of maladaptive response styles to positive emotions, such as emotional numbing. A potential pathway to target problematic responses to positive affect is a positive psychology intervention that elicits moral elevation—feeling inspired after witnessing someone perform a virtuous act. This study aims to examine responses to positive affect in a pilot trial of a web-based moral elevation intervention titled, MOVED:

Moral Elevation Online Intervention for Veterans Experiencing Distress Related to PTSD and Moral Injury. Method: Veterans who reported moral injury distress and probable PTSD were randomized into an intervention or control condition (n = 48). We examined repeated measures data during the trial and focused on three subscales of the Response to Positive Affect Questionnaire: rumination on positive mood and somatic experiences (emotion-focus), rumination on positive aspects of the self and pursuit of relevant goals (self-focus), and efforts to dampen positive moods (dampening). Three multilevel models were fitted with time and condition as predictors and subscale scores as outcomes. Qualitative data reported at intervention sessions was also reviewed and coded based on the three subscales. Results: Veterans in the MOVED condition reported more positive rumination than the control condition for both emotion-focus (b = 2.70, p = .023) and self-focus styles (b = 2.90, p = .003). There was no group difference in the dampening style. Qualitative responses after elevation-eliciting exercises and session-based goals were most frequently coded as including emotion-focused positive rumination, followed by dampening, then self-focused rumination. Conclusion: These results provide preliminary evidence that a moral elevation intervention might contribute to positive responses to positive affect in a sample predisposed to emotional numbing. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Mojallal, M. (2024, August). *Betrayal Trauma, Mindfulness, and Emotional Dysregulation: Associations With Moral Injury and PTSD - ProQuest.*
https://www.proquest.com/openview/2b49c61248b5ad45ee3d9bb66fab5f3e/1?pq-origsite=gscholar&cbl=18750&diss=y
The current study tested a structural equation model of associations between betrayal and nonbetrayal trauma, mindfulness, six facets of emotional dysregulation, shame, moral injury and posttraumatic stress disorder symptoms (PTSS) in a sample of college students (N = 680). Betrayal trauma disrupts the development of adaptive emotional regulation strategies (Burns et al., 2010) and elicits higher levels of shame (Platt & Freyd, 2012). Emotional dysregulation may primarily increase the risk of PTSD (Ehring & Quack, 2010), while self-blame and shame may particularly increase the risk of experiencing moral injury. We tested a model of associations between betrayal trauma and PTSS and moral injury, mediated by facets of emotional dysregulation and shame, and moderated by mindfulness. Betrayal trauma was associated with PTSS directly, as well as indirectly via the following facets of emotional dysregulation: lack of emotional clarity, limited access to strategies, and difficulty in impulse control. Betrayal trauma was also associated with moral injury directly, and indirectly via limited access to strategies. Mindfulness was associated with PTSS directly, and indirectly via four facets of emotional dysregulation and moral injury. Mindfulness was also indirectly associated with PTSS via shame and moral injury, and limited access to strategies and moral injury. Mindfulness was also associated with moral injury directly, and indirectly via shame and limited access to strategies. Mindfulness did not moderate the associations between betrayal trauma and facets of emotional dysregulation. The indirect effect of betrayal trauma on moral injury via shame was not significant over and above other variables. The findings extend the existing literature and support the hypotheses on the indirect effects of betrayal trauma and mindfulness on moral injury and PTSD via facets of emotional dysregulation and shame. However, the results do not support the hypothesis on the moderating effects of mindfulness on the associations between betrayal trauma and facets of emotional dysregulation. The findings of the current study may assist clinicians in distinguishing between the different mental health outcomes of betrayal and non-betrayal traumas and targeting the most relevant underlying processes to address clients' unique therapeutic needs.

Potik, D., Einat, T., & Idisis, Y. (2024). Posttraumatic Stress Disorder Symptom Clusters, Exposure to Potentially Morally Injurious Events, and Aggression Among Army Veterans. *Clinical Psychology & Psychotherapy*, *31*(5), e3056. https://doi.org/10.1002/cpp.3056
Objective Very few studies have examined the association between posttraumatic stress disorder (PTSD) symptom clusters and aggression since the change in PTSD diagnosis criteria a decade ago. Furthermore, these studies have used measures based on PTSD criteria of the DSM-IV. The current study therefore examines the association between PTSD symptom clusters, exposure to potentially

morally injurious events (PMIEs), and various types of aggression following the change in PTSD criteria and in accordance with the criteria of the DSM-5-TR. Method A sample of 167 Israeli combat veterans completed validated self-report questionnaires tapping PTSD symptoms, exposure to PMIEs, and aggression levels. Results Our analysis revealed a significant positive relationship between the number of court-martials, betrayal-based PMIEs, all PTSD symptom clusters, and aggression. We also found that the arousal cluster, as well as the number of court-martials and age, predicted aggression, whereas the re-experiencing cluster predicted lower aggression levels. Conclusion Besides an updated understanding of the association between all PTSD symptom clusters and various forms of aggression, these findings emphasize the importance of targeting arousal symptoms and especially anger in treatment of veterans with PTSD symptoms and those who report experiences of betrayal. The findings also suggest clinicians to consider arousal symptoms, age, and history of court-martials when conducting either clinical or actuarial risk assessments of veterans.

Raley, M. J. (2024). *Combatting Suicidality in the Military: Harnessing Forgiveness and Self-Regulation Against the Harrowing Effects of Moral Injury and Suicidality - ProQuest*. https://www.proquest.com/openview/ec3ee3a09a13c0c91b77ccc5c00fd30e/1?pq-origsite=gscholar&cbl=18750&diss=y
Individuals with military backgrounds are significantly more likely to experience mental health concerns, including suicidal ideation. Moral injury, which is associated with suicidality, is the feeling of shame, grief, and guilt associated with perpetrating, failing to prevent, or witnessing morally transgressive acts. According to the Moral Injury Model, when one acts or witnesses an act that transgresses their moral beliefs, they experience dissonance and internal conflict. A topic that has not yet been studied in terms of moral injury is the positive psychology construct of character strengths, including forgiveness and self-regulation. This study hypothesized ratings of suicide would be positively associated with risk factors and negatively associated with protective factors identified in the literature. Additionally, we hypothesized the character strengths of forgiveness and self-regulation would moderate moral injury and suicidality. Bivariate correlations and multiple simple linear regressions confirmed hypotheses one and two. Moral injury, PTSD symptoms, combat exposure, depression, anxiety, stress, and substance use were all significantly and positively associated with suicidal ideation. Conversely, forgiveness, self-regulation, social connectedness, purpose in life, and satisfaction with life were inversely associated with suicidal ideation and behaviors. The statistical analyses for the moderating relationship between moral injury, forgiveness, and suicidal ideation revealed a significant main effect between moral injury and suicidal ideation and behaviors; however, there was no significant main effect of forgiveness on suicidal ideation and behaviors. Additionally, no significant interaction was found between forgiveness on moral injury and suicidal ideation and behaviors. Similarly, for the moderating effect of self-regulation on moral injury and suicidal ideation, there was a significant main effect found between moral injury and suicidal ideation and behaviors, but no significant main effect of self-regulation on suicidal ideation and behaviors. Additionally, there was not a significant interaction between self-regulation and moral injury on suicidal ideation and behaviors. From these results, the effect of moral injury and suicidal ideation and behaviors was not moderated by either forgiveness or self-regulation. These findings suggest continued examination on the mechanisms associated with death by suicide in the military population is sorely needed.

Rosser, A. V. (2024). *Soul Cry: Exploring the Lived-Experience of Moral Injury Among Black Male Police Officers in the Context of Undue Police Violence Against Black Citizens - ProQuest*. https://www.proquest.com/openview/8f68601d12e8598e61f8ea07314befe3/1?pq-origsite=gscholar&cbl=18750&diss=y
An Interpretative Phenomenological Analysis (IPA) was utilized in this study to explore moral injury within the context of undue police violence (UPV) against Black citizens. The study employed IPA to understand the lived experiences of participants concerning UPV towards Black citizens. Intersectionality served as a theoretical framework, aiding in the comprehension of the complexities and multidimensional

aspects of social identities and power dynamics. Seven participants underwent semi-structured interviews. The analysis identified four primary themes and twelve subthemes, illustrating how Black male police officers interpret and make sense of their moral injuries resulting from UPV against Black citizens. The findings of this study can pave the way for counselors and counseling education programs to offer culturally responsive mental health support to Black male officers navigating moral injury. Moreover, these implications could lead law enforcement towards adopting more effective practices and policies that support the mental health of Black male police officers struggling with moral injury.

Rushton, C., Nelson, K., Bergman, A., Boyce, D., Jenkins, C., Swoboda, S. M., & Hanson, G. (2024). Perceived Organizational Effectiveness during a Public Health Crisis and Moral Wellness among Nurse Leaders: A Cross-Sectional Study. *Journal of Nursing Management*, *2024*(1), 6808266. https://doi.org/10.1155/2024/6808266
Background. During a public health crisis, such as the COVID-19 pandemic, nurse leaders coordinate timely high-quality care, maintain profit margins, and ensure regulatory compliance while supporting the health and wellbeing of the nursing workforce. In a rapidly changing environment where resources may be scarce, nurse leaders are vulnerable to moral injury; however, organizational effectiveness may help to buffer moral challenges in healthcare leadership, thereby fostering greater moral resilience and reducing turnover intention. Aim. To understand mechanisms by which perceived organizational effectiveness contributes to nurse leaders' moral wellness (i.e., moral injury and moral resilience) and thereby effects work outcomes (i.e., engagement, burnout, and turnover intention). Methods. A cross-sectional survey of nurse leaders (N = 817) from across the United States was conducted using a snowball methodology, independent t-tests, and structural equation modeling to examine theoretical relationships among moral injury, moral resilience, and organizational effectiveness. Results. Higher ratings on every facet of perceived organizational effectiveness were significantly related to greater moral resilience ($p < 0.001$ for all t-tests) and lower moral injury ($p < 0.001$ for all t-tests) among nurse leaders. Structural equation models indicated both moral resilience and moral injury were significant mediators of the relationship between organizational effectiveness and work outcomes. Moral resilience and moral injury significantly mediated the effect of organizational effectiveness on burnout. Moral resilience was also a significant mediator of the relationship between organizational effectiveness and moral injury. Conclusion. Dismantling organizational patterns and processes in healthcare organizations that contribute to moral injury and lower moral resilience may be important levers for increasing engagement, decreasing burnout, and reducing turnover of nurse leaders.

Schnyder, U. (2024). What Is Moral Injury? *Psychotherapy and Psychosomatics*, 1–5. https://doi.org/10.1159/000540679
Combat-related guilt in Vietnam veterans was described as early as 1973 [1], but it was only in 1994 that Jonathan Shay first coined the term of moral injury to describe the psychological suffering that resulted from moral transgressions in war....[...]

Sheikh Abdulkarim, F., Matoufi, A., Garkaz, M., & Khoain, A. (2024). Explaining the Motivation Pattern of Organizational Bullying Behaviors as a Moral Injury. *Ethics in Science and Technology*, *19*(2), 158–167. https://doi.org/10.22034/ethicsjournal.19.2.158
Background: Organizational bullying of auditors, as a moral injury and anomalous behavioral factor, disrupts the implementation steps of the audit and affects the way to achieve its goals. Bullying in the workplace often leads to moral harm, in which a person with power violates the value system of an employee. Therefore, the purpose of this research is to explain the motivation pattern of organizational bullying behaviors as a moral harm among auditors. Method: The research approach is qualitative and has been done using multiple data-based methods. Therefore, data analysis has been done at two levels of empirical and theoretical data base. The research community was experienced independent auditors in the years 1400 and 1401, and a theoretical sampling of 9 of them was used as a semi-structured interview sample group, and the obtained information was analyzed by coding method. Results: The

results of this research showed that the financial and occupational motivations, environmental conditions of the society and the nature of the auditing profession made the existence of the motivation of bullying behaviors of auditors inevitable and the aforementioned motivation is influenced by factors such as the identity of the auditing institution and individual characteristics. Conclusion: By understanding job content, using appropriate management approaches, training, adopting appropriate policies for recruiting and retaining employees, improving control and monitoring of employees, setting standards of organizational behavior and creating an active, fresh and up-to-date work environment, the effects can be The motivation side of the unethical behavior of auditors' bullying includes creating a sense of revenge, reducing the efficiency and effectiveness of the audit, reducing the economic benefits of the audit institute, preventing organizational and occupational injuries and physical, mental and moral injuries.

Thibodeau, P., Arena, A., Wolfson, H., Talamantes, M., & Albright, K. (2024). "Working within broken systems": Social workers bridge the fractures of U.S. healthcare: A qualitative inquiry on moral injury. *Social Science & Medicine*, *358*, 117262. https://doi.org/10.1016/j.socscimed.2024.117262
Healthcare social workers (HSWs) in the United States are integral to interdisciplinary teams and health services. HSWs have a unique role in healthcare, as they care for their patients' psychosocial needs, through case management and clinical services. There is a gap in understanding how HSWs are impacted by their healthcare work. This study aims to understand the experience of moral injury, a marker of well-being, amongst HSWs in one state in the United States. Moral injury is the moral transgression (or boundary breaking) by oneself or someone in a position of power in high stakes situations and the negative outcomes of those experiences. Using a qualitative approach, semi-structured interviews were conducted with 24 HSWs in August of 2022. Thematic analysis was used to understand the lived experience of moral injury for HSWs. Three themes emerged: 1) HSWs' definition and examples of moral injury; 2) HSWs situated in the "in-between" of policy and practice; and 3) upholding social work values within the medical model. These findings impact healthcare practice and policy, in delineating what falls within the bounds of social work, changing the workflow of health services, and creating further opportunities for interdisciplinary training, well-being initiatives, and systems-level changes. The findings from this work highlight the importance of understanding the moral impact of healthcare work on social workers, which should be further examined in depth not only amongst HSWs but also across the healthcare workforce.

Turgoose, D., & Murphy, D. (2024). Associations between Adverse Childhood Experiences (ACEs) and Complex-PTSD, moral injury and perceived social support: A latent class analysis. *European Journal of Trauma & Dissociation*, *8*(4), 100463. https://doi.org/10.1016/j.ejtd.2024.100463
Background Adverse Childhood Experiences (ACEs), including childhood abuse and neglect, are consistently linked to poorer mental health and psychosocial outcomes in adulthood. Complex-posttraumatic stress disorder (C-PTSD) and moral injury are two conditions which can cause significant distress and functional impairment in individuals affected by trauma. However, not much is known about the complex relationships between ACEs, C-PTSD and moral injury. Furthermore, while perceived social support is a commonly cited protective factor for C-PTSD, there is little understanding about how it relates to ACEs in traumatised populations. The aim of this study was to investigate ACEs in a trauma-affected sample of UK military veterans using latent class analysis. Secondly, the study tested for associations between latent classes of ACEs, severity of C-PTSD and moral injury, and levels of perceived social support. Method Data was collected from a UK military veterans mental health charity, from a clinical sample (N = 336) who were receiving treatment for mental health difficulties. Participants completed standardised measures of ACEs, C-PTSD, moral injury, and perceived social support. Data was analysed using a bias-adjusted 3-step approach latent class analysis. Wald statistics were used to test for associations between classes of ACEs and C-PTSD, moral injury and perceived social support. Findings A two-class model was found to be the best fit for the data, which depicted two classes of ACEs within the sample. The classes showed a distinction between a group of participants who were more

likely to endorse experiencing high levels of ACEs, and a separate group who endorsed relatively lower levels of ACEs. As such, the model was interpreted as depicting a low-ACEs (class 1) vs. high-ACEs (class 2) distinction. 56 % of participants fell into class 1 (low ACEs) with 44 % in class 2 (high ACEs). Participants in class 2 (high ACEs) were significantly more likely to score highly for symptoms of C-PTSD and moral injury, and to report lower levels of perceived social support. Conclusion The present study is the first to report a two-class model of low vs high-ACEs in a clinical sample of UK military veterans. It also describes how membership of the high-ACEs class was significantly associated with higher scores for key mental health and psychosocial variables in C-PTSD, moral injury and perceived social support. The findings have important clinical implications in highlighting the possible role of ACEs in understanding the aetiology of psychopathology in military populations affected by trauma. It also adds to the growing literature which demonstrates how many military personnel experience significant levels of pre-existing trauma and adversity before entering service, and how this can contribute to the development of complex mental health outcomes in adulthood.

Usset, T. J., Godzik, C., Harris, J. I., Wurtz, R. M., Pyne, J. M., Edmonds, S. W., Prunty, A., Brown, R. J. L., Bardach, S. H., Bradley, J. M., Hubble, C. L., Oliver, B. J., Pepin, R. L., Currier, J., & Smith, A. J. (2024). Building Social Support and Moral Healing on Nursing Units: Design and Implementation of a Culture Change Intervention. *Behavioral Sciences*, *14*(9), 796. https://doi.org/10.3390/bs14090796
The healthcare industry continues to experience high rates of burnout, turnover, and staffing shortages that erode quality care. Interventions that are feasible, engaging, and impactful are needed to improve cultures of support and mitigate harm from exposure to morally injurious events. This quality improvement project encompassed the methodical building, implementation, and testing of RECONN (Reflection and Connection), an organizational intervention designed by an interdisciplinary team to mitigate the impact of moral injury and to increase social support among nurses. This quality improvement project was conducted in a medical intensive care unit (MICU) in a rural, academic medical center. We employed an Evidence-Based Quality Improvement (EBQI) approach to design and implement the RECONN intervention while assessing the feasibility, acceptability, and preliminary effectiveness via surveys (n = 17). RECONN was found acceptable and appropriate by 70% of nurses who responded to surveys. Preliminary effectiveness data showed small to moderate effect sizes for improving social support, moral injury, loneliness, and emotional recovery. Further evaluation is warranted to establish the effectiveness and generalizability of RECONN to other healthcare settings.