



Moral Injury: alertering

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

Elke maand zet de ARQ-bibliotheek nieuwe publicaties over *Moral Injury* op deze lijst.

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

1.

(2025). "Panels." European Journal of Psychotraumatology **16**(sup1): 2498211.

10.1080/20008066.2025.2498211

PTSD in diverse populations and diverse contexts: From clinical insights to scalable interventions Soraya Seedat (discussant), Andrea Phelps, Angela Nickerson, Rachel Hiller, Sonia Norman, Bitu Ghafoori, Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa 2Phoenix Australia| Centre for Posttraumatic Mental Health, Department of Psychiatry, The University of Melbourne, Australia Refugee Trauma and Recovery Program, School of Psychology, University of New South Wales, Sydney, Australia, Division of Psychology & Language Sciences, University College London, United Kingdom, University of California San Diego School of Medicine, PTSD Consultation Program through the Executive Division of the National Center for PTSD, California, United States, Department of Advanced Studies in Education and Counseling (ASEC), Director of the CSULB Long Beach Trauma Recovery Center, California, United States Presentations of posttraumatic stress disorder (PTSD) can vary by population, culture, geography, and comorbidity, influencing the choice, acceptability, and effectiveness of evidence-based treatments (EBTs). In this symposium, we address the mechanisms underpinning PTSD in refugees, interventions to target pernicious PTSD symptoms, such as sleep and moral injury, and EBT delivery in youth and adults, and in diverse geographic and cultural contexts. First, Dr. Andrea Phelps will address sleep and circadian disturbances that are highly prevalent in veterans and first responders and, left untreated, may predict the development of mental health disorders such as depression and PTSD. She will discuss the results of a trial of Transdiagnostic Sleep and Circadian Intervention (TranS-C) for veterans and first responders with varied sleep disturbances, and a follow-up trial targeting circadian rhythms through regulating light exposure. Second, Dr. Angela Nickerson will outline a key mechanism underlying symptoms of PTSD among refugees living in a state of prolonged uncertainty. She will discuss results from a longitudinal study that investigated the role of avoidance of both negative and positive emotions in exacerbating psychological symptoms in a sample of refugees living in sustained displacement in Indonesia. Third, Dr. Rachel Hiller will present work focused on care-experienced young people (i.e., young people who have spent time under the care of child welfare services). This group has commonly experienced complex interpersonal traumas, which can have well-documented life-long consequences. In this talk, Dr Hiller will present research from a sample of >400 care-experienced young people exploring overlaps between mental health and well-being across early and late adolescence, and then draw on recent research on the use of lower- and higher-intensity EBTs to consider how to scale access to evidence-based trauma-focused treatments for this group. Symptoms of PTSD include guilt and shame, with many trauma survivors suffering emotional consequences for having had to take actions during their trauma that went against deeply held values. Guilt and shame, which may be signs of moral injury, are linked to impairment in functioning and suicide risk and may require targeted intervention. Dr. Sonya Norman will discuss research to understand and treat moral injury and trauma-related guilt and shame. With regard to EBTs, scalable clinician training is important for increasing utility and improving access and impact. This requires appropriate training and supervision. Dr. Bitu Ghafoori will share insights from two pilot

studies of Narrative Exposure Therapy (NET) training in Chile and Portugal. The findings suggest that training in NET may be feasible in diverse communities. Training in NET improves knowledge and clinician attitudes towards an evidence-based PTSD treatment. Presentations of posttraumatic stress disorder (PTSD) can vary by population, culture, geography, and comorbidity (e.g. cardiovascular disease and sleep-related disorders), influencing the choice, acceptability, and effectiveness of evidence-based treatments (EBTs). In this symposium, we address the interface of PTSD and cardiovascular disease, interventions to target pernicious PTSD symptoms, such as sleep and moral injury, and EBT delivery in diverse geographic and cultural contexts. First, Dr. Brian Smith will highlight the impact of wartime service and post-military PTSD and depression on CVD risk using data from two epidemiologic studies of U.S. women and men who served on active duty during the Vietnam War. Findings underscore the need for trauma-informed care to prevent and screen for chronic disease development in populations at heightened risk, such as military and veteran populations. Second, Dr. Andrea Phelps will address sleep and circadian disturbances that are highly prevalent in veterans and first responders and, left untreated, may predict the development of mental health disorders such as depression and PTSD. She will discuss the results of a trial of Transdiagnostic Sleep and Circadian Intervention (TranS-C) for veterans and first responders with varied sleep disturbances, and a follow-up trial targeting circadian rhythms through regulating light exposure. Symptoms of PTSD include guilt and shame, with many trauma survivors suffering emotional consequences for having had to take actions during their trauma that went against deeply held values. Guilt and shame, which may be signs of co-occurring moral injury, are linked to impairment in functioning and suicide risk and may require targeted intervention. Dr. Sonya Norman will describe a programme of research to study Trauma Informed Guilt Reduction Therapy, an intervention to address moral injury and trauma-related guilt and shame. With regards to EBTs, scalable clinician training is important for increasing utility, and improving access and impact. This requires appropriate training and supervision. Dr. Bitu Gafoori will share insights from two pilot studies of Narrative Exposure Therapy (NET) training in Chile and Portugal. Findings suggest that training in NET may be feasible in diverse communities. Training in NET improves knowledge and clinician attitudes towards an evidence-based PTSD treatment; however, additional follow-up training and supervision are required in order to adequately implement NET with fidelity. To disseminate EBTs widely across geographic boundaries, culturally and contextually informed and co-developed adaptations of EBTs are needed. Dr. Judy Bass will examine the core considerations and challenges for cross-context adaptation, implementation and scale-up to widen access to EBTs for trauma-related conditions, including PTSD, including the training of non-specialist interventionists and the use of culturally-congruent outcome measures. Trauma is a global issue. Traumatic experiences, trauma-related symptoms, as well as treatment approaches differ across cultures. Therefore, collaborating across national boundaries and traumatic stress societies joining forces will enhance our understanding and eventually benefit those confronted with trauma. The Global Collaboration on Traumatic Stress (GCTS) is a collaborative initiative which consists of researchers and clinicians from around the globe and represents traumatic stress societies worldwide (ESTSS, ISTSS, JSTSS, ASTSS, ACET, SAPsi, KSTSS, CPA-TSS, DeGPT). It has an active student and early career section. This interactive panel will start with an outline of the GCTS history, background, its principles and structure. Then we will illustrate the added value of global collaboration by highlighting three themes: Armed conflict, Child maltreatment, and Global prevalence of trauma and trauma-related disorders. Special attention will be paid to GCTS added value to members at various career stages (from students to more advanced) and from different geographies, including how GCTS global network supported their careers (e.g. research and practice), what opportunities it created for them, how it helped them advance in, or amplify, their ongoing work/studies and address research and practice gaps between countries. Journalists are confronted with psychological, physical, and craft challenges in covering trauma. The Dart Center for Journalism and Trauma, a project of the Columbia University Graduate School of Journalism, is dedicated to informed, innovative and ethical news reporting on violence, conflict, and tragedy. This panel will discuss research on journalists and trauma, innovative programmes to assist journalists with both craft and self-care issues and encourage ESTSS members to think inclusively about engaging with journalists. Trond Idas

and Klas Backholm will discuss some research findings about trauma reactions especially how. Moral issues and guilt affect journalists. Elana Newman will discuss the Dart Center's various activities addressing journalists' occupational health. Then Gavin Rees will discuss Dart's activities in Ukraine during the war-related crisis. Together the panellists and audience will discuss future directions and ideas for productive collaboration among clinicians, researchers, and journalists. The global landscape of torture continues to evolve, presenting complex challenges that intersect with migration, conflict, war, and other gross human rights violations. Torture-related trauma affects individuals and communities in profound ways, with consequences that can persist across generations. According to Amnesty International's latest global report on torture, 141 states – three-quarters of the world – still use torture to punish and silence people under their control. As a result, at least 100,000 victims worldwide require life-saving medical care. Several factors contribute to the persistence of torture, including the global rise of authoritarianism and populism, an increasing number of conflicts – the highest since World War II – the failure of warring states to protect civilians, the criminalisation of migration, the retention of exceptional powers initially introduced to address COVID-19, massive prison overcrowding, and a widespread lack of protection for marginalised and discriminated groups. In response to these challenges, the International Rehabilitation Council for Torture Victims (IRCT) plays a crucial role in supporting survivors. As an umbrella organisation for 172 rehabilitation centres worldwide, the IRCT provides assistance to up to 72,000 torture survivors annually. Recognising the importance of a coordinated response, this panel will highlight the IRCT's work and discuss the necessity of bridging research and practice to ensure effective, holistic rehabilitation. A central element of the IRCT's global approach is survivor engagement, which is understood in three critical areas: governance, health, and human rights advocacy. By involving survivors as key stakeholders, the IRCT ensures they not only influence but also take control of their own rehabilitation journeys, fostering a sense of agency and justice. Survivor-driven initiatives are essential to the global fight against torture, as they empower individuals to contribute to both policy-making and practical rehabilitation efforts. This panel will feature survivors from the International Rehabilitation Council for Torture Victims' Survivor Board (IRCT's SAB). Panellists will discuss the transformative role of survivor engagement in the global anti-torture movement and explore how fostering survivor agency can shape holistic rehabilitation practices.

2.

Abidi, C., et al. (2025). "Trying to Fix What is Broken': Experiences of Encountering Children in Armed Conflict During Military Service." *International Peacekeeping*: 1-29. 10.1080/13533312.2025.2521345 Canadian Armed Forces Veterans, clinicians, and researchers (n=39) engaged in Participatory Action Research to enhance understanding of the mental health impacts of deployment-related encounters with children and to identify recommendations to better prevent, mitigate, and address the mental health effects of these encounters. Four key findings emerged: (1) the variation and gendered experiences and impacts of encounters with children; (2) the need for pre-deployment education around concepts of moral injury, military culture and childhood; (3) the role of military institutional readiness and proactive leadership support in mitigating the impacts of potentially morally injurious encounters with children; and (4) a requirement for long-term, comprehensive and integrated services, spanning formal and informal networks, to support personnel impacted by encounters with children. This research reveals that centring shared experiences through participatory and trauma-informed approaches in military mental health research offer meaningful insights on addressing moral injuries related to encounters with children.

3.

Adkison, N. C. (2025). "Moral Injury: Understanding Moral Injury and Overcoming It Through Faith, Spiritual Practices, and Support From Others."

4.

Beardmore, C., et al. (2025). "Commentary-A Military Health Care Ethics Framework." Military Medicine **190**(7-8): 182-186. 10.1093/milmed/usae351

Ethical practice within military health care is a significant topic of professional and academic debate. The term "military health care ethics" enfranchises the entire health care team. Military health care professionals are subject to tension between their duties as military personnel, and their ethical duties as health care professionals, so-called "Dual Loyalty." Some military health care practitioners have suffered moral injury because of the psychological stress associated with ethical challenges on military operations. It is important to define military health care ethics and also to consider how it should be taught. The essence of ethical practice is ethical decision-making. It has become self-evident from our experience of teaching military health care ethics that a simple and agreed framework for analyzing an ethical problem is required. This paper describes the development of the King's Military Healthcare Ethics Framework in support of a military health care ethics policy on behalf of the NATO Military Healthcare Working Group. There is logic to using a stepped approach to analyze an ethical problem in military health care. These steps are: "Identify" the problem, "Analyze" the problem including consideration of perspectives, "Fuse" the analysis, and "Decide". Step 1-Identify-is intended to orientate the decision-making group, and to articulate the problem specifically and clearly in order to determine the exact ethical issue and the secondary issues that arise. Step 2-Analyse-considers the problem from 4 perspectives: patient, clinical, legal, and societal/military. These reflect the breadth of perspectives that impact on health care practice within a military context. Step 3-Fuse-is the culminating step. The conclusions from the analysis of perspectives should be summarized and key references cited. This will determine the exact decision(s) to be made. Step 4-Decide-clearly articulates the decision made and provides the record of the key reasons for making that decision. This may include areas of enduring uncertainty and any planned review of the decision. The King's Military Healthcare Ethics Analytical Framework has been evaluated for content validity through iterative discussion at 4 meetings of the NATO MHCWG and a specific workshop on military health care ethics over 2022/2023. It is included within the draft NATO Standardization Agreement on Military Healthcare Ethics.

5.

Bell, V., et al. (2025). "In harm's way: moral injury and the erosion of trust for emergency responders in the United Kingdom." European Journal of Psychotraumatology **16**(1): 2513107. 10.1080/2008066.2025.2513107

Background: Moral injury describes the impact of witnessing or being part of events that violate one's values. Initially described in relation to conflict and war, recent work shows that moral injury is a relevant concept for professionals working in emergency situations. Emergency responders work in contexts of human suffering and make complex decisions in time-pressured, high-stakes situations, but emergency responders' viewpoints regarding moral injury and how strongly they align with different viewpoints is currently not well understood. Objective: We sought to investigate how moral injury is conceptualised and how emergency responders in the United Kingdom (UK) relate to experiences of moral injury. Method: In this Q-methodology (mixed-methods) study, seven experts co-created a set of 45 opinion statements (Q-set) capturing different facets of moral injury in the context of emergency responding. Subsequently, N=21 emergency responders (police, fire service, emergency medicine, ambulance, and community first-response staff) completed an online Q-sort task, sorting statements according to how much they identified with them. Results: A by-person factor analysis yielded a three-factor solution mapping onto theoretical positions of moral injury, including loss of trust in others (Factor 1), loss of trust in oneself (Factor 2), and loss of trust in authority (Factor 3). Conclusions: Our findings support the assumption that moral injury is not a unitary concept but instead comprises different facets that people may identify with to a greater or lesser extent, depending on their role. Our results suggest differences between police vs. hospital ward workers and length of time in the profession. Future research into tailored relational and systemic interventions may be required to address the variety of experiences of moral injury in emergency responders. Using Q methodology, we investigated how moral injury is conceptualised by emergency responders in the United Kingdom (UK). Emergency responders (police,

fire service, emergency medicine, ambulance, and community first-response staff) completed an online Q-sort task, sorting statements according to how much they identified with them. We found three distinct viewpoints mapping onto theoretical positions of moral injury, including loss of trust in others (Factor 1), loss of trust in oneself (Factor 2), and loss of trust in authority (Factor 3). Using Q methodology, we investigated how moral injury is conceptualised by emergency responders in the United Kingdom (UK). Emergency responders (police, fire service, emergency medicine, ambulance, and community first-response staff) completed an online Q-sort task, sorting statements according to how much they identified with them. We found three distinct viewpoints mapping onto theoretical positions of moral injury, including loss of trust in others (Factor 1), loss of trust in oneself (Factor 2), and loss of trust in authority (Factor 3).

6.

Bergmans, Y., et al. (2025). "Mental Health Providers: Are We Part of the Solution or Part of the Problem? Lessons Learned on the Trauma of a Suicide Attempt." Reflections: Narratives of Professional Helping **31**(2): 28-43.

<https://reflections.narrativesofprofessionalhelping.org/index.php/Reflections/article/view/2088>
<p>This paper focuses on the often-neglected recognition of client and care provider trauma associated with a suicide attempt or death. After the death of a group member, clinicians and peer facilitators of a group intervention for people who had made recurrent attempts were invited to share their narratives. The "before-during-after" experiences identified that anxiety, post-traumatic stress, and/or moral injury are to be considered when providing assessment and care for the person who has made a suicide attempt. Attending in a trauma-informed way to the subjective and unique experience and responses of the client can ameliorate worsening ideation or further attempts. Trauma-informed care further encourages a mutual and collaborative understanding of the attempt to support agency, strengths, and skills possessed even within the context of the traumatic event.</p>

7.

Cahill, J. M., et al. (2025). "Patients Before Profits: restoring agency and mitigating moral injury in medicine." Perspectives in Biology & Medicine **68**(2): 229-242. 10.1353/pbm.2025.a962020
One of the major challenges facing health-care organizations is the well-being of clinicians. The goal of this article is to show how organizations are constrained by a neoliberal logic that has imported a factory-based organizational model into health care, resulting in alienation from work, feelings of betrayal and mistrust, and ultimately moral injury for physicians. If this damage is to be repaired, we must seek to understand the organizational sickness now afflicting health care and work to restore agency and trust to health-care workers and patients alike.

8.

Charati, F. G., et al. (2025). "Surveying Association Between Moral Injury and Quality of Work Life of Emergency Nurses During the Coronavirus Disease 2019 Pandemic." Journal of Emergency Nursing. 10.1016/j.jen.2025.03.012

Introduction The emergency department is an environment with a high volume of workload pressure and stressors accompanied by various moral problems and challenges. Thus, the current research examined the association between moral injury and the quality of work life of the nurses. Methods In this descriptive-correlational study done in 2022, 168 nurses working in the emergency department of the referral hospitals of Mazandaran University of Medical Sciences participated via census sampling. The demographic questionnaire, moral injury questionnaire (Moral Injury Symptom Scale-Healthcare Professionals version), and Brooks' Quality of Nursing Work Life scale were used to collect the data, which were analyzed by SPSS 25 and used descriptive and inferential statistics with Spearman's rank correlation coefficient and Mann-Whitney and Kruskal-Wallis tests. Results The mean moral injury and the mean quality of nursing work life resulted as 9.58 ± 46.69 and 129.92 ± 15.76 , respectively. Moral injury displayed a significant and indirect relationship with the quality of nursing work life ($r = -0.433$,

$P < 0.05$). In addition, moral injury was meaningfully associated with age, work record, work shift, job rank, and the number of patients ($P = .05$). The quality of work life was also significantly associated with gender, education, and marital status ($P < .05$). Discussion In the current study, a significant relationship was discovered between moral injury and the quality of work life of nurses during the coronavirus disease 2019 pandemic. As moral injury increases, the nurses' quality of work life decreases.

9.

Chiu, E. Y. and T. Fleming (2025) The Aesthetics of Disillusionment: Teachers' Narratives of "Disillusioned Transformation". *Behavioral Sciences* **15**, 10.3390/bs15070858

This article explores the emotional transformations of teachers since the pandemic, shifting from idealised passion for their profession to a more balanced, self-preserving approach to their work and mental well-being. Through four case studies of teachers from Hong Kong, Australia, and France, this paper examines how teachers navigate emotional wisdom in response to trauma and burnout and how such wisdom informs their ability to recognise when to prioritise their mental health over job prospects. The idea of disillusioned transformation will be explored: when teachers who are initially invested in a set of ideals in their roles become disillusioned and disengaged but through which find emotional balance and the resilience towards new sources of professional fulfilment. Central to transformative learning theory, this study highlights how trauma (moral injury, systemic trauma) and emotional wisdom contribute to teachers' critical reflection and self-preservation. This article seeks to delineate the intersection between emotional wisdom, aesthetic emotions, and trauma recovery and to understand how teachers transform their professional identity in response to emotional distress, fostering a more sustainable and healthy approach to teaching.

10.

D'Alessandro-Lowe, A. M., et al. (2025). "Moral injury, coping strategies, and supports among Canadian public safety personnel." *Journal of Military, Veteran and Family Health* **11**(3): 53-68. 10.3138/jmvfh-2024-0044

LAY SUMMARY Public safety personnel (PSP), like police officers, firefighters, and paramedics, often face stressful situations at work in which their moral values are violated. These experiences place PSP at risk for moral injury. Moral injury is a type of mental health experience that can greatly affect how someone feels and behaves. This study aimed to understand whether and how moral injury relates to different coping methods and supports that PSP may regularly use. The results showed that organizational support, spiritual well-being, self-compassion, and social support were each associated with less moral injury. These results will help inform prevention and intervention strategies for PSP experiencing moral injury.

11.

DeTienne, K. B., et al. (2025). "Repairing Broken Promises: A Theory of Managerial Accounts and Moral Intensity in Organizations." *Academy of Management Proceedings* **2025**(1): 13107. 10.5465/AMPROC.2025.13107abstract

What is it that differentiates managers who succeed in their attempts to heal the rifts caused by psychological contract breaches and violations in their organizations from those who fail? Discovering the answer to this question is critical in today's workplace because managers are key in creating (or destroying) the relational ties both between and within institutions. Otherwise, these psychological contract breaches and violations can escalate to the point of moral injury and thereby become a major threat to those individual-organizational ties that are essential for all those with a stake in both the individual and the organization. As such, in this paper we tackle five main tasks: 1. we review the literature on psychological contract breaches and violations; 2. we propose that psychological contract breaches and violations need not be linear but can also co-occur within the offended individual; 3. we show how certain managerial accounts are better than others when it comes to responding to the psychological breach and violation of the offended individual in a way that ameliorates moral injury for

both the individual and the organization; 4. we offer a comprehensive accounts typology that points to which accounts are better when it comes to validating a breach and reducing the moral intensity of the violation, and 5. we examine the implications and research imperatives of this new model of interpersonal and organizational communication and sense-making in institutions that can better help in the healing process for individuals, managers, and organizations.

12.

Duncan Rozario, M. D. (2025). Beyond Burnout: Architecting a Sustainable and Fulfilling Life as a Surgeon, https://www.duncanrozario.com/files/Beyond_Burnout.pdf

The surgical profession faces unprecedented challenges that go beyond simple burnout—what many experience is moral injury, the distress that comes from being unable to provide the quality care we know patients deserve. This book reframes the discussion from merely avoiding burnout to proactively designing a fulfilling surgical career through a dynamic three-phase framework: "Learn, Learn and Earn, and Learn and Earn Differently." This approach acknowledges that a surgical career spans many decades and requires continuous adaptation. The early phase focuses on foundational decisions regarding specialty, location, relationships, and financial literacy. The middle phase emphasizes process optimization, workload management, leadership engagement, and maintaining work-life integration. The final phase involves the evolution of your practice, mentorship, legacy-building, and thoughtful transition planning. By taking an architectural approach to your surgical career—making conscious choices, setting boundaries, embracing technology, fostering collegial relationships, and maintaining personal well-being—one can create not just a sustainable practice but a deeply rewarding life in surgery. Success requires both individual agency and system improvement, with empathy serving as the guiding principle throughout

13.

Engen, C. (2025). "<<Doctors must live>>: a care ethics inquiry into physicians' late modern suffering." Medicine, Health Care & Philosophy **28**(2): 275-290. 10.1007/s11019-025-10258-7

In 2023, thousands of young Norwegian physicians joined an online movement called #legermaleve (#doctorsmustlive) and shared stories of their own mental and somatic health issues, which they considered to be caused by unacceptable working conditions. This paper discusses this case as an extreme example of physicians' and healthcare workers' suffering in late modern societies, using Vosman and Niemeijer's approach of rethinking care imaginaries by a structured process of thinking along, counter-thinking and rethinking, bringing to bear suffering as a heuristic device. Thinking along, taking the physicians' stories and arguments literally, reveals an image of an unbearable workload. Counter-thinking resituates their suffering within the broader conditions of late modernity, suggesting that the root cause may lie not in the quantity of the workload itself but in its qualities and in its perceived threat to their integrity as caregivers through epistemic and moral injury and an inability to respond to this threat. In rethinking, the ambiguity of suffering- its dual potential as both a constraint and an opening-becomes central. Following the physicians' own interpretations and the solutions emerging from this framing, both their suffering and that of their patients could paradoxically be exacerbated by further decentering physicians and reinforcing utilitarian, data-driven approaches. However, staying with their suffering and reinterpreting its causes opens possibilities to leverage critiques of medicalization at large and of their own suffering in particular, challenging the assumption that the weight of care must always grow heavier. From this reframing, I argue, it is possible to reclaim and reimagine care and the clinical space as a nexus of epistemic and moral privilege, recentering response-ability both relationally and socially.

14.

Fainstad, T., et al. (2025). "Impact of an Online Group-Coaching Program on Ambulatory Faculty Physician Well-Being: A Randomized Trial." Journal of the American Board of Family Medicine: JABFM **37**(6): 1055-1071. 10.3122/jabfm.2024.240022R1

BACKGROUND: Physician burnout contributes to distress, turnover, and poor patient outcomes. Evidence suggests individual professional coaching may mitigate burnout but is costly and time intensive. Group coaching evidence is lacking. Here, we assess a group coaching program in ambulatory-based faculty.

METHODS: A randomized trial occurred from February 1, 2023, to May 31, 2023, in 5 ambulatory and/or primary care-based departments at an academic institution. Participants were randomly assigned to an intervention (offered a 4-month, online, group coaching) or to a control group (not offered coaching). Surveys measuring validated dimensions of distress (burnout, impostor syndrome, moral injury, loneliness) and well-being (self-compassion, flourishing) were administered before and after the intervention. A linear mixed model analysis was performed on an intent-to-treat basis.

RESULTS: Among 160 participants, the mean (SD) age was 42.0 (8.4), 131 (81.9%) identified as female, and 135 (85.4%) as White. Group coaching improved intervention participants' burnout domain of depersonalization (delta: -1.72 points [CI: -3.26, -0.17]; $P = .03$), impostor syndrome (delta: -0.82 points [95% CI: -1.47, -0.18, $P = .01$], and flourishing (0.35 points (95% CI: 0.03, 0.66), $P = .03$) compared with the control. There were no significant differences in the other domains of burnout, or moral injury, loneliness, or self-compassion.

DISCUSSION: Four months of group-coaching improved some well-being outcomes in ambulatory-based clinicians. The intervention may be particularly useful given its accessibility, and online delivery supports greater scalability and lower cost than individual coaching.

CONCLUSION: Group coaching is an institutionally provided, individually harnessed tool to heal physician burnout.

TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT05635448.

15.

Fradley, K., et al. (2025). "Assessing moral injury in health care workers living in secular societies: Introducing the Health care-Moral Injury Scale (HMIS)." *Br J Health Psychol* **30**(3): e12810. 10.1111/bjhp.12810

PURPOSE: The adverse impact of moral injury on health care workers is well documented, for example during the COVID-19 pandemic. However, currently available measures are unsuitable for assessing moral injury in health care workers living in secular societies such as the United Kingdom. The current study introduces and validates the Health care-Moral Injury Scale (HMIS). **METHOD:** The 10-item HMIS was designed during the COVID-19 pandemic to assess moral injury in health care workers. Between September and October 2020, 858 health care workers completed the scale and other measures. A factor structure was identified by exploratory and confirmatory factor analysis and correlations were used to test the convergent (burnout, hope, mistrust) and divergent (loneliness) validity of the HMIS. Regression analyses tested the criterion-related validity of the HMIS against measures of depression, anxiety and PTSD. **RESULTS AND CONCLUSIONS:** The HMIS was found to be a unidimensional scale comprised of three conceptual components. There was evidence of good convergent validity, with a medium-sized correlation between the total moral injury score and burnout. However, correlations were weaker for loss of hope and loss of trust. Moral injury was not significantly associated with loneliness when controlling for mental health difficulties, indicating good divergent validity. Moral injury scores predicted worse severity of depression, anxiety and PTSD, supporting criterion-related validity. Findings suggest that the HMIS is a valid scale that can be used by researchers to assess moral injury specifically in a health care context.

16.

Furlan, A. and J. H. Sumkin (2025). "Adapting to the Winds of Change: Navigating Moral Injury in Radiology." *Journal of the American College of Radiology* **20**: 20. 10.1016/j.jacr.2025.05.014

17.

Giacalone, R. A. and S. R. Valentine (2025). "Investigating the aftermath of moral injury in organizations: Job stress, trauma-induced ill-being, and moral post-traumatic stress disorder as serial outcomes." *Journal of Business Research* **199**: 115404. 10.1016/j.jbusres.2025.115404

Unethical experiences at work harm individual attitudes and well-being. However, limited research has investigated how such experiences injure employees morally, prompting occupational stress, ill-being, and moral trauma. Drawing from ethical impact theory in business and interdisciplinary moral injury research, as well as using data collected from business professionals in two separate studies, this investigation explored how moral injury was associated with increased job stress, trauma-induced ill-being (i.e., adverse physical symptoms and fatigue), and moral post-traumatic stress disorder. The serial mediation analyses indicated that these factors were variably and positively interrelated either directly or indirectly, suggesting that moral injury progressively affects multiple adverse work experiences. Employers should improve the workplace in ways that reduce the unethical experiences associated with moral injury, thus mitigating its harmful effects on employee well-being. The findings are discussed in terms of their implications for both organizations and public health.

18.

Godzik, C. M., et al. (2025). "Barriers and Facilitators to Implementation of Interventions to Mitigate Moral Injury Among Nurses." *Frontiers in Health Services* **5**: 1582700. <https://doi.org/10.3389/frhs.2025.1582700>

Background: In the post-pandemic recovery era, addressing moral injury is critical due to high prevalence and impact on mental and occupational health. Interventions that address moral injury in hospital settings are limited. Further, engaging HCWs in any mental health interventions has proven challenging for a variety of reasons and exacerbated by factors such as a rural setting. Implementation science aimed at understanding barriers and facilitators to interventions is needed in order to build and offer interventions that are usable, feasible, acceptable, and effective. The current study aimed to understand such barriers and facilitators to building moral injury interventions for nurses on the medical intensive care unit (MICU).

Methods: We conducted semi-structured qualitative interviews using the Consolidated Framework for Implementation Science Research (CFIR) and Peer and Academic Model of Community Engagement with 25 participants in a rural hospital system, 19 nurses currently working in the MICU and six nurses who left their MICU employment. Interviews were transcribed and analyzed using a thematic analysis approach.

Results: There were five CFIR domains and 14 associated CFIR constructs that impacted intervention implementation in this population. Barriers included resource costs, skepticism regarding the effectiveness of new resources, lack of support from leaders, concerns that emotions affect professional image, inability to take breaks, and a disconnect between nurses' lived experiences and community perceptions. Facilitators included interventions specifically tailored for the MICU, strengths in teaming and social support among fellow nurses, and a desire for change because of factors such as a high turnover rate. Participants also highlighted a strong motivation to provide the best care possible and a desire to build resilience by supporting each other.

Conclusion: Analysis of barriers and facilitators suggests value in improving the opportunities for HCWs to process morally injurious experiences with interventions specific to a particular unit and resources such as peer support and chaplains. There is a demonstrated need for high-level organizational change to address the dynamic needs of our nurses.

19.

Grimell, J., et al. (2025). "Commanding with compassion: harnessing the potential of military chaplains within the NATO structure." *Frontiers in psychiatry* Frontiers Research Foundation **16**: 1599662. 10.3389/fpsyt.2025.1599662

The purpose of this article is to foster a better general understanding of military chaplains within NATO by elucidating their roles, highlighting what distinguishes military chaplains from military medical (psychiatrists and psychologists), and offering general suggestions on how military commanders at the tactical (battalion) level can benefit from military chaplains. The context for this paper is the ongoing research conducted by NATO's Science and Technology Organization (STO) Human Factors and Medicine (HFM) Research Task Group (RTG) 352, titled "Moral Challenges in the Future Security Environment (FSE): Guidance for Leaders", which began in 2022 and will continue through 2025. The research methodology employed in this article is known as collaborative inquiry, which emphasizes a partnership between academic researchers in military chaplaincy and practitioners (i.e. military chaplains) with the aim of bridging the gap between theory and practice. The following three questions have guided the collaborative methodology: What do military chaplains typically do when supporting service members? What concepts are used to describe their work? What distinguishes military chaplains from medical professionals? The results are presented in the article and describe, among other things, that despite significant variations among NATO members' military chaplaincy services, chaplains generally exercise a ministry of presence. They are trained to address a wide range of spiritual, religious, moral, ethical and existential issues among service members and veterans. Additionally, non-clinical concepts related to moral injury (not yet a clinical diagnosis), such as guilt, shame, forgiveness, reconciliation, fall within the expertise of chaplains. Chaplains' commitment to professional secrecy and confidentiality - considered absolute by some chaplains - as well as the ethical distance (from the command structure) provides a safe space for military personnel and veterans to express their feelings, thoughts, and experiences. Additionally, military chaplains are often experts in dealing with death and grief, enabling them to conduct ritually and morally dignified farewells for fallen soldiers and provide support to their comrades and units. These are just some examples of the areas of expertise that military chaplains typically master.

20.

Hall, N. A. and C. Neighbors (2025). "Positive associations between potentially morally injurious experiences and alcohol outcomes in college students: Results from a dominance analysis." *Psychological Trauma: Theory, Research, Practice and Policy* **17**(5): 1033-1039. 10.1037/tra0001696
OBJECTIVE: A novel framework for understanding college students' alcohol use is moral injury-psychological distress that stems from events that violate moral beliefs. Considering the predominantly positive associations between moral injury and alcohol use in military samples, this relationship may extend to students. The purpose of this study was to examine the association between potentially morally injurious experiences (PMIEs), alcohol use, and related consequences. Furthermore, we aimed to determine the relative importance of PMIE subtypes on alcohol outcomes.

METHOD: Participants included 604 college students (78% female; 38% Caucasian) with a mean age of 21 years (SD = 4.44). We hypothesized that (a) the composite PMIE score would be positively associated with alcohol consumption and consequences and (b) Commission with Agency would have the strongest association with alcohol outcomes, followed by Betrayal, Omission, Commission under Duress, posttraumatic stress (PTS) symptoms, and Witnessing.

RESULTS: Analyses revealed that PMIEs were positively associated with alcohol-related consequences but not drinks per week when controlling for PTS symptoms. Moreover, the dominance analysis showed that Commission with Agency had the strongest association with consumption, followed by Betrayal, PTS symptoms, Commission under Duress, Witnessing, and Omission. PTS symptoms had the strongest association with alcohol-related consequences, followed by Commission with Agency, Commission under Duress, Omission, Betrayal, and Witnessing.

CONCLUSIONS: These findings help distinguish moral injury constructs from PTS and highlight the importance of Commission with Agency in analyzing alcohol outcomes. (PsycInfo Database Record (c) 2025 APA, all rights reserved).

21.

Harvey, S. and S. Newcombe (2025). "Hegemonic Masculinities and Sexual Abuse: Two Case Studies." Religion. <https://oro.open.ac.uk/104818/>

This article discusses male experiences of hegemonic masculinity and abuse within two small, anonymized new religious movements, drawing on primary source material from the educational charity Inform. Both groups created patriarchal, misogynistic cultures in which women were inferior to men and the leaders used teachings to justify restricted gender roles and sexual activity and sexual abuse of women. Both men and women experienced additional abuse, including physical, psychological, spiritual, and financial. We argue the revelations of sexual abuse irrevocably damaged the systems of hegemonic masculinity. Drawing parallels with literature on charisma and charismatization, we explore how charismatic leaders enforced gendered expectations and unequal relationships. Employing the concept of moral injury, we explore how revelations of sexual abuse in one group disrupted the shared worldview and precipitated religious exit. These case studies add a gendered perspective to the literature on both religious exit and religious abuse through cisgender, heterosexual men's experiences.

22.

Hodges, T. J., et al. (2025). "Military Moral Injury and Identity Change: Regard for Military Identity Mediates Moral Injury Events and Symptoms."

23.

Hodges, T. J., et al. (2025). "Moral injury and identity: Examining moral injury as identity loss and identity change." Traumatology.

24.

Kelley, M. L., et al. (2025). "Do betrayal-based moral injury and drinking to cope explain the association between military sexual trauma and alcohol consumption?" Military Psychology: 1-10. 10.1080/08995605.2025.2518360

The present study examined two sequential mediation models in which betrayal-based moral injury and drinking to cope were hypothesized to explain the associations between sexual assault/sexual harassment and alcohol consumption. Participants were a community sample of 93 current or former U.S. military women (30.4 years; SD = 7.01) who completed an online, anonymous survey. In both models, sexual assault and sexual harassment and alcohol consumption were explained by betrayal-based moral injury and drinking to cope. It may be important to assess for and therapeutically address betrayal-based moral injury as it may be a mechanism that drives alcohol consumption.

25.

Kim, E., et al. (2025). "Beyond trauma: The influence of spiritual struggles on suicide risk in post-9/11 veterans." Psychological Trauma: Theory, Research, Practice, and Policy. 10.1037/tra0001970

OBJECTIVE: Veterans with posttraumatic stress disorder (PTSD) and moral injury often struggle with their spirituality and/or religion (S/R) in ways that hinder recovery from these conditions and perpetuate risk for suicide over time. Focusing on veterans who were engaged in a peer-led spiritual intervention program with a Veteran Service Organization, this brief report examined prospective roles of common forms of spiritual struggles (divine, doubt, interpersonal, moral, meaning) in risk for suicidal behavior (ideation, attempt probability) over a 1-year period. **METHOD:** Participants completed self-report assessments of PTSD symptoms, moral injury outcomes, spiritual struggles, and suicidality at three points (baseline and 6-month and 12-month follow-ups). **RESULTS:** Initial analyses revealed baseline levels of all spiritual struggles were weakly to moderately concurrently associated ($r_s = .215-.491$) with

suicidality factors at this baseline assessment. However, ultimate meaning struggles at baseline emerged as the only salient predictor of future suicide ideation and perceived likelihood of attempting suicide across the bivariate and multivariate analyses. Specifically, veterans who were concerned their lives or existence in general may not have a deeper purpose or underlying meaning at the start of the intervention program were more uniquely likely to be thinking about suicide and perceiving a greater likelihood of attempting suicide in the future over the 1-year period. CONCLUSION: Overall, these findings affirm the need for clinicians and researchers to attend to ultimate meaning struggles in their work with veterans and other trauma-exposed groups who might be at risk for suicide. (PsycInfo Database Record (c) 2025 APA, all rights reserved).

26.

Korang-Okrah, R., et al. (2025). *Akan Widows' Responses to Psychosocial, Spiritual, and Moral Injury. Supporting Women's Economic Enfranchisement*, Oxford University Press, The experience of moral injury is of increased concern to child welfare professionals. This ethnographic study uses Akan (Ghanaian) women who are widowed and their children as an exemplary case study to consider the cultural shaping of moral injury, and implications for culturally-sensitive child welfare practice. (van onderliggend artikel)

27.

Kraynick, D. (2025). "Moral Distress and Moral Injury Among Women's Health Care Providers Post-Dobbs v. Jackson: A Metasynthesis."

28.

Lavazza, A. (2025). "Memory Modulation for Warfighters." *AJOB Neuroscience*: 1-14. 10.1080/21507740.2025.2519432

This paper explores the potential of memory modulation techniques (MMTs) to alleviate psychological distress among veterans and active-duty soldiers, particularly in cases of post-traumatic stress disorder (PTSD) and moral injury. While conventional treatments have shown limited success, emerging pharmacological and neurotechnological interventions such as propranolol, transcranial magnetic stimulation, and optogenetics offer new possibilities for mitigating the emotional burden of traumatic memories. For this reason, there appears to be an obligation to invest in the research of such techniques to ensure relief for veterans, toward whom society seems to bear a responsibility. However, these techniques raise important ethical concerns related to personal identity, moral responsibility, and the preservation of war memories. The paper examines the implications of memory modulation in military contexts, not only as a therapeutic tool but also in relation to potential risks, including its misuse for desensitizing soldiers or erasing accountability. A distinction is drawn between PTSD and moral injury, emphasizing that the latter, rooted in guilt and self-recrimination, presents specific ethical challenges. To ensure responsible implementation, the study suggests the necessity of independent ethical oversight, including specialized professionals (gatekeepers) tasked with guiding decision-making. By addressing both individual well-being and broader societal concerns, particularly regarding the role of memory in the context of war, this paper aims at contributing to the ongoing ethical debate on the future of memory modulation in military and clinical settings.

29.

Lazar, R. (2025). "Telescopic Memories – “A Raid on the Inarticulate”." *Psychoanalytic Dialogues* 35(3): 375-379. 10.1080/10481885.2025.2494436

Engaging with Beuchler's response, this paper explores both the transformative impact of telescopic memories on the therapeutic relationship via the clinical material and the therapist's function as the facilitator of such moments. The paper emphasizes both the facilitating function of the therapist as well as the participatory one; the latter requires her to enter the storm to achieve the impact of the reverberation of intersubjective zones. Relating to moments of being (transformative moments), the author looks at the

act of autotheoretical writing amid these horrific times of seemingly unending bloody conflict between Israelis and Palestinians as a way to preserve a residual sense of being while bearing the onslaught of tenacious moral injury.

30.

Litz, B. T., et al. (2025). "The Prevalence of Moral Distress and Moral Injury Among U.S. Veterans." Journal of Psychiatric Research **189**: 435-444. 10.1016/j.jpsychires.2025.06.031

Moral injury is a syndrome that involves adverse outcomes stemming from experiences violating deeply held moral beliefs. Moral injury has emerged as a distinct mental health concern, yet its prevalence among U.S. veterans remains uncertain. The aim of this study was to determine the prevalence of potentially morally injurious events (PMIEs), moral distress, and moral injury among U.S. veterans. This cross-sectional study surveyed a nationally representative sample of 3,002 U.S. veterans using KnowledgePanel. The Moral Injury Outcome Scale assessed PMIE exposure, moral distress (subclinical), moral injury (clinical syndrome), and their functional impact. Among respondents, 44.7% (95% CI, 42.1–47.2) endorsed PMIEs; 45.2% reported witnessing inhumanity, 40.2% were directly affected by others' transgressions, and 14.0% reported perpetrating transgressive acts. The weighted prevalence of moral distress and moral injury among PMIE endorsers was 9.1% (95% CI, 7.1–11.2) and 13.1% (95% CI, 9.9–16.3), respectively. In the full sample, prevalence was 4.1% (95% CI, 3.1–5.0) for moral distress and 5.9% (95% CI, 4.4–7.4) for moral injury. Moral injury was associated with significant functional impairment, with most cases characterized by shame-related (47.8%) or blended subvariant symptoms (33.3%). Approximately 664,000 and 955,000 U.S. veterans report functionally impairing moral distress and moral injury, respectively. These findings highlight the need for surveillance, mitigation, and treatment for these unique mental health challenges.

31.

Makary, M. S., MD, & Bs, E. P. (2025). "Burnout in radiology: key risk factors and promising solutions. Diagnostic Imaging." Diagnostic Imaging. <https://www.diagnosticimaging.com/view/burnout-in-radiology-key-risk-factors-promising-solutions>

Recognizing the daunting combination of increasing imaging volume and workforce shortages, these authors discuss key risk factors contributing to burnout and moral injury in radiology, and potential solutions to help preserve well-being among radiologists.

32.

McAdams, M., et al. (2025). "Institutional Betrayal in Military and Veteran Populations: A Systematic Scoping Review." Journal of the American Psychiatric Nurses Association **31**(1): 8-22. 10.1177/10783903241299720

BACKGROUND: Institutional betrayal (IB) refers to the wrongdoings, encompassing both action and inaction, committed by institutions against their affiliated individuals. Military members are particularly vulnerable to IB due to strong social identification with the military, values of loyalty and self-sacrifice, dependence on the institution, the military power structure and legal system, and the complexity of morality in an occupation centered around war. **AIMS:** This review examines the state of IB literature within the military/Veteran population, identifying research gaps and implications for future policy and clinical care. **METHODS:** Conducting a systematic scoping literature review across seven databases resulted in 16 eligible publications out of 44 found. **RESULTS:** Findings indicate a high prevalence of IB experiences within the studied population, correlating with increased psychiatric symptoms and clinical features. The existing literature primarily focuses on military sexual trauma, with limited exploration of IB in the context of combat, politics, return from deployment, illness, military exposures, and moral injury. **CONCLUSIONS:** Future research should expand on IB in other military experiences, evaluate intervention efficacy and policies, and validate a standardized IB measure. These insights highlight the need for provider education, revised assessments, and interventions tailored to address the complex impact of IB on military and Veteran populations.

33.

McGuire, A. P., et al. (2025). "Bringing Light into the Dark: Moral Injury and Exploring the Impact of Eliciting Moral Elevation on the Daily Experiences of U.S. Veterans." *Journal of Religion and Health*. 10.1007/s10943-025-02385-5

Moral elevation is described as feeling inspired after witnessing someone engage in virtuous behavior, whereas moral injury is the result of internal conflict that stems from exposure to morally injurious experiences. Building on previous work that used moral elevation to benefit veterans, this study explored the relationship between eliciting elevation, daily motives, and affective experiences for veterans with moral injury-related distress. Using an ABA experimental design, veterans (final $n = 22$) first completed 4 daily surveys that only included brief daily measures (A), followed by 4 days of measures combined with a daily elevation-eliciting exercise (B), then 4 daily surveys with measures only again (A). On days 5–8, elevation was elicited by presenting short video clips featuring moral exemplars performing virtuous acts, consistent with previous work. Using linear mixed effects models, we assessed the concurrent effects of state elevation on daily experiences during days with elevation elicitation. We also fit linear mixed effects models to compare pre-post changes in daily experiences before and after days 5–8 of watching elevation videos. Results indicated state elevation after videos was linked with higher daily positive affect, self-improvement motives, and compassionate motives. Veterans also reported a significant decrease in daily negative affect, fear, hostility, guilt, and sadness, along with significant decreases in suicidal ideation in the four days after watching elevation videos compared to baseline. These findings provide preliminary support for the potential benefits of eliciting elevation in veterans with moral injury distress and suggest elevation elicitation could be associated with desirable outcomes in daily life.

34.

Meissen, H., et al. (2025). "The prevalence of moral injury, self-compassion, and self-reflection in advanced practice providers: A secondary cross-sectional analysis." *Journal of Healthcare Administration* 4(1): 99-111. 10.33546/joha.3991

Background: As burnout continues to be prevalent in healthcare providers, moral injury (MI) and moral distress (MD) have become increasingly studied as essential contributors to burnout syndrome. Moral injury results from prolonged moral distress and chronic internal conflict. Advanced Practice Providers (APPs) are often exposed to chronic stressors that can lead to moral distress and moral injury.

Objective: This study was conducted as a secondary analysis of a randomized controlled trial conducted in 2023, which sought to explore wellbeing coaching strategies in APPs with a primary outcome of burnout and secondary outcome measures of MI, self-compassion, self-reflection, and insight. This secondary analysis describes the prevalence of MI, self-compassion, and self-reflection in APPs as well as associated work and demographic drivers.

Methods: A total of 305 participants were surveyed in September 2023. Three surveys were deployed using Research Electronic Data Capture (REDCap); Self-Reflection and Insight Survey Short Scale (SIRSS), Neff's Self-Compassion Survey (NSC-S), and The Moral Injury Symptom Scale for Health Professions (MISS-HP). Univariate and multivariate linear regressions were used for data analysis.

Results: The cohort demonstrated high levels of moral injury, 47.65 (11.92), moderate levels of self-compassion, 2.81 (0.61), and self-reflection and insight, 59.04 (11.44). In univariate linear regression analysis, PAs scored 4.4 points higher (95% CI, 1.5, 7.3) ($p = 0.003$) in moral injury compared to APRNs. APPs working with adult patients scored 3 points higher (95% CI: 0.19 to 5.8; $p = 0.036$) compared to those working with pediatric patients. Variables protective against moral injury included identifying as a caregiver (95% CI: -6.2, -0.4; $p = 0.023$) and those with more than 11 years of experience (95% CI: -6.0, -0.28; $p = 0.031$). An adjusted multivariate regression analysis demonstrated

that while accounting for all other variables, PAs were still more likely to experience moral injury compared to APRNs (95% CI: 1.4, 7.9; $p = 0.008$). No significant differences were found in multivariate analysis for either Self-Compassion or Self-Reflection. **Conclusions:** The findings of this study demonstrate high MI in APPs, and within this group of professionals, PAs experience more MI compared to APRNs. This study did not highlight a cause for MI in APPs or why PAs experience more MI compared to APRNs, and therefore, further research is needed to fully understand the contributors. Healthcare leaders should consider the findings of this study when planning interventions to support well-being in their healthcare workforce.

35.

Michaelson, S. (2025). Themes of Moral Injury in the Field of ASL Interpreting, Gallaudet University. **Graduation**, https://ida.gallaudet.edu/honors_capstones/129

This research project explores connections between a moral injury framework and the recognition and mitigation of ethical stress and trauma experienced by ASL-English interpreters. I have employed strategies such as thick description, textual analysis, and a narrative synthesis of existing literature on moral injury and ethical stress in interpreting to arrive at my findings. The study explains Demand Control Schema (DCS) and the Code of Professional Conduct (CPC) as valuable tools for interpreters to discuss and address ethical stresses that arise in their work. Additionally, I examine the concept of role space and its relevance to the experience of ethical/moral stress and the critical theme of trust within interpreting contexts. My analysis found that moral injury risks create significant dilemmas for interpreters by eroding both trust in the systems of training and guidelines for conduct for protecting interpreters and their clients and trust in one's personal skills and abilities. By highlighting existing gaps in the literature on moral injury as it pertains to the profession. I address these gaps by fostering discussions about ethical decision-making frameworks in interpreting through the lens of trauma, moral injury, and trust while identifying potential issues within these frameworks. These new conversations can enhance awareness of trauma and moral injury in the interpreting field, ultimately leading to strategies for mitigation and improved well-being for interpreters. This capstone aims to initiate essential dialogues in interpreting, focusing on the critical and often overlooked area of trust and ethical considerations.

36.

Milliard, B., et al. (2025). "Re-thinking the critical incident response (CIR) for police officers involved in ambush situations." *Journal of Community Safety and Well-Being* **10**(2): 100-104. 10.35502/jcswb.466
Over the past decade, the role and expectations of police officers has undergone significant transformation. Challenges such as social media, societal pressures, officer fatigue, and increasingly sophisticated and lethal criminal activities have made the job more difficult. Specifically, police ambushes and targeted attacks have created a divide between officers and the communities they serve, often resulting in moral injury and mental health issues for officers. From a leadership perspective, ambushes have caused emotional distress, a situation that is becoming more frequent in Canada. The progression in crisis support practices has been slow, with many services still using Critical Incident Stress Debriefing, a program with questionable effectiveness and safety. An alternative strategy involves peer teams that are trained in clinical intervention techniques and have access to an external clinical psychology team. This setup offers peer team members the necessary support and guidance when assisting colleagues in distress. This trauma-informed approach, which considers the needs of individual officers while delivering quick and effective intervention, can reduce the impact of critical incidents on officer mental health.

37.

Mojallal, M., et al. (2025). "The Association Between Moral Injury and Burnout among Police Officers: The Role of Wellbeing and Emotional State in Officers' Burnout."

38.

Morosky, A. P. (2025). Dobbs and the Patient-Physician Relationship: A Non-Ideal Analysis. Plan II Honors Program, The University of Texas at Austin.10.26153/tsw/60653

This thesis outlines how abortion bans threaten the patient-physician relationship using a framework of non-ideal theory. Specifically, abortion bans disallow a physician's fiduciary duty to their patients from being fulfilled. To accomplish this, the idea of a physician as a fiduciary is outlined, and the implications this has for the patient-physician relationship are described. The framework of non-ideal theory is discussed and cases of ableism and anti-fat bias are discussed to illustrate how non-ideal theory can be used to detail challenges to effective medical practice. Next, empirical context for the conditions faced by patients and physicians under abortion bans is provided, and specifics of the patient-physician relationship in an obstetric context are considered. These elements are put together to argue that abortion bans challenge the ability of physicians to prioritize the best interests of their patients and push physicians to provide inadequate care. Moral injury and burnout are discussed as possible implications of this environment, and steps to preserve aspects of the fiduciary relationship are proposed.

39.

Nguyen, J., et al. (2025). "Understanding Well-Being in Adult Survivors of the Troubled Teen Industry: The Roles of Moral Injury and Meaning-Making." RANGE: Undergraduate Research Journal 2025.

40.

Nguyen, N. L. K., et al. (2025). "Vietnam's medical ethics framework: aspirations, challenges and the risk of physician burnout." Journal of medical ethics: jme-2025-110826. 10.1136/jme-2025-110826

Medical ethics play a fundamental role in global healthcare, ensuring that patients receive care marked by dignity, compassion and fairness. Vietnam's 12 ethical principles, codified in 1996, integrate universal ethical standards with local sociocultural and ideological traditions, particularly emphasising emotional sacrifice, holistic care and social responsibility. While these principles promote professional excellence and community service, this essay argues that their application within Vietnam's under-resourced healthcare system has unintended consequences for physician well-being. An analysis of key domains—including emotional burden from holistic care expectations, administrative and educational overload, emergency care pressures and end-of-life responsibilities—reveals how systemic shortcomings intensify professional strain. Evidence from Vietnam and international comparisons shows that without structured delegation of non-clinical duties, protected working conditions and integrated palliative care systems, physicians face escalating risks of emotional exhaustion, moral injury and career attrition. Unlike healthcare models in developed countries, where ethical standards are balanced by institutional safeguards, Vietnam's framework demands near-unlimited commitment without corresponding systemic support. Unless ethical expectations are recalibrated and support structures are modernised, Vietnam's medical ethics, though noble in aspiration, risk undermining the very sustainability of its healthcare workforce. This essay highlights the need for urgent reform to align Vietnam's ethical ideals with contemporary clinical realities, ensuring that both patient-centred care and physician resilience are protected. All data relevant to the study are included in the article or uploaded as supplementary information.

41.

Nicholson, A. A., et al. (2025). "Identity in turmoil: Investigating the morally injurious dimensions of minority stress." European Journal of Psychotraumatology **16**(1): 2479396. 10.1080/20008066.2025.2479396

Background: Sexual and gender minorities (SGMs) are at an increased risk for developing mental health disorders due to their socially stigmatized identities. Minority stress (i.e. discrimination, identity nondisclosure, internalized stigma) has been shown to impact mental health outcomes among SGMs. Both distal and proximal minority stressors may serve as potentially morally injurious events (PMIEs), which may lead to moral injury and trauma/stressor-related symptoms. Critically, minority

stress-related moral injury among SGMs has never before been explored using a mixed-methods approach. **Methods**: Thirty-seven SGM participants with diverse minority identities participated in the study. Using a convergent parallel mixed-methods design, we conducted semi-structured qualitative interviews, performed clinical assessments, and administered a comprehensive battery of quantitative measures. Here, we modified the Moral Injury Event Scale (MIES) for use with SGMs. Qualitative themes were extracted and then converged with MIES scores to investigate differential thematic presentations based on the quantitative intensity of SGM-related PMIEs. **Results**: Data analysis indicated four core themes related to moral injury among SGMs: shame (internalizing stigma), guilt, betrayal/loss of trust, and attachment injuries (rejection, altered sense-of-self, and social cognition). The qualitative presentation of these themes differed depending on MIES severity. Attachment injuries emerged as a unique core feature of moral injury among SGMs, whereby the remaining core themes align with previous moral injury research. Furthermore, quantitative analyses revealed that the level of exposure to and intensity of minority stress-related PMIEs was positively associated with hazardous alcohol use and trauma-related symptoms. **Conclusions**: This is the first mixed-methods study to investigate minority stressors as PMIEs, highlighting how these experiences may contribute to symptoms of moral injury among SGMs. Moral injury may serve as a valuable framework for better understanding trauma-related symptoms and mental health disparities among SGMs. These findings have the potential to inform novel treatment interventions aimed at addressing mental health burdens among SGMs.

42.

Pittman, P. and S. Meeker (2025). "Current Approaches to Addressing Burnout and Moral Injury: Experiences from Four Community Health Centers." *Journal of Primary Care & Community Health* **16**: 21501319251342103. 10.1177/21501319251342103
Background: Burnout among Community Health Center (CHC) providers has worsened post-COVID-19, exacerbated by understaffing and heightened recruitment challenges due to competition from higher-paying hospitals and private practices. Objective: This exploratory qualitative study investigates strategies used by four leading CHCs to address perceived drivers of burnout among their providers. Methods: The study used qualitative interviews with CHC staff to explore approaches to mitigating burnout. Focus was placed on organizational strategies, staff engagement, and operational changes aimed at enhancing provider wellbeing. Results: Key challenges included low funding and rapid growth, leading to staffing shortages and strained relationships between staff and leadership. Common strategies to combat burnout involved: (1) emphasizing the CHC mission of supporting staff wellbeing, (2) creating onboarding and workforce development programs focused on support, (3) implementing operational changes to reduce workloads and maximize patient care time, (4) fostering staff involvement in decision-making, and (5) using wellness surveys with the expectation of visible changes based on feedback. Conclusion: The study found that employee voice is crucial in addressing burnout, contrasting with wellness approaches that focus solely on individual staff members. Involving staff in decision-making and addressing systemic issues are viewed by participants as essential strategies for mitigating burnout in CHCs.

43.

Rauch, M. (2025). "'What Are We Even Doing Here?' Nurses' Experiences of Moral Injury During the Pandemic." *Academy of Management Proceedings* **2025**(1): 12255. 10.5465/AMPROC.2025.370bp
The Covid-19 pandemic placed unprecedented strain on healthcare professionals worldwide. In this paper, I study how the pandemic challenged professional moral values, and how professionals addressed these challenges. To do so, I analyzed 51 unsolicited personal diaries of nurses working in Covid wards across the U.S., as well as 115 interviews, documents, and observational data. I describe how nurses during the pandemic experienced moral injury, i.e., the violation of deeply held moral values resulting in shame and guilt. My findings reveal nurses responded in two distinct ways. Adapters shifted from embracing collective professional moral values to reconstructing their moral values based on individual interpretation. By redefining moral values, allowing uncomfortable emotions to surface, and focusing on the positive, these nurses were able to regain moral control, self-respect, and pride in their

work. In contrast, by avoiding moral questions, suppressing their emotions, and focusing on the negative, suppressors failed to reclaim moral control and overcome moral injury, even after the crisis subsided. These different responses had significant implications for organizational and professional retention. The study advances the literature on moral injury, moral values, and emotional regulation in organizations by revealing how individual responses to moral injury influence retention and well-being.

44.

Richardson, E. V., et al. (2025). From Soldiering On to Rebirth and Resilience: How Disability Sport Reconceptualises Recovery Among Injured and Ill Military Veterans their Families. International Symposium of Adapted Physical Activity and International Symposium on Physical Activity and Visual Impairment and Deafblindness. Kerry, <https://sword.cit.ie/isapa/2025/day2/11>
Introduction Operational deployments, training injuries, and chronic illnesses have left many UK military veterans and personnel with physical injuries and psychological trauma, including PTSD, moral injury, depression, and anxiety. These challenges, often compounded by family breakdowns and loss of identity, create complex and multidimensional recovery needs. Sport has been identified as a powerful tool for recovery, with the Invictus Games serving as a global event designed to aid the recovery of military veterans, active personnel, and their families.

Methodology Our ethnographic study with Team UK during the 2023 Düsseldorf Invictus Games involved seven months of fieldwork, surveys, in-depth interviews, and multimedia documentation to explore how the Games support recovery.

Results A key finding revealed that participants' understanding of recovery evolved through their experiences. Initially, recovery was perceived as "soldiering on" – a reflection of military conditioning to return to "normal" or work readiness. However, when this approach failed, participants often faced feelings of loss or chaos.

Participation in the Games facilitated a redefinition of recovery as a process of "rebirth" and "resilience." This dynamic journey involved reimagining self-identity, transforming relationships, and finding new purposes in life. Recovery emerged not as a fixed endpoint but as an ongoing, fluctuating narrative.

Conclusions Our findings highlight how the Invictus Games enabled this reconceptualisation of recovery, and offer insights into how such approaches can better support military personnel and their families in navigating the complex pathways to healing and growth.

45.

Rimon, A. and L. Shelef (2025) Moral Injury Among Medical Personnel and First Responders Across Different Healthcare and Emergency Response Settings: A Narrative Review. International Journal of Environmental Research and Public Health **22**, 10.3390/ijerph22071055

Moral injury is increasingly recognized as a significant concern among medical personnel and first responders, particularly in high-stress healthcare and emergency settings. This review aims to synthesize current evidence on the prevalence, risk factors, and outcomes of moral injury among medical personnel and first responders across diverse healthcare and emergency response environments. We included peer-reviewed studies reporting on moral injury among medical personnel or first responders in any healthcare or emergency response setting, excluding studies that did not report original data or focused solely on military populations. We systematically searched PubMed, Google Scholar, and Central, up to April 2025. Risk of bias was assessed directly from the manuscripts. Data were synthesized narratively and, where possible, pooled using random-effects meta-analysis. A total of 41 studies involving 14,500 participants were included. The prevalence of moral injury ranged from 4.1% to 69.44% across settings. Key risk factors identified included exposure to traumatic events, organizational constraints, and lack of support. Meta-analysis indicated a significant association between

moral injury and symptoms of PTSD. The evidence is limited by heterogeneity in measurement tools and study designs, as well as a moderate risk of bias in several included studies. In conclusion, moral injury is prevalent among medical personnel and first responders, with important implications for mental health interventions and organizational policy. This review was not funded externally, and is registered in PROSPERO (CRD420251019492).

46.

Shabanikiya, H., et al. (2025). "Translation and validation for Persian version of Abbreviated Moral Injury Outcome Scale (AMIOS) in emergency health professionals: a comprehensive methodological approach." *BMC Health Services Research* **25**(1): 850. 10.1186/s12913-025-13034-8
Emergency health professionals face health risks and ethical dilemmas that can impact their well-being. This study evaluates the psychometric properties of the Persian version of the Abbreviated Moral Injury Outcome Scale (AMIOS) for these professionals.

47.

Sheese, K. (2025). "Holding it, together: Beyond bearing witness and burning out." *Social and Personality Psychology Compass* Vol 19(2), 2025, ArtID e70038 **19**(2). 10.1111/spc3.70038
Concepts like vicarious trauma, burnout, compassion fatigue, and moral injury do important work in making suffering legible and enabling claims to recognition, acknowledgement, and care. Nonetheless, these conceptualizations have little to say about the nature of the suffering, the varied and ambiguous ways it is experienced, or the social, affective, political conditions that give rise to it. In this article I argue for taking up response-ability as a lens for examining, understanding, and addressing the particular kinds of suffering experienced when registering and resisting violence, particularly in the face of complicity. Drawing on ethnographic work with activist volunteers in refugee camps, I explore what response-ability, with its relational ontology, allows us to see, feel, understand about suffering that is otherwise out of view, obscured, or rendered unsayable, or even unfeeling. I discuss the ways in which response-ability assumes complicity and requires grief/mourning and explore how these characteristics alter the possibilities and obligations for collective care and containment when intervening in crises and conflicts. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

48.

Stanar, D. (2025). "Moral injury in war: Why "just warriors" suffer and what it reveals." *Theoria, Beograd* **68**(2): 111-123. <https://doi.org/10.2298/THEO2502111S>
In this paper author explores the concept of moral injury in war and, more specifically, its implications on ethics of war and Just War Theory (JWT). The author examines the occurrence of moral injury in combatants who kill according to the in Bello rules while fighting for the "just" side, revealing that perception of deep moral transgression happens despite legal and ethical justification provided by JWT. Drawing on empirical studies and JWT literature, author critiques JWT revisionism and its assumption of moral asymmetry between combatants. Author argues that the ontological nature of war, which alters the peacetime meaning of notions, renders all combatants morally equal and equally capable of suffering moral injury. Ultimately, the paper contends that the suffering of "just warriors" exposes the limitations of JWT revisionism and reaffirms the moral equality of combatants and moral tragedy inherent in armed conflict

49.

Tappenden, P. (2025). Moral Injury in First Responders: The Potential Ameliorative Role of Self-Disclosure. *Department of Psychology, Northern Illinois University. MASTER OF ARTS*, <https://search.proquest.com/openview/0cad57bdc16be3833d4fe9f229cf1b5c/1?pq-origsite=gscholar&cbl=18750&diss=y>
Perceived social support is a well-established buffer between trauma exposure and adverse outcomes like PTSD. One important aspect of this relationship may be that individuals with strong support networks

may be more likely to discuss (“self-disclose”) the traumatic event to members of their support network. Two important aspects of self-disclosure that impact its potential for symptom alleviation following trauma exposure may be: 1) the discloser’s perceived response of the disclosure recipient and 2) whether the trauma-exposed individual repeatedly dwells (co-ruminates) on the traumatic event with the recipient in an unproductive manner. In recent years, a different type of traumatic event has been identified—one that violates an individual’s deeply held moral code. These potentially morally injurious events (PMIEs) can lead to a syndrome called moral injury which includes symptoms such as guilt, shame, and self-condemnation. Preliminary evidence suggests that self-disclosure may help to alleviate adverse mental health outcomes in those exposed to PMIEs. The aim of the present study was to build on this preliminary evidence by examining the impact of PMIE self-disclosure on symptoms of moral injury in a sample of first responders. Specifically, the present study examined whether response to disclosure (positive versus negative or nonvalidating) and co-rumination impact the benefits gained from disclosing. Analyses revealed that first responders met with negative responses to disclosure had significantly higher moral injury symptoms than those met with positive responses and those who did not disclose. However, exploratory analyses also found that part of the protective effect of self-disclosure may be at least in part explained by perceived social support in general. Significant and null findings are discussed.

50.

Topçu, F. and O. Taşdelen (2025). "Moral injury exposure among offenders in Türkiye: Experiences, coping, and values." *Psychological Trauma: Theory, Research, Practice, and Policy*. 10.1037/tra0001961
OBJECTIVE: A growing body of research on moral injury (MI) has focused on various occupational groups, particularly on military personnel and veterans. However, there is a notable gap in investigations of MI in offender populations. This study was conducted to investigate the experiences and coping strategies of MI among offenders. Researchers have also identified the specific values that have been violated in MI. **METHOD:** The phenomenological design employed semistructured interviews to examine the offenders' MI experiences. Thematic analysis techniques were used to investigate the participants' feelings, thoughts, and behaviors. We recruited 15 participants from a larger sample based on their scores obtained on the administered scales and conducted in-depth interviews along with memos. **RESULTS:** Three superordinate themes were conceptualized: (a) violated values, (b) experiences of MI, and (c) strategies for coping with MI. The empirical findings suggest that offenders have various experiences. These include frequent engagement in feelings, thoughts, and behaviors related to MI. Participants also demonstrated five categories of coping strategies: emotional, cognitive, behavioral, social, and spiritual. MI involves violation of numerous values. **CONCLUSION:** All offenders described in detail how they experienced and coped with moral injuries. Based on these findings, researchers suggest that mental health professionals working in penal institutions should implement programs to improve offenders' well-being, particularly when encountering morally injurious events. This intervention could involve identifying personal values in order to develop strategies. (PsycInfo Database Record (c) 2025 APA, all rights reserved).

51.

Trahair, C., et al. (2025). "Barriers to mental health support among Canadian Veterans: Complicating factors of confidentiality and moral injury." *Journal of Military, Veteran and Family Health* 11(3): 3-16. 10.3138/jmvfh-2024-0004
LAY SUMMARY This study examines challenges faced by Canadian Armed Forces (CAF) Veterans in seeking mental health support in general and following potentially morally injurious events (PMIEs) during their service and after release. Concerns arise that individuals with moral injury (MI) may avoid seeking mental health support due to the sensitive nature of their experiences. Qualitative interviews with 20 CAF Veterans identified 11 barriers to mental health support, including concerns about confidentiality, career implications, stigma, trust, legal considerations, relationship concerns, shame, guilt, and accessibility. This study emphasizes that MI-related barriers, like guilt and shame, are especially common in the context of MI. Effective communication and review of confidentiality assurances are

recommended to reduce barriers and ensure adequate support for CAF members and Veterans in their mental health journeys.

52.

Vaknin, O. and V. Ne'eman-Haviv (2025). "Beyond right and wrong: A new theoretical model for understanding moral injury." European Journal of Trauma & Dissociation **9**(3): 100569. 10.1016/j.ejtd.2025.100569

Recent research has increasingly focused on the role of moral frameworks in understanding trauma and traumatic events, leading to the recognition of "moral injury" as a clinical syndrome. Although various definitions exist, there is still a lack of consensus on the nature and consequences of moral injury. This article proposes a new theoretical model that broadens the study of moral injury to include diverse populations, suggesting it arises not only from traumatic experiences but also from conflicts between moral ideals and reality. By integrating concepts such as prescriptive cognitions, post hoc thinking, and cognitive flexibility, the model portrays moral injury as existing on a continuum, affecting a wide range of individuals. The article explores implications for treatment and emphasizes the need for follow-up empirical studies to validate the proposed model. It also suggests the possibility that moral injury is on a continuum, in addition to the possibility of explaining this process. This approach offers new insights into prevention and intervention strategies, highlighting the broader applicability of moral injury beyond military contexts.

53.

Wang, M., et al. (2025). "A Rescoping Investigation of Burnout vs Moral Injury in Urology and the Broader Health Care Field." Urology Practice **12**(4): 357-363. 10.1097/UPJ.0000000000000811

INTRODUCTION: Urology burnout has been extensively studied, but despite numerous interventions its prevalence remains high. Recent insights suggest that what is often labeled as burnout may actually be moral injury, the challenge of knowing the care patients need but being unable to provide it due to factors beyond the health care provider's control. This study seeks to reclassify factors traditionally linked to burnout in urology as manifestations of moral injury and proposes holistic strategies to address these systemic issues.

METHODS: A literature review was performed to identify the most significant contributors to urology burnout. These factors were then analyzed through the lens of moral injury. This study focused on systemic issues such as increased patient volume, declining reimbursements, loss of physician autonomy, and the burden of electronic medical records. This analysis also reviewed the effectiveness of current interventions and their success in addressing these challenges.

RESULTS: The study found that many of the factors that are traditionally associated with urology burnout are more accurately aligned with moral injury. Interventions aimed at individual physicians, such as mentorship programs and personalized electronic medical record training, fall short of addressing the root causes of these issues. The evidence shows that mitigating moral injury requires a more integrated systemic approach.

CONCLUSION: This study highlights the importance of distinguishing between burnout and moral injury. Addressing moral injury requires a shift in focus from individual-level treatments to systemic interventions that enhance physician autonomy, reduce administrative burdens, and ensure adequate resources for patient care. It also requires physicians to understand the business behind medicine to participate in workplace decision-making. By accurately identifying moral injury and implementing comprehensive, system-wide strategies, the health care field can better support providers, improve patient outcomes, and mitigate long-term psychological harm among health care professionals.

54.

Williams, C., et al. (2025). "A conceptual framework outlining the use of compassionate mind training following incidents of moral injury within forensic mental health services." The Journal of Forensic Practice **ahead-of-print**(ahead-of-print). 10.1108/JFP-11-2024-0067

Purpose Forensic mental health professionals often face challenging situations that can lead to moral injury. This occurs when individuals' experiences or actions conflict with their values and moral beliefs, leading to psychological distress or discomfort. Moral injury has been shown to be linked with a plethora of adverse psychological health outcomes, and can impair both occupational and personal functioning, including the quality of care delivered to service users. Design/methodology/approach This paper details how forensic mental health professionals can respond to threat-based thinking, emotions and self-criticism using compassion following incidents of moral injury with compassionate mind training (CMT). Findings CMT has been found to alleviate psychological distress and support development of soothing capabilities (Gilbert and Procter, 2006). Practical implications This paper describes the central tenets of CMT and how it supports the balancing of three motivational systems: threat, drive and soothing systems. Originality/value It further highlights the three flows of compassion: compassion from others, compassion towards others and compassion for self and how this can influence staff well-being in relation to moral injury.

55.

Williamson, V. (2025). "Co-designing a novel intervention for prison staff affected by moral injury: A protocol." European Journal of Psychotraumatology.

56.

Woller, S. J., et al. (2025). "Examining moral injury and posttraumatic stress among firefighters, emergency medical services personnel, and emergency dispatchers." European Journal of Psychotraumatology **16**(1): 2510019. 10.1080/20008066.2025.2510019

First responders encounter chronic exposure to stressful and potentially traumatic experiences due to the nature of their jobs. First responders are also often confronted with the dilemma of following organisational protocols and/or using personal judgment to respond in high stress situations. Thus, posttraumatic stress disorder (PTSD) and moral injury (MI), defined as the negative impact of witnessing, perpetrating, or failing to prevent an act that violates one's moral beliefs, are potential psychological responses to potentially traumatic events. The present study evaluated MI severity among firefighters, emergency medical services (EMS) personnel, and dispatchers with and without probable PTSD. The sample included 283 personnel ($M_{age} = 46.53$; 83.7% male) from nine fire departments, primarily in the western US. Consistent with hypotheses, first responders who met screening criteria for probable PTSD, as compared to those who did not, reported significantly higher MI total scores, MI-shame subscale scores, and MI-trust-violation subscale scores, with large effect sizes ($\eta^2_s \leq .22$). Results suggest that MI may play a role in the characterisation of the clinical picture of first responders. Future studies should continue to evaluate associations between PTSD and MI in first responders, using interview-based and longitudinal methodologies, to better inform specialised clinical interventions. Moral injury is defined as the negative impact of witnessing, perpetrating, or failing to prevent an act that violates one's moral beliefs. It is plausible that PTSD and moral injury are common experiences for first responders. In this sample, first responders who had PTSD, as compared to those who did not, reported higher levels of moral injury. Moral injury is defined as the negative impact of witnessing, perpetrating, or failing to prevent an act that violates one's moral beliefs. It is plausible that PTSD and moral injury are common experiences for first responders. In this sample, first responders who had PTSD, as compared to those who did not, reported higher levels of moral injury.

57.

Xames, M. D. (2025). "The fragile core of care: reframing the well-being of health professionals as critical infrastructure." Health Affairs Scholar **3**(7): qxaf123. 10.1093/haschl/qxaf123
While global health policy often centers patient outcomes, a dangerous oversight persists: the neglect of healthcare professionals' well-being as foundational to system effectiveness. Burnout, attrition, and moral injury are mounting across countries, yet health systems continue to treat their workforce sustainability as peripheral. Drawing on evidence from workforce trends, burnout statistics, and systems

engineering, this commentary argues that healthcare professionals' well-being must be reframed as critical infrastructure. The piece contends that sustainability in healthcare depends on policy architectures that embed protections for health professionals, including structural supports like real-time workload monitoring, enforceable staffing ratios, and integrated mental health services. The neglect of health professionals' well-being is not just a human resource challenge—it is a design flaw that compromises the viability of care delivery itself. Without urgent recalibration, health systems risk brittleness, inequity, and collapse under surging demands. This commentary urges a paradigm shift in how we conceptualize, design, and govern health systems, beginning with the foundational recognition that care cannot be sustainable if its health professionals are not.

58.

Zhang, M., et al. (2025). "Moral sensitivity, moral injury, and compassion fatigue among nursing interns: A correlational study." *Nursing Ethics*: 9697330251350389. 10.1177/09697330251350389

Background: Moral sensitivity, moral injury, and compassion fatigue are critical factors affecting the mental health and professional development of nursing interns, which have been studied in recent years. Moral development and mental health of nursing interns directly impact the quality of nursing care and patient safety. **Aim:** To explore the relationship among moral sensitivity, compassion fatigue, and moral injury among nursing interns and to analyze the role of moral injury in the relationship between moral sensitivity and compassion fatigue among nursing interns. **Design:** A correlational study design was employed. From October 2024 to January 2025, 206 eligible full-time nursing interns were recruited from Xi'an Medical University, Shaanxi Province. Data collection involved demographic questionnaires, Moral Sensitivity Questionnaire, Moral Injury Symptom Scale-Healthcare Professionals version, and the Compassion Fatigue-Short Scale. The relationships between moral sensitivity, moral injury, and compassion fatigue were examined using Pearson's correlation coefficient. Statistical significance was determined by a p-value of 0.05 or below. The mediation effect analysis was performed using the bootstrap method with 5000 bootstrap values. Data analysis was conducted using SPSS 27.0 and STATA 18.0. **Ethical Considerations:** This study was approved by Xi'an Medical University (XYLS2025001). The researchers ensured that participants were fully informed about the study's purpose and guaranteed that non-participation or withdrawal would not adversely affect their academic or internship outcomes. Informed consent was obtained from all participants.