

Moral Injury-alertering – laatste update

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

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7 juni 2022

1.

Ackerman, E. (2022). Connecting Moral Injury and PTSD among Military Veterans: The Role of Problem-Focused Thought Rumination & Social Support. *Psychology*, William & Mary. **Bachelors of Arts (BA)**, <https://scholarworks.wm.edu/honorstheses/1746>

The present study seeks to expound upon previous research indicating a connection between moral injury (MI), problem-focused thought rumination, PTSD, and social support among military veterans. Specifically, we examined the effect of MI factors (Atrocities of War, Psychological Consequences of War, and Leadership Failure/Betrayal) on PTSD via problem-focused thought rumination and whether social support would moderate these associations. The sample was composed of 282 current or former military veterans who had been deployed at least once for 90 days or more. Most participants were White (n = 199, 70.6%), male (n = 169, 59.9%), Christian (n = 197, 69.9%), married (n = 207, 73.4%), had served in the Army (n = 135, 48%), and reported an average age of 32.10 years (SD = 7.12). Results from mediation analyses indicated that problem-focused thoughts mediated the effect of each moral injury factor on PTSD symptoms. Specifically, higher levels of MI were associated with more problem-focused thought rumination, which in turn was associated with more severe PTSD symptoms. However, results of moderated mediation analyses were not statistically significant, such that differing levels of social support did not significantly moderate the association between MI factors and problem-focused thoughts. Research examining rumination as a mechanism linking MI and PTSD is still in its infancy and further research is needed to explore the complex interplay between these constructs and uncover how social support functions within this relationship. Study limitations and implications for clinical treatment of moral injury and PTSD are also discussed.

2.

Adeyemo, O. O., et al. (2022). "Stressors on frontline healthcare workers during the COVID-19 pandemic: a focus on moral injury and implications for the future." *International Archives of Occupational & Environmental Health* **28**: 28. <https://dx.doi.org/10.1007/s00420-022-01867-3>

OBJECTIVE: The COVID-19 pandemic has placed a psychological strain on health care workers (HCWs). To provide effective support, it is important to explore the stressors that HCWs face that place them at risk of negative psychological outcomes. However, there is a limited number of systematic qualitative studies on the stressors that HCWs faced in the United States of America (USA) during the first wave of the pandemic. Therefore, we explored the stressors that frontline HCWs in the USA experienced during the initial phase of the pandemic.

METHODS: We performed a qualitative study based on open-ended, semi-structured, one-on-one interviews conducted virtually among HCWs from June 1st to July 18th, 2020. We interviewed frontline HCWs (N = 45) including physicians, nurses, respiratory therapists, and patient care assistants who worked in various specialties and roles in 3 health systems across Connecticut, USA.

We offered participants a \$25 gift card as a token of appreciation. We used inductive techniques derived from grounded theory to develop themes.

RESULTS: We identified 3 main themes related to stressors experienced by HCWs during the initial phase of the pandemic namely: (1) Stress of witnessing an unprecedented number of deaths and the impact on patient families; (2) Stress of changing work environment and unmet professional expectations and; (3) Concern for safety in personal life. Furthermore, we highlight experiences that HCWs faced that place them at risk of developing a moral injury.

CONCLUSIONS: Our findings highlight stressors faced by HCWs that could aid in the provision of well-guided support to HCWs in the present and post-pandemic era.

3.

Akhtar, M., et al. (2022). "Moral injury and psychological resilience among healthcare professionals amid COVID-19 pandemic." *Pakistan Journal of Medical Sciences* **38**(5). 10.12669/pjms.38.5.5122

Objectives: The present research studied moral injury and psychological resilience in healthcare professionals amid COVID-19 pandemic. Relationship between moral injury and resilience was explored in addition to finding the difference in study variables based on socio-demographics factors. Methods: This cross-sectional research was carried out from August 2020 to January 2021. A sample of 108 healthcare professionals including doctors, nurses, and paramedical staff was collected through purposive sampling technique. Data was gathered through face-to-face survey method and online forum using psychometrically sound tools. Results: Findings revealed that more than two third of the sample (69.44%) has high level of moral injury which is clinically significant while only 30.56% fall within normal range. Moral injury has significant positive correlation with number of work hours ($p < .05$) whereas negative correlation with resilience ($p < .01$) and years of experience ($p < .05$). Women and health care professionals belonging to psychiatry department have reported to experience significantly high level of moral injury ($p < .01$). Conclusion: The findings of the study are helpful for stakeholders of health care system to better understand and prepare for the situations that brings moral injury and challenge psychological resilience particularly in times of pandemic, humanitarian crisis, or natural disasters. doi:

<https://doi.org/10.12669/pjms.38.5.5122> How to cite this: Akhtar M, Faize FA, Malik RZ, Tabusam A. Moral injury and psychological resilience among healthcare professionals amid COVID-19 pandemic. *Pak J Med Sci.* 2022;38(5):1338-1342. doi: <https://doi.org/10.12669/pjms.38.5.5122> This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

4.

Benatov, J., et al. (2022). "Moral injury, depression, and anxiety symptoms among health and social care workers during the COVID-19 pandemic: The moderating role of belongingness." *International Journal of Social Psychiatry*: 207640221099421. <https://dx.doi.org/10.1177/00207640221099421>

BACKGROUND: The COVID-19 pandemic can affect health and social care workers' (HSCWs') mental health in their role as frontline workers in this crisis. The pandemic poses unique challenges to HSCWs as they face morally daunting decisions while working with limited knowledge and resources. This study primary objective was to examine the moderating role of thwarted belongingness in the relationships between HSCWs' exposure to potentially morally injurious events (PMIEs) and moral injury symptoms, depression, and anxiety.

METHOD: A sample of 296 Israeli HSCWs completed validated self-report questionnaires that include measures of depression, anxiety, PMIE exposure, moral injury symptoms, and a sense of thwarted belongingness.

RESULTS: About one-third (33.6%) of the sample met the criteria for major depression and 21.5% for generalized anxiety. Beyond demographic and work-related characteristics, PMIEs contributed to depression and anxiety levels. The indirect effect of PMIE exposure on anxiety/depression symptoms through MI symptoms was significant only at high levels of thwarted belongingness among HSCWs.

Thus, greater PMIE exposure contributes to more MI symptoms, which, in turn, is linked to higher levels of anxiety/depression symptoms among HSCWs with high levels of thwarted belongingness. LIMITATIONS: Cross-sectional design, self-report questionnaires, sample limited to Israeli HSCWs. CONCLUSIONS: The study's findings highlight the mental burden of HSCWs during the COVID-19 pandemic and the critical contribution of PMIE exposure and thwarted belongingness to this burden. Clinicians treating HSCWs coping with depression and anxiety following the COVID-19 should also attend to moral injury symptoms as well to the belongingness experience.

5.

Brennan, C. J., et al. (2022). "Morally injurious events and post-traumatic embitterment disorder in UK health and social care professionals during COVID-19: a cross-sectional web survey." BMJ open **12**(5): e054062. <https://dx.doi.org/10.1136/bmjopen-2021-054062>

OBJECTIVE: To estimate the prevalence and predictors of morally injurious events (MIEs) and post-traumatic embitterment disorder (PTED) in UK health and social care professionals during the COVID-19 pandemic.

DESIGN: Cross-sectional study.

SETTING: September-October 2020 in the UK. Online survey hosted on Qualtrics, and recruited through Prolific.

PARTICIPANTS: 400 health and social care workers, aged 18 or above and living and working in the UK during the pandemic.

MAIN OUTCOME MEASURES: MIEs were assessed using the Moral Injury Events Scale and PTED was assessed using the PTED self-rating scale. Potential predictors were measured using surveys of exposure to occupational stressors, optimism, self-esteem, resilient coping style, consideration of future consequences and personal belief in a just world.

RESULTS: 19% of participants displayed clinical levels of PTED, and 73% experienced at least one COVID-related MIE. Exposure to occupational stressors increased the risk of experiencing PTED and MIEs, whereas personal belief in a procedurally just world, which is the belief that they experienced fair processes, was a protective mechanism.

CONCLUSIONS: MIEs and PTED are being experienced by UK health and social care professionals, particularly in those exposed to work-related stressors.

6.

Burkman, K., et al. (2022). "Treatment for Moral Injury: Impact of Killing in War." Current Treatment Options in Psychiatry: 1-14. 10.1007/s40501-022-00262-6

Veterans who kill in war are at risk of developing negative mental health problems including moral injury, PTSD, spiritual distress, and impairments in functioning. Impact of Killing (IOK) is a novel, cognitive-behaviorally based treatment designed to address the symptoms associated with killing that focuses on self-forgiveness and moral repair through cultivation of self-compassion and perspective-taking exercises, such as letter writing, and active participation in values-driven behavior.

7.

Cappuccio, M. L., et al. (2022). "A Taste of Armageddon: A Virtue Ethics Perspective on Autonomous Weapons and Moral Injury." Journal of Military Ethics: 1-20. 10.1080/15027570.2022.2063103

ABSTRACT Autonomous weapon systems (AWS) could in principle release military personnel from the onus of killing during combat missions, reducing the related risk of suffering a moral injury and its debilitating psychological effects. Does it follow that the armed forces are obliged to replace human soldiers with machines to reduce the incidence of moral injuries? We address this question from a virtue ethics perspective that construes moral injury as a form of character deterioration, a disgrace that just societies and institutions are morally committed to preventing. The question is divided in two sub-questions: (1) can the use of AWS reduce the risk of moral injury and is such a solution more effective than similar ones? (2) Is the use of AWS an ethically desirable solution to prevent moral injury or does it carry unethical implications that make it ultimately unsuitable? We

tackle these questions comparing the opposite risks of character deterioration represented by moral injury and moral deskilling, discussing how the proposed solution evokes problematic trade-offs for the cultivation of military virtue.

8.

Cole, S. M. (2022). Time For A Change? The Lived Experiences of Abortion Workers Who Left The Industry. Department of Community Care and Counseling; School of Behavioral Sciences. Lynchburg, VA, Liberty University. **Doctor of Education**, <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=4659&context=doctoral>

The purpose of this phenomenological study was to gain insight and understanding into the lived experiences of those who have worked in a medical facility or freestanding clinic providing abortion services and who eventually chose to leave the industry due to moral distress. Two research questions are addressed in this study: What is the lived experience of former abortion workers who left the field due to moral distress both before and after their transition from the industry? And, What were (and are) the perceived bio-psycho-social-spiritual impacts of abortion work for those who ultimately left the field due to moral distress? A comprehensive review of the literature discusses abortion, the political landscape of abortion, abortion workers, moral ideology, moral distress, moral injury, forgiveness, influence of global meaning, and spirituality. Fourteen participants who are affiliated with an organization that assists individuals exiting the abortion industry were interviewed for this study. Phenomenological hermeneutic theory was the method utilized to gather, explore and interpret the transcribed narratives given by the interviewees. Specifically, the computer software NVivo and van Manen's six-step research paradigm were utilized to transcribe, analyze and interpret the data. Finally, themes emerging from the data that are presented in detail include Shifting View of Abortion: From ProChoice to Pro-Life, Memorable Experiences During Tenure in Abortion Industry, Difficult Work Environment, Bio-Psycho-Socio-Spiritual Conflict, and A Turning Point, and topics of discussion are Stigma of Abortion Work, Work Experiences and Environment, Bio-PsychoSocio-Spiritual Effects, Aspects of Moral Distress and Moral Injury, and Steps toward Healing.

9.

Cordial, T. A. (2022). "Moral injury and the potential for suicide: an analysis of thwarted belongingness and perceived burdensomeness among veterans and active-duty personnel." Dissertation Abstracts International: Section B: The Sciences and Engineering **83**(7-B): No Pagination Specified.

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc18&AN=2022-34083-087>

There remains a paucity of theory-driven research that explores the pathway to suicide among morally injured individuals. The Interpersonal Psychological Theory of Suicide proposes a framework of three factors (i.e., Thwarted Belongingness [TB], Perceived Burdensomeness [PB], and capability for suicide) that may help predict risk of suicide. This study examined whether expressions of moral injury (MI) predicted TB and PB above and beyond demographic variables and psychological factors (i.e., posttraumatic stress disorder [PTSD] and depression). This study utilized archival data and included 203 active-duty military and veterans. Participants completed the Expressions of Moral Injury Scale-Military Version (EMIS-M), Interpersonal Needs Questionnaire (INQ-15), PTSD Checklist for DSM-5 (PCL-5), and the Patient Health Questionnaire (PHQ-8). Four hierarchical regression models evaluated the nonexperimental prediction of PB and TB: 1) PB: MI over Demographics and Psychological Factors; 2) PB: Demographics and Psychological Factors over MI; 3) TB: MI over Demographics and Psychological Factors; and 4) TB: Demographics and Psychological Factors over MI. Demographic and psychological factors accounted for a greater percentage of total variance of PB (Model 1: $R^2 = .394$, $p < .001$) and TB (Model 3: $R^2 = .407$, $p < .001$); however, MI predicted unique variance of PB and TB (Model 1: $\Delta R^2 = .077$, $p < .001$; Model 3: $\Delta R^2 = .027$, $p < .005$). Results suggest that assessment of MI may increase the detectability of TB and PB and subsequently,

risk of suicide. Strengths, limitations, and future research and clinical implications are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

10.

Easterbrook, B., et al. (2022). "Risk Factors for Moral Injury Among Canadian Armed Forces Personnel." *Frontiers in psychiatry Frontiers Research Foundation* **13**: 892320. <https://dx.doi.org/10.3389/fpsy.2022.892320>

Objectives: The traumatic nature of high-risk military deployment events, such as combat, is well-recognized. However, whether other service-related events and demographic factors increase the risk of moral injury (MI), which is defined by consequences of highly stressful and morally-laden experiences, is poorly understood. Therefore, the objective of this study was to examine determinants of MI in Canadian Armed Forces (CAF) personnel.

Methods: Data were obtained from the 2018 Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey (CAFVMHS; unweighted n = 2,941). To identify military characteristics, sociodemographic variables, and deployment-related factors associated with increased levels of MI, a series of multiple linear regressions were conducted across deployed and non-deployed groups.

Results: When all variables were considered among the deployed personnel, rank, experiencing military related sexual trauma, child maltreatment (i.e., physical abuse, emotional abuse and neglect), and stressful deployment experiences were significant predictors of increased MI total scores (beta = 0.001 to beta = 0.51, p < 0.05). Feeling responsible for the death of an ally and inability to respond in a threatening situation were the strongest predictors of MI among stressful deployment experiences. Within the non-deployed sample, experiencing military-related or civilian sexual trauma and rank were significant predictors of increased MI total scores (beta = 0.02 to beta = 0.81, p < 0.05).

Conclusion: Exposure to stressful deployment experiences, particularly those involving moral-ethical challenges, sexual trauma, and childhood maltreatment were found to increase levels of MI in CAF personnel. These findings suggest several avenues of intervention, including education and policies aimed at mitigating sexual misconduct, as well as pre-deployment training to better prepare military personnel to deal effectively with morally injurious experiences.

11.

Eunyoung, J. (2022). "Mediating role of self-compassion in the association between moral injury and depression among Korean youths." *Heliyon* **8**(5): e09429. <https://doi.org/10.1016/j.heliyon.2022.e09429>

Background Beyond the trauma research, it was assumed that ordinary younger people can experience moral injury, leading to depression. Based on this assumption, this study investigated the mediating pathways by which moral injury, caused by oneself, others, and by betrayal of others, impacts depression through self-compassion. **Methods** Overall, 1,567 South Korean youths responded to an online survey that employed three scales: the Moral Injury Experience Scale, the Korean version of the Self-Compassion Scale, and the Korean version of the Center for Epidemiologic Studies Depression Scale. A mediation analysis was used to examine whether moral injury predicted depression through positive (self-kindness, mindfulness, and common humanity) and negative components (self-judgment, isolation, and over-identification). **Results** The results showed that the three types of moral injury (by oneself, by others, and by betrayal of others) had a significant direct effect on depression and a significant indirect effect via the negative components, while the three positive components did not have any significant mediating effect. **Conclusions** Overall, a sociocultural explanation, in addition to the existing theoretical frameworks, is required to understand the depression occurring in the current young generation in South Korea.

12.

Gibson, S. (2022). Moral Distress, Burnout, and Moral Injury in Healthcare Professionals. *Anthropology*

J. William Fulbright College of Arts and Sciences. Fayetteville, University of Arkansas. **Honors Studies; Bachelor of Science**, <https://scholarworks.uark.edu/anthuht/5>

For doctors and other health care professionals, experiences of care too often involve burnout and moral distress. Making both visible to begin addressing them takes up the main concern of my thesis. Burnout and moral distress swallow a life. Suddenly you aren't going on that shopping trip with friends, you can forget about going to that movie or play. You are too tired to drag yourself out of bed, instead getting caught in a cycle of sleep and work with no time for a break or even to process what happened last shift. Who's going to have a nice relaxing day to yourself? Not you. You are instead going to stew in your stress and review situations over and over again to try to find what you could have done different, done better. A nice dinner with family sounds nice, until you realize that they don't understand when you talk about work, they get uncomfortable when you mention the patient who died. A night out with friends seems like fun, too bad you can't remember it. At least the alcohol numbed the pain for a while. If someone notices, says something, it's so easy to say, "I'm fine", because how could they understand anyways? There is a prevailing sense of frustration, entrapment, and hopelessness that starts to drown you, and the next shift looms with crushing dread. In my research, primarily inspired by and based on my work as a Patient Care Technician, I sought to understand the effects and experiences of one of these challenging topics, burnout, and moral distress in healthcare professionals. I used semi-structured interviews with volunteering healthcare professionals and utilized personal narratives and experiences of participants since the "experience of suffering, it is often noted, is not effectively conveyed by statistics or graphs. The "texture" of dire affliction is perhaps best felt in the gritty details of biography"¹⁵. I interviewed four healthcare professionals, all of whom work primarily in a hospital setting, and talked informally with many others who did not wish to conduct a full interview. I additionally utilized participant observation through my position as a patient care tech working in the Acute Care Unit (ACU) and Intensive Care Unit (ICU) to help me better understand the experiences and perspectives of those who I interviewed.

13.

Gilbert-Ouimet, M., et al. (2022). "Predict, prevent and manage moral injuries in Canadian frontline healthcare workers and leaders facing the COVID-19 pandemic: Protocol of a mixed methods study." *SSM - Mental Health*: 100124. <https://doi.org/10.1016/j.ssmmh.2022.100124>

Moral injuries can occur when perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations. The COVID-19 crisis highlighted the fact that psychosocial stressors at work, such as high emotional demands, are placing Canadian healthcare workers at risk of moral injuries. Evidence linking psychosocial stressors at work to moral injuries are needed to better predict, prevent and manage moral injuries, as these stressors are frequent and modifiable occupational risk factors. This protocol presents a study aiming to: 1) understand workplace events having the potential to either cause or reduce moral injuries, 2) predict the risk and severity of moral injuries using a disease prevention model, 3) identify biological signatures (biomarkers) associated with psychosocial stressors at work and moral injuries and 4) elaborate preliminary guidelines of organizational practices for frontline healthcare workers to reduce and manage moral injuries. This study is a mixed methods research with three components: qualitative, quantitative and biological. The data collection has been completed and because of the COVID-19 pandemic, it was adjusted to allow for gathering qualitative and quantitative data remotely. Frontline healthcare workers and leaders were included. Through focus groups and individual interviews, and an online questionnaire, events and psychosocial working conditions that may increase the risk of moral injuries will be documented. In addition, blood samples which were collected from a sub-sample of volunteer participants will measure an innovative set of biomarkers associated with vulnerability to stress and mental health. Data analyses are ongoing. We anticipate to identify workplace events that may trigger moral injuries. We expect that potential predictors of moral injury risk occurrence and severity will be identified from psychosocial stressors at work that can be improved by implementing organizational practices. We also expect to observe a different mental

health state and biological inflammation signature across workers exposed compared to workers not exposed to psychosocial stressors at work. Based on these future findings, we intend to develop preliminary recommendations of organizational practices for managers. This research will contribute to expand our knowledge of the events in the workplace likely to generate or lessen the impact moral injuries, to build a model for predicting the risk of moral injuries at work, all in the specific context of the COVID-19 health crisis among healthcare workers.

14.

Goldin, D., et al. (2022). "Moral Injury and Telemental Health Services: An Overview on Clinician Impact." Journal of Psychosocial Nursing and Mental Health Services **0**(0): 1-6.
doi:10.3928/02793695-20220428-01

Moral injury develops from enduring complex moral conflicts that occur when one's beliefs and values are violated by committing, perpetrating, failing to prevent, or witnessing acts that transgress one's deep moral compass. In response to the coronavirus disease 2019 pandemic and the extraordinary impact to patients and health care systems around the globe, telemental health has rapidly expanded as a means to optimize resource use and comply with social distancing mandates. Social determinants of health, which include financial inequity, have influences on pandemic situations, such as physical distancing and lockdowns, resulting in disproportionate delays in timely mental health diagnosis and management. The current article discusses an overview of how the demands of the pandemic have forced mental health clinicians working in telemental health to face a wide range of complex ethical and moral dilemmas. [Journal of Psychosocial Nursing and Mental Health Services, xx(x), xx-xx.].

15.

Haight, W., et al. (2022). "Moral injury experienced by emerging adults with child welfare histories in developmental and sociocultural contexts: "I knew the system was broken."." Children and Youth Services Review **139**: 106537. <https://doi.org/10.1016/j.childyouth.2022.106537>

This mixed methods research examines moral injury in childhood and adolescence as described by emerging adults with histories of child welfare involvement. Twenty-eight emerging adults (18–25 years) with foster care histories participated in life story interviews, and assessments of exposure to potentially morally injurious events (Moral Injury Events Scale, MIES; Nash et al., 2013). Participants reported on the MIES exposure to potentially morally injurious events during their involvement in the child welfare system as children and adolescents. The most common events described by participants were child maltreatment (82%), adults' failure to protect them (75%), and injury to their identities as individuals worthy of respect, and as members of particular groups (families, ethnic communities) (39%). In addition, most participants reported multiple moral injuries, and moral injuries that were sustained across months or years. Participants' reported responses to these events included: rage, shame, guilt, and feelings of betrayal, vulnerability, confusion and worthlessness. Longer term responses included relationship problems, mental health and substance abuse disorders. Perpetrators of moral injury included parents, substitute caregivers, and child welfare professionals. Events occurred in birth homes, but also in out-of-home placements and social service settings. This study contributes to child welfare by highlighting the voices of young people, and identifying moral as an issue for practice and policy intervention. In so doing, this research also contributes to the literature on moral injury by examining the lived experiences of individuals reporting moral injury, by extending the concept to emerging adults with child welfare histories, and by considering moral injury in developmental and sociocultural contexts.

16.

Hodgson, T. J., et al. (2022). "Correction to: Moral Injury, Betrayal and Retribution: Australian Veterans and the Role of Chaplains." Journal of Religion & Health **61**(3): 2634-2635.
<https://dx.doi.org/10.1007/s10943-022-01572-y>

17.

Jack, J. (2021). "In war, there are no unwounded soldiers." Kritisk forum for praktisk teologi
<https://www.kfpt.dk/pub/l1y1qx41>

The world has been at war for an extended period; some countries for longer, some shorter. For the US, it's been 20 years- twice as long as the war in Vietnam, four times as long as World War II. Every country's military forces engaged in this Global War on Terrorism have felt the pinch and strain: the longer hours, doing more with less, equipment or units that do not get fully and properly rested or refitted, and never enough training time because operations come first. This is just as true for the Chaplain Corps: with religious services to provide, people to see, comfort to offer, funerals, memorial services, and responses to traumatic events to preside over or get the troops through we find ourselves spread thinly across the battlefield. At the height of the US-led Coalition Iraq war (2003), a documentary was made about the trauma work of medical doctors in the Baghdad Emergency Room. War zone medicine can be absolutely gruesome and traumatic- for both the doctor and patient. But those doctors plainly see their patient's wounds and are able to point to the issue in order to heal it. We Chaplains cope with wounds every day, but they are the invisible variety. These invisible wounds, the spiritual wounds of war, should be of compelling interest to us. Knowledge of these wounds and how to mend them is vital. These invisible wounds are becoming known as Moral Injuries (MI). Military Chaplains can minimize the traumatic and negative spiritual impacts of war on their flock by understanding what MI is, by being able to recognize it in their soldiers, and by considering some of the ramifications of this invisible injury.

18.

Jobe, S. C. (2022). "Rethinking Responsibility: Moral Injury from War to Prison." Political Theology: 1-15. 10.1080/1462317X.2022.2064095

ABSTRACTA moral injury framework, adapted to the carceral context from veterans' affairs, challenges the concept of 'crime' and why people commit them. Moral injury asserts that human beings are moral agents and that no one violates their own moral code lightly. Healing from moral injury requires individuals and communities to get curious about the matrix of social factors and individual choices involved in any given 'crime,' challenging both individual responsibility and social theory narrations of criminality. This article names the ways that theological and political concepts like sin and crime have been laminated together in the narratives upholding mass incarceration. The moral injury framework challenges the language of this laminated theo-political narrative at all three of its major loci: the naming of moral violation as sin/crime, of people as sinner/ criminals, and of the process of restoration as redemption/rehabilitation thereby opening pathways toward new modes of both thought and practice.

19.

Jones, T. W., et al. (2022). "Religious trauma and moral injury from LGBTQA+ conversion practices." Social Science & Medicine **305**: 115040. <https://doi.org/10.1016/j.socscimed.2022.115040>

Religion-based LGBTQA + conversion practices frame all people as potential heterosexuals whose gender aligns with their birth sex (in a cisgender binary model of male and female sexes). Deviation from this heterosexual cisgender social identity model is cast as curable 'sexual brokenness'. However, research shows conversion practices are harmful, and particularly associated with increased experiences of abuse, mental health diagnoses, and suicidality. This paper explores their contribution to the particular harms of moral injury and religious trauma, drawing firstly on the foundational moral injury literature to offer a unique conceptual framework of spiritual harm and moral injury, and secondly on a rare qualitative 2016–2021 study of the spiritual harms reported in semi-structured interviews of 42 survivors of LGBTQA + change and suppression practices in Australia. The paper examines the survivors' support needs around the nature and extent of religious trauma and moral injury, to inform services working towards supporting their recovery from such experiences and their resolution of conflicts deeply bound in their sense of self and belonging. It

argues that impairment of conversion survivors' relationships with religious communities, and religious self-concepts, point to the need for additional improvements in pastoral practice.

20.

Jovarauskaite, L., et al. (2022). "Associations between moral injury and ICD-11 post-traumatic stress disorder (PTSD) and complex PTSD among help-seeking nurses: a cross-sectional study." *BMJ open* **12**(5): e056289. <https://dx.doi.org/10.1136/bmjopen-2021-056289>

OBJECTIVES: This study aimed to evaluate how moral injury (MI), traumatic experiences and daily stressors were related to the symptoms of post-traumatic stress disorder (PTSD) and International Classification of Diseases 11th revision specific complex PTSD (CPTSD) symptoms of disturbances in self-organisation (DSO) in a treatment-seeking sample of nurses.

DESIGN: A cross-sectional study.

SETTING: Nurses from all regions of Lithuania participated in the study. The data were collected between April and May 2021.

PARTICIPANTS: A total of 206 nurses, mean age 42.34 years (SD=11.68), 97.1% women and with 65% >10 years of work experience.

RESULTS: The prevalence of PTSD and CPTSD in the treatment-seeking sample of nurses was 9.2% and 10.2%, respectively. The results of structural equation modelling indicated an acceptable model fit for the model regarding the links between trauma exposure, daily stressors, MI, PTSD and DSO symptoms, (χ^2 (df)=219.718 (123), $p<0.001$, Comparative Fit Index/Tucker-Lewis Index=0.937/0.922, root mean square error of approximation (90% CI)=0.062 (0.048 to 0.075), standardised root mean square residual=0.049). MI had a large effect on DSO symptoms, $\beta=0.667$, $p<0.001$, and a medium effect on PTSD symptoms, $\beta=0.394$, $p<0.001$. Daily stress but not trauma exposure was significantly related to MI, $\beta=0.618$, $p<0.001$.

CONCLUSIONS: The prevalence of PTSD and CPTSD in a treatment-seeking sample of nurses inform healthcare administrators, policymakers and medical staff about the demand for psychosocial interventions for healthcare workers focused on stress management to address their daily stressors and mitigate effects on MI or trauma-focused treatments for PTSD/CPTSD.

TRIAL REGISTRATION NUMBER: NCT04817995; Pre-results.

21.

Kalkman, J. P. and T. Molendijk (2021). "The Role of Strategic Ambiguity in Moral Injury: A Case Study of Dutch Border Guards Facing Moral Challenges." *Journal of Management Inquiry* **30**: 221 - 234. [urn:nbn:nl:ui:22-2066/214086](https://doi.org/10.1177/10564926211014086)

There is widespread agreement that lower level organizational members face moral challenges because their personal values conflict with organizational directions. Yet we argue that intentional strategic ambiguity, too, may lead to moral challenges, particularly among organizational members operating in high-stake situations. Drawing on interviews with border guards deployed during the European migration crisis, we use vignettes to present two coping strategies. First, members may disengage from moral challenges and redefine their work as a clear-cut duty. Second, they may embrace moral disorientation and conflicts, and follow felt moral obligations. Both may lead to moral injury. Moral injury refers to psychological suffering that is engendered by performing, failing to prevent, or falling victim to actions that conflict with one's moral belief system. We make three theoretical contributions by (a) identifying the roots of moral challenges in strategic decision-making, (b) signaling different coping mechanisms, and (c) challenging pragmatic perspectives on strategic ambiguity.

22.

Kendall-Tackett, K. and C. T. Beck (2022). "Secondary Traumatic Stress and Moral Injury in Maternity Care Providers: A Narrative and Exploratory Review." *Frontiers in Global Womens Health* **3**: 835811. <https://dx.doi.org/10.3389/fgwh.2022.835811>

Introduction: A significant percentage of maternity providers have experienced secondary traumatic stress following a traumatic birth. Previous studies identified it as an issue, but this literature review is 5-9 years old. In addition, the construct of moral injury has significantly increased our understanding of secondary trauma for military veterans. In the wake of COVID-19, this construct also applies to healthcare providers.

Objectives: The present article updates these reviews and compares findings for three groups: labor and delivery nurses, midwives, and obstetricians. The second portion of this review re-examines previously published qualitative research to determine whether moral injury might more accurately describe the experiences of maternity personnel.

Methods: A comprehensive review of PubMed, Scopus, Web of Science, PsychINFO, and CINAHL was conducted in June 2021 using search terms such as compassion fatigue, secondary trauma, moral injury, labor and delivery, nurses, midwives, and obstetricians. Forty articles were identified, but only 16 focused on secondary trauma or moral injury.

Results: Secondary trauma is a significant concern affecting at least 25% of maternity staff. However, some countries have very low rates, which correspond to low rates in childbirth-related trauma in mothers. Secondary trauma can lead to several symptoms, including re-experiencing, avoidance, negative changes in mood and cognitions, and hyperarousal, which can cause significant impairment. As a result, many providers decide to leave the field in the wake of a traumatic birth. The incidence of moral injury is unknown, but a re-examination of previously published qualitative data suggests that this construct, generally used to describe combat veterans, does describe some of what providers have reported. Acts of omission, i.e., failure to stop the harmful acts of others had long-term negative effects on labor and delivery nurses, consistent with data from military samples. Two possible mediators were proposed: hierarchical and gendered relationships in hospitals and agency of care.

Conclusion: The effects of traumatic birth on providers can be severe, including possible psychological sequelae, impaired job performance, and leaving the field. Moral injury expands upon the construct of secondary traumatic stress. This construct better describes the experiences of maternity staff in non-primary roles who witness traumatic births and are often haunted by events that they could not prevent, but often question whether they should have.

23.

Kondrath, S. R. (2022). "Moral Injury and Spiritual Distress: Clinical Applications in Interdisciplinary, Spiritually Integrated Interventions." *Current Treatment Options in Psychiatry*. 10.1007/s40501-022-00263-5

Spiritual distress (SD) can be a critical component of moral injury (MI), which is not often assessed or treated. This article offers suggestions for including SD to improve clinical outcomes. Since MI and SD are multifaceted experiences, it is vital to address them with an interdisciplinary approach.

24.

Konopasky, A., et al. (2022). The Philosophy of Agency: Agency as a Protective Mechanism Against Clinical Trainees' Moral Injury. *Applied Philosophy for Health Professions Education*. M. E. L. Brown, Springer: 157-171.10.1007/978-981-19-1512-3_11

The exercise and experience of agency—the process of using one's resources to intentionally determine and pursue goal-directed actions amidst constraints—are critical for health professions trainees. Agency in health professions education (HPE) has been linked to feedback, assessment, and learner growth and development. One threat to trainee agency receiving increasing scholarly attention is moral injury: guilt, shame, or profound distress caused by violating one's values under stress. In this chapter we illustrate how theories of agency can powerfully support examination and prevention of HPE learners' moral injury. We begin by setting out the problem of moral injury with a case drawn from critical care medicine. We then address the problem of moral injury by drawing on two philosophical approaches to agency: (a) what moral and postmodern philosophers have said

about what it means to exercise agency amidst the potential constraints of other agents of social and institutional structures and (b) what phenomenological philosophers have said about what it means to have a sense of agency amidst these constraints. We conclude by offering suggestions for how instructors can better support learners' agency to prevent moral injury and how a nuanced view of agency can shape HPE research and practice.

25.

Maguen, S. and B. J. Griffin (2022). "Research Gaps and Recommendations to Guide Research on Assessment, Prevention, and Treatment of Moral Injury Among Healthcare Workers." Frontiers in psychiatry Frontiers Research Foundation **13**: 874729. <https://dx.doi.org/10.3389/fpsyt.2022.874729>

Healthcare workers face numerous occupational stressors, including some that may challenge personal and shared morals and values. This is particularly true during disasters and crises such as the COVID-19 pandemic, which require critical decisions to be made with little time and information often under personal distress and situational constraints. Consequently, healthcare workers are at risk for moral injuries characterized by stress-related and functional impacts. Although research on the evaluation and treatment of moral injury among military veterans burgeoned in the recent decade, addressing moral injury in healthcare workers and other civilians remains an important gap. In this perspective piece, we identify research gaps and make recommendations to advance future work on assessment, prevention, and treatment of moral injury in healthcare workers. We draw on empirical studies of moral injury in veterans, limited studies of moral injury in health professionals, and our clinical experiences with healthcare workers affected by moral injury.

26.

Norman, S. (2022). "Trauma-Informed Guilt Reduction Therapy: Overview of the Treatment and Research." Current Treatment Options in Psychiatry: 1-11. 10.1007/s40501-022-00261-7

The purpose of this review is to describe Trauma-Informed Guilt Reduction Therapy (TriGR), the Non-Adaptive Guilt and Shame (NAGS) model that underlies TriGR, and the research supporting the use of TriGR to treat the guilt and shame components of moral injury. TriGR is a 6-session individual psychotherapy that helps clients consider their role in the traumatic event and find constructive ways to express important values, so that they no longer need to express values by suffering through guilt and shame.

27.

Prior, J. (2022). "Halfway Around The World, Echoes Of Physician Moral Injury." Health Affairs **41**(5): 769-772. <https://dx.doi.org/10.1377/hlthaff.2021.01621>

A physician seeks respite from the injustice of US care delivery but encounters familiar signals of system failure abroad.

28.

Ross, B. D. (2022). Responding to Wounds of the Soul: American Law Enforcement, Moral Injury and Religious Coping. Department of Community Care and Counseling; School of Behavioral Sciences. Lynchburg, VA, Liberty University. Doctor of Education (Ed.D.), <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=4715&context=doctoral>

The concepts of moral injury and religious coping are inherently entwined, based on the common reaction of many to turn to religion when faced with stressors. Specifically, Koch (2010) suggests religion is a common means by which individuals, including police officers, may try and cope with their occupational stress. In consideration of the current focus on police mental health and wellness, examining the literature related to moral injury, religious coping and American law enforcement officers serves as a viable first step in conducting further research. Furthermore, based on the extremely limited body of literature on the aforementioned subject(s) independently, and to an even more limited degree when considered together, the instant research sought to contribute to the base knowledge of the prevalence of moral injury in American law enforcement officers and how

specific variables (such as years of service, position, rank, religious affiliation, etc.) may have effect on the existence of moral injury and, additionally, how religious coping may be related to those levels of moral injury. In empirically examining the prevalence and characteristics of moral injury in law enforcement officers, the instant study positions itself within the primary research centered around moral injury and law enforcement officers and satisfies the recommendations of those who have conducted prior research on the topics, building on the slim foundation now existing and contributes to positive progress related to law enforcement mental health and wellness, which can impact a variety of outcomes (including officer self-harm/suicide, job performance, use of force, etc.). Furthermore, a foundation is be laid for future research on religiosity of American police officers, especially regarding how religious coping may be utilized to counter moral injury.

29.

Simmons-Beauchamp, B. and H. Sharpe (2022). "The Moral Injury of Ineffective Police Leadership: A Perspective." Frontiers in Psychology **13**: 766237. <https://dx.doi.org/10.3389/fpsyg.2022.766237>

Research suggests that Canadian police officers are exposed to trauma at a greater frequency than the general population. This, combined with other operational stressors, such as risk of physical injury, high consequence of error, and strained resources, can leave officers less resilient to organizational stressors. In my experience, a significant and impactful organizational stressor is ineffective leadership, which include leaders who are non-supportive, inconsistent, egocentric, and morally ambiguous. Ineffective leadership in the context of paramilitary police culture has been recognized as psychologically distressing. Further, moral injury may result when leadership fails to meet officers' needs, expectations, and values. Ineffective leadership and resulting moral injuries are an understudied area in the literature. This review will help provide a comprehensive context of policing and the impact of ineffective leadership on police mental health.

30.

Teays, W. (2022). The Ethics of Drone Killings and Assassinations. Ethics in the AI, Technology, and Information Age. M. Boylan and W. Teays. London, Rowman & Littlefield: 257-276, https://books.google.nl/books?id=9w9sEAAAQBAJ&dq=The+Ethics+of+Drone+Killings+and+Assassinations++W+Teays&lr=&hl=nl&source=gbs_navlinks_s

... The moral injury they suffer may scar them for years. According to Peter W. Singer, ... But dreams may turn to nightmares as the moral injury begins to fester. In time, drone pilots pay a ... protect civilians, but also to minimize the risk of moral injury to ...

31.

Thomas, T. (2022). "When burnout is moral injury." MDedge | Psychiatry. <https://www.mdedge.com/psychiatry/article/254760/ptsd/when-burnout-moral-injury>

Several years have passed since I stood among a cohort of eager medical students wearing regalia that signaled a new beginning. Four years of grueling study culminated in a cacophony of unified voices, each reciting a pledge that I had longed to take since early adolescence. Together we celebrated, triumphant despite innumerable exams and various iterations of the Socratic method – all under the guise of assessing knowledge while in truth seeking to insidiously erode the crowd of prospective physicians. Yet our anxiety and uncertainty melted away as names were called, hands firmly clasped, and tassels transposed. For a moment in time, we stood on the precipice of victory, enthusiastic albeit oblivious of the tremendous obstacles that loomed ahead.

32.

Trifunovic-Koenig, M., et al. (2022). "Validation of the German Version of the Moral Injury Symptom and Support Scale for Health Professionals (G-MISS-HP) and Its Correlation to the Second Victim Phenomenon." International Journal of Environmental Research & Public Health [Electronic Resource] **19**(8): 16. <https://dx.doi.org/10.3390/ijerph19084857>

INTRODUCTION: Comparable to second victim phenomenon (SVP), moral injury (MI) affects health professionals (HP) working in stressful environments. Information on how MI and SVP intercorrelate and their part in a psychological trauma complex is limited. We tested and validated a German version of the Moral Injury Symptom and Support Scale for Health Professionals (G-MISS-HP) instrument, screening for MI and correlated it with the recently developed German version of the Second Victim Experience and Support Tool (G-SVEST-R) instrument, testing for SVP.

METHODS: After translating Moral Injury Symptom and Support Scale for Health Professionals (MISS-HP), we conducted a cross-sectional online survey providing G-MISS-HP and G-SVEST-R to HP. Statistics included Pearson's interitem correlation, reliability analysis, principal axis factoring and principal components analysis with Promax rotation, confirmatory factor and ROC analyses.

RESULTS: A total of 244 persons responded, of whom 156 completed the survey (33% nurses, 16% physicians, 9% geriatric nurses, 7.1% speech and language therapists). Interitem and corrected item-scale correlations did not measure for one item sufficiently. It was, therefore, excluded from further analyses. The nine-item score revealed good reliability (Guttman's $\lambda^2 = 0.80$; Cronbach's $\alpha = 0.79$). Factor validity was demonstrated, indicating that a three-factor model from the original study might better represent the data compared with our two-factor model. Positive correlations between G-MISS-HP and G-SVEST-R subscales demonstrated convergent validity. ROC revealed sensitivity of 89% and specificity of 63% for G-MISS-HP using a nine-item scale with cutoff value of 28.5 points. Positive and negative predictive values were 62% and 69%, respectively. Subgroup analyses did not reveal any differences.

CONCLUSION: G-MISS-HP with nine items is a valid and reliable testing instrument for moral injury. However, strong intercorrelations of MI and SVP indicate the need for further research on the distinction of these phenomena.

33.

Wiinikka-Lydon, J. (2022). Moral Injury. *The Murdochian Mind*. S. C. Panizza and M. Hopwood. London, Routledge: 493-504, <https://www.taylorfrancis.com/chapters/edit/10.4324/9781003031222-42/moral-injury-joseph-wiinikka-lydon>

Iris Murdoch's discussion of void can illuminate issues of violence, moral injury, and community that remain urgent matters globally. She offers a philosophical account of the psychological way in which certain forms of suffering can give rise to violence. It is an important contribution because Murdoch, who develops a phenomenology of moral experience, can thereby provide to other disciplines and discourses, which may lack an analytically ethical language, the means to bring forth the moral dimension of everyday life ...