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**Citation: Roche, Brigid Mary (2024) Moral attentiveness and leadership in the lived experience of moral distress / injury and recovery : an interpretative phenomenological account of social work settings. [Thesis] (Unpublished)**

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Moral attentiveness and leadership in  
the lived experience of moral distress /  
injury and recovery:

An interpretative phenomenological  
account of social work settings

Brigid Roche

Birkbeck, University of London

2023

Supervised by

Professor Alexandra Beauregard

Professor Joanna Yarker

Doctor Rachel Lewis

Thesis submitted in partial fulfilment for the degree of  
Professional Doctorate in Occupational Psychology (DOccPsy)

## Acknowledgements

My heartfelt gratitude is shared with:

The individuals who contributed to this study as research participants. For your trust, openness, and generosity in sharing your experiences.

Prof Alexandra Beauregard, Prof Joanna Yarker, Dr Rachel Lewis, and Dr Munazzah Choudhary, my supervisors, and Dr Sophia Ledingham, my coaching supervisor. For inspiring through your professionalism, astute and critical evaluation, and encouragement.

Bruce and Margaret, my parents. For your big-heartedness and generosity of spirit. For noticing and enabling my interest in reading as a little one. For opening so many doors, the privilege of education included. For all our adventures past and those to come.

Conor, my husband. For your confidence, empathy, positivity, and perspective. For journeying together to horizons near and far, and for our laughter every day.

Patricia, my friend. For serving as inspiration for this research, and for helping to make it happen.

Aimee, my friend. For reading these chapters. For your kindness, integrity, wisdom, humour, and for all our cups of coffee.

Siblings, family and friends. If we do construct our own reality, I am grateful for how you have shown up in mine.

## Abstract

This thesis presents two studies exploring moral injury, the profound and persistent psychological distress that people may develop when their moral expectations and beliefs are violated by their own or other people's actions (Litz et al., 2009; Shay, 2014). The first study is a systematic literature review (SLR) which addresses the opportunity to understand what is known about leadership in relation to moral injury and recovery in non-military, non-healthcare organisational settings. Three key factors are identified: 1) leadership awareness and accountability, 2) organisational context and conditions, and 3) individual factors such as moral attentiveness.

The second study presents context-specific empirical research, using interpretative phenomenological analysis to understand the lived experience of moral distress/injury amongst frontline professionals and leaders in social work settings, and the role of moral attentiveness and leadership within this. Participants describe their experience of moral distress/injury in terms of holding knowledge of harm, experiencing tension in limited agency to correct wrongs, navigating boundaries of protocol, and experiencing power and decision strain. Moral attentiveness is active in the process of reconstructing the experience of moral distress/injury, through moral mentalisation, construction of moral logic, salience of moral identity, and socialised moral sensemaking. Participants share how leadership can protect against the impact of moral injury through proximity which builds understanding, balancing accountabilities to protect the workforce and the organisation, serving as a bridge in organisational communication, and facing moral complexity with integrity. Moral recovery is experienced through investing in wellbeing, maintaining proximal social connection with colleagues, accepting boundaries within the wider system of accountability, and through development of perspective.

A provisional framework is presented depicting the components and relationships between moral distress/injury, moral recovery, moral attentiveness, and leadership. This thesis contributes uniquely to the literature, extends understanding of moral injury and outlines implications for research and practice.

## Table of Contents

<b>Acknowledgements</b> .....	2
<b>Abstract</b> .....	3
<b>Table of Contents</b> .....	4
<b>Professional Practice Statement</b> .....	8
<b>Chapter 1. Background to the Research</b> .....	10
<b>Overview</b> .....	10
<b>Antecedents of Moral Injury</b> .....	11
<b>Moral Injury and Moral Recovery</b> .....	12
<b>Systematic Literature Review Summary Findings</b> .....	14
<b>Leadership and Ethics in Organisations</b> .....	15
<b>Moral Attentiveness and The Moral Self</b> .....	18
Construction of the Moral Self.....	19
Moral Emotions and Internalised Moral Standards.....	21
Moral Judgement and the Sense-making Intuition Model .....	22
<b>Morality in Social work</b> .....	23
<b>Summary</b> .....	25
<b>Chapter 2: Methodology</b> .....	27
<b>Systematic Literature Review</b> .....	27
<b>Empirical Study</b> .....	28
Ethics .....	28
Epistemological Approach .....	30
Researcher Positionality .....	31
Selection of Methodology.....	32
Interpretative Phenomenological Analysis .....	33
Reflexivity.....	35
<b>Chapter 3: Systematic Literature Review</b> .....	38
<b>Abstract</b> .....	38
<b>Introduction</b> .....	39
Antecedents of Moral Injury.....	40
Measuring Moral Injury .....	43
Moral Injury Interventions.....	44
Moral Recovery .....	45
Summary .....	46
<b>Method</b> .....	47

Table 1: Inclusion / exclusion criteria applied to search studies .....	49
Table 2: Search terms.....	49
Figure 1. Flow diagram showing search and retrieval process .....	50
Data Extraction and Quality Assessment .....	50
<b>Findings</b> .....	51
Overview of studies .....	52
Quality Appraisal.....	54
Table 3: Key characteristics of included studies .....	55
Table 4: Summary findings of included studies .....	57
Table 5: Summarised quality appraisal evaluation for reviewed studies .....	63
Table 6: Key themes of systematic review.....	64
<b>What is the role and impact of leadership in the experience of moral injury and moral recovery in organisational settings other than military and healthcare?</b> .....	66
Theme 1: Leader Awareness and Accountability.....	66
<b>What are the factors that influence the role and impact of leadership in the experience of moral injury and moral recovery?</b> .....	68
Theme 2: Organisational Context and Conditions .....	68
Theme 3: Individual Differences .....	71
<b>Discussion</b> .....	73
Strengths and Limitations .....	75
Implications for Future Research.....	76
<b>Chapter 4: Empirical Study</b> .....	78
<b>Abstract</b> .....	78
<b>Introduction</b> .....	79
Figure 2. Heuristic continuum of morally relevant life experiences and corresponding responses (Litz & Kerig, 2019).....	80
Moral Injury & Moral Recovery in the Workplace .....	81
Leadership and the Prevention, Mitigation of and Recovery from Moral Injury .....	83
Understanding Ethical Leadership in the Context of Moral Injury .....	84
Moral Attentiveness in the Context of Moral Injury.....	85
The Context of Social work .....	85
Morality in Social Work.....	89
Figure 3: Sensemaking intuition model (Sonenshein, 2007) .....	92
The Current Study .....	93
<b>Method</b> .....	94
Ontological and Epistemological Stance .....	94
Aims.....	95

Ethical Approval .....	96
Procedure and Participants.....	97
Table 7: Participant role titles .....	98
<b>The Interview Process</b> .....	99
Analysis .....	102
<b>Findings</b> .....	104
Table 8: Summary of findings .....	105
1. Experience of Moral Distress/Injury .....	107
1.1 Knowledge of harm .....	107
1.2 Tension in limited agency .....	108
1.3 Boundaries of protocol .....	109
1.4 Power and decision strain.....	110
2. Moral Attentiveness .....	111
2.1 Moral mentalisation .....	112
2.2 Construction of moral logic .....	113
2.3 Salience of moral identity.....	114
2.4 Socialised sensemaking.....	115
3. Leadership .....	116
3.1 Proximity deepens understanding .....	116
3.2 Accountability to the workforce and organisation .....	117
3.3 Face moral complexity with integrity .....	119
3.4 Communication bridge.....	120
4. Moral Recovery.....	120
4.1 Investment in wellbeing.....	120
4.2 Proximal social connection .....	121
4.3 Acceptance of boundaries .....	122
4.4 Development of perspective.....	122
Context-specific Experience of Moral Distress/Injury .....	124
Leadership in the Lived Experience of Moral Injury and Moral Recovery .....	125
Psychological Processes Connecting Moral Attentiveness with Moral Distress/Injury .....	127
Components of Moral Recovery .....	128
Provisional Framework of Psychological Processes .....	129
Figure 4: Provisional framework of psychological processes .....	130
Implications for Practice .....	131
Implications for Research .....	134
Strengths and Limitations .....	138
<b>Chapter 5: Implications</b> .....	139

<b>Aims and Overall Findings</b> .....	139
Table 9: Synthesis of findings.....	139
Aims and Overall Findings.....	141
<b>Findings from Study One – the Systematic Literature Review</b> .....	141
<b>Findings from Study Two – the Empirical Study</b> .....	143
<b>Theoretical Contributions</b> .....	145
<b>Implications for Practice</b> .....	148
<b>Implications for Future Research</b> .....	151
<b>Strengths and Limitations</b> .....	155
<b>Conclusion</b> .....	157
<b>References</b> .....	158
<b>Appendix</b> .....	179
Appendix I: Participant Information Sheet .....	179
Appendix II: Semi-structured Interview Schedule .....	182
Appendix III: Summary of Findings .....	184



## Professional Practice Statement

This body of work marks the end of a four-year journey of learning. Having completed part one of the Professional Doctorate (Professional Practice Portfolio) in Years 1 and 2, I registered with the Health and Care Professions Council as a practitioner psychologist with the modality of occupational psychology. This thesis satisfies the requirements for part two and represents two-years part time study. The following statement provides a summary of how my professional practice and personal values informed this thesis.

Having attained my bachelor's degree in Psychology in 2009 and my master's degree in Occupational Psychology in 2010, I have since worked within several organisations in Ireland, Europe and the Middle East. Commencing with a specialist focus on talent assessment, I subsequently worked in leadership and talent development, organisational development, diversity, equity and inclusion, and leadership coaching. During my work in diversity, equity and inclusion, I undertook a Professional Diploma in Employment Law to build my understanding of the legal backdrop associated with this field of work. During the past four years I also completed an accreditation in coaching, engaged in coaching supervision, and completed 250 hours of leadership coaching practice, primarily with individual leaders and also with a number of leadership teams. In 2019 I commenced the Professional Doctorate in Organisational Psychology in Birkbeck University. During this time I have enjoyed building my knowledge of evidence-based practice, deepening my reflexivity practice, and developing my competence in research practitioner work.

Moral complexity at work raises important questions. Employment offers opportunities of empowerment, independence, and growth. However, individuals can suffer greatly through exposure to morally injurious experiences at work, particularly in the absence of meaningful support in navigating the road to recovery. As systems designed and run by humans, organisations are inherently subject to human frailty, with power and complexity operating within and beyond view. Since my first reading of *Jane Eyre*, Edward Rochester's stark words invoked contemplation: "Most things free-born will submit to anything for a salary" (Brontë, 1966/1847, p. 166). Today, organisational psychology is positioned to protect the welfare of individuals at work, bringing evidence-based approaches to maintain, through policy and practice, working environments which are safe and compassionate, equitable and

productive. Through my work with organisational leaders and individuals throughout their career, I work with integrity and sensitivity, seeking to influence these outcomes to the best of my ability.

# Chapter 1. Background to the Research

## Overview

Moral injury refers to the profound and persistent psychological distress that people may develop when their moral expectations and beliefs are violated by their own or other people's actions (Litz et al., 2009; Shay, 2014). Factors contributing to the experience of moral injury have been identified at the individual, group, leader, organisational and societal level. This study draws upon the conceptual continuum model of moral stressors and outcomes presented by Litz & Kerig (2019), which informs the debate regarding boundary conditions for moral injury in distinguishing moral injury from moral stress by the severity of moral emotions and symptoms, and the likelihood that the experience and impacts will alter the identity of the impacted individual.

The majority of moral injury research has been conducted in military and healthcare settings, where moral decision making may be an expected reality of work. More recently, the study of moral injury expanded in response to calls to further build the understanding of moral injury (Molendijk et al., 2022), and moral recovery (Cullen, 2022), in different occupational settings which do not involve threat to life, or life and death decision making. To further understand the emerging construct of moral injury and the process of moral recovery, the study at hand explores the role and impact of leadership and moral attentiveness in the experience of and recovery from moral distress/injury in organisational settings.

As an introduction to this thesis, this chapter provides an overview of moral injury and moral recovery, commencing with a description of known antecedents. Relevant literature on ethical leadership in organisations is provided, followed by an introduction to the moral self, moral emotions and moral judgement, as individual factors associated with the experience of moral injury. The chapter concludes with the case for further understanding the experience of moral injury in the context of social work.

## Antecedents of Moral Injury

An antecedent of moral injury is known as a potentially morally injurious event (PMIE): “a situation occurring in a high-stakes environment where an individual perceives that an important moral value has been violated by the actions of self or others” (Farnsworth et al., 2017, p. 392). PMIEs may be perpetration-based (where the person has played a role in the transgression) or betrayal-based (where the person witnesses a transgression by a trusted authority). Morally injurious outcomes result from individual appraisal of PMIEs as violating their moral frameworks (Frankfurt & Frazier, 2016). These outcomes can include psychological (e.g. cognitions, intrusions), emotional (e.g. shame, guilt, anger), social (e.g. social withdrawal, alienation), behavioural (e.g. avoidance), or spiritual and existential effects, which stem from exposure to PMIEs (Farnsworth, 2019; Frankfurt & Frazier, 2016; Koenig et al., 2019; Yeterian et al, 2019). In the workplace, such moral injury outcomes carry risks for workforce wellbeing, safety, performance, engagement and retention, and for organisational leadership, governance and reputation.

Contextual dimensions of moral injury are important, referred to as “the circumstances that, in interaction with each other and with individual factors, shape the development of moral injury, and in terms of which moral injury can thus be more fully understood” (Molendijk et al., 2022, p. 2). Whilst the impact and outcomes of moral injury are well documented and with a range of quantitative measures in use, calls have been made for context-sensitive insights into the lived experience of moral injury in order to better inform the systematic prevention, mitigation of and recovery from moral suffering. “The lack of qualitative data on how people suffer after exposure to transgressive acts represents a particularly significant knowledge gap in the field” (Litz & Kerig, 2019, p. 343).

Individual factors are also important in the experience of moral injury. Moral attentiveness has been identified as a variable in whether and how individuals may experience moral injury (Ames et al., 2020). Moral attentiveness, “the extent to which one chronically perceives and considers morality and moral elements in his or her experiences” (Reynolds, 2008, p. 1028), is a self-conscious moral orientation. Moral attentiveness forms a construct of the moral self (Jennings et al., 2015), alongside moral sensitivity, a general orientation toward moral implications on the basis of past decisions and behaviours (Morton et al., 2006; Sparks & Hunt, 1998). Further research into moral attentiveness in the workplace has

also been recommended (Reynolds, 2008). Building understanding of the origins and outcomes of moral attentiveness will inform routes to cultivating and improving moral awareness and ethical decision-making at all levels of the workforce. Enhanced moral awareness supports individuals in perceiving and potentially flagging or addressing moral challenges which are particular to their work. Addressing these challenges at the organisational leadership level could mitigate moral stress or moral injury, presenting positive implications for the workforce and organisation.

### **Moral Injury and Moral Recovery**

Moral injury research has enjoyed a recent and rapid expansion. Building on insights from moral injury within military populations (Litz et al., 2009; Litz & Kerig, 2019; Koenig & Zaben, 2021), moral injury has also been investigated within law enforcement (Papazoglou et al., 2020), healthcare (Campbell et al., 2018; McAninch, 2016), public safety personnel (Lentz et al., 2021; Roth et al., 2023), education professionals (Levinson, 2015), social work professionals and parents involved in child protection services (Haight et al., 2016), refugees (Nickerson et al., 2015) and human rights advocates populations (Pfeffer et al., 2022). In addition to being considered in an increasing range of occupational contexts, moral injury has been reviewed from a range of perspectives. A review of contextual dimensions of moral injury by Molendijk et al. (2022) described spiritual / existential dimensions (moral confusion, self-doubt, violation of and loss of religious / spiritual beliefs and practices and relational conflict with self and others), organisational dimensions (conflicts between personal and professional moral commitments, breaking down of insupportable occupational moral identities and fundamental organisational characteristics or institutional logics) and political and societal dimensions (feelings of abandonment and betrayal by political leadership, resentment and alienation within communities, production and perpetuation of moral injury through societal discourse). A review by Griffin et al. (2019) illustrated a wide range of sequelae associated with exposure to potentially morally injurious events including biological, psychological/behavioural, social, and religious/spiritual.

Strong relationships between moral injury outcomes and mental health outcomes are illustrated in a review by McEwen et al. (2021). The review highlighted that cognitive and

emotional reactions to PMIEs, rather than just exposure to PMIEs, may be more strongly associated with mental health outcomes. Exposure to PMIEs can produce emotional and cognitive reactions that lead to moral pain, which when not managed, controlled, or coped with, results in outcomes of moral injury that “may transcend and overlap with several mental health disorders” (Farnsworth et al., 2017, p. 395). Notwithstanding the potential overlap of moral injury outcomes with mental health outcomes, importantly, moral injury should be recognised not from an individualising, pathologising perspective, but instead as a phenomenon distinct from clinical perspectives on trauma (Molendijk et al., 2022). Post-traumatic stress disorder models tend to understand trauma-related guilt and anger as resulting from distorted (flawed) cognitions. Meanwhile, psychodynamic, theological and philosophical perspectives recognise guilt and anger related to moral injury as possibly reasonable and appropriate responses to a troubling experience, and consequently requiring a focus on self-forgiveness rather than de-responsibilisation (Kingham, 2012; Shay, 2014, in Molendijk et al., 2022). Considering adverse responses to morally injurious events as ‘reasonable and appropriate’ leads to the question of moral recovery.

Moral recovery occurs through listening to the voices of the injured and developing cures at the level of community rather than the individual (Shay, 2014). Maladaptive psychological and emotional processing of moral transgression serves the useful purpose of reminding the person that they need to do something about their ensuing inner conflict (Litz et al., 2009). Through accommodating the experience and attributing the event in a specific, not stable and external way, an individual’s inner conflict may be reduced, and moral repair / recovery is more likely to occur. This process successfully integrates the moral violation into an intact, and more flexible, functional belief system (Litz et al., 2009). Whilst shame has historically been described as intense criticism of the global self, associated with a range of avoidant or aggressive problems, negative emotion directed at specific aspects of the self that might be amenable to change could lead to personal growth (Griffin et al., 2019). According to French et al. (2022, p. 516), “failure to engage in moral repair following betrayal-based moral injury may relate to a long-term loss of trust or fractured relationship with the organisation.” Recovery paths from moral injury must therefore involve concrete ethical actions that require social and organisational activities to restore what has been broken and prevent such damage from happening again (Alford, 2016; Brenner et al., 2015; Gilligan; 2014; Shay;

2014). Research has highlighted the importance of spirituality in moral recovery, calling for a holistic bio-psycho-social-spiritual approach to recovering from moral injury (Carey et al., 2016).

Considering the conditions for moral injury and recovery in organisations requires the consideration of leadership. In preventing or mitigating the impact of moral injury, leaders must be expert, ethical and adequately supported: “Failures in leadership lead to catastrophic, long-lasting outcomes in which trust in others is destroyed and encoded in the body” (Shay 2014, p. 190). Recognising the extent to which individuals appraise themselves as victims of another’s transgressive behaviour can help to understand moral injury (Griffin et al., 2019). The very experience of working under ineffective leadership can represent a potentially morally injurious event, which can result in a moral injury (Simmons-Beauchamp & Sharpe, 2022). In research on public safety personnel, Roth et al. (2023) state the betrayal type potentially morally injurious event, in some cases, can be attributed to breach of trust and a leader’s actions being non-congruent with an employee’s values. In understanding the connection between moral injury and the experience of betrayal of a leader or trusted authority, there is opportunity to explore the nature of how leadership features within the ‘self’ and ‘other’ categorisations of PMIEs. Leadership is generally acknowledged as a dimension of interest in moral injury literature, yet little is understood regarding its specific role and impact when it comes to moral injury and moral recovery in different settings.

### **Systematic Literature Review Summary Findings**

As a key element of this thesis, the systematic literature review examines the role and impact of leadership in the experience of moral injury and moral recovery in organisational contexts other than military and healthcare. After deduplication, 1809 papers were identified, of which nine met the inclusion criteria. Only two studies directly addressed moral injury and the remaining seven studies addressed related areas such as moral stress, moral distress or ethical strain. None addressed moral recovery. Three key factors were identified regarding the role and impact of leadership in the experience of moral injury or moral distress: 1) Leadership awareness and accountability, 2) Organisational context and conditions, and 3) Individual factors such as moral attentiveness. Results support the

premise that moral injury and moral stress occur in organisations other than military, clinical and healthcare contexts. Further research is required to better understand the individual factors associated with moral injury or moral stress and moral recovery in different organisational settings, and the role of leadership, particularly in relation to their role in moral recovery and repair.

## Leadership and Ethics in Organisations

In exploring moral injury in organisational settings, it is important to consider leadership and ethics. Ethical decision making of leadership has been characterised as an indicator of leadership effectiveness and can prevent and mitigate the effects of moral stress in the wider workforce (Nilsson et al., 2011).

Ethics refers to the rules, statements, descriptions and the standards of conduct which are acceptable to groups, professions or organisational members (Adelman, 1991). Ethics is a subject of philosophical investigation, a set of principles, and theoretical background on which moral conduct is grounded. Morality is a system of conduct; it is the implementation of ethics. It is “the living, the acting out of ethical beliefs and commitments” (Starratt, 2005, p. 5). Ethical leadership is defined as the “demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making” (Brown et al., 2005, p. 120). The ethical leader is challenged to be both above the crowd whilst being one of the crowd (Ciulla, 2005). A conceptual model of ethical leadership (Ko et al., 2018) illustrates a constellation of antecedents (leader characteristics and situational influences), moderators, organisational and individual level mechanisms and outcomes.

Alongside the characteristics of agreeableness, conscientiousness and emotional stability, moral identity has been shown to predict ethical leadership (Mayer et al., 2012), as moral identity motivates individuals to act as moral persons and can therefore predict ethical leadership. As moral identity acts as a self-regulatory mechanism, leaders with strong moral identity act in ways that are consistent with their morals. Leaders with strong moral identity consistently display ethical leadership behaviours, in spite of competing pressures or ethical dilemmas (Mayer et al., 2012). Leader behaviours that violate group norms in harmful and



unacceptable ways result in decreased organisational identification and perceived organisational effectiveness (Maskor et al., 2023).

Research has investigated the nature of connections between leadership dynamics and the moral self. For example, positive and ethical leader behaviours have been found to strengthen different aspects of employees' moral self, whereas negative and unethical leader behaviours weaken employees' moral self (Jennings et al., 2015). Authentic leadership has been found to positively influence followers' moral courage (Hannah et al., 2011), ethical and transformational leadership positively influences followers' duty orientation (Hannah & Jennings, 2013), ethical leadership increases followers' moral efficacy (Schaubroeck et al. 2012), and transformational and transactional leadership positively influences internalisation of moral identity, with transformational leadership having a stronger influence (Zhu et al., 2011). Conversely, research by Hannah et al. (2013) illustrated that abusive leader behaviour depletes followers' moral courage and their internalisation of organisational values. Abusive supervision may undermine moral agency, and, in a potential connection with the 'self' versus 'other' based PMIE, being personally abused is not required for abusive supervision to negatively influence ethical outcomes (Hannah et al., 2013).

More specifically, research has also explored connections between leadership and moral attentiveness. For example, moral reflectiveness (one of the two components of moral attentiveness) facilitates ethical leadership consistently, yet only when leaders have high levels of decision-making autonomy (Babalola et al., 2019). In their research, Babalola and colleagues (2019) explored linkages among leader conscientiousness, moral reflectiveness and ethical leadership behaviour, concluding that ethical leadership stems from leaders' reflection on morality in their daily experiences. Thus, leaders who are higher in conscientiousness are inclined to be more morally reflective, and in turn, demonstrate more leadership behaviours that employees perceive as ethical. To further build understanding of organisational benefits of cultivating moral reflectiveness, the authors highlight the requirement for closer attention by both leaders and followers on the moral implications of management decisions, and to support related organisational processes and training activities (Babalola et al., 2019).

Ethical decision making of leadership has been characterised as an indicator of leadership effectiveness and can prevent and mitigate the effects of moral stress in the wider workforce

(Nilsson et al., 2011). Schafer (2010) introduced the idea of evaluating leadership through the concepts of what a leader does and what they fail to do. Leaders demonstrate ineffectiveness through traits or deficient behaviours including self-centredness, arrogance, closed mindedness, micromanagement, and putting political concerns and allegiances above the safety and welfare of workers (Schafer, 2010). Ineffective leadership is also demonstrated through a poor work ethic, failing to act when it is appropriate to do so, unproductive communication, failure to interact successfully with others, a lack of integrity, or what a leader does not do (Schafer, 2010). Ineffective leadership contributes to employee perception that they are helpless and creates an oppressive atmosphere of fear and disinterest (Schafer, 2010). The ability to remain resilient in the face of ineffective leadership relies upon an employee's protective factors and life context (Chan & Andersen, 2020).

To appreciate the impact of ineffective leadership, an understanding of the culture associated with that organisation's leadership is required (Simmons-Beauchamp & Sharpe, 2022). Institutional logic theory presents a compelling perspective to understand the complex environments in which leaders may operate. Organisations and their leadership often must contend with multiple logics (Greenwood et al., 2011; Kraatz & Block, 2008) and are often required to simultaneously abide by different, and at times contradictory, normative instructions (Kraatz & Block, 2008). Examples of contradictory normative orders may be to maintain the highest standards of safety and sustainability whilst maximising speed and volume of service output; to evidence equitable service provision in the face of limited resources and finance; to espouse transparency whilst protecting organisational reputation. The ability to conform to institutional prescriptions is complicated because "the adoption of a policy or practice that sends a favourable message to one audience may simultaneously send an offensive message to another" (Heimer, 1999, p. 18). Institutional complexity, identity and culture are considerations in the topic of leadership and moral injury.

On a note related to conflicting institutional logics, accounts of the experience of whistleblowing are of utility in theorising moral injury (Alford, 2016). Although whistleblowing is not a primary focus of this research, it is relevant in the context of the role of leadership in the experience of moral injury. In speaking truth to power, whistleblowers demonstrate imagination for consequences for others who have been or could be impacted

by the action they speak up for. In attempting to speak truth to protect others, they attempt to prevent moral injury. Ethical leadership and leader member exchange predict whistleblowing, and these relationships are moderated by the moral intensity of the issue (Bhal & Dadhich, 2011). Followers high in moral attentiveness are more likely to interpret their leader's behaviour and information in terms of morality (Van Gils et al., 2015). Therefore, followers high in moral attentiveness are more likely to perceive ethical leadership and be influenced by ethical leaders, which leads to a reduction in organisational deviance (Van Gils et al., 2015).

The aforementioned literature highlights connections between ethical leadership and moral identity (Mayer et al., 2012), ethical leadership and follower moral attentiveness (van Gils et al., 2015). Moral attentiveness has also been associated with the experience of moral stress (Ames et al., 2020), whereby individuals with higher levels of moral attentiveness demonstrated a significant positive relationship between work role competition and moral stress, and between moral stress and turnover intent. Further understanding moral attentiveness and more broadly the moral self in relation to moral injury will be valuable for theoretical and practical insights in mitigating, preventing and recovering from moral injury or moral stress.

### **Moral Attentiveness and The Moral Self**

To experience a moral stressor, an individual must recognise it as such. "A critical first step of moral decision-making is recognition of the moral issue" (Reynolds & Miller, 2015, p. 114). Morals are tacit or explicit, personal and shared familial, cultural, societal, and legal rules for social behaviour (Litz et al., 2009). Moral awareness (also referred to as moral recognition) is described as an individual's determination that a single situation contains moral content and legitimately can be considered from a moral point of view (Reynolds & Miller, 2015). Moral or ethical sensitivity refers to a broader cognisance of moral issues and consequent skill at regularly achieving moral awareness. Moral attentiveness is the degree to which a person chronically perceives and considers morality and moral elements in their experiences (Reynolds, 2008). Two dimensions of moral attentiveness are described: perceptual moral attentiveness – "a perceptual aspect in which information is automatically coloured as it is

encountered by individuals' experiences," and reflective moral attentiveness – "a more intentional reflective aspect by which the individual uses morality to reflect on and examine experience" (Reynolds, 2008, p. 1028).

Moral awareness / recognition and moral attentiveness are theorised to relate to moral behaviour (Reynolds & Miller, 2015). Moral attentiveness has been conceptualised as a trait and measured accordingly as an independent variable. Research has found moral attentiveness to predict moral awareness (Reynolds, 2008), moral judgement (Mihelič & Culiberg, 2014), moral imagination (Whitaker & Godwin, 2013), moral behaviour (Reynolds, 2008; van Gils et al., 2015) and perceptions of the role of ethics in society (Wurthmann, 2013). Moral attentiveness has been associated with the nature of how individuals experience moral injury (Ames et al., 2020), and moral sensitivity has been found to relate to moral stress (Lütznén et al., 2010).

Antecedents associated with moral awareness include biological (gender, age, cognitive fatigue, lack of sleep), psychological (self-regulation, goal orientation, self-efficacy, implicit bias, mindfulness, ethical predisposition, experience of power) and socio-cultural (discernable e.g. office décor and more embedded e.g. national context) (Reynolds & Miller, 2015). Characteristics of the issue that contribute to the issue's moral intensity such as magnitude of consequences, temporal immediacy and proximity, will also affect moral recognition (Reynolds & Miller, 2015). Research into ethical work climate (Van Sandt et al., 2006) highlighted the importance of social influence which can often override the effects of individual differences in a work group setting. Lütznén et al. (2010) demonstrated that organisational moral climate contributes to moral sensitivity, whilst culture has been found to have a moderating effect in the relationship between moral identity and moral sensitivity (Daniels et al., 2011).

### **Construction of the Moral Self**

As an individual factor associated in the experience of moral stress, moral attentiveness can be understood as a component of the moral self. The moral self is defined as "a complex system of self-defining moral attributes involving moral beliefs, orientations, dispositions, and cognitive and affective capacities that engage regulatory focus toward moral behaviour"

(Jennings et al., 2015, p. 106). Research on decision making and motivational states explains how the moral self inspires an individual to be a moral person, as the moral self heightens the salience of moral principles and ethical characteristics of a situation (Jennings et al., 2015). Reflective moral attentiveness, moral awareness, idealism, and moral identity (both internalisation and symbolization) enhance moral sensitivity (Daniels et al., 2011; Reynolds, 2008; Sparks & Hunt, 1998) and attention to moral issues (Reynolds, 2008).

In considering that moral injury involves the violation of fundamental moral frameworks, it is important to recognise the variance of aspects of moral frameworks across diverse sociocultural contexts (Haight et al., 2016). Research exploring the consequences of the moral self has integrated moral self theory (Aquino & Reed, 2002; Blasi, 1984) with principles about social identity, self-regulation, and social cognition (Bandura, 1999, 2014). The general premise of these theories is that individuals seek to maintain consistency with their moral self-concepts and, thus, are motivated to align their behaviour in various situations with the principles of morality they hold.

The 'having' side of the moral self is cognitively and socially constructed (Bandura, 1991; Harter, 2015). Social construction occurs through roles, practices, and interpersonal interactions within the social-moral context in which a person is embedded, such as family, community, or organisation (Harter, 2015). Cognitive construction occurs through individuals' beliefs about their self (i.e., self-concepts and identities) on the basis of social interactions that bring meaning to their experiences (Harter, 2015). When these socially and cognitively constructed beliefs are based on morality, a person is understood as 'having' a moral self. The 'doing' side of the moral self emerges when these moral beliefs invoke self-relevant cognitions, evaluations, emotions, and regulatory processes that motivate moral action (Aquino & Freeman, 2009). The 'doing' side represents the executive agency of the self to take responsibility, make decisions, initiate actions, and exert control over itself and the environment (Baumeister, 1998). Without this executive function, the moral self would serve merely as a passive spectator of events (Baumeister, 1998).

Cognitive and affective self-regulatory capacities are essential to agency, governing nearly all the self's activities, especially those concerning morality (Baumeister, 1998). In line with this, the 'doing' side of the moral self has been described as a self-regulatory mechanism that motivates moral action (Aquino & Reed, 2002; Blasi, 1984). The 'having' and 'doing'

conceptualisation of the moral self implies that the moral self is a complex combination of moral constructs and processes wherein “self-defining moral beliefs, orientations, and dispositions implicate cognitive and affective self-regulatory capacities essential to moral action” (Jennings et al., 2015, p. 105). Research has explored moral emotions as affective self-regulatory factors in the experience of moral injury.

### **Moral Emotions and Internalised Moral Standards**

Morality-related emotions are prompted by expectations of the responses of others to perceived transgressions (Litz et al., 2009). Moral emotions serve the purpose of maintaining a moral code. As outlined previously, exposure to PMIEs can produce emotional and cognitive reactions that lead to moral pain, which when not managed, controlled, or coped with, results in outcomes of moral injury. Although there are different families of moral emotions, such as other-condemning emotions of anger and disgust, self-conscious moral emotions are uniquely tied to the moral self because they occur when people judge themselves relative to their internalised moral standards (Haidt, 2003; Leary & Tangney, 2011). Research on self-conscious moral emotions (Tangney et al., 1996) has shown that experienced shame heightens a sense of isolation and inferiority, motivating individuals to hide and be less motivated to admit wrongdoing, whereas experienced guilt and shame enhance responsibility and regret for moral transgressions.

Drawing on the moral emotions taxonomy (Haidt, 2003), Chen and Trevino (2023) propose that perceived harm leads to an other-suffering emotion (sympathy) and an other-praising emotion (elevation) and that perceived responsibility leads to self- or other-condemning emotions such as guilt and/or moral outrage (at a harm perpetrator). Affective ethical evaluations (i.e., moral emotions) are more likely triggered when the situation involves harm, the extent to which “an individual or group is injured physically, psychologically, or economically” (Reynolds, 2006b, p. 234).

## Moral Judgement and the Sense-making Intuition Model

Research has explored how individuals interpret and assign meaning to their experience of moral injury, for example in terms of descriptive and prescriptive ('is and ought') cognitions (Farnsworth, 2019). Moral judgement is a lens to consider in moral injury sensemaking processes. Ethical predispositions have been described as representing ethical lenses or the tendency to rely on utilitarianism or formalism in decisions (Brady & Wheeler, 1996).

Utilitarianism reflects a reliance on considering consequences in ethical processing, whereas formalism reflects a reliance on rules, principles, and guidelines (Shafer-Landau, 2012).

In contrast to drawing on specific types of ethical frameworks, moral attentiveness draws on a more general category of moral concepts that distinguish what is moral from what is nonmoral or amoral, as opposed to distinguishing between the moral and the immoral (Agle et al., 1999; Weaver & Treviño, 1999). Rather than playing a role in assigning judgement to what is moral and immoral, moral attentiveness indicates whether a person fundamentally perceives moral content in their environment. The research at hand draws upon the sensemaking intuition model (SIM) (Sonenshein, 2007) which built on the *socialised* sensemaking model conceptualised by Haidt (2001). Presenting the sensemaking intuition model (SIM) of how individuals respond to ethical issues, Sonenshein (2007) challenges assumptions of rationalist models of ethical decision making. Shortcomings of rationalist approaches include how they (1) fail to address the presence of equivocality and uncertainty common in natural settings, (2) view deliberate and extensive reasoning as a precursor for ethical behaviour, (3) underemphasise the constructive nature of ethical issues, and (4) claim that moral reasoning is used to make moral judgments (Sonenshein, 2007).

Instead, Sonenshein (2007) posits that individuals engage in sensemaking under conditions of equivocality and uncertainty (Weick, 1995). Rather than the deliberate, extensive reasoning proposed by rationalist models, individuals engage in mental processes outside their conscious awareness and guidance (Bargh & Chartrand, 1999). Individuals' expectations and motivations affect this process such that they vary in how they construct ethical issues, and therefore they make intuitive judgments about their constructions and interpretations of ethical issues (Sonenshein, 2007). The SIM model aligns with the constructivist, phenomenological stance of the empirical study at hand, which seeks to understand the lived experience and interpretations of individuals regarding moral injury

and moral attentiveness. In its emphasis on intuitive sensemaking, the SIM framework lends itself to research of moral attentiveness: the degree to which a person chronically perceives and considers morality and moral elements in their experiences. Whilst the empirical research as part of this thesis is conducted using the inductive IPA analytic methodology, the SIM model is deployed as a theoretical backdrop to this research, which invites a professionally socialised sample (social workers) to interpret their perception of moral issues.

### **Morality in Social work**

In conceptualising moral systems in organisations, two common approaches to morality have been identified, based on the way moral systems are built: the individualising approach and the binding approach (Haidt & Graham, 2009). According to Haidt and Graham (2009), an individualising approach exists if a moral system is built on the moral foundations of care/harm and fairness/reciprocity. These moral foundations place emphasis on individuals as the independent loci of moral values. The binding approach, meanwhile, focuses on groups and institutions as the loci of moral values. Binding foundations aim to place individuals within certain roles and duties to constrain selfish and inappropriate behaviours. Binding foundations stress loyalty to in-groups, respect for authority, and concern for sanctity (Haidt & Graham, 2009). In considering moral systems in organisational settings, the moral dimension of certain occupations is self-evident, for example the caring professions, law enforcement, social work.

As a profession, social work represents the pursuit of human rights. Social work professionals are faced with work which carries moral weight and are presented with sometimes competing institutional logics in the concurrent pursuit of human rights, financial transparency, equity of service provision and neutrality in representing the best interests of communities. Social workers may experience moral injury as they bear witness to morally injurious behaviour in others and through systems. “If unresolved, such injuries may diminish effectiveness, or lead to burn out” (Haight et al., 2016, p. 190). Social workers work in morally complex environments including child protection, mental health facilities, schools, hospitals, and prisons. In these contexts, clients may present having perpetrated or been



exposed to morally injurious events “such as child abuse, criminal behaviour associated with drug seeking, or harm to self or others during a mental health crisis” (Haight et al., 2016, p. 190). Morally injurious events can also be presented through the complex and imperfect reality of healthcare and social work delivery systems. Recognising the opportunity to explore potentially injurious characteristics of the morally complex contexts in which social workers practice (Haight et al., 2016, p. 199), the empirical study which forms part of this thesis focuses on social work professionals in Ireland.

The recruitment and retention of social workers in Ireland has been severely challenged, particularly in the last decade, with high levels of turnover in the profession (O’Meara & Kelleher, 2022). Fear of burnout and stress affects over half of the social work student population, and social work education is called upon to support students accordingly in preparing for the challenges of the profession (McCartan et al., 2020). Recommendations have been made for a concerted focus on social work education in Ireland to recognise and address the personal issues of students, and to reflect the growing diversity of the general population to prepare students for progressive and anti-oppressive forms of practice (McCartan et al., 2020).

The aim of the empirical study is to build context-specific understanding of the lived experience of and recovery from moral injury in social work settings, in doing so contributing unique research insights to inform systemic approaches to supporting social workers in their professional practice. The value of experiential wisdom has been highlighted as important in social work education (Fox, 2016). A longitudinal study (Burns, Christie & O’Sullivan, 2020) of social workers who practice in child protection and welfare, revealed that from a tenure of five years, a number of characteristics are strengthened for social workers including their retention narrative, their embeddedness in the organisation, and their professional confidence. The experience of and recovery from moral injury could be conceptualised as experiential wisdom which, if understood in context, could contribute value to systematic approaches to social work education, training and practice.

## Summary

As relatively little is known about the predictors and correlates of moral injury experienced in settings other than war/combat and healthcare (Koenig & Zaben, 2021), recommendations for further research into non-military populations have been made as a means of directing the emerging research area of moral injury (Riedel et al., 2022; McEwen et al., 2021). This thesis contributes to understanding of moral injury through a systematic literature review of the role of leadership in moral injury, and through empirical research into the lived experience of moral injury and moral recovery amongst social work professionals and leaders. A context-sensitive qualitative account is presented, illustrating the role and impact of leadership and the individual dimension of moral attentiveness in the experience of moral injury. Whilst leadership is already established as a factor in the experience of moral injury, this is the first study of its kind to explore the interplay between moral injury, leadership and the construct of moral attentiveness, in the context of social work. This insight contributes new understanding to the field of moral injury and aims to inform future avenues for researchers and for practitioners in organisational culture, mental health and wellbeing, leadership development and corporate governance.

Noting the risk of conflating exposure to and outcomes of moral injury, McEwen et al. (2021) emphasise the importance of researchers articulating whether they intend to measure PMIEs or moral injury outcomes, before selecting the appropriate measures to do so. Qualitative methods are well positioned to investigate the nuanced lived experiences of morally injurious events and subsequent suffering. The specific requirement for qualitative research has been highlighted as a route to building understanding of moral injury in different non-military populations to improve non-military relevance (McEwen et al., 2021).

As follows, this thesis contributes to theory and practice through a context-sensitive exploration of moral injury in organisational contexts by addressing the following research questions:

Study 1: Systematic literature review:

What is the role and impact of leadership in the experience of and recovery from moral injury in organisational settings other than military and healthcare?

What are the factors that influence the role and impact of leadership in the experience of moral injury and moral recovery?

Study 2: Empirical study: In the field of social work,

What is the role and impact of leadership in the lived experience of moral distress/injury and moral recovery?

What are the psychological processes connecting moral attentiveness with the experience of and recovery from moral distress/injury?

## Chapter 2: Methodology

The purpose of this thesis is to build understanding of the experience of moral injury and moral recovery in organisational settings, with a particular focus on the role and impact of leadership and moral attentiveness in this experience. A systematic literature review was conducted to establish the role and impact of leadership in moral injury and moral recovery in organisational settings. This was followed by a qualitative empirical study of the lived experience of moral injury and moral recovery amongst frontline professionals and leaders in social work organisations, and the psychological processes connecting leadership and moral attentiveness within this.

### Systematic Literature Review

Differentiated from more general literature reviews, the SLR provides an overview of primary research on a particular research question, minimising bias by using clearly defined, systematic methods. In comparison to traditional literature reviews, the structure of the SLR methodology can lead to transparent, reproducible, and less biased conclusions (Lame, 2019). In pursuit of this academic rigour, to establish a thorough understanding of the research question and genuine gaps in the literature on moral injury and moral recovery in organisational settings other than military and healthcare, I elected with my supervisors to conduct the SLR methodology.

The SLR collates all evidence which fits pre-specified eligibility criteria, identifying, selecting, synthesising and appraising the high-quality research evidence relevant to that research question (Lefebvre et al., 2013). This study followed the systematic review methodology of Briner and Walshe (2014) in identifying the research question, determining the types of studies for inclusion, searching the literature, sifting the retrieved studies, extracting the relevant data, critically appraising the quality of the studies, synthesising the findings and considering the potential effects of publication or other biases.

The SLR approach was chosen in order to understand at a specific point in time, the state of existing literature on the role and impact of leadership in the experience of moral injury and moral recovery in organisational settings. Moral injury research is in a rapid growth phase at the time of this study. Unlike other review methods which do not use replicable

methodology, this review can be repeated at a future date, to understand the evolution in focus and quality of the literature base. Whilst the SLR methodology can be seen as reductive in its specificity, this precision also enables creativity in building more complex, nuanced studies to respond to genuine gaps in the literature (Clark, 2016), which was the aim of conducting this SLR.

## Empirical Study

### Ethics

Ethical approval was granted for this study by Birkbeck University of London (Ethics Approval Number BBKBEIOP2022\_23\_06). As a registered organisational psychologist I uphold the Standards of Conduct Performance and Ethics of the Health and Care Professions Council. Throughout my work on this thesis this was particularly evident in communicating appropriately and effectively, working within the limits of my knowledge and skills, respecting confidentiality, managing risk, being open and trustworthy and keeping records of my work. In addition I uphold the Code of Ethics and Conduct of the British Psychological Society, and this was particularly evident through this work in my respect of people's dignity, as all human beings are worthy of equal moral consideration; in practicing within the bounds of my competence; in demonstrating professional responsibility, and in acting with integrity in being honest, truthful, accurate and consistent in my actions, words, decisions, methods and outcomes. Ethical qualitative research requires an atmosphere of trust, transparency and respect between researcher and participants.

As the research focus was on the experience of moral injury at work, a particular consideration of the ethics application was the possibility of the research investigation involving illegal activity or the discussion of illegal activity. At the point of ethical approval being granted, the organisational context and the nature of work had not yet been confirmed. I discussed a number of considerations with my supervisor, including the specific objective of the research questions. The research questions sought to understand the lived experience of moral injury of the participants rather than to conduct an examination into incidents of alleged wrongdoing. In dealing with this ethical consideration, the ethics application emphasised that regardless of the nature of the work setting, the interview

questions were not designed to elicit detail of illegal activity; rather, they sought to understand the individuals' lived experience of moral injury / distress and moral attentiveness.

A significant focus of the ethics approval process concerned the welfare of the research participants and risk of psychological stress caused through the research process of being invited to describe their lived experience at work of moral stress / moral injury and moral attentiveness. The possibility was identified that participants may disclose information of a sensitive nature, for example, experiences of bullying and harassment or challenges they experienced with organisational policy or leadership. In addressing this concern, to safeguard the participants, the participant information sheet and informed consent form transparently outlined the intent and nature of the research. I advised the participants of their right to cease or withdraw from the interview process, and verbalised the terms of confidentiality and anonymity, checking to confirm that the participants understood and were comfortable to proceed.

Participants were provided with information detailing the intent of the research, and were invited to share their questions before, during and after the data collection process. Responses were provided to all participant queries. During the interview process, I acknowledged when distressing accounts were shared by participants, and asked if they needed to take a break, and if they were comfortable to continue with the interview. I also checked at the end of each interview, how the participants were feeling in relation to the process, considering recollections of morally distressing experiences. Participants were provided with details of two non-profit independent mental health support organisations, to contact in the event of distress following their participation in the research. Participant data was managed and will be destroyed in compliance with GDPR standards.

In line with ethical practice, a priority in conducting this research was to establish trust, transparency and respect with the research participants. I was mindful of my outsider status in relation to the occupational identity of the participant group, all of whom were social work professionals. I considered the possibility that this outsider status may pose a barrier in building trust, and that the participants might speculate or worry about the research agenda and ramifications of sharing sensitive information about their experiences of moral injury at work. Therefore in my written invitation and verbal introduction to the interviews, I explicitly

stated my professional and ethical stance as an organisational psychologist registered with the Health and Care Professions Council, and my adherence with the ethical standards of the British Psychological Society. I also emphasised the participants' right to withdraw their participation, and acknowledged the sensitive nature of the topic.

As a research practitioner without first-hand experience of the context of social work, an additional ethical consideration was taking measures to ensure to work within the limits of my knowledge and skills. I built my knowledge and understanding of the occupational context through researching professional, academic, grey literature and media publications regarding social work in Ireland, and through consulting my network. I prepared for the interview process by conducting a number of pilot interviews. I prepared for processing accounts which may be distressing, by planning how to support participants in the event of distress during the process; by capturing my reflections in writing after each interview concluded; by participating in reflective practice with my peers in the programme; through discussion with my research supervisor, and through supervision with my coaching supervisor.

### Epistemological Approach

The research paradigm of this study is constructivist, founded on the ontological basis that reality is created by individuals in groups, and on the epistemological basis that reality needs to be interpreted to discover the underlying meaning of events and experiences (Moon & Blackman, 2014). The theoretical perspective of this study is phenomenological, focusing on experience and its perception, whereby each person is embedded and immersed in a world of objects and relationships, language and culture, projects and concerns (Smith & Osborn, 2008). People live and act within a range of social contexts (e.g., family, organisation, and society), and as a result they embody many different and possibly competing moral commitments. Living with reference to multiple moral commitments, which at times may make conflicting demands, creates tensions that need to be managed (Hanna, 2004; McConnell, 2014; Tessman, 2014).

## Participant Recruitment

The sample for this study was selected purposively in order to ensure they could offer perspective on the particular phenomenon of moral stress and/or injury, in the particular context of social work. In line with the inductive logic of IPA and in consideration of the applicability of findings (Smith, 2011), I targeted a specific and reasonably homogenous sample of professionals sharing this particular frame of employment. The sample was contacted through onward referral, through my own network, and through snowballing (referral by participants). Relatively small sample sizes enable exploration of each case with the time, energy and rigour required for IPA (Smith & Osborn, 2008). In order to provide a rich, transparent and contextualized analysis of the accounts of participants at different levels of hierarchy within shared professions, I aimed to secure equal numbers of participants in leadership positions, and participants in frontline positions. Typical numbers of interviews for the purposes of professional doctorate research range between four and ten (Larkin et al., 2021), and I aimed to secure eight to ten participants, provisioning for the possibility of attrition or withdrawal, which did not occur. I distributed an information flyer by email, which specified the nature and intent of the study, and provided an email address with which to contact the researcher. Prospective participants were requested to complete an eligibility screening form, followed by an informed consent form. Four participants self-identified as senior leaders, and five participants self-identified as frontline professionals.

## Researcher Positionality

In conducting this research, I considered my position in terms of insider-outsider positionality; the intellectual, cultural and social distance to the community being researched (Chavez, 2008). The insider-outsider positionality has been described as a false dichotomy, as researchers in both positions need to address similar methodological considerations including their positionality, their sense of self and the situated knowledge possessed as a result of their location in the social order (Banks, 1998; Merton, 1972; Naples, 1996). As researcher I approached the study without first-hand experience of the realities of the work context of the participant group. Without employment experience within the social work sector, I did not share a mutual lived experience or frame of reference



with the participants. However, my position of experienced organisational psychologist and doctoral researcher gained access and appeared to garner acceptance and trust upfront with the participants, who were for the most part, accustomed to working with psychologists. Therefore, my interaction with participants was enacted from somewhere in between an insider and an outsider positionality, in alignment with the continuum model of insider-outsider positionality (Banks, 1998). Recognising the plurality and complexity of identity and positionality, as researcher I was a co-participant in positioning myself in relation to participants, and participants in turn positioned themselves in response to how I was perceived and behaved as researcher (Ellis, 2004; Gergen, 2015).

### Selection of Methodology

The research focus of the empirical study addressed the findings of the systematic literature review, which highlighted the opportunity to further understand the role of moral attentiveness and leadership in the experience of and recovery from moral stress / injury. “As is appropriate for an emerging construct, qualitative studies aim to better understand the experience of moral injury, and quantitative studies primarily develop and evaluate instruments to identify and assess moral injury” (Haight et al., 2016, p. 198). A number of qualitative methods were carefully reviewed for suitability to address the research questions, including focus groups, observations and behavioural event interviewing. Alongside considering the suitability of different qualitative methodologies, I also reviewed the items within quantitative scales which had been used to measure moral injury and moral attentiveness. This was useful to understand the articulation of the constructs measured, to take note of particular details such as the difference between exposure to potentially morally injurious experiences (PMIEs) and experience of and recovery from moral injury itself, and to take note of the difference between the components of moral attentiveness - moral perceptiveness and moral reflectiveness. However, as I considered those quantitative items I was drawn back to ‘the thing itself’ – moral injury, and was reminded of the research aim: to better understand the experience, rather than to identify and assess the construct. Following deliberation and discussion with my supervisors, interpretative phenomenological analysis (IPA) of semi-structured interviews were respectively identified as the most suitable

analytic approach and data collection method, to understand the meaning-making of individuals in relation to their experience. Semi-structured interviews with individual participants were deemed a suitable selection in light of the sensitivity of the topic and in providing dedicated space for individuals to explore their experiences in depth. IPA aligns with the constructivist, interpretivist, phenomenological stance of this study in seeking to understand the perspective of the involvement in the lived world – something which is personal to each individual, but which is a property of relationships to the world and others, rather than to individuals in isolation (Smith & Osborn, 2008).

### Interpretative Phenomenological Analysis

IPA presents a method of qualitative inquiry concerned with the detailed examination of human lived experience which seeks to understand the meaning-making of individuals in relation to their experience. IPA is informed by three key areas of the philosophy of knowledge (Larkin et al., 2021): phenomenology (the study of experience), hermeneutics (the theory of interpretation), and idiography (the detailed focus on the particular). IPA is particularly impactful when examining people's perceptions of major experiences happening to them and which engage emotionally laden, hot cognition (Smith, 2019), as they attempt to find the meaning in what has happened. As IPA is concerned with the detailed examination of lived experience, the role of the researcher is to help to bring the phenomenon under examination to light, through interpretation, reason and sense-making. Thus, the semi-structured interview schedule focused on the perceptions and views of participants, on the meaning they attributed to experiences, rather than on the concrete causes or consequences.

Interpretation represents both the process and the content of human science inquiry. In the context of IPA, the role of interpretation is described as a double hermeneutic loop whereby the participants are trying to make sense of their world, and the researcher is seeking to make sense of the participants trying to make sense of their world (Smith & Osborn, 2008). As researchers have access only to the second order interpretation of the experience through the participants' account, appreciating different levels and guises of meaning is central to the concerns of IPA. Meaning can be articulated at the level of a particular thing, a

particular person and within a particular context, which is core to the idiographic commitment of IPA. A number of levels of meaning have been described (Smith, 2019): literal, pragmatic / textual, experiential (significance), existential (significance) and existential (purpose). In seeking to examine the experiential significance of what is unfolding for a person, it is also necessary to analyse the more literal and pragmatic components of meaning, to understand what people mean as they describe their experience. Another feature of the ideographic focus of IPA is the smaller sample size whereby each particular account contributes unique value through detailed insights. Reflecting IPA's idiographic focus, particular extracts from individual transcripts are incorporated within the findings of the empirical study.

An inherent assumption of IPA is that people are intrinsically self-reflexive, sense-making agents who interpret their engagement with the world. Key strengths of IPA are in affording a deeper perspective through understanding this lived experience and how individuals make sense of their world. However, an assumption of phenomenological research is that language provides participants with the necessary tools to capture the experience which is at the heart of the research focus. Given the role of language in constructing meaning, it has been argued that language plays a more significant constitutive role in phenomenological research (Willig, 2014). A limitation of IPA is in the expectation of the linguistic ability of participants who may be unaccustomed to this level of communication in describing their experiences (Willig, 2014). However, it falls to the IPA researcher to play an active role in the analysis process to interpret the relationship between how people talk about their experiences and their thoughts and feelings surrounding these (Smith & Osborn, 2008).

As a collaborative process rather than a theory-driven examination, IPA explores experiential meanings through the interpretative work between the researcher and the participants. The detailed experiential accounts aim to provide a rich description and insight into lived experience. Insight from IPA analysis should be seen as tentative rather than generalisable evidence. The importance of ownership, transparency, and methodological fidelity are critical in maintaining centrality of the participant voice throughout the analytic process (Engward & Goldspink, 2020). The effectiveness of an IPA study is judged by the light it sheds within the broader context (Larkin et al., 2021). Qualities of high-quality IPA are to construct a compelling, unfolding narrative; to develop a vigorous experiential and/or existential

account; to demonstrate close analytic reading of participants' words, and to attend to convergence and divergence (Nizza et al., 2021). Detailed in the empirical study presented in Chapter Four is the six-step analysis methodology utilised (Larkin et al., 2021) whilst seeking to demonstrate the qualities of high-quality IPA.

## Reflexivity

Reflexivity is described as thoughtful and conscious self-awareness which encompasses “continual evaluation of subjective responses, intersubjective dynamics, and the research process itself” (Finlay, 2003, p. 532). In qualitative research, reflexivity is understood to be an attentiveness to the influence of the researcher on the research process (Engward & Goldspink, 2020). IPA researchers interpret data through the lens of their own experience, influenced by their own psycho-social history and their comprehension of the existing literature (Smith, 2012), whilst also conducting this interpretation in relation to the lived participant experience. Although Heidegger (1927/2010) suggests that it is impossible to be free of our assumptions, “interpretation is never a pre-suppositionless apprehending of something to us” (p. 141), it is important for IPA researchers to be clear on how to strive to note and examine our assumptions in order to perceive unknowns (Engward & Goldspink, 2020).

Thought, time and tenacity are required to comprehend the participant’s point of view by moving from the particular to the shared and from the descriptive to the interpretative (Engward & Goldspink, 2020). Journaling, supervision and reading the literature widely have been central tenets of my reflexive practice. Drawing upon the seven Cs of caring conversations (Roddy & Dewar, 2016) was a helpful framework to consciously note my reflexive approach throughout each stage of the empirical study. I connected emotionally with the research topic and with participants, noticing and being willing to share my own emotions. In considering other perspectives, I was curious in probing for deeper understanding of the literature and of the meaning for each participant and my own response within this. Bracketing is the technique of excluding foregrounding knowledge in order to capture the experiences and meanings associated with a phenomenon rather than to identify people’s opinions about it (Willig, 2014). In collaborating with the participants

and with my supervisors to shape, extrapolate and hone the meaning of this research, I was compromising in bracketing my pre-suppositions and in holding space for participants to be free to do their interpretative work. Courage was required to deeply immerse myself in this process, to take risks, challenge myself and to identify meaning on different levels. I have celebrated progress and learning from complexities along the way, most importantly through honouring the voice of the participants in authoring this doctoral thesis.

Understanding the self requires that the researcher seeks to understand their own feelings and expectations about the research (Gadamer, 1975; Heidegger; 1927/2010). As I embarked upon this research journey I took stock of my own path and perspectives in relation to it. Inhabiting a constructivist interpretivist phenomenological stance requires a reflexive approach to observing how individuals construct their reality, perceive and interpret their lived experience. Considering my practitioner-self, researcher-self and individual-self, I have experienced the world and the world of work as enabling and inhibiting, just and unjust, empowering and disempowering. Context, perspective and experience mean that ethics and morality can seem simple, complex or somewhere in between. Increasingly as I mature, I perceive the complexity underpinning peoples' motives, stances, relationships and narratives. As a result, I am more curious and open in seeking to understand the perspectives of others, rather than assuming to understand their lived experience.

With over fifteen years of professional experience as a practitioner psychologist in a number of organisations across different geographies, I have worked with colleagues experiencing moral stress, and have witnessed how others in similar situations apparently experience no such moral stress. I have noticed varying levels of attention and concern about circumstances which (to me) appear to be moral in nature. Some individuals inhabit a stance of certainty and self-assuredness in the face of moral choices. Others feel strain, distress and overwhelm. Some recover from experiencing or perpetuating harm, forgiving themselves and others, drawing on factors such as logic, identity, faith or community. For others, the suffering perpetuates as they carry their injury without reconciling what came to pass. Organisations, in my experience, have varying degrees of clarity, willingness and confidence in addressing matters of ethical and moral concern. I am personally and professionally

interested in the phenomenon of moral injury and the sensemaking and recovery of individuals with regard to it.

In considering the perspective of employees, leaders and ultimately the duty of care of organisations with regard to ethics and morality, there is a risk of tension in imposing normative judgments, or for this to be perceived through broaching the topic. Maintaining the constructivist, interpretivist, phenomenological stance throughout all stages of the empirical study was conscious and deliberate and was enabled through reflexive practice as I noticed triggers and cues in my own emotional response to participant accounts, and in turn noticed triggers in participants. Bracketing was important to maintain objectivity in noticing and interpreting the participants' accounts. I reflected on these dynamics after each interview through my reflective journal, assigning meaning to the participant accounts through the IPA method.

Ultimately, we live and act within a range of social contexts, embodying different and at times competing moral commitments. I have observed individuals grappling with moral decisions from the frontline to the uppermost tiers of organisational leadership, drawing on wide-ranging factors to make sense of moral dilemmas. Complexity is embedded within the very nature of the research topic. I was reminded of a former colleague who overheard that her integrity had been questioned by another colleague: 'But what does she stand for?'. This has remained etched in my memory by way of a moral call to action to explicitly stand for what is just, and also as a rhetorical question, as it is not always clear what people will stand for, especially in morally complex circumstances.

As I reflected on my own position in relation to the research topic and the risk of imposing normative judgements consciously or otherwise, I noted how my work in assessment and coaching requires that I take a position of 'objective outsider' whilst within my organisation of employment, in adherence with ethical practice. With over 250 hours of coaching practice over the past four years, my depth of experience in leadership coaching enables me to engage with ease in active listening, to connect in a spirit free of judgement, to ask probing questions to deepen understanding of meaning, and to demonstrate curiosity in interpreting the account of the other. Reading widely about IPA and engaging actively with my supervisors supported me in preparing to embark in the deeper levels of interpretation required in IPA, and to support and guide the analytic process accordingly.

## Chapter 3: Systematic Literature Review

### Abstract

Leadership is generally acknowledged as a dimension of interest in moral injury literature, yet little is understood regarding its specific role and impact when it comes to moral injury and moral recovery in different settings. This systematic review examines the role and impact of leadership in the experience of moral injury and moral recovery in organisational contexts other than military and healthcare. After deduplication, 1809 papers were identified, of which nine met the inclusion criteria. Only two studies directly addressed moral injury, with the remaining seven studies addressing related areas such as moral stress, moral distress or ethical strain. None addressed moral recovery.

Results show that moral injury and moral stress occur in organisations other than military, clinical and healthcare contexts. Leadership plays a role in whether or how moral injury or moral stress is experienced by others in the organisation. Leaders themselves also experience moral stress and moral injury. Organisational context plays a critical role in the experience of moral injury or moral stress. Individual factors such as moral attentiveness, decision making and well-being may play a role in the experience of moral injury or moral stress. In the capacity of their roles and depending on the context, leaders may have more or less protection from moral stress or moral injury than employees at lower levels. No valid interventions to prevent, recover from, or mitigate the risk of moral injury in organisational settings other than military, clinical or healthcare settings were identified through this review. Further research is required to better understand the emerging construct of moral injury and moral recovery in different organisational settings, and the role of leadership, particularly in relation to their role in moral recovery and repair.

## Introduction

Moral injury research is well established in the military and healthcare sectors and is increasingly being explored in additional organisational settings such as police, humanitarian and social work, where workers are frequently faced with morally challenging situations and decisions. Noting the progression of moral injury research to a widening range of disciplines, Molendijk (2022) warns of the risk of concept creep and of researchers overlooking relevant existing knowledge, for example in the related field of post-traumatic stress disorder (PTSD). This review seeks to build on existing understanding of moral injury by addressing a specific gap in terms of the role of leadership within the experience of moral injury in organisational settings other than military and healthcare.

Moral injury has been defined through different lenses. Focusing on leadership failures in the military context, Shay (2014) specifies three criteria for moral injury to occur:

“(a) a betrayal of ‘what’s right’; (b) either by a person in legitimate authority, or by one’s self – ‘I did it’, (c) in a high-stakes situation” (p. 182).

Litz et al. (2009) define moral injury in terms of exposure to traumatic events:

“disruption in an individual's confidence and expectations about one's own or others' motivation to behave in a just and ethical manner ... brought about by perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” (p. 700).

Positioning a bio-psycho-social-spiritual perspective, Carey and Hodgson (2018) define moral injury as a trauma-related syndrome:

“caused by the physical, psychological, social and spiritual impact of grievous moral transgressions, or violations, of an individual’s deeply-held moral beliefs and/or ethical standards due to: (i) an individual perpetrating, failing to prevent, bearing witness to, or learning about inhumane acts which result in the pain, suffering or death of others, and which fundamentally challenges the moral integrity of an individual, organisation or community, and/or (ii) the subsequent experience and feelings of utter betrayal of what is right caused by trusted individuals who hold legitimate authority” (p. 2).



Perspectives drawn from psychodynamics, philosophy and theology describe moral injury not only as psychological damage but as painful knowledge about the self and the world (Molendijk, 2018, Wiinikka-Lydon, 2017), as lost innocence (Ramsay, 2019) or ethical struggle (Molendijk, 2018). Moral distress, moral stress, moral pain and moral suffering are amongst the terms adopted in the literature which relate to moral injury. For the purposes of exploring the experience of moral injury as a construct in non-clinical, non-healthcare, civilian organisational settings, the heuristic continuum model of moral stressors proposed by Litz and Kerig (2019) informs the debate regarding boundary conditions for moral injury, in distinguishing moral injury from moral stress by the severity of moral emotions and symptoms, and the likelihood that the experience and impacts will alter the identity of the impacted individual.

## Antecedents of Moral Injury

### Potentially Morally Injurious Events

A potentially morally injurious event (PMIE) is as “a situation occurring in a high-stakes environment where an individual perceives that an important moral value has been violated by the actions of self or others” (Farnsworth et al., 2017, p. 392). PMIEs may be perpetration-based (where the person has played a role in the transgression) or betrayal-based (where the person witnesses a transgression by a trusted authority). PMIEs occur amid a complex array of organisational, environmental, cultural or relational, and/or psychological circumstances (Currier, 2015). It is the appraisals of PMIEs as violating moral frameworks that result in morally injurious outcomes (Frankfurt & Frazier, 2016), including psychological (e.g. cognitions, intrusions), emotional (e.g. shame, guilt, anger), social (e.g. social withdrawal, alienation), behavioural (e.g. avoidance), or spiritual and existential effects stemming from exposure to PMIEs (Farnsworth, 2019; Frankfurt & Frazier, 2016; Koenig et al., 2019; Yeterian et al., 2019).

## Contextual Factors: Individual, Leadership, Organisational and Societal

Reviews of the literature on moral injury have addressed contextual dimensions of moral injury (Molendijk et al., 2022), integrated scientific perspectives (Griffin et al., 2019), examined moral injury amongst healthcare workers (Riedel et al., 2022), public safety personnel (Lentz et al., 2021), social work (Haight et al., 2016), within and beyond the military context (Litz et al., 2009; Litz & Kerig, 2019; Koenig & Zaben, 2021), moral injury outcomes and mental health (McEwen et al., 2021), and the role of spiritual care in moral injury (Carey et al., 2016). Whilst leadership tends to be touched upon as part of wider contextual factors in moral injury, to the best of the author's knowledge at the time of this review, no dedicated review had taken place to integrate current understanding of the role and impact of leadership in moral injury.

## Moral Injury is Relational

In a review addressing spiritual, organisational, political and societal dimensions of moral injury (Molendijk et al., 2022), the relational nature of moral injury is highlighted in how individuals' moral beliefs are developed as members of different communities, each having its own values and norms (Molendijk, 2018). Moral injury may involve experiencing conflict with others (including manifestations of guilt, shame, betrayal and alienation, and a loss of trust and faith) as well as with the self (inner conflict including confusion, self-doubt and disorientation; Gilligan, 2014; Martin et al., 2017; Yandell, 2019). A recent review of moral injury amongst public safety personnel (Lentz et al., 2021) highlighted that the tension between individual personal morals and authenticity may be significantly challenged when they must also be seen to publicly uphold one's professional duty and organisational morals and values. In further research on public safety personnel, Roth et al. (2023) suggest that over time, repeated exposure to moral transgressions might prompt individuals to question their own decision-making or the integrity of orders received from leaders, exposing a contrast between their own work-related behaviour, moral values, and beliefs. This discrepancy between an individual's own moral code and the actions requested of them in their work may lead to the kind of moral suffering that if perpetuating and unaddressed, can elicit symptoms of moral injury (Drescher et al., 2011).

## The Role of Leadership in Moral Injury

Where moral injury is concerned, according to Shay (2014), leaders in military settings must be expert, ethical and adequately supported: “Failures in leadership lead to catastrophic, long-lasting outcomes in which trust in others is destroyed and encoded in the body” (p. 190). Moral injury can be understood through “the extent to which individuals appraise themselves as victims of another’s transgressive behaviour” (Griffin et al., 2019, p. 355). The very experience of working under ineffective leadership can represent a potentially morally injurious event, which can result in a moral injury (Simmons-Beauchamp & Sharpe, 2022). In the healthcare context, Riedel et al. (2022) identified a link between the incidence of moral injury with the practice of instrumental leadership; a leadership behaviour with priority focus on clear goals and fulfilment of tasks (Wang et al., 2022; Kreh et al., 2021; Lake et al., 2022). A lack of leadership support can be visible in task-orientated functional leadership that makes little individual reference to clients and staff (De Veer et al., 2013).

Research exploring moral injury in business settings presented a four-stage experiential process; leadership characteristics which worsened the experience of moral injury or stress included bullying, power play, control, and decisions based on relationship maintenance and profit (Lewis et al., 2022). In research on public safety personnel, Roth et al. (2023) state the betrayal type PMIE, in some cases, can be attributed to breach of trust and a leader’s actions being non-congruent with an officer’s (worker’s) values. In police research, Papazoglou et al. (2020) highlight the impact of ineffective leadership on officers, suggesting that betrayal-based failure in leadership can be the most morally injurious. In understanding the connection between moral injury and the experience of betrayal of a leader or trusted authority, there is opportunity to explore the nature of how leadership features within the ‘self’ and ‘other’ categorisations of PMIEs.

## The Role of the Organisation in Moral Injury

In their recent interdisciplinary review, Molendijk et al. (2022) noted that the few studies discussing organisational dimensions of moral injury indicate a sense of betrayal by the organisational leadership (Shay, 2014), conflicts between personal and professional moral

commitments (Enemark, 2019; Sherman, 2015) and the breaking down of untenable occupational moral identities (Bica, 1999). Fundamental organisational characteristics are identified as contributing to the risk of moral injury, such as double bind messages and dual pressures (Wiinikka-Lydon, 2017), and conflicts between personal values and orders (Bradley, 2018). In addition, high-risk work situations (Londoño et al., 2012), work role ambiguity (den Buijs et al., 2012), institutional silence, denial and cover-ups (Smith & Freyd, 2014), marginalisation and harassment (Hosein, 2019) and mental health stigma (Ben-Zeev et al., 2012) have all been identified as contributing to distress. According to a review by Riedel et al. (2022), organisational factors which lead to a vulnerability to the incidence of moral injury amongst healthcare workers during Covid-19 included lacking resources (Kreh et al., 2021; Lake et al., 2021), new tasks and roles (Silverman et al., 2021; Wilson et al., 2022; Kreh et al., 2021; Billings et al., 2021) and lack of communication (Silverman et al., 2021; Lake et al., 2021).

In the military context, a review by Griffin et al. (2019) identified organisational contributors as antecedents of PMIEs including leadership being perceived as out of touch with the reality of workers on the frontline (Currier, 2015), environmental contributors (e.g. difficulty identifying threats concealed in an urban setting), cultural or relational contributors (e.g. dehumanisation of enemy combatants), and psychological contributors (e.g. persistent fear, desire for retribution, grief over losses). Brenner and colleagues (2015) suggested that military veterans may feel ill-prepared for ethically ambiguous situations in which decisions are made with limited information and time, often under the influence of emotional duress.

### Measuring Moral Injury

Phenomenological and syndromal perspectives have informed approaches to measuring moral injury. Quantitative moral injury scales typically measure self-directed symptoms (guilt, shame, self-condemnation) and other-directed symptoms (anger toward others, feelings of betrayal). Diagnostics for moral injury widely originate in the military context, with more recent scales developed for healthcare and other contexts. These include the Moral Injury Events Scale (MIES; Nash et al., 2013), Moral Injury Questionnaire-Military Version (MIQ-M) (Currier et al., 2015a, Currier et al., 2015b), Moral Injury Symptom Scale-

Military Version-Long Form (MISS-M-LF) (Koenig et al., 2018), Expressions of Moral Injury Scale-Military Version (EMIS-M) (Currier et al., 2018), the four-item version of the EMIS-M (Currier et al., 2018), Moral Injury Symptom Scale-Military Version-Short Form (MISS-M-SF) (Koenig et al., 2018b) and the Moral Injury Symptom Scale-Military Version-Long Form (MISS-M-LF) (Koenig et al., 2018). The MISS-M-SF was psychometrically validated for healthcare professionals (Mantri et al., 2020), and a ten-item measure of MI has been developed for use in civilian populations, again based on the MISS-M-SF (Koenig et al., 2019, pp. 313–315).

The recently developed Moral Injury Scale for Public Safety Personnel (MIA-PSP) (Roth et al., 2023) refers to institutional transgressions, for example through the perpetration-based indicator ‘I am bothered because I was made to ostracise a coworker as a Whistle Blower.’ Accounts of the experience of whistleblowing are of utility in theorising moral injury. Amongst the reasons why whistleblowers speak truth to power is an imagination for consequences for others who have been or could be impacted by the action they speak up for (Alford, 2016). In seeking to voice the truth to protect others, they attempt to prevent moral injury. The idea of a largely shared common moral narrative is another compelling reason to explore the process of moral recovery in business settings, including the role and impact of leadership.

Moral injury measurement has tended to focus on the exposure to PMIEs (Frankfurt & Frazier, 2016; Litz & Kerig, 2019; Roth et al., 2023; Yeterian et al., 2019). Addressing a measurement gap, the theoretical framework outlined by Jinkerson (2016) assesses for the presence of moral injury by focusing on the experience of a moral wound. Jinkerson (2016) presents moral injury as a syndrome involving four symptoms, guilt, shame, loss of trust, and existential conflict, which purportedly lead to secondary symptoms which are emotional (anger, depression, anxiety) or behavioural (re-experiencing, self-harm, social problems) in nature.

### Moral Injury Interventions

Interventions for moral injury include psychotherapy, pastoral/philosophical counselling focusing on making amends and (self) forgiveness, as well as socially focused activities such

as community service (Bica, 1999; Fleming, 2021; Griffin et al., 2019; Hodgson & Carey, 2017) and healing rituals such as symbolic cleansing, confessing and collective narrative practice projects (Antal et al., 2019; Denborough, 2021; Drescher et al., 2011; Ramsay, 2019). Such interventions encourage individuals with moral injury to look both inward and outward, and to find new ways to engage with both the self and the world (Molendijk et al. 2022). Further treatments for moral injury include adaptive disclosure therapy, acceptance and commitment therapy, cognitive behavioural therapy, cognitive processing therapy, prolonged exposure, and healing through forgiveness (Koenig & Zaben, 2021). Highlighting the role of spiritual care in moral injury, Carey et al. (2016) signal the importance of integrated models of care across professions and disciplines to better address the interrelations of spirituality with mental and physical health (Nieuwsma et al., 2013).

Macro-level interventions to address and prevent moral injury as resulting from political practices and societal representations include the 'just war tradition.' This comprises of articulating moral criteria for military intervention which can be identified in international law and policy (Molendijk, 2022). Micro-level interventions include practices of reconciliation, whereby morally injured individuals can translate their distress into purposeful and restorative action by interacting with broader social conditions and policies (Antal et al., 2019; Lifton, 1973; Ramsay, 2019).

### Moral Recovery

Moral recovery occurs through listening to the voices of the injured and developing cures at the level of community rather than the individual (Shay, 2014). Importantly, it is noted that moral injury can be considered an appropriate response to having been involved in morally critical situations (Kingham, 2012). Litz et al. (2009) posit that maladaptive psychological and emotional processing of moral violation serves the useful purpose of reminding the person that they need to do something about their ensuing inner conflict. If the person is able to accommodate the experience and attribute the event in a specific, not stable and external way, their inner conflict may be reduced, and moral repair / recovery is more likely to follow, by successfully integrating the moral violation into an intact, and more flexible, functional belief system.

Recovery paths from moral injury must involve concrete ethical actions that require social and organisational activities to restore what has been broken and prevent such damage from happening again (Alford 2016; Brenner 2018; Gilligan 2014; Shay 2002, 2010, 2014). Whilst this has been well-researched in military psychology, there is a need to identify how it can effectively happen in non-military organisations. Failure to engage in moral repair following betrayal-based moral injury may lead to a long-term loss of trust or damaged relationship with the organisation (French et al., 2022).

Griffin et al. (2019) point to early evidence that family, community, and culture to which the morally injured individual returns is a key part of the healing process, requiring communal effort to understand, reintegrate and accept shared responsibility for the injury. Directly associating leadership within the process of moral recovery, Cullen (2022) defines moral recovery as an ethical leadership process, whereby initial moral failure ultimately leads to personal, organisational, and social change. In line with Griffin et al. (2019), Cullen describes the process of moral recovery as requiring collective actions which address the social causes of unethical practices (2022). The review at hand will investigate what is understood about the impact and role of leadership in the moral recovery process.

## Summary

The very construct of moral injury originally emerged as current trauma literature and treatment was found to focus insufficiently on the ethical and social dimensions of military suffering (Griffin et al., 2019; Koenig et al., 2019; Litz et al., 2009; Shay, 1994, cited in Molendijk et al., 2022). However, research tends to continue to address moral injury from a pathologising perspective, rather than recognising it as a phenomenon distinct from clinical perspectives on trauma (Molendijk et al., 2022). In response to repeated calls for furthering the understanding of moral injury in different occupational settings, moral injury is being considered by a widening range of disciplines and across different populations beyond military and healthcare. Moral injury has been investigated within the police community (Papazoglou et al., 2020), public safety personnel (Lentz et al., 2021; Roth et al., 2023), social work (Haight et al., 2016) and human rights advocates populations (Pfeffer et al., 2022). Further context-sensitive moral injury research investigating the interaction of circumstances

and individual factors will serve to shape the development and build understanding of moral injury (Molendijk et al., 2022).

The topic of leadership tends to be referred to in passing as a contextual dimension of interest in moral injury literature. Moral injury carries consequences for individuals (emotional, physical, social and spiritual health and wellbeing), organisations (leadership, governance and risk, health and safety, performance and retention of workforce) and society (education, employment and duty of care to citizens). A concerted understanding of what is known about leadership, moral injury and routes to moral recovery in organisational settings will contribute to advancing generalisable measures to mitigate, protect against and recover from the incidence of moral injury. This review sets out to address a gap in the literature by establishing what is known about the role and impact of leadership in moral injury in organisational settings other than military and healthcare.

The primary research question of this review is:

What is the role and impact of leadership in the experience of and recovery from moral injury in organisational settings other than military and healthcare?

The supporting research question is:

What are the factors that influence the role and impact of leadership in the experience of moral injury and moral recovery?

## Method

This study followed the systematic review methodology of Briner and Walshe (2014) in identifying the research question, determining the types of studies for inclusion, searching the literature, sifting the retrieved studies, extracting the relevant data, critically appraising the quality of the studies, synthesising the findings and considering the potential effects of publication or other biases.

### Search Strategy

To scope and define the requirement for the review and to construct the research questions, the author studied existing reviews and seminal papers on moral injury, and discussed the topic with published moral injury researchers. The SPIO model was applied to identify studies for inclusion: Study Design, Participants, Interventions and Outcomes. The SPIO



model is a variation of the PICO's model which incorporates Population, Interventions, Comparison and Outcomes (Richardson et al., 1995). Inclusion and exclusion criteria specified that the literature be empirical, published in English, investigating adult workplace samples in organisations, and measuring leadership in the context of moral injury or moral recovery (Table 1). Timelines for the searches were restricted to 2009-2022 to focus on literature after the publication of the working causal framework for moral injury by Litz et al. (2009). Non-workplace based studies were excluded from the review. To increase the generalisability of findings, studies from the military, clinical and healthcare contexts were excluded from the review.

A literature search was conducted in July 2022 across the following databases: EBSCO Business Source Premier, PsycInfo, Scopus and Medline. Search parameters as illustrated in Table 2 included terms related to moral injury and moral recovery such as moral distress, transgression, transgressive act, values conflict, and ethical strain, ethical distress and ethical tension. Although whistleblowing is a construct of interest to the consideration of leadership in the context of moral injury, it is not a primary focus of this review. After discussion with the research team, it was agreed to retain a narrow focus for this review and to exclude whistleblowing from the search terms.

Table 1: Inclusion / exclusion criteria applied to search studies

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>- Empirical research</li> <li>- Qualitative and quantitative design</li> <li>- English language</li> <li>- Peer reviewed journals</li> <li>- Organisation-based</li> <li>- Workplace related</li> <li>- Business organisation setting</li> <li>- Published 2009 – 2022</li> <li>- Workplace sample</li> <li>- Moral injury, moral distress or moral recovery</li> <li>- Research outcomes regarding leadership in the context of moral injury, moral distress or moral recovery</li> <li>- Models, frameworks and measurement of moral injury / recovery</li> </ul>	<ul style="list-style-type: none"> <li>- Study did not contain original data</li> <li>- Reviews, Government reports, Grey literature, Books / Book chapters</li> <li>- Non-workplace based</li> <li>- Military, Clinical or Healthcare settings</li> <li>- Military, Clinical or Healthcare samples</li> <li>- &lt;18 years of age</li> <li>- Sample is not workplace based</li> <li>- Not moral injury, moral distress or moral recovery</li> <li>- Leadership focus other than in the context of moral injury / recovery</li> <li>- Research on populations who are not in organisations</li> <li>- Research targeting specialists rather than broadly applicable</li> <li>- Study did not explore leadership in the context of moral injury</li> <li>- Study did not describe moral injury/ distress / recovery</li> </ul>

Table 2: Search terms

Databases:	EBSCO Business Source Premier, PsycInfo, Scopus, Medline
Search String:	(Leader*) AND ("Moral* Injur*" OR "Moral Recovery" OR "Moral Distress" OR "Moral Challenge" OR "Moral Stress" OR Morality OR Transgression* OR Betray* OR "Transgressive Act*" OR "Ethical Strain" OR "Ethical Distress" OR "Ethical Tension" OR "Values Conflict") AND (Organi* OR Work* OR Employ*)

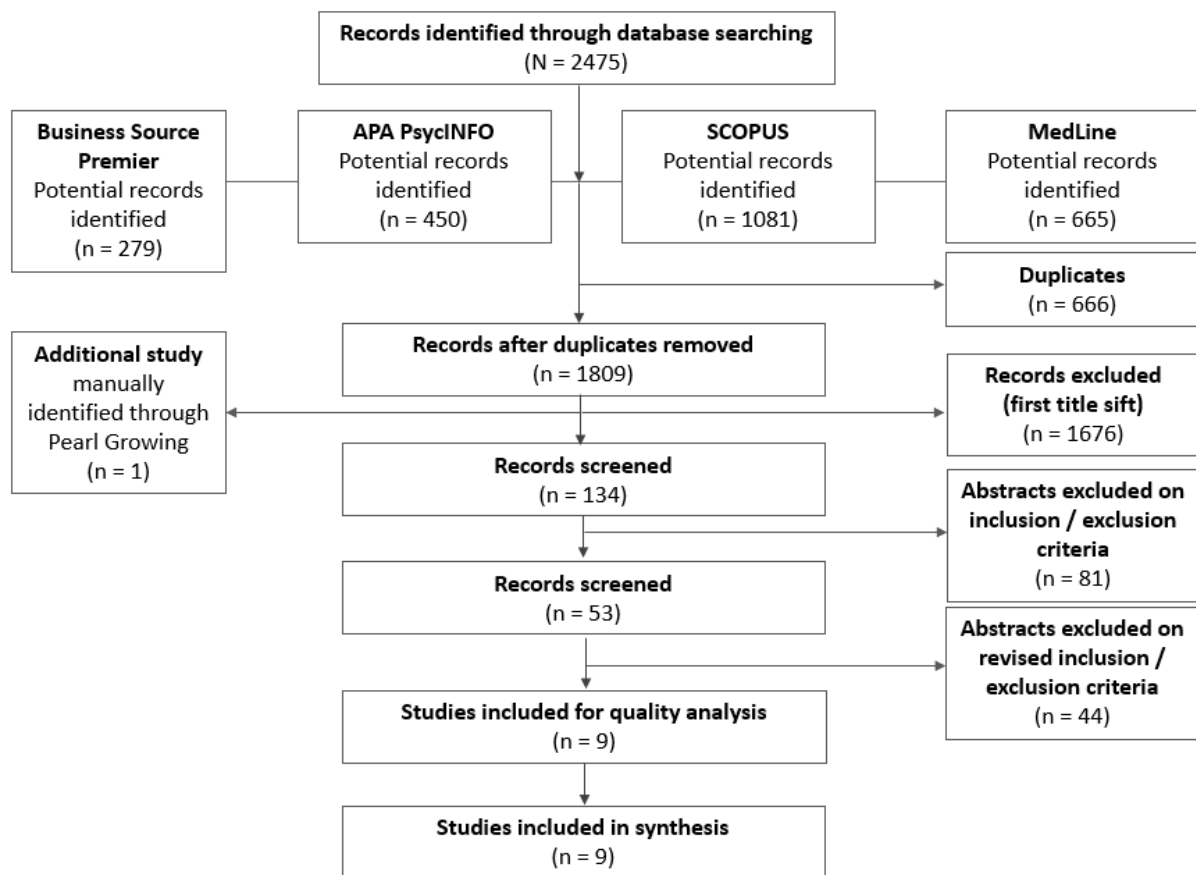


Figure 1. Flow diagram showing search and retrieval process

### Data Extraction and Quality Assessment

The initial database search produced 2475 results, reduced to 1809 after deduplication (Figure 1). A review of 181 (10%) of the titles against the inclusion and exclusion criteria returned 0.778 (77%) level of agreement between the primary researcher and first reviewer. Of the 181 titles reviewed, 134 articles were retained for the abstract review. The review of 13 (10%) of the abstracts against the inclusion and exclusion criteria returned k 0.39 (39%) level of agreement between the primary researcher and first reviewer. Through discussion of the review of the 10% sample of the abstracts, the level of agreement from Cohen's k of 0.39 increased to 1.0 or 100% agreement. The resulting sift of the 134 abstracts revealed that 44 of the 53 abstracts which met the inclusion criteria were specific to the healthcare work context. The primary researcher and first reviewer discussed and agreed to increase generalisability of the review by adding the healthcare work context to the exclusion criteria, alongside military and clinical which were specified originally as exclusion criteria. Due to its date of publication, one additional study was identified and considered independently of the

search process, resulting in a final set of 9 research papers for inclusion in the systematic literature review. The final nine studies for inclusion were reviewed by the lead author who extracted information regarding i) study design, location, theoretical approach and definitions of moral injury / distress, ii) participant profile including age, gender, occupation and organisational context, iii) intervention including nature of analysis, iv) outcomes (or findings, in the case of the qualitative studies) and measures, evaluation, recommendations and limitations. This information is summarised in Tables 3-4.

Appraisal of quality was conducted by the lead author using checklists by Snape and colleagues (2017) and best practice guidelines (Garside, 2014). For all studies, the following criteria were applied and rated on a high / medium / low scale: appropriateness of the methodology and research design, clarity of the statement of findings, appropriateness of data collection to address the research issue, appropriateness of recruitment strategy, rigour of data analysis, consideration of the researcher participant relationship, consideration of ethical issues, and contribution to research. For the four quantitative studies, the quality appraisal also included the following criteria which were measured using the same scale: design of evaluation, appropriateness of study deployment, appropriateness of analysis, and consistency of evidence. An overall rating was assigned to each study, as presented in Table 5.

## Findings

Of the 1809 studies identified, nine studies met the inclusion criteria. Two directly addressed moral injury, whilst the remaining seven studies addressed moral stress, moral distress or ethical strain. None addressed moral recovery.

## Definitions of Moral Injury and Moral Stress / Distress

A range of definitions of moral injury and moral stress / distress were used throughout the nine studies. Definitions of moral distress by Jameton (1984) were used by the majority of the studies (Cooke et al., 2022; Hyllengren et al., 2016; Nilsson et al., 2011; Stelmach et al., 2021; Huhtala et al., 2011):

“Moral stressors in organisational settings refer to the situation when the individual is conscious of the morally appropriate action a situation requires, but cannot carry it out due to laws, regulations, or institutional obstacles, as, for example lack of time, lack of leader support, power relations, etc., alternatively, when one acts according to one’s conscience but against the organisational regulations, norms, etc.” (Jameton, 1984)

Hinga et al. (2021) cited the definition of moral distress derived from healthcare context by Morley et al. (2019):

“Moral distress: (1) the experience of a moral event, such as an inability to do what one thinks is right (moral constraint), being unsure of the right course of action (moral uncertainty), moral tension, conflict or dilemma, (2) the experience of psychological distress, such as guilt and powerlessness, and (3) a direct causal relation between (1) and (2).”

Ames et al. (2020) draws upon the definition of moral stress by Reynolds et al. (2012, p. 492):

“a psychological state (both cognitive and emotional) marked by anxiety and unrest due to an individual's uncertainty about his or her ability to fulfil relevant moral obligations” (Reynolds et al., 2012, p. 492).

Kalkman and Molendijk (2021, p. 222) drew upon a description of moral injury (Frankfurt & Frazier, 2016; Litz et al., 2009) which for the purposes of their study, relates to strategic ambiguity:

“When organisations deploy personnel in high-stake environments (e.g., hospitals, military operations, and police work) but fail to provide clear moral guidance, strategic ambiguity may bring about moral disorientation and conflict among personnel (Molendijk, 2018). This, in turn, may engender what has been called moral injury, including feelings of guilt, shame, and anger (Frankfurt & Frazier, 2016; Litz et al., 2009)”

## Overview of studies

Research participants across the nine studies represented public safety personnel, international aid and rescue operations, school leaders, technical and commercial managers, health and data surveillance professionals, public health field epidemiologists, police and military police members. Sample sizes ranged from 16 to 954 participants. Two studies did not disclose participant gender, two studies had broadly equal gender representation, and the remaining five studies reported largely male samples (62%-95%). All studies reported

adult-aged samples, and only two of the nine studies disclosed participant age ranges of 22-65 and 25-68. All nine studies were cross-sectional. Four of the studies (45%) used a quantitative design, four used a qualitative design and one (11%) used mixed methods. Geographically, four of the nine studies (44%) were based in Europe, two (22%) in the USA, two (22%) in Canada, and one (11%) in Kenya. The key characteristics are summarised in Table 3.

### Characteristics of Qualitative and Mixed Method studies

Four studies were qualitative in design and one study applied a mixed methods design (Hinga et al., 2021; Kalkman and Molendijk, 2021; Hyllengren et al., 2016; Nilsson et al., 2011; Stelmach et al., 2021). Modes of data collection included interviews, focus groups, observations using the Mapping-Framing-Shaping framework for empirical bioethics research (Hinga et al., 2021) and a descriptive survey (Stelmach et al., 2021). Organisational context included verbal autopsy processes in the community in Kenya as part of the Health & Demographic Surveillance System (Hinga et al., 2021), Dutch military police and Border Security Teams in Greece (Kalkman and Molendijk, 2021), Swedish Defence University and Royal Norwegian Naval Academy research of police and military officers (Hyllengren et al., 2016), humanitarian assistance professionals in Swedish rescue services agencies, political departments and mandatory organisations (Nilsson et al., 2011) and school leaders in Canada (Stelmach et al., 2021).

The sample sizes ranged from 16-954. Age range was not specified in any of the five qualitative or mixed method studies. A combination of organisational entities and/or participant roles were represented: Hinga et al. (2021) conducted research with community residents, verbal autopsy interviewers and census interviewers. Kalkman and Molendijk (2022) researched organisational members of the Border Security Team including active-duty military police members spanning roles from senior to junior levels of responsibility. Two occupational groups represented differing levels of hierarchy in the police and armed forces in research by Hyllengren et al. (2016). Research by Nilsson et al. (2011) included participants from Swedish Rescue Services Agency, political departments and mandatory organisations providing humanitarian assignments. Stelmach et al. (2021) presented data

from 954 survey respondents contacted through a regional database for Teachers' Association, and focus group participants representing a range of roles and schools.

### Characteristics of Quantitative Studies

Four studies were quantitative in nature (Ames et al., 2020; Cooke et al., 2022; Huhtala et al., 2011; Roth et al., 2023). One study built a survey to explore ethical challenges and moral distress amongst field epidemiologists in public health programs (Cooke et al., 2022). The remaining three studies utilised or adapted existing surveys: Corporate Ethical Virtues Scale (CEV) (Huhtala et al., 2011), Moral Injury Scale – Public Safety Personnel (MIA-PSP) (Roth et al., 2023), and a combined adaptation of six scales measuring a range of factors potentially relating to moral stress (Ames et al., 2020).

The sample sizes ranged from 126-902. Age ranges of 25-68 and 22-65 were specified in only two of the studies (Huhtala et al., 2011; Roth et al., 2022). Participants represented a range of different organisations and different roles. Huhtala et al. (2011) sourced their random sample of technical and commercial managers from two national labour unions, securing participants from a cross-section of organisations, industries and levels of management. Other samples were sourced from an online professional networking platform for alumni of field epidemiology training programs (Cooke et al., 2022), a public nationwide database of executives in organisations (Ames et al., 2020), and public safety personnel from social media and an online crowdsourcing platform (Roth et al., 2023).

### Quality Appraisal

Quality appraisal was conducted using checklists by Snape et al. (2017), as summarised in Table 5. Two of the studies were of high quality, two were medium-high, three were medium, and two were low quality. Studies appraised to be of low quality were retained within the review, in consideration that quality appraisal can serve the purpose of understanding each study on their own terms, and to avoid unnecessarily excluding studies for technical reasons (Sandelowski et al., 1997, as cited in Garside, 2014).

**Table 3: Key characteristics of included studies**

Author	Date	Location	Definition	Design	Participants	Key Focus
Hinga et al.	2021	Kenya	Moral distress: (1) the experience of a moral event, such as an inability to do what one thinks is right (moral constraint), being unsure of the right course of action (moral uncertainty), moral tension, conflict or dilemma, (2) the experience of psychological distress, such as guilt and powerlessness, and (3) a direct causal relation between (1) and (2). (Morley et al. 2019)	Qualitative, Cross-sectional	115: 86 community members; 29 HDSS staff including managers	Moral Distress
Hyllengren, et al. *	2016	Sweden & Norway	Moral stressors in organisational settings refer to the situation when the individual is conscious of the morally appropriate action a situation requires, but cannot carry it out due to laws, regulations, or institutional obstacles, as, for example lack of time, lack of leader support, power relations, etc., alternatively, when one acts according to one's conscience but against the organisational regulations, norms, etc. (Jameton, 1984)	Qualitative, Cross-sectional	23: Police officers and military	Moral Stress
Kalkman et al. **	2021	Holland	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.	Qualitative, Cross-sectional	21: Military Police. 8 managers. 13 BST members	Moral Injury
Nilsson et al.	2011	Sweden	Moral stress: Painful feelings and/or psychological disequilibrium that occurs when nurses are conscious of the morally appropriate action a situation requires but cannot carry out that action because of institutional obstacles such	Qualitative, Cross-sectional	16: Managerial and Operative leaders	Moral Stress



			as lack of time, lack of supervisory support, exercise of medical power, or institutional policy (Jameton, 1984).			
Stelmach et al.	2021	Canada	Moral distress: A situation in which one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action (Jameton, 1984).	Mix Methods, Cross-sectional	954: School leaders	Moral Distress
Ames et al.	2020	US	Moral stress: a psychological state (both cognitive and emotional) marked by anxiety and unrest due to an individual's uncertainty about his or her ability to fulfil relevant moral obligations	Quantitative, Cross-sectional	282: Executives in different organisations	Moral Stress
Cooke et al.	2022	US	Moral distress: The psychological distress of being in a situation in which one is constrained from acting on what one knows to be right	Quantitative, Cross-sectional	126: Field epidemiologists	Moral Distress
Huhtala et al.	2011	Finland	Ethical or moral distress: Ethical or moral distress is defined as confronting challenges in making the right decision and taking the right action in patient care, where the morally appropriate action is known but restrained because of institutionalised obstacles (Jameton, 1984).	Quantitative, Cross-sectional	902: Managers, different organisations	Moral Distress
Roth et al. ***	2023	Canada	Moral injury is an emerging construct involving profound psychological, spiritual, and behavioral suffering experienced by individuals following perceived moral transgressions	Quantitative, Cross-sectional	270: Public Safety Personnel	Moral Injury

\*Whilst involving Military, an exclusion criterion for this SLR, this study is included given the inclusion of Police, a different occupational group, within the sample

\*\*Whilst involving Military, an exclusion criterion for this SLR, this study is included given the organisational context which is a collaboration between Dutch Border Security Teams (BSTs), Greek government and EU agency Frontex

\*\*\*MIA-PSP includes indicators which relate to leadership in the experience of moral injury

**Table 4: Summary findings of included studies**

Author	Date	Primary Focus	Learning for Moral Injury, Moral Recovery and Leadership		
			Leader Awareness & Accountability	Organisational Context and Conditions	Individual Differences
Hinga et al.	2021	Moral distress: Ethical implications of verbal autopsy	<ul style="list-style-type: none"> <li>&gt; Consider diverse recruitment approach for roles presenting emotional-social challenges</li> <li>&gt; Provide training to enable interviewers to support distressed respondents</li> <li>&gt; Strengthen ethics practice with experts e.g. ethics reflection and moral distress consultation</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Moral distress is a useful conceptual framework for understanding the ethical, emotional and social challenges encountered by community and research stakeholders in verbal autopsy</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Moral events such as being unsure of the right thing to do (moral uncertainty) or knowing the right thing to do and being constrained from acting (moral constraint), were identified as key causes of emotional distress</li> </ul>
Hyllengren, et al.	2016	Moral stress: Contextual factors	<ul style="list-style-type: none"> <li>&gt; For moral stress, the importance of the leader's handling of values and their ability to confront the senior management when needed, is more emphasized than in general research on work and stress</li> <li>&gt; Well-documented methods aimed at the prevention of,</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Moral stressors were classified in a hierarchical conceptual system: Environment (risks, political pressure, media, legal aspects, external groups), Organisational (resources, regulations, spatial differentiation, work demands, risk taking culture / climate, higher level management), Leadership</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Research opportunity: Establish to what degree contextual characteristics have an impact at the individual level when it comes to prevention of, and recovery from, moral stressors</li> </ul>

			and recovery from, work-related stress in general, also can be used in the case of moral stressors	(handling of values, responsibility and loyalty, determination, communication, supports own personnel, confronting higher management, decision-making strategies), and Group (Understanding of own staff, climate / cohesion / conflicts)	
Kalkman et al.	2021	Moral injury: Strategic ambiguity	> Leaders / Managers, through strategic ambiguity, may contribute to the emergence of moral disorientation and moral conflict among lower levels. Strategic ambiguity: Intentional equivocality of managers in their organisational plans, objectives, and communication	> In the organisational context, the emergence of moral challenges can be related to strategic ambiguity > Although strategic ambiguity can foster “unified diversity” and solve moral tensions between organisational members, this ambiguity may also lead to disorientation and inner moral conflict	> Individuals dealing with intentional strategic ambiguity on authority, mandate, and tasks, left them uncertain of their professional duty and forced to choose from a range of possibilities, experiencing disorientation and inner moral conflict
Nilsson et al.	2011	Moral stress: International Humanitarian Aid and Rescue Operations	> Leadership needs to be seriously considered in relation to ethical decision making, moral sensitivity and moral awareness > Personnel at higher	> Presentation of a process model which under certain conditions, can lead to moral stress: Disaster/Humanitarian crisis situation, Contextual conditions affecting the operation,	> Moral stress can be looked upon as a special class of stress reactions, and of ambiguous negative states in particular: Experienced as insufficiency,

			<p>hierarchical levels sometimes lack field experience or failed to understand it and are therefore not aware of the moral issues and sensitivities on the ground</p>	<p>Interpretation of contextual conditions, Decision-making strategy, Deliberations, Task outcome of chosen act, and Moral stress reaction</p> <ul style="list-style-type: none"> <li>&gt; When the situation is interpreted as problematic, a morally challenging decision-making process begins</li> <li>&gt; Organisational levels should enact similar values</li> <li>&gt; Ethical decision making sits with those working in the field: They possess the professional know-how to reflect and apply the practicalities of ethical decisions</li> </ul>	<p>powerlessness, meaninglessness and frustration</p> <ul style="list-style-type: none"> <li>&gt; Neglect of moral aspects: Personnel at the lower end of the hierarchy are directly confronted with the moral aspects of decision making and so experience greater negative stress reactions than those in executive roles</li> <li>&gt; Individuals suffering from moral stress might risk losing moral sensitivity and moral awareness. Mechanisms are required to handle feelings associated with moral stress, to avoid dehumanizing individuals working with humanitarian assistance.</li> </ul>
Stelmach et al.	2021	Moral distress: School Leaders	<ul style="list-style-type: none"> <li>&gt; Developing conceptual specificity of moral distress within the teaching profession and theorising on the role it plays in teacher and school leader efficacy</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Sources of (moral) constraint were identified in: 1) The increasing complexity of classroom composition, 2) Decline in working relationships with parents and 3) An increase in directives compelling school</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Professional autonomy and identity: Morally distressing situations remove professional autonomy, which throws agency and ultimately identity into question</li> </ul>

			are important avenues for scholarship	leaders to comply with district expectations. > Risk of embracing a pedagogy of survival: Moral distress should be considered as an occupational risk	
Ames et al.	2020	Moral stress amongst managers	> Association of moral stress with turnover intent, specifically for high-level leaders with significant decision-making responsibilities		> Antecedent relationship: Moral attentiveness amongst managers strengthens the positive effect of moral stress on turnover intent > Managers with highly competing work role and non-work role identities (low role identity saliency variance) experience higher levels of moral stress if they have high moral attentiveness > Role identities influence moral stress: As the individuals with high moral attentiveness increased in total saliency across their roles, moral stress decreased. Research opportunity: Certain combinations of roles may introduce supporting social effects and resources

Cooke et al.	2022	Ethical challenges and moral distress: Field epidemiologists	<ul style="list-style-type: none"> <li>&gt; Sources of moral distress include structural factors such as unsupportive or ineffective leadership, excessive work related demands and stress and lack of resources</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Workplace circumstances: Moral distress in field epidemiologists appears to be a direct response to the daily circumstances encountered at work</li> <li>&gt; Highly-charged scenarios can lead to moral distress, as well as daily public health field work, particularly when idealism clashes with reality on the ground</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Field epidemiologists may benefit from moral distress support such as peer counselling / dedicated spaces to rest and recharge</li> <li>&gt; Unmet need for support in navigating ethical challenges, and for resources to address the consequences of moral distress</li> </ul>
Huhtala et al.	2011	Ethical Culture, Occupational Wellbeing and Ethical Strain (Corporate Ethical Values scale CEV)	<ul style="list-style-type: none"> <li>&gt; Upper management experienced ethical dilemmas more frequently than middle management</li> <li>&gt; Leadership possess the most power to change an existing organisational culture: Ethical interventions should primarily be targeted at higher managerial levels</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Ethical culture is associated with occupational well-being: Partially mediated through ethical strain</li> <li>&gt; The CEV scale can be used as a tool for creating working environments with less ethical strain, less emotional exhaustion, more work engagement</li> <li>&gt; Ethical culture is a positive resource and context for work engagement to flourish</li> </ul>	
Roth et al.	2023	Moral Injury: Public Safety Personnel (PSP)	<ul style="list-style-type: none"> <li>&gt; Leadership consideration: PSP who are made to scapegoat, ostracize, or otherwise discipline their</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Betrayal-based Transgressions: MI in PSP may result from perceived institutional transgressions, including insufficient recognition or</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Perpetration-based Transgressions: MI in PSP can result from both the commission of a perceived moral violations (e.g., hurting one life to save</li> </ul>

			coworkers are at increased risk of developing MI	acknowledgment of workplace stress and insufficient support or training leading to negative consequences on the job	another) and the failure to prevent one (e.g., failing to save a life) > Transgressions by others: PSP are susceptible to moral pain following moral betrayals from trusted others. > In contrast to other tools, the MIA-PSP measures emotional symptoms independent from perpetration and betrayal events: Restricting the association of specific emotional symptoms to particular events risks overlooking aspects of MI that deviate from assumed behavior–emotion relations
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Table 5: Summarised quality appraisal evaluation for reviewed studies

Author	Study Type	Methodology	Research Design	Statement of Findings	Data Collection	Recruitment Strategy	Analysis Rigour	Research Relationship	Ethical Consideration	Research Contribution	Evaluation Design	Study Deployment	Analysis Appropriate	Evidence Consistent	Overall
Ames et al. 2020	Quantitative	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		Medium
Cooke et al. 2022	Quantitative				✓					✓		✓			Low
Huhtala et al. 2011	Quantitative	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		Medium
Roth et al. 2023	Quantitative	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	High
Hinga et al. 2021	Qualitative	✓	✓		✓	✓	✓	✓		✓	N/A	N/A	N/A	N/A	Med-High
Hyllengren et al. 2016	Qualitative	✓	✓		✓	✓				✓	N/A	N/A	N/A	N/A	Medium
Kalkman et al. 2021	Qualitative	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	N/A	N/A	High
Nilsson et al. 2011	Qualitative	✓	✓	✓		✓		✓		✓	N/A	N/A	N/A	N/A	Med-High
Stelmach et al. 2021	Mixed Methods	✓	✓	✓		✓				✓	N/A	N/A	N/A	N/A	Low



Table 6: Key themes of systematic review

1. Leader Awareness & Accountability	2. Organisational Context & Conditions	3. Individual Differences
<ul style="list-style-type: none"> <li>▪ Supportive leadership is connected with a safer climate / culture, enabling individual reflection and enhancing moral sensitivity and moral awareness: For this to take effect organisationally, different organisational levels must enact similar values</li> <li>▪ Unsupportive and ineffective leadership is associated with the experience of moral distress in the workforce</li> <li>▪ Work which carries moral weight for the workforce, generates important ethical responsibilities for leadership.</li> <li>▪ Lack of leader awareness of realities ‘on the ground’ can lead to disconnection, non-decision and neglect of moral aspects of work faced by employees.</li> <li>▪ Leadership maintenance of strategic ambiguity may contribute</li> </ul>	<ul style="list-style-type: none"> <li>▪ Organisational context or conditions play a critical role in ethical decision-making processes, including objective reality (laws, regulations), subjective reality (norms, perspectives), safety (strategic and field level) and media (local and global level)</li> <li>▪ Organisational clarity on role expectations is important to avoid moral distress resulting from conflicts between idealism and daily reality on the ground</li> <li>▪ Perceived organisational transgressions and insufficient support or training are amongst the factors which can lead to betrayal-based moral injury.</li> <li>▪ Organisational environments which foster practices of scapegoating, ostracising or disciplining co-workers, result in increased risk of moral injury in employees</li> </ul>	<ul style="list-style-type: none"> <li>▪ Moral attentiveness has a moderating effect on managerial moral stress</li> <li>▪ Moral disorientation, moral conflict and competing moral frameworks can be experienced in the face of strategic ambiguity. Moral clarity can be reached through a relevant organisational precedent, if one is available.</li> <li>▪ Moral injury and feelings of guilt, shame, betrayal and anger can result from acting or from failing to act in complex moral environments.</li> <li>▪ To inform ethical decision-making, individuals engage in an appraisal process to interpret the meaning of complex conditions and the compatibility of situations with their inner moral guidelines. Individuals may suffer a moral stress reaction regardless of the outcome of their decision</li> </ul>

<p>to moral disorientation and moral conflict amongst others in the organisation</p> <ul style="list-style-type: none"> <li>▪ Leadership impacts on employee experience of moral stressors in their approach to handling values, responsibility and loyalty, determination, communication, support of their staff, confronting higher levels of leadership, and their decision-making strategies</li> <li>▪ Ethical decision making by leaders is important to prevent or mitigate the effects of moral stress in the wider workforce.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Organisational constraints serving as barriers to leaders in following their moral judgement include increasing task complexity, decline in stakeholder relationships and increasing stringency in regulations</li> <li>▪ Organisational strategic ambiguity can present employees with morally significant situations without organisational support or directives, which can lead to moral disorientation and inner moral conflict</li> <li>▪ Ethical organisational culture is associated with occupational well-being, and this relationship is partially mediated through the experience of ethical strain</li> </ul>	<ul style="list-style-type: none"> <li>▪ Individuals need strategies to handle feelings associated with moral stress – insufficiency, powerlessness, meaninglessness and frustration – otherwise there is a risk of dehumanisation and loss of moral sensitivity and moral awareness</li> <li>▪ New measurement approaches for moral injury enable a broader understanding of how individuals experience moral emotions in relation to perpetration and betrayal events.</li> </ul>
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## What is the role and impact of leadership in the experience of moral injury and moral recovery in organisational settings other than military and healthcare?

### Theme 1: Leader Awareness and Accountability

In organisational settings where leaders in higher hierarchical levels are distant from operations, the lack of leader experience or understanding of realities of the operation can result in a lack awareness of moral issues and sensitivities of the situations faced by international aid and rescue operations workers (Nilsson et al., 2011). Whilst this leadership distance may empower frontline workers in conducting their responsibilities, the lack of leader awareness of realities on the ground can surmount to disconnection, non-decision and neglect of moral aspects of work faced by employees. In contrast, research into a broad population of managers in different organisations found senior levels of leadership to experience ethical dilemmas in greater frequency in comparison with employees at lower levels of hierarchy (Huhtala et al., 2011). The authors recommend that ethical interventions should primarily be targeted at higher managerial levels, given that relatively more power sits with more senior leaders in terms of changing existing organisational culture.

A different form of disconnection was highlighted in research into strategic ambiguity in the context of immigration (Kalkman & Molendijk, 2021). This research described the consequences of border security teams repeatedly facing situations of moral significance without organisational support on how to interpret the situation or act in it. Strategic ambiguity refers to the intentional equivocality in management decisions and communication to foster abstract agreement in an organisation, while simultaneously allowing a variety of opinions (Abdallah & Langley, 2014; Eisenberg, 1984; Jarzabkowski et al., 2010). The intentional decision of leadership to maintain strategic ambiguity may contribute to the emergence of moral disorientation and moral conflict among less senior members, which means that strategic ambiguity may be pragmatically useful, but has important moral reverberations (Kalkman & Molendijk, 2021).

Leadership was cited alongside organisational, group and environment conditions which were identified as central to the experience of severely stressful situations involving morally difficult decisions (moral stressors) amongst police and military police (Hyllengren et al., 2016). Moral stressors encountered by informants were identified and classified in a hierarchical conceptual system under Leadership: Handling of values, responsibility and

loyalty, determination, communication, supports own personnel, confronting higher management, decision-making strategies. The identified environmental, organisational, leadership-related and group aspects resemble findings from general research on work and stress. However, the emphasis on one's own leader's handling of values and his or her ability to confront the senior management when needed was more emphasized in this study (Hyllengren et al., 2016).

The need for attention on leadership in relation to ethical decision making is highlighted in humanitarian aid and rescue operations research (Nilsson et al., 2011). The authors construct a theoretical process model highlighting the pivotal role of leadership in providing mandate and support to employees who, having interpreted and appraised a situation as morally problematic, seek counsel from leadership. The accountable leader has the power to eliminate moral stress through providing mandate or support. In the absence of either, the employee will be left to make an active choice in their response to the contextual moral conditions. Referencing authentic and transformational leadership research, this study identifies a connection between a supportive leader style with a safer climate/culture, which also allows for individual reflection in relation to colleagues as well as leaders, and thus enhances moral sensitivity and moral awareness. For this to be put into practice, different organisational levels need to enact similar values (Nilsson et al., 2011).

The most commonly reported sources of moral distress in research on field epidemiologists included structural factors such as unsupportive or ineffective leadership, excessive work-related demands and stress, and lack of resources (Cooke et al., 2022). In research on verbal autopsy interviewers, Hinga et al. (2021) identify that the burdens of verbal autopsy, including moral distress, generate important ethical responsibilities for those who implement or promote verbal autopsy (leaders). Recommendations are provided to systematically address key thematic issues, including implementing a robust multi-disciplinary rationale for verbal autopsy process, condolences and compensation, parameters on data sharing and use, and interviewer recruitment, training and support including moral distress consultancy (Hinga et al., 2021). The authors identify the potential value of moral distress as a means of identifying and addressing ethical issues in verbal autopsy.

Considerations for leadership practice are reflected in a study of moral injury amongst public safety personnel (Roth et al., 2023). Findings suggest that public safety personnel who are made to scapegoat, ostracize, or otherwise discipline their coworkers are at increased risk of developing moral injury. Susceptibility to moral pain follows moral betrayals by trusted others, for example perceived institutional transgressions, including insufficient recognition or acknowledgment of workplace stress and insufficient support or training (Roth et al., 2023).

In summary, unsupportive and ineffective leadership are connected with the experience of moral distress in the workforce. Work which carries moral weight for the workforce generates important ethical responsibilities for leadership. Lack of leader awareness of realities 'on the ground' can lead to disconnection, non-decision and neglect of moral aspects of work faced by employees. Leadership maintenance of strategic ambiguity may contribute to moral disorientation and moral conflict amongst others in the organisation. Leadership impacts on employee experience of moral stressors in their approach to handling values, responsibility and loyalty, determination, communication, support of their staff, confronting higher levels of leadership, and their decision-making strategies. A supportive leadership style is connected with a safer climate / culture, enabling individual reflection and enhancing moral sensitivity and moral awareness: For this to take effect organisationally, different organisational levels must enact similar values. Ethical decision making by leaders is important to prevent or mitigate the effects of moral stress in the wider workforce.

## **What are the factors that influence the role and impact of leadership in the experience of moral injury and moral recovery?**

### **Theme 2: Organisational Context and Conditions**

Moral distress appears to be a direct response to the daily circumstances encountered in the workplace, in research on field epidemiologists (Cooke et al., 2022). The authors identify a requirement amongst field epidemiologists for support in navigating ethical challenges, as well as for resources to address the human and professional consequences of moral distress. Organisational clarity on role expectations is recommended: Highly-charged scenarios can lead to moral distress, in addition to the daily experience of public health field work,

particularly when professionals enter the sector with idealism that clashes with the reality they find on the ground.

In research exploring moral distress amongst school leaders (Stelmach et al., 2021) identified key sources of organisational constraint from doing 'what I know is the right thing to do because of factors outside of my control'. Such constraints included the increasing complexity of classroom composition, decline in working relationships with parents, and an increase in directives compelling school leaders to comply with regional policy expectations. Border security team members repeatedly face situations of moral significance without organisational support on how to interpret the situation or act in it (Kalkman & Molendijk, 2021). In the organisational context, the emergence of moral challenges can be related to strategic ambiguity, leading to disorientation and inner moral conflict within organisational members.

Ethical organisational culture is significantly associated with occupational well-being, and this relationship is partially mediated through the experience of ethical strain (Huhtala et al., 2011). This study established the utility of the Corporate Ethical Values (CEV) scale as a tool for creating better working environments with less ethical strain, less emotional exhaustion and more work engagement. Research testing a moral injury scale specific to public safety personnel (Roth et al., 2023) replicated findings from the military literature in highlighting how moral pain can result from both the commission of a perceived moral violation (e.g., hurting one life to save another) and the failure to prevent one (e.g., failing to save a life). Public safety personnel who, through their organisational setting, are made to scapegoat, ostracize, or otherwise discipline their coworkers are at increased risk of developing moral injury (Roth et al., 2023). Public safety personnel are also susceptible to moral pain following moral betrayals from trusted others. The authors conclude that betrayal-based moral injury in public safety personnel may result from perceived institutional transgressions, including insufficient recognition or acknowledgment of workplace stress and insufficient support or training, leading to negative consequences on the job.

Nilsson et al. (2011) identify the importance of contextual conditions in their research of ethical decision-making in disaster situations. The authors' conceptual process model highlights the complexity of factors at play in decision making, and specifically the role of four contextual conditions: Firstly, the objective / hard reality such as laws, external and

internal central/ local regulations. Secondly, the subjective / soft reality such as norms, routines, interests, passable attitudes, advice and perspectives, which can present 'diverging spheres of interests' (p. 56) and can undermine the professionals' ability to do their work. Safety is a third factor in impacting decisions at strategic and field level in international operations. Finally, media affects ethical decision making at a local and global level, by drawing attention to specific situations and creating interest in helping, which can enable the work of humanitarian workers, and propel action on a political level (tsunami effect). Evidence highlights the ethical responsibility of the media in 'choosing' which foreign disasters to highlight, and how to do so.

In summary, organisational context and conditions are a factor in the role and impact of leadership in the experience of moral injury. Organisational context or conditions play a critical role in ethical decision-making processes. Such conditions include objective reality (laws, regulations), subjective reality (norms, perspectives), safety (strategic and field level) and media (local and global level). Organisational clarity on role expectations is important to avoid moral distress resulting from conflicts between idealism and daily reality on the ground. Leaders experience organisational constraints from following their moral judgement, including increasing task complexity, decline in stakeholder relationships and increasing stringency in regulations. Where organisations maintain strategic ambiguity, employees can face morally significant situations without organisational support or directives in how to interpret or respond to the situation, which can lead to moral disorientation and inner moral conflict. Ethical organisational culture is associated with occupational well-being, and this relationship is partially mediated through the experience of ethical strain. Ethical values scales can be applied to enable working environments with less ethical strain. Organisational environments which foster practices of scapegoating, ostracising or disciplining co-workers, result in increased risk of moral injury in employees. Perceived institutional transgressions and insufficient support or training are amongst the factors which can lead to betrayal-based moral injury.

## What are the factors that influence the role and impact of leadership in the experience of moral injury and moral recovery?

### Theme 3: Individual Differences

Key individual sources of emotional distress for verbal autopsy interviewers included moral events linked to the act of conducting a verbal autopsy interview, such as being unsure of the right thing to do (moral uncertainty) or knowing the right thing to do and being constrained from acting (moral constraint) (Hinga et al., 2021). In research on moral injury linked to strategic ambiguity amongst border security officials, individual consequences of strategic ambiguity include experiencing moral disorientation (overwhelm by the situation and a sense of being lost) and moral conflict (recognition of multiple incompatible normative responsibilities) (Kalkman & Molendijk, 2021). Techniques to resolve this ambiguity include recreation of moral clarity by referring to the relevant organisational precedent.

Alternatively, individuals can embrace moral disorientation and conflicts to cope with emerging moral challenges by acknowledging the inner struggles, emotions, felt moral duties, and the need to switch between competing moral frameworks (Kalkman & Molendijk, 2021). Both coping mechanisms may contribute to the development of moral injury, as (in)actions in a complicated moral environment can lead to feelings of guilt, shame, betrayal, and anger. The authors emphasise the extreme difficulty for lower-level members (employees) to find adequate cognitive and behavioural strategies to cope with the moral challenges resulting from strategic ambiguity.

Nilsson et al. (2011) identify the role of individual interpretation and appraisal in their research of ethical decision making and moral stress amongst humanitarian assistance professionals in disaster situations. The authors' conceptual process model highlights how the individual acts as a filter throughout the framework by interpreting the meaning of the conditions they encounter. The individual appraisal process is described as a continuum ranging from understanding the situation as compatible with one's inner moral guidelines, to evaluating it as having obstacles in this respect. When the individual has acted in alignment with their inner moral conviction but contrary to what the contextual conditions suggest, and if the outcome of their response is successful, they may avoid moral stress. However, as the outcome of their choice of action will not always be evident or clear, individuals may suffer a moral stress reaction. The authors identify an unmet need amongst individuals



working with humanitarian assistance, to find a way of handling the feelings associated with moral stress, namely insufficiency, powerlessness, meaninglessness and frustration. Risks associated with not paying attention to the consequences of moral stress and associated ambiguous negative states in particular are highlighted, including dehumanisation and loss of moral sensitivity and moral awareness. In the same study, Nilsson et al. (2011) established the critical emphasis the organisational importance of acknowledging the professional know-how and practicalities of ethical decision-making, of individual agents with field experience.

In an empirical test of individual antecedents to moral stress in management, moral attentiveness is highlighted as having a critical moderating effect on moral stress (Ames et al., 2020). The influence of role identities on moral stress is also considered in this study: Highly morally attentive individuals who have high competition between their work role and non-work role identities (low role identity saliency variance) experience higher levels of managerial moral stress. Furthermore, for this same group of people, managerial moral stress has a strong influence on the intent to leave their organisation (turnover intent). The authors posit that certain combinations of roles may introduce supporting social effects through access to additional personal resources. Possibly, total role saliency may reward the individual with benefits akin to those described by Role Accumulation Theory (Sieber, 1974), whereby an increase in the volume and importance of roles and responsibilities can open up new resources to the individual, thus allowing them to accomplish more than before (Ames et al., 2020).

A newly tested moral injury inventory for public safety personnel (MIA-PSP, Roth et al., 2023) measures emotional symptoms independently from perpetration and betrayal events via the Emotional Sequelae factor. This marks a departure from existing moral injury assessments which assume specific emotional symptoms within the measurement of the experience of a moral wound (Currier et al., 2018; Koenig et al., 2018b; Mantri et al., 2020). Roth et al. (2023) posit that restricting specific emotional symptoms to particular events could result in overlooking important aspects of moral injury that deviate from assumed behaviour–emotion relations. For example, experiences of anger or disgust may occur in response to one’s own behaviour, or internalised experiences of shame may follow witnessing the

transgressions of others (Roth et al., 2023). This measurement approach allows for a broader, more individualised understanding of moral injury.

In summary, individual differences are a factor in the role and impact of leadership in the experience of moral injury and moral recovery. Moral attentiveness has a moderating effect on managerial moral stress. Highly morally attentive managers with high competition between work and non-work role identities experience more moral stress and a stronger intent to leave the organisation. Moral events connected to work may cause individuals to experience moral uncertainty or moral constraint. Strategic ambiguity may lead to individual experience of moral disorientation, moral conflict and competing moral frameworks. Moral clarity can be reached through a relevant organisational precedent – if one is available. Moral injury and feelings of guilt, shame, betrayal and anger can result from acting or from failing to act in complex moral environments. It is challenging for individuals to identify cognitive and behavioural coping strategies in the face of moral challenges resulting from strategic ambiguity. To inform ethical decision-making, individuals engage in an appraisal process to interpret the meaning of complex conditions and the compatibility of situations with their inner moral guidelines. Individuals may suffer a moral stress reaction regardless of the outcome of their decision. Individuals need strategies to handle feelings associated with moral stress – insufficiency, powerlessness, meaninglessness and frustration – otherwise there is a risk of dehumanisation and loss of moral sensitivity and moral awareness. New measurement approaches for moral injury enable a broader understanding of how individuals experience moral emotions in relation to perpetration and betrayal events.

## Discussion

Whilst moral injury has been researched at length in the highly operational and regulated military and healthcare settings, this review explored what is understood about leadership and moral injury in organisations more generally. The included studies were all cross-sectional in design, perhaps indicative of the early stage of more general research into moral injury. Overall, the qualitative studies were of higher quality and presented highly contextualised insights. Inconsistency in definitions of moral injury, moral stress and related terms presented a shortcoming in the evidence, with an associated risk of interchangeability

in how the definitions are applied and understood. What constitutes moral injury risks conflation with moral distress, moral stress or even general work-related stress.

The included studies represent a wide range of occupational settings including public safety, international aid and rescue operations, schools, corporate settings, health and data surveillance professionals, public health field epidemiologists, police and military police. The evidence indicates that moral stress and moral injury occur in non-safety critical occupations – work which does not involve threat to life, or life and death decision making. Unlike military and healthcare settings where moral decision making is arguably an expected reality of work, the evidence suggests that a range of more general occupational settings present the workforce with moral burdens. Employees have been found to repeatedly face situations of moral significance without organisational support on how to interpret the situation or act in it (Kalkman et al., 2021). The workforce may therefore be ill-equipped to manage the experience of morally challenging situations, which in turn presents risk to employees and to the organisation at large.

Reinforcing existing insights, leadership is identified as a key factor in the experience of moral injury or moral stress, with connections drawn between the experience of moral distress at work, and unsupportive, ineffective leadership. Specifically, this review identified awareness and accountability of leadership as a key factor in the experience of moral injury amongst the wider workforce. In certain organisational settings, leadership may not be wholly aware of the moral dimension of situations and decisions faced by the workforce or what organisational supports are in place. Building on existing insights from moral injury literature in the military and healthcare contexts, leaders themselves also experience moral stress and moral injury. In the capacity of their roles and depending on the context, leaders can experience more or less protection from moral injury than employees at lower levels or on the frontline. Extending insights from the literature, specific individual factors and organisational context are connected to the role and impact of leadership in the experience of moral injury and moral recovery.

The experience of moral injury at work holds value as a method of informing organisational policy, ethics and leadership. As identified by Hinga et al. (2021), moral distress presents a useful framework to better understand the nature of the ethical and moral challenges faced by the workforce. Using this line of thinking, moral injury should take up a place within

organisational frameworks for corporate governance, sustainability, health and safety, to name a few. Similar to organisational learning from whistleblowing, research should explore organisational practice in utilising incidences of morally challenging situations faced by workers in order to put the appropriate measures in place to prevent or mitigate.

None of the included studies investigated moral recovery, highlighting an important gap in the research. As identified by French, Hanna and Huckle (2022), long-term loss of trust or fractured relationship with the organisation may be associated with failure to engage in moral repair following betrayal-based moral injury. Moral recovery requires communal actions which address the social causes of unethical practices (Cullen, 2022).

### Strengths and Limitations

To the authors' knowledge, this is the first review to comprehensively assimilate and discuss the role and impact of leadership in the experience of moral injury and moral recovery in organisational settings other than military and healthcare. Limitations include that a number of the studies were not of high research quality, and none exclusively examined the role or impact of leadership in the experience of moral injury or moral recovery. Instead, studies tended to incorporate or identify aspects of individual or organisational leadership as part of other moral injury research questions. None of the studies addressed moral recovery as a primary research focus. Studies applied varying definitions of moral injury and moral stress, risking an interchangeability between these constructs and their application. Continuing the extension of moral injury research into general workplace settings will require a universal definition and method of measurement. Until then, the literature may continue in the current narrow vein of developing highly bespoke assessments to measure moral injury in distinct occupational settings.

Whilst methods to measure moral injury, moral stress or associated concepts were tested and validated by certain studies (Roth et al., 2023, Ames et al., 2020, Huhtala et al., 2011), no valid interventions to prevent, recover from, or mitigate the risk of moral injury were identified through this review, which explored settings other than military, clinical or healthcare. Standardised methods of measuring and addressing moral injury, moral stress and moral recovery must be adopted in order to more easily compare studies, advance

findings and progress outcomes. Notwithstanding the methodological shortcomings of a number of the included studies and the limited evidence base, the findings of this review add to the literature and supports the call to extend understanding of moral injury in different organisational contexts.

### Implications for Future Research

This review identified leader awareness and accountability as a critical factor in the experience of moral injury and moral distress at work. Future research should identify effective organisational practice in recruiting and developing leaders to practice ethical decision making and to maintain awareness and accountability for the moral challenges faced by the workforce. Organisational practice and values which espouse effective methods to bring morally distressing situations to the attention of leadership should be identified. Connections should be established between leadership awareness and accountability in relation to morally challenging situations faced by employees.

The context and conditions in which leaders operate impact on ethical decision making processes. A future research avenue is to further establish organisational constraints which connect with moral injury, including level of clarity in role expectations, task complexity, stakeholder relationships, institutional logic, and the relationship between autonomy in decision making and regulatory protocol. Further research is required to understand the prevention and recovery from moral injury within organisational environments which foster practices of scapegoating, ostracising or disciplining co-workers.

Individual factors relating to leadership and moral injury are yet to be explored in more detail, for example, the interplay between an individual's conscience and their actions in relation to conscience versus regulations (Nilsson et al., 2011). On the basis of this review, individual factors which will be beneficial to explore in relation to moral injury include moral attentiveness, moral emotions, moral disorientation and conflicts, moral conscience, decision-making and work-role identities.

There is a need to identify meaningful organisational support including clarity of role expectations in dealing with moral events at work; building awareness and competence for

work which carries moral weight; mechanisms to foster unified approaches to safety, ethical decision-making and methods to support individuals in preparing for and recovering from morally injurious experiences. Future research should explore the conditions required to enable moral recovery in organisational settings, and what effective moral recovery looks like.

At this juncture, there is an opportunity to establish, across occupational contexts and settings, the interconnectivity of contextual factors to mitigate, prevent and recover from moral injury at the individual, collective, organisational and societal level. To address the growing interchangeability of terms relating to moral injury, it will be critical for future research to establish a unified working definition for moral injury and moral stress / distress / strain, which is applicable to organisational settings more generally.

## Chapter 4: Empirical Study

### Abstract

Moral attentiveness and leadership are amongst a range of factors which have been associated with the experience of moral stress, yet little is understood regarding the nature of these associations. This interpretative phenomenological account examines the lived experience of moral distress and/or injury and moral recovery amongst nine leaders and frontline professionals in social work settings and explores the psychological processes connecting moral attentiveness and leadership within this experience. Participant accounts revealed that they experience moral distress/injury through holding knowledge of harm, experiencing tension in limited agency to correct wrongs, navigating boundaries of protocol and experiencing power and decision strain. For participants, moral attentiveness is active in the process of reconstructing the experience of moral distress/injury, through moral mentalisation including the identification of moral emotions, construction of moral logic, salience of moral identity, and socialised moral sensemaking. Participants shared evidence of how leadership can protect against the impact of moral stress or injury through proximity which builds understanding, balancing the accountability to support the workforce with the accountability to protect the organisation, serving as a bridge in organisational communication, and facing moral complexity with integrity. Moral recovery is experienced by participants as an ongoing process through foundational wellbeing practices, maintaining proximal social connection with colleagues, accepting boundaries within the wider system of accountability, and through the development of perspective, also known as adult development. A provisional framework is presented depicting the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury. This study further builds understanding of the morally complex environment of social work for both frontline professionals and leaders, and aims to guide future research and practice.

## Introduction

The context for this study is introduced through a definition and brief overview of the existing literature on moral injury and moral recovery. Summary findings are presented from the systematic literature review on moral injury which forms part of this doctoral thesis, followed by insights on moral attentiveness and ethical leadership. The case is then outlined for conducting this study in the morally complex setting of social work.

The term moral injury was conceptualised to recognise the profound and long-standing psychological and spiritual suffering following exposure to events or situations that involve perpetrating, failing to act, or witnessing behaviours that violate one's moral code and expectations (Frankfurt & Frazier, 2016; Griffin et al., 2019; Litz et al., 2009; Smith, 2013). In recognition of the variance in how individuals respond to situations or experiences, these situations are known as potentially morally injurious experiences (PMIEs). Moral injury refers to the profound and persistent psychological distress that people may develop when their moral expectations and beliefs are violated by their own or other people's actions (Litz et al., 2009; Shay, 2014).

This study refers to the definition of moral injury/distress as the profound and persistent psychological distress that people may develop when their moral expectations and beliefs are violated by their own or other people's actions (Litz & Kerig, 2009; Shay, 2014; as cited in Molendijk et al., 2022, p.1). This study applies the hypothesised conceptual continuum model of moral stressors and outcomes (Figure 2, Litz & Kerig, 2019).



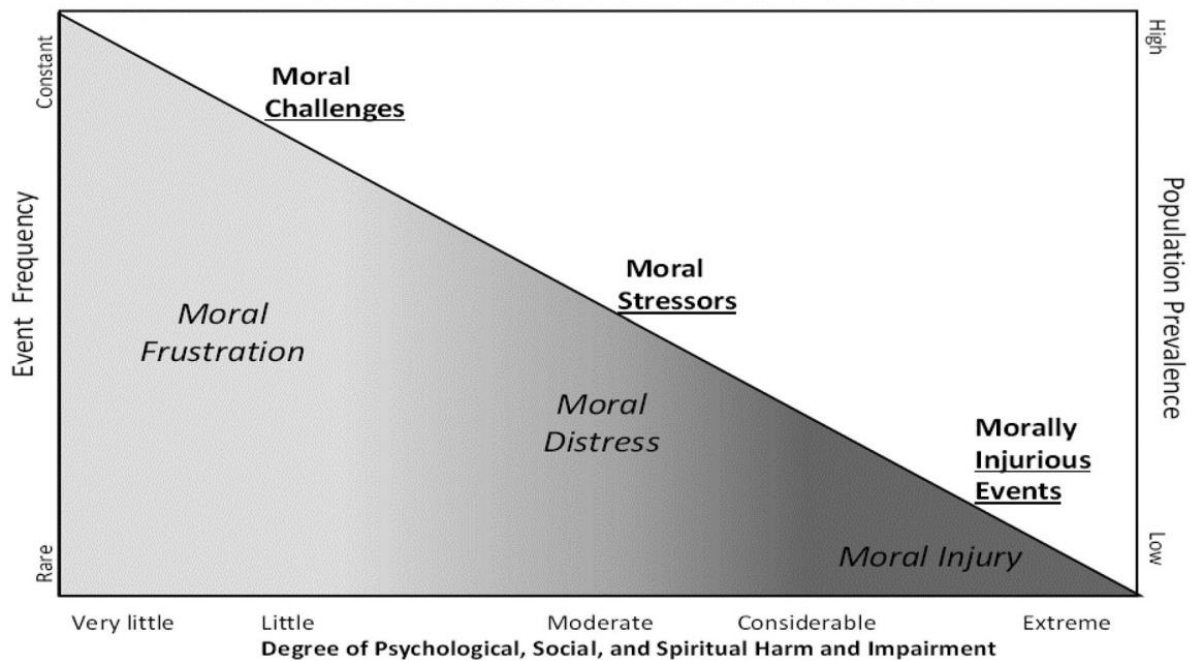


Figure 2. Heuristic continuum of morally relevant life experiences and corresponding responses (Litz & Kerig, 2019)

The conceptual continuum model of moral stressors proposed by Litz & Kerig (2019) recognises that cultural and individual differences moderate how events or experiences violate an individual’s beliefs about what is right and just or wrong and unjust, and how biological, social and psychological reactions are elicited and further moderated by cultural and individual differences. The model also illustrates how the magnitude and impact of responses are shaped by the magnitude and type of moral conflict experienced. Thus, moral injury can be distinguished from moral frustration or moral distress by the severity of moral emotions and symptoms, and the likelihood of the experience and the consequent outcomes altering the person’s identity (Litz & Kerig, 2019).

The continuum model of moral stressors (Litz & Kerig, 2019) serves to deepen the understanding of potentially morally injurious events (PMIEs, Frankfurt & Frazier, 2016) by positioning three tiers of moral events with corresponding levels of psychological affect. Moral challenges describe ongoing experiences which are not self-referential and which invoke a noticeable but normal level of moral frustration (the first tier). Moral stressors, meanwhile, are self-referential in that the individual is a moral agent or is directly impacted by another’s transgressive behaviours. Moral stressors are likely to result in moral distress

(the second tier). Morally injurious events are the least frequent, are abnormal, and the most impactful, resulting in the third and gravest outcome, moral injury (Litz & Kerig, 2019).

## **Moral Injury & Moral Recovery in the Workplace**

Morally injurious outcomes result from individual appraisal of potentially morally injurious events (PMIEs) as violating their moral frameworks (Frankfurt & Frazier, 2016). These outcomes can include psychological (e.g. cognitions, intrusions), emotional (e.g. shame, guilt, anger), social (e.g. social withdrawal, alienation), behavioural (e.g. avoidance), or spiritual and existential effects, which stem from exposure to PMIEs (Farnsworth, 2019; Frankfurt & Frazier, 2016; Koenig et al., 2019; Yeterian et al, 2019). In the workplace, moral injury outcomes carry negative implications for workforce wellbeing, safety, performance, engagement and retention, and for organisational leadership, governance and reputation.

Recommendations have been made to continue to build understanding of moral injury (Molendijk et al., 2022), and moral recovery (Cullen, 2022), in different occupational settings. Building on research insights from moral injury within military populations (Litz et al. 2009; Litz & Kerig, 2019; Koenig & Zaben, 2021), moral injury has also been investigated within law enforcement (Papazoglou et al., 2020), healthcare (Campbell et al., 2016; McAninch, 2016), public safety personnel (Lentz et al., 2021; Roth et al., 2023), education professionals (Levinson, 2015), social work professionals and parents involved in child protection services (Haight et al., 2016), refugees (Nickerson, 2015) and human rights advocates populations (Pfeffer et al., 2022). Context-sensitive insights into the lived experience of moral injury are required in order to better inform the systematic prevention, mitigation of and recovery from moral suffering at work. A significant knowledge gap in the research field is evident in the lack of qualitative data on how people suffer after exposure to transgressive acts (Litz & Kerig, 2019). The study at hand applies qualitative methodology to investigate the lived experience of moral distress/injury and moral recovery.

A review of the contextual dimensions interacting with and shaping moral injury highlighted spiritual / existential dimensions, organisational, political and societal aspects (Molendijk et al., 2022). A review by Griffin et al. (2019) illustrated a wide range of sequelae associated with exposure to potentially morally injurious events including biological,

psychological/behavioural, social, and religious/spiritual. Strong relationships between moral injury outcomes and mental health outcomes are illustrated in a review by McEwen et al. (2021), noting that cognitive and emotional reactions to PMIEs, rather than just exposure to PMIEs, may be more strongly associated with mental health outcomes. Exposure to PMIEs can produce emotional and cognitive reactions that lead to moral pain, which when not managed, controlled, or coped with, results in outcomes of moral injury that could overlap with a range of mental health disorders (Farnsworth et al., 2017).

Whilst the potential overlap of moral injury outcomes with mental health outcomes is noted, moral injury should nonetheless be recognised as a phenomenon distinct from clinical perspectives on trauma, rather than from an individualising, pathologising perspective (Molendijk et al., 2022). Whilst post-traumatic stress disorder models tend to understand trauma-related guilt and anger as resulting from distorted cognitions, moral injury incorporates psychodynamic, philosophical and theological perspectives on guilt and anger as “possibly reasonable and appropriate, and accordingly as requiring a focus on (self)-forgiveness rather than de-responsibilisation” (Kinghorn, 2012; Shay, 2014, in Molendijk et al. 2022, p. 2).

Considering adverse responses to morally injurious events as reasonable and appropriate leads to the consideration of moral recovery. Moral recovery occurs through listening to the voices of the injured and developing systemic cures at the level of community rather than the individual (Shay, 1994). Maladaptive psychological and emotional processing of moral violation serve to remind individuals of the need to do something about their resultant inner conflict (Litz et al., 2009). Through accommodating the experience and attributing the event in a specific, not stable and external way, an individual’s inner conflict may be reduced, and moral repair / recovery is more likely to occur. This process successfully integrates the moral violation into an intact, and more flexible, functional belief system (Litz et al., 2009).

Research has indicated that the failure to engage in moral recovery following betrayal-based moral injury may lead to long term loss of trust and damaged relationships with the organisation (French, Hanna and Huckle, 2022). Recovery paths from moral injury should involve concrete ethical actions that require social and organisational activities to restore what has been broken and to prevent such damage from happening again (Alford, 2016; Brenner, 2018; Gilligan, 2014; Shay, 1994; Shay 2002). With regard to moral recovery, Griffin

et al. (2019) suggest that personal growth might be evoked from negative emotion directed at aspects of the self which may be amenable to change. The study at hand seeks to build understanding of the experience of moral recovery.

### **Leadership and the Prevention, Mitigation of and Recovery from Moral Injury**

In preventing or mitigating the impact of moral injury, leaders must be expert, ethical and adequately supported: “Failures in leadership lead to catastrophic, long-lasting outcomes in which trust in others is destroyed and encoded in the body” (Shay, 2014, p. 190). Moral injury can be understood through the extent to which individuals perceive themselves as victims of another’s harmful behaviour (Griffin et al., 2019). The very experience of working under ineffective leadership can represent a potentially morally injurious event, which can result in moral injury (Simmons-Beauchamp & Sharpe, 2022). In research on public safety personnel, Roth et al. (2023) state the betrayal type potentially morally injurious event, in some cases, can be attributed to breaches of trust and a leader’s actions being non-congruent with an employee’s values. Leadership has generally been acknowledged as a dimension of interest in moral injury literature, yet little is understood regarding its specific role and impact when it comes to moral injury and moral recovery in different settings.

The first part of this thesis is a systematic literature review (SLR), exploring the role and impact of leadership in the experience of moral injury and moral recovery in organisational settings. As detailed in the previous chapter, the SLR identified three key factors regarding the role and impact of leadership in the experience of moral injury or moral distress: 1) Leadership awareness and accountability, 2) Organisational context and conditions, and 3) Individual factors such as moral attentiveness.

The SLR supports the premise that moral injury and moral stress occur in organisations other than military, clinical and healthcare contexts and highlights the need to better understand the processes between leadership practice, individual factors and moral injury. Leadership awareness and accountability is connected with the experience of moral injury, whereby distant, ineffective, uncommunicative and unethical leadership practices heighten the risk of moral injury in the workforce. Enhanced moral awareness results from the safer climate fostered through supportive leadership, and ethical responsibilities are generated for

leadership where the workforce handle work which carries moral weight. This review highlights the challenge and expectation of organisational leaders to perform effectively and ethically in morally complex circumstances. Organisational context and conditions play an important role in the experience of moral injury in terms of objective and subjective realities, safety, media, role clarity, strategic clarity and ethical culture. Individual factors influence how moral injury is experienced, including moral attentiveness, work-role identities, moral frameworks, moral emotions, moral uncertainty and clarity, moral constraint, ethical decision-making, and strategies to handle feelings associated with moral stress.

No valid interventions to prevent, recover from, or mitigate the risk of moral injury in organisational settings other than military, clinical or healthcare settings were identified through this review. The opportunity is thus highlighted to establish a deep understanding through context-specific research of the experience of moral injury in specific occupational settings, in order to develop targeted interventions.

### **Understanding Ethical Leadership in the Context of Moral Injury**

The importance of ethical leadership behaviours in the prevention and management of moral injury in the workforce was highlighted through the SLR and provides a framework within which to understand leadership awareness and accountability. Ethical leadership is defined as the “demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement, and decision-making” (Brown et al., 2005, p. 120). The ethical leader is expected to be above the crowd whilst also one of the crowd (Ciulla, 2005). Alongside the characteristics of agreeableness, conscientiousness and emotional stability, moral identity has been shown to predict ethical leadership. Moral identity motivates individuals to act as moral persons and can therefore predict ethical leadership (Mayer et al., 2012). As moral identity acts as a self-regulatory mechanism, leaders with strong moral identity act in ways that are consistent with their morals. Leaders with strong moral identity consistently display ethical leadership behaviours, despite competing pressures or ethical dilemmas (Mayer et al., 2012).

Moral reflectiveness (one of the two components of moral attentiveness) facilitates ethical leadership consistently, yet only when leaders have high levels of decision-making autonomy (Babalola et al., 2019). Research exploring linkages between leader conscientiousness, moral reflectiveness and ethical leadership behaviour concluded that ethical leadership stems from leaders' reflection on morality in their daily experiences (Babalola et al., 2019). Thus, leaders who are higher in conscientiousness are inclined to be more morally reflective, and in turn, demonstrate more leadership behaviours that employees perceive as ethical.

### **Moral Attentiveness in the Context of Moral Injury**

Moral attentiveness was identified through the SLR in association with how individuals may experience moral injury (Ames et al., 2020), and moral sensitivity has been found to relate to moral stress (Lütznén et al., 2010). Moral attentiveness, the extent to which people habitually perceive and consider morality and moral elements in their experiences (Reynolds, 2008), is a self-conscious moral orientation. Moral attentiveness forms a construct of the moral self (Jennings et al., 2015), alongside moral sensitivity, a general orientation toward moral implications on the basis of past decisions and behaviours (Morton et al., 2006; Sparks & Hunt, 1998). Two dimensions of moral attentiveness are described by Reynolds (2008): perceptual moral attentiveness - "a perceptual aspect in which information is automatically coloured as it is encountered by individuals' experiences," and reflective moral attentiveness - "a more intentional reflective aspect by which the individual uses morality to reflect on and examine experience" (p. 1028). Moral attentiveness predicts moral awareness (Reynolds, 2008), moral judgement (Mihelič & Culiberg, 2014), moral imagination (Whitaker & Godwin, 2013), moral behaviour (Reynolds, 2008; van Gils et al., 2015) and perceptions of the role of ethics in society (Wurthmann, 2013).

### **The Context of Social work**

Moral dimensions of work play a stronger role in certain occupations; for example, social work represent the pursuit of human rights. Social work professionals are presented with work which carries moral weight, and face sometimes competing institutional logics in the

concurrent pursuit of human rights, financial transparency, equity of service provision and neutrality in representing the best interests of communities.

Social workers may experience moral injury through witnessing behaviour in individuals, groups and systems which is morally injurious. “If unresolved, such injuries may diminish effectiveness, or lead to burn out.” (Haight et al., 2016, p. 190). Social workers operate in morally complex environments including child protection, mental health facilities, schools, hospitals and prisons. In these contexts, clients may present having perpetrated or been exposed to morally injurious events such as child abuse or harmful behaviour associated with mental health crises or drug seeking (Haight et al., 2016). Morally injurious events can also be presented through the complex and imperfect reality of healthcare and social work delivery systems. There is an opportunity to explore potentially injurious characteristics of the morally complex contexts in which social workers practice (Haight et al., 2016).

While there is a small body of literature that informs the understanding of moral injury in social work settings, to date less is known about the role leadership plays in preventing moral injury and supporting recovery. Given the significant risks to moral injury inherent in this occupational setting, further enquiry into this topic is warranted.

## Social Work in Ireland

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work” (International Federation of Social Workers, 2024). The Republic of Ireland is amongst 141 country members of the International Federation of Social Workers (IFSW), an organisation which provides a global voice for the profession through the promotion of social work, best practice models and the facilitation of international cooperation. Ireland’s multi-profession health regulator, CORU, promotes standards of professional conduct, education, training and competence through statutory registration of health and social care professionals, including social workers and social care workers. Statutory responsibilities of the Social Workers Registration Board at CORU include maintaining a register of members of the profession, maintaining oversight of training

standards, and establishing codes of professional conduct, ethics and standards of performance (CORU, 2024a). To use the title of social worker, graduates in the Republic of Ireland must register with CORU. The Irish Association of Social Workers (IASW) is the national body representing social workers in the Republic of Ireland. North of the Irish border, the Northern Ireland Social Care Council (NISCC) is the state regulator established by the Department of Health to support high quality standards of social work and social care in Northern Ireland, which is part of the United Kingdom. At the point of commencing their training, student social workers in Northern Ireland must register with the NISCC.

Social workers practice in a broad range of areas, including but not limited to, children and families, mental health, addiction, probation, older persons, disabilities, primary care, adoption, international protection, hospitals, policy, academia, NGO's, government and private practice. Employers of social work professionals in the Republic of Ireland include the Health Service Executive (HSE), the Child and Family Agency (TUSLA), the Probation Service, agencies, local authorities and organisations in the community and voluntary sector. The recruitment and retention of social workers in Ireland has been severely challenged, particularly in the last decade, with high levels of turnover in the profession (O'Meara & Kelleher, 2022). Annually, insufficient numbers of graduates come on stream to fill existing levels of vacancies (O'Meara, 2024). An increased demand for social workers is connected to legislative developments including the Assisted Decision Making (Capacity) Act 2015, the Birth Information and Tracing Act 2022, and the Children First Act 2015, which introduced mandatory reporting of child abuse, alongside policy developments in safeguarding, mental health, disability, and criminal justice (O'Meara, 2024).

## Education & Training

Social Work is a profession regulated by CORU with obligation to meet set standards to practise safely and effectively within the legal, ethical and practice boundaries of the profession. Whilst all social work programs in the Republic of Ireland and Northern Ireland apply competence-based learning approaches, the threshold for selection varies according to the respective state regulators and academic institutions (McCartan et al., 2020). Of the higher education institutions providing undergraduate and graduate social work education



pathways on the island of Ireland, entry requirements per programme are specified per applicant group including school leaver students, undergraduate, graduate and mature student applicants (McCartan et al., 2020). For example, the four-year full-time undergraduate programme in Trinity College Dublin combines an honours degree in the social sciences with professional education in social work, rendering graduates eligible to apply for registration with the Social Work Registration Board of CORU (Trinity College Dublin, 2024). The programme incorporates a wide range of social science and social work subjects, and students complete professional placements each year in different social service agencies under the supervision of experienced practitioners.

Practice placements constitute about fifty percent of both undergraduate and post-graduate social work courses, with 1,000 hours of practice placement typically completed in two periods of 14 weeks each (O'Meara, 2024). One placement is usually in a statutory organisation such as the HSE or the Probation Service, and a second in a non-statutory or other type of service, with at least one placement being with children and families (O'Meara, 2024). Successful completion of such placements is a core requirement to meet CORU standards and requirements for qualification for graduation and registration (O'Meara, 2024). Recognition of social work qualifications gained internationally are subject to assessment by CORU. The Social Workers Registration Board at CORU require that social work education assesses five domains: professional autonomy and accountability; communication, collaborative practise, and teamworking; safety and quality; professional development; and professional knowledge and skills (CORU, 2024b).

## **Support for Social Work Professionals**

As a regulated profession, social workers in Ireland are required to seek and engage in supervision in professional practice on an on-going and regular basis, in line with their level of knowledge, skill, competence and experience (CORU, 2024c). In recognition of the benefit and value of supervision as a critical support to social work practitioners, recommendations to strengthen and enhance professional supervision in social work in Ireland have been made (Irish Association of Social Workers, 2021). The physical, emotional and psychological health of social workers in Ireland is emphasised in the social work code of professional

conduct and ethics (CORU, 2024c), with advice to consult an appropriate professional if judgement or performance may be adversely affected by illness, addiction, emotional distress or medication. Social workers employed in Ireland can access to in-house or outsourced employee assistance programmes which include mental health support and counselling. Membership of special interest groups are open to members of the national professional membership organisation for social workers through the Irish Association of Social Workers, providing an opportunity to highlight priority issues, identify training needs and sharing information. Colleagues represent a critical support to social workers, as when the social work team functions as a secure base, this can help workers cope with the emotional demands of the role (Biggart et al., 2017). Research has illustrated how social work supervisors and teams cultivate a work-related secure base across five dimensions by exhibiting behaviours which reinforce specific beliefs: Availability - 'People are there for me'; Sensitivity - 'My feelings are manageable'; Acceptance - I don't always have to be strong'; Cooperation - 'I can work with others to find a solution'; Team belonging - 'I am valued and I belong' (Biggart et al., 2017).

### **Morality in Social Work**

A defining characteristic of social work is its expression of, and identification with, ethical principles and standpoints (Banks, 2008). Various social work codes of ethics place a great emphasis on the concepts of respect, protection of human rights, social justice, social inclusion, dignity, and quality of life (Loumpa, 2012). The prospect of influencing social change and justice has been connected with the motivation to pursue social work as a profession (Manktelow et al., 2002). Motivating factors of social work practitioners include a belief in the worth of challenging social injustice (Hackett et al., 2003), a commitment to serve poor and disadvantaged communities (Abell & McDonnell, 1990), and personal fulfilment or shared value base in making decisions (Uttley, 1981). The desire to help people and wanting to overcome oppression were identified as motivations of social work students in Ireland (McCartan et al., 2020).

Ethics and values of social work are an important part of social work education (Bryan, 2006), and ethical standards represent a key regulatory feature of the practice of social work

(Congress & McAuliffe, 2006). The professional conduct and ethics for social workers in Ireland lists promoting social justice in practice through “challenging negative discrimination and unjust policies and practices; respecting diversity, different cultures and values; advocating for the fair distribution of resources based on identified levels of risk/need; working towards social inclusion” (CORU, 2024c, p. 28).

The clearest agreement about what social workers should achieve from coursework focusing on ethics and ethical decision-making is, in short, that social workers will think and act morally, in accordance with the profession’s core values (Bryan, 2006). Social work values and principles as described in professional codes of practice, portray abstract, general moral ideals of what ought to be (Bryan, 2006). Normative ethical principles are the subject matter of moral philosophy and the contemporary study of professional ethics, describing proactive actions that promote social good. Dominant theories from moral philosophy include deontological principles of justice, beneficence and autonomy, and the utilitarian principle of utility, understood in simple terms as the most good for the most number (Beauchamp & Childress, 2001). Deontology (duty theory), first proposed by eighteenth century philosopher Immanuel Kant, positions that all moral actions can be determined by application of the categorical imperative, of which two applications include: 1) do only that which could be willed to be a universal law, and 2) never treat people as a means to an end, only as ends themselves (Bryan, 2006). Deontology is the basis for contemporary principlism, which takes the position that further specification of ideals such as autonomy, beneficence and justice, would be helpful for moral reasoning (Bryan, 2006). Critiques of deontology include that in reality, the ideals are often in conflict with each other, while duty theory suggests that these are all to be accomplished all of the time; and also that duty theory does not identify when a duty should not be fulfilled, or a way to rank order their importance in practice (Gert, 1999). By contrast, utilitarianism focuses upon the end results of actions to determine what the morally right decision is. It is considered a form of consequentialist theory due to the focus on outcomes. The desired outcome is generally understood under this framework to be the most good for the most number. Common criticisms of this moral philosophy include that immoral actions are not prohibited in pursuit of achieving a desired result, and that societal interests will always be prioritised over the interests of the individual, even at great risk of harm to the individual (Reamer, 1994).

Whilst the focus on ethics in social work tends to focus on the principle-based approaches of deontology and consequentialism, research has recommended the applied value of virtue ethics for the profession (Hugman, 2020). Ethical virtues in social work practice include courage, compassion, care, perseverance, hope, resilience, justice, humility, practical wisdom, temperance and integrity (Hugman, 2020). In light of the constraints of the social, political and economic contexts in which social work is practised, establishing integrity between personal and professional morality is a critical, everyday challenge for most social workers (Hugman, 2020).

Socialisation is generally understood as a process by which one acquires the knowledge, skills, and dispositions that constitute membership in society (Brim & Wheeler, 1966). Events prior to and subsequent to formal education play a vital role in how socialisation evolves over time (Barretti, 2004). The process of acquiring knowledge and skills, values, attitudes, and professional identity is involved in the professional socialisation of social workers (Miller, 2010). Cognitive reasoning, evaluation, reflection and judgement are critical to learn and acquire ethical knowledge and dispositions towards professional practice (Hodgson & Watts, 2017). Focusing on identifying and clarifying values within ethics coursework may contribute to wide-ranging interpretations of ethical standards, without any means to resolve the specified conflict (Abramson, 1985; Gray, 1996; Dean & Rhodes, 1996).

In the practice of social work, the concept of intuition links to knowledge which arrives quickly, does not need reasons for justification for knowing, and may link to experience and cultural knowing (Hodgson & Watts, 2017). The ease and automaticity of this type of knowledge characterises the cognition understood as Type 1 processing (Evans, 2008; Evans & Stanovich, 2013). The premise of moral intuitionism is that moral knowledge can surface without deliberate reasoning or evidence-based inferences, and that moral truths are self-evident as they appear rationally correct (Tropman, 2014). Challenges regarding the term 'intuition' include that it lacks an agreed meaning in the literature (Tropman, 2014): in the context of social work it is variously described as expertise (Fook et al., 1997), practice wisdom (Tsang, 2013) and personal knowledge (Hudson, 1997). Social work professionals may face moral conflict in perceiving competing values of their clients, their employment agency, or in other combinations involving roles of community, society, and self (Albers & Albert 1998; Reamer 1994).

Throughout the course of learning about the situated nature of ethical challenges, social work students are encouraged to reflexively examine influences on their own reasoning, in addition to learning to think differently using ethical decision models (Hodgson & Watts, 2017). Social intuitionist approaches to social work ethics education have been recommended as a means of building socially situated reflective skills (Hodgson & Watts, 2017). Accordingly, the research at hand draws upon the sensemaking intuition model (SIM), illustrated in Figure 3 (Sonenshein, 2007), which built on the *socialised* intuition model conceptualised by Haidt (2001).

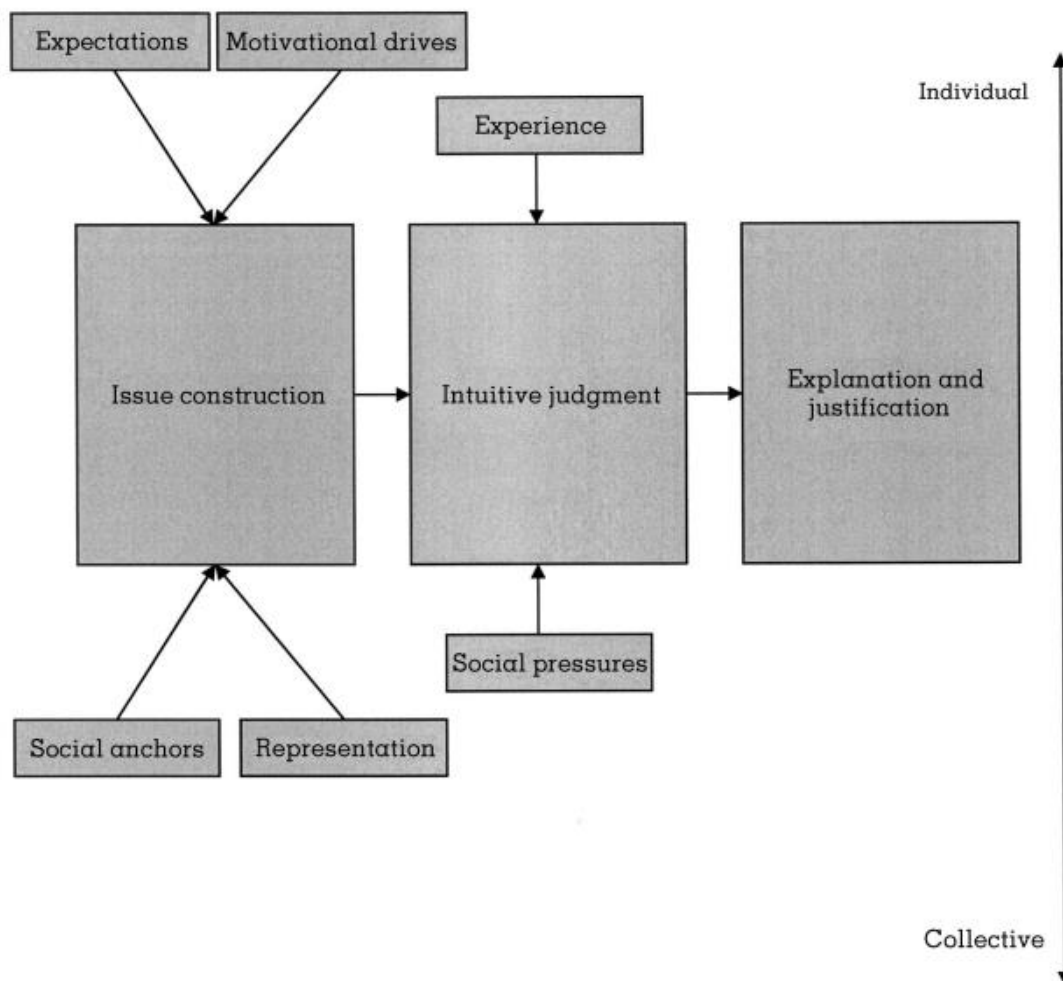


Figure 3: Sensemaking intuition model (Sonenshein, 2007)

The SIM recognises the effect of expectations and motivations on ethical sensemaking processes, such that individuals vary in how they perceive ethical issues, and therefore make intuitive judgments about their constructions and interpretations of ethical issues.

Sonenshein (2007) suggests that acts of behaviour consistent with a moral viewpoint may be a function of the low-effort cognitive system known as implicit cognition. In its emphasis on intuitive sensemaking, the SIM framework lends itself to this research of moral attentiveness: the degree to which a person chronically perceives and considers morality and moral elements in their experiences. Whilst the empirical research is conducted using the inductive IPA analytic methodology, the SIM model is deployed as a theoretical backdrop to this research, which invites a professionally socialised sample (social workers) to interpret their perception of moral issues.

## The Current Study

The aim of this study is to build understanding of the experience of moral distress/injury and moral recovery in social work settings, and the roles of moral attentiveness and leadership within this. Interpretative phenomenological analysis is applied to explore the lived experiences and perspectives of frontline professionals and leaders in social work organisations. To the author's knowledge, this is the first study of its kind to explore the interplay between moral injury and moral recovery, leadership and the construct of moral attentiveness, in the context of social work. Contributions are made to theory and practice through a context-sensitive exploration of moral injury in organisational settings by addressing the following research questions:

In the field of social work,

What is the role and impact of leadership in the lived experience of moral distress/injury and moral recovery?

What are the psychological processes connecting moral attentiveness with the experience of and recovery from moral distress/injury?

Having identified opportunities to build on existing research, this study extends insights and contributes uniquely to the literature in six ways. First, through conducting a context-specific qualitative exploration of the lived experience of moral distress/injury in social work settings, which are widely understood to carry work of moral weight. Qualitative research provides deep insight into the psychological processes and sensemaking within the lived

experience, as distinct from quantitative methods which identify and assess constructs. Second, the role and impact of leadership is explored qualitatively in relation to moral distress/injury and moral recovery. To date no research has explored the connection between leadership and the experience of moral injury in social work settings, from the perspective of both leaders and frontline professionals. Third, the psychological processes connecting moral attentiveness within the experience of and recovery from moral distress/injury are explored. Although moral attentiveness has been associated with moral stress through previous quantitative research (Ames et al., 2020), no study to date has looked at this specifically from this vantage point, in this context, using qualitative methods to gain deep understanding of the lived experience. Fourth, the phenomenological experience of moral recovery is explored for the first time, with the purpose of informing research and practice in the mitigation of and recovery from morally injurious experiences in organisational settings. Fifth, a provisional framework is presented depicting the components and relationships between moral distress/injury, moral recovery, moral attentiveness, and leadership. Sixth, implications for research and practice are outlined to further progress understanding of the emerging construct of moral injury.

This study aims to contribute new understanding to the field of moral injury, and to inform future avenues for researchers and practitioners in organisational culture, mental health and wellbeing, leadership development and corporate governance. With reference to the conceptual continuum model by Litz and Kerig (2019) outlined in the introduction to this chapter, the research at hand addresses the phenomenon of moral injury as ‘moral distress/injury’ rather than imposing distinctions upfront between moral distress and moral injury. This study applies an inductive approach to explore the participants’ experience of moral challenges, stressors and injurious events, and the outcomes of these events.

## Method

### Ontological and Epistemological Stance

The research paradigm of this study is constructivist, founded on the ontological basis that reality is created by individuals in groups, and on the epistemological basis that reality needs to be interpreted to discover the underlying meaning of events and experiences (Moon &

Blackman, 2014). The theoretical perspective of this study is phenomenological, focusing on experience and its perception, whereby each person is embedded and immersed in a world of objects and relationships, language and culture, projects and concerns (Smith et al., 2013). People exist within a range of social contexts, and consequently embody many different and possibly competing moral commitments. Such commitments may at times make conflicting demands, thus creating tensions that need to be managed (Hanna, 2004; McConnell, 2014; Tessman, 2014).

As discussed in Chapter Two, with regard to my researcher positionality, I considered myself somewhere between an insider and an outsider, in keeping with the continuum model of insider-outsider positionality (Banks, 1998) which is based on intellectual, cultural, and social distance to the community being researched (Chavez, 2008). In approaching the participants, I was mindful of the sensitivity of the research topic and the vulnerability which participants may expose in recounting their experiences. Thus, I explicitly outlined my adherence with my professional code of ethics, took time to read aloud the research brief in the preamble to the interviews commencing, checked for the participants' understanding and readiness to proceed, provided reassurance of anonymity of participation, and conveyed my sincere gratitude to each participant for their contribution to the study. I engaged with openness and warmth to establish trust, respect and rapport in order for the participants to feel comfortable in sharing detailed personal accounts.

## Aims

Qualitative methodology aims to generate knowledge grounded in human experience (Sandelowski et al., 1997) and gives sensitivity to context (Bryman et al., 1996). A number of qualitative methods were carefully reviewed for suitability to address the research questions, including observations and behavioural event interviewing. Following deliberation and discussion with my supervisors, semi-structured interviews and interpretative phenomenological analysis (IPA) were identified as the methodology and analytic approach best suited to understand the meaning-making of individuals in relation to their experience. IPA aligns with the constructivist, interpretivist, phenomenological stance of this study in seeking to understand the perspective of the involvement in the lived world – something



which is personal to each individual, but which is a property of relationships to the world and others (Smith et al., 2013).

## Ethical Approval

Ethical approval was provided for this research by Birkbeck, University of London. The research was conducted in line with the British Psychological Society's Code of Human Research Ethics. Data was used and stored in compliance with GDPR requirements.

As a registered organisational psychologist I uphold the Standards of Conduct Performance and Ethics of the Health and Care Professions Council, and the Code of Ethics and Conduct of the British Psychological Society. Ethical qualitative research requires an atmosphere of trust, transparency and respect between researcher and participants. As the research focus was on the experience of moral injury at work, a particular consideration of the ethics application was the possibility of the research investigation involving illegal activity or the discussion of illegal activity. In dealing with this ethical consideration, the ethics application emphasised that the interview questions sought to understand the individuals' lived experience of moral injury / distress and moral attentiveness, rather than to elicit detail of alleged illegal activity or wrongdoing.

A significant focus of the ethics approval process concerned the welfare of the research participants and risk of psychological stress caused through the research process of being invited to describe their lived experience at work of moral stress / moral injury and moral attentiveness. In my written invitation and verbal introduction to the interviews, I explicitly stated my professional and ethical stance as an organisational psychologist and acknowledged the sensitive nature of the topic. The participant briefing document and informed consent form transparently outlined the intent and nature of the research. I advised the participants of their right to cease or withdraw from the interview process and ascertained that the participants understood the terms of confidentiality. Participants were invited to share their questions before, during and after the data collection process, and were provided with details of two non-profit independent mental health supports in the event of distress following their participation in the research.

A further ethical consideration was taking measures to ensure to work within the limits of my knowledge and skills. I built my knowledge and understanding of the occupational context through researching the literature and relevant media publications, and through consulting my network. I conducted a number of pilot interviews. I prepared for processing accounts which may be distressing, by planning how to support participants in the event of distress during the process; by capturing my reflections in writing after each interview concluded; by participating in reflective practice with my peers in the programme; through discussion with my research supervisor, and through supervision with my coaching supervisor.

## Procedure and Participants

Information regarding the study was circulated as a flyer by email through the personal and professional network of the author. The flyer provided the author's email address and invited individuals to make contact with the email address provided, in advance of a cut-off date. Participants also recommended other possible participants to express interest. This snowball sampling approach was deemed appropriate as the research at hand did not aim to create generalisations pertaining to an entire population, but rather a defined population where individuals with particular experience or knowledge can usefully inform the research question (Etikan et al., 2016).

Individuals who made contact to express interest in participating (n = 9) were sent eligibility screening and informed consent forms by email. All nine participants completed the eligibility screening and informed consent forms and were included in the study. Of these, five identified as holding frontline professional roles, and four identified as senior management or leadership. Participants were advised that their data would be anonymised. Participants were advised of their right to withdraw their participation up until a cut-off point following data analysis, although none did. Four additional individuals expressed interest in participating and provided permission to be contacted in the event of any participant(s) choosing to withdraw their data before the cut-off date.

Participants included eight females and one male, aged 36-57 years, of Irish nationality. Ethnicity was described as White Irish by seven participants, and as Irish by two participants.

All participants were employed in the social work sector in Ireland. Participants were employed by a number of different organisations dedicated to child protection and adult safeguarding: none of the participants were employed in clinical or medical settings. Eight participants were on full-time employment contracts and one on a flexi-time contract. As the flexi-time contract was 33 hours per week, this was deemed close to full-time and therefore the participant was included in the study. Participants had a minimum of one year experience in their current role, with overall experience ranging between three- and 27-years' experience. Five participants self-described as frontline professionals and four identified as senior management or leader. The participant job titles, and individual codes as referenced in the data analysis, are listed in Table 7. With respect to the small population from which the sample was drawn, and the involvement of only one male participant, in line with ethical practice the researcher has taken measures to minimise risk of identifiable information in the table, and therefore details such as gender, tenure and organisation of employment have been described in general terms in this paragraph, rather than being specified per participant in Table 7.

<b>Table 7: Participant role titles</b>	
<b>Participant</b>	<b>Job Title</b>
Frontline Professional 1	Social Work Practitioner
Frontline Professional 2	Fostering Link Social Worker
Frontline Professional 3	Social Work Team Leader
Frontline Professional 4	Social Care Leader
Frontline Professional 5	Social Work Team Leader
Leader 1	<i>Job title omitted to protect confidentiality</i>
Leader 2	Area Manager
Leader 3	Principal Social Worker
Leader 4	Principal Social Worker

The frontline professional remit included providing a service directly to the client or stakeholder, and a number of these participants also held team leadership responsibilities. A collaborative, interdisciplinary approach to social work practice was described by the participants. In representing their clients, the social work professionals described interacting regularly with law enforcement, liaising with the police and attending courts of justice, corresponding with different stakeholders including healthcare professionals, foster carers and other social work professionals. The remit of the participants in senior management or leadership roles involved organisational, financial and people leadership responsibilities,

without direct involvement in delivering the service on the frontline. Overall, participants described a range of workplace settings. The social work office was described as a base where team members share working space and where supervision takes place. Depending on the role of the participant, their work may involve driving alone or with colleagues to client homes, foster care homes or residential buildings, attending meetings with different professions including law enforcement and attending court. To be eligible to participate in the study, participants were required to be adults, employed full-time in frontline or leadership positions within social work organisations, with at least one year of tenure in the organisation. Participants were included in the study once they returned the eligibility form and informed consent form.

### **The Interview Process**

The value of the data collected during a qualitative interview depends on the competence of the researcher and the strength of the interview questions (Roberts, 2020). An assumption of qualitative research is that by interacting, reflecting, and reconstructing what was experienced, shared meaning and understanding can be reached, and therefore insight is acquired into the complexities of specific aspects of experience (Schutz, 1967; Seidman, 2013). From the constructivist perspective, “knowledge is constructed in the interaction between the interviewer and the interviewee” (Brinkmann & Kvale, 2015, p. 4). In this active process, the research participant is provided with the opportunity to think more deeply about what occurred, clarify, justify, and rationalize, so that they can describe what occurred in a meaningful manner (Roberts, 2020).

The interview schedule (Appendix II) was constructed with the aim of letting participants tell their own story of experience of moral injury and moral recovery, the role of moral attentiveness and leadership within this, and to give expression to their psychological experience. The semi-structured interview approach with open-ended questions was adopted to ensure a level of standardisation of approach across all interviews, whilst allowing for flexibility to probe responses in greater depth as appropriate. Qualitative research guidelines (Roberts, 2020) were applied in preparing for the interview process, in the researcher adopting a qualitative attitude, in crafting interview questions rigorously and with expert support through supervision, in developing a guide to support the interview

process, in testing the interview questions and practicing interviewing strategies, in taking time to review and reflect on the effectiveness of the interview questions and technique, and in applying these learnings to strengthen the research process, including the questions asked during the interview.

Effective interview questions contribute thematically to knowledge production, and dynamically to promoting a good interview interaction (Brinkmann & Kvale, 2015). The process of developing and testing the interview guide was iterative, with care taken to clearly incorporate the themes of moral injury / moral distress, moral attentiveness, and the role and impact of leadership, such that the questions clearly and explicitly aligned with the research topic being explored. The interview questions were worded with the aim of being readily understandable, and framed in a way that allowed the research participants to share freely (Brinkman & Kvale, 2015; Rubin & Rubin, 2012).

Reviewing the literature was beneficial in devising the interview questions, to ensure thorough understanding of and familiarity with the research concepts (Roberts, 2020). For example, reviewing indicators in quantitative diagnostics of moral attentiveness (Reynolds, 2008) and moral injury (Roth, 2022) was valuable in noting how research has previously approached the distinction between potentially morally injurious experiences (PMIEs) and experience of and recovery from moral injury itself, and the distinction between moral perceptiveness and moral reflectiveness as the components of moral attentiveness. Building understanding of the constructs in this way was beneficial in ascertaining that the interview questions specifically referred to key characteristics of moral injury (for example, *'to what degree do you feel constrained from doing the right thing'*), and the perceptive and reflective aspects of moral attentiveness (for example, *'what brings a moral consideration to your attention'*; *'to what degree do you think about the morality of your actions'*).

Risks to the integrity of the data gathered through interview processes include lengthy, closed, vague, or leading questions (DeMarrais, 2004), or guiding the process in a way that validates the personal expectations of the interviewer instead of capturing the research participants' perspective (Gesch-Karamanlidis, 2015). Care was taken by the researcher to mitigate risks of inadvertently negatively impacting the data collection process and consequently the value of the findings. Accordingly, the questions were devised to be free of assumptions, to allow for complex answers, and to signal openness to unique interpretations

of experience, in order to invite participants to provide a detailed description of the topic being explored (Charmaz, 2014). The interview guide included main questions directly related to the research question, together with potential follow up questions and probes (Brinkman & Kvale, 2015). The interview process itself was flexible, allowing the researcher to pose follow up questions based upon what the research participant communicated within the interview (Brinkman & Kvale, 2015). The interview schedule was drafted, piloted, amended and reviewed with a supervisor and was piloted before the interviews began.

Semi-structured interviews with nine frontline professionals and leaders in social work were conducted and transcribed. The average duration of interviews was 55 minutes, with a range of 32-70 minutes. Preparing an interview guide has been found to help researchers identify potential problems that could arise within the course of the interview, making them more prepared (Yin, 2018). An example of this was in socialising the concepts of moral injury and moral attentiveness. Through the process of developing and trialling the interview questions, it was evident that the research participants would benefit from the researcher articulating the definitions of moral injury and moral attentiveness, in order to establish mutual understanding and to ease into the process. Verbalising the definition during the introduction to the interview and checking for understanding, served to set the tone and clarify the topic. As the participants had been provided with separate definitions of moral stress and moral injury in the Participant Information Sheet (Appendix I), at the beginning of the interview, the researcher verbalised the conceptual definition of moral injury which was deployed in the study: “the profound and persistent psychological distress that people may develop when their moral expectations and beliefs are violated by their own or other people’s actions” (Litz & Kerig, 2009; Shay, 2014; as cited in Molendijk et al., 2022, p. 1). The research participants confirmed their understanding of the topic before the interview questions commenced.

Qualitative interviewing requires skill on the part of the interviewer in being knowledgeable about the interview topic, familiar with the methodological options, as well as understanding the conceptual issues of producing knowledge through conversation (Brinkman & Kvale, 2015). The interview process was conducted virtually and recorded using Microsoft Teams. At the beginning of the interview, the interviewer introduced the research topic, sharing the terms of confidentiality, the definitions of moral injury and moral

attentiveness, and asked participants if they were comfortable to proceed, and if they had any questions before the recorded interview process commenced.

Throughout the interview process, the researcher focused on eliciting an active response from the participants and actively engaging the participants (Brinkmann & Kvale, 2015), supporting them in interpreting meaning through probing for further detail, as well as additional information in an effort to increase understanding, seek clarification, and determine what to ask next. The researcher also provided the structure and maintained focus throughout the interview (Brinkman & Kvale, 2015; Seidman, 2013). To enable the research participants to provide their account, the researcher actively listened, and refrained from interrupting for the purpose of moving on to the next question or in order to fit all of the questions into the timeframe allotted for the interview (Roberts, 2020). Whilst the interview guide provided structure, there was also freedom to explore more than what is included in the guide. Questions were posed to follow on from what the research subject communicated (Seidman, 2013), for example by asking participants to further detail regarding their interpretation of their experiences. The interviewer used intuition and self-reflection as a tool to question their motives, thought processes, and initial interpretations, and to maintain awareness of the risks of subjectivity and personal bias (Bettie, 2003; Peredaryenko & Krauss, 2013). Throughout the interview process, the interviewer checked with participants if they were comfortable to continue, particularly at points where they shared examples of distressing experiences. When the key questions and themes in the interview guide had been addressed, the participants were invited to share anything that they hadn't had an opportunity to, if they wished to do so. The interviewer thanked the participants and committed to sharing de-brief information by email, including details of independent non-profit mental health support organisations, should the participants require this support.

## Analysis

As a methodology, IPA directs the focus of the analyst primarily to the participants' efforts to make sense of their experience, following which the analyst draws upon broader aspects of the data to interpret and contextualise the experiential account of the participants. The

interpretative engagement of the researcher with the text becomes apparent as the research interest leads the researcher to ask particular questions, which directs the analytic focus accordingly. Interpretative phenomenological analysis produces a “co-construction between participant and analyst in that it emerges from the analyst’s engagement with the data in the form of the participant’s account” (Osborn & Smith, 1998, p. 67). The researcher analysed the interview transcripts one by one and according to the principles of interpretative phenomenological analysis (Larkin et al., 2021). Transcripts were read and re-read line by line, whilst listening back to the audio recordings. Descriptive, linguistic and conceptual characteristics of the text were thus noted as first-order codes in the right-hand margin of each transcript, aiming to summarise and describe the concerns and experiences of each participant.

Progressing to the explicitly interpretative stage of the analytic process, second-order codes were produced in the left-hand margin. This process included identifying themes unique to individual participants captured through the first-order codes, themes identified across the transcripts, and theoretical psychological concepts. Convergence and divergence between participant accounts were also noted. Through an iterative review process using wall posters and a tracking spreadsheet, emergent themes were organised under super-ordinate themes. This process was repeated for all nine cases. Themes were reviewed across the cases to identify shared patterns and higher order concepts. The themes were presented in tabular form and in a summary visual.

The analytic process adhered to the premise of IPA by conducting the process of inductive movement from the particular to the general. An account was developed by focusing primarily on phenomenology, and also incorporated a focus on other epistemological approaches to the accounts, such as discourse, cognition and affect, in doing so adhering to the principles of IPA outlined by Smith (2011). Noting that qualitative methods and IPA in particular are not suited to differential comparisons (Larkin & Griffiths, 2004), the inclusion of both leaders and frontline professionals as participants in this study aimed to examine the phenomena at hand (moral attentiveness, moral distress/injury, moral recovery and leadership) from a wider perspective. This approach is consistent with the phenomenological tradition of revealing the phenomenon under certain aspects, thereby integrating aspects to generate a richer and broader account (Larkin & Griffiths, 2004).



## Findings

Four overarching themes were identified by the researcher: Experience of moral distress/injury, moral attentiveness, leadership and moral recovery, as presented in Table 8. The themes and sub themes are explored in the text that follows, where 'FLP' refers to extracts from interviews with frontline professionals, whilst 'L' refers to extracts from interviews with leaders. A framework is presented depicting the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury (Figure 4, Discussion section).

Table 8: Summary of findings

<b>1. Moral Distress/Injury</b>	
<b>1.1 Knowledge of harm</b>	Burden of holding distressing knowledge of previous and current future harm and abuse; Anxiety of risk of future harm; Strain of exposure to systemic and perpetuating suffering; Habituation / decreasing sensitivity over time to events of a moral nature
<b>1.2 Tension in limited agency</b>	Tension between desire to effect change and reality of limits of ability to do so; frustration of powerlessness to correct wrongs
<b>1.3 Boundaries of protocol</b>	Navigating the bounds of individual responsibility and procedural protocol; Reassurance in clarity of protocol
<b>1.4 Power and decision strain</b>	Strain of positional power and constance of enacting decisions of moral consequence
<b>2. Moral Attentiveness</b>	
<b>2.1 Moral Mentalisation</b>	Interpreting and attributing feelings regarding morality; engaging consciously in moral contemplation and reflection; associating moral considerations with instinctive physical sensations; Identification of moral emotions including <ul style="list-style-type: none"> <li>▪ fulfilment through sense of satisfaction in carrying out moral duties;</li> <li>▪ guilt through sense of wrongdoing in abandoning vulnerable people;</li> <li>▪ moral outrage through sense of anger at the wrongdoing of others;</li> <li>▪ indignation through sense of vexation at unfairness of systems and situations;</li> <li>▪ compassion through sense of care for people;</li> <li>▪ regret through sense of disappointment in how matters unfold</li> </ul>
<b>2.2 Construction of moral logic</b>	Identification and articulation of human rights as anchoring logic
<b>2.3 Salience of moral identity</b>	Ethics and morals are explicitly identified as intrinsic to identity; conviction in duty of care to support others
<b>2.4 Socialised sensemaking</b>	Generative sensemaking emerges through discursive process

<b>3. Leadership</b>	
<b>3.1 Proximity deepens understanding</b>	Leader proximity to the frontline builds understanding of moral challenges; salient leadership of line manager through proximity, support and understanding of the lived experience
<b>3.2 Dual accountability to support workforce and serve the organisation</b>	Accountability for staff facing challenging nature and volume of work; provision of centralised supports e.g. supervision, coaching, training, EAP and wellbeing supports; Focus is increasingly at the organisational level as hierarchy increases; limits of influence and power amongst leaders; decisions seek to ensure organisational sustainability
<b>3.3 Face moral complexity with integrity</b>	Integrity and resilience required in moral decisions; Drawing on trusted counsel and relationships to mitigate risk of isolated poor decisions; Challenge of facing unlimited demand with limited supply of resources whilst maintaining ethical standards; Invest in leadership development and regular reflection
<b>3.4 Communication conduit</b>	Leader as bridge connecting realities of the frontline with organisational priorities
<b>4. Moral Recovery</b>	
<b>4.1 Investment in wellbeing</b>	Investment of time for maintenance of physical, mental and social wellbeing
<b>4.2 Proximal social connection</b>	Sustained connection with colleagues in the close vicinity who understand the lived experience; social bond through shared learning
<b>4.3 Acceptance of boundaries</b>	Interpretation of individual responsibility within a wider support system of accountability; articulation of mental models which reinforce bounds of responsibilities; acceptance of behaviour and decisions of self and others; rituals to establish closure and maintain boundaries
<b>4.4 Development of perspective</b>	Maturation of perspectives and strategies through developmental experience over time; leveraging confidence, hope and lightheartedness in the face of challenging work

## 1. Experience of Moral Distress/Injury

Moral distress/injury was experienced across the participant group, described in four ways; holding knowledge of harm, having limited agency, navigating boundaries of protocol, and the strain of holding power and making decisions of moral consequence.

### 1.1 Knowledge of harm

Knowledge of harm constituted one of four ways in which participants described their experience of moral stress. This was experienced as a burden of holding distressing knowledge of previous, current and potential future harm and abuse. The strain of exposure to systemic and perpetuating suffering was significant, with some participants experiencing habituation or decreasing sensitivity over time to events of a moral nature.

FLP3 affirms the everyday reality of working with different types of abuse and harm.

*That we deal with domestic violence of older people, that we deal with sexual abuse of older people. Em, financial abuse is massive and, yeah, that's the job. That's what we deal with.*

The repetition of the word 'deal' depicts harm as the central currency of work. Their frank, brief, conclusive description reflects that harm within work is regrettably omnipresent and is expected.

FLP2 describes their ongoing mental and physical stress – emotional numbness, physical ill health, hypervigilance and low threshold of stress tolerance – incurred through exposure over time to harmful information and experiences:

*very like, shut down. Not being able to, you know, feel what you would think you would ordinarily feel in in very challenging situations or feeling, you know, hearing horrendous information, em, feeling unwell physically, em, <pause> feeling very hypervigilant you know, in, in other work situations. So you know, things now that might not be a big deal, I'm getting very stressed about it I am still, back in the other role, the child protection, social work role, em, you know my window of tolerance, I think, is very bad at the moment. It's, you know, it's it's quite low. So things that shouldn't be stressful are really stressful, em, and it's quite hard to manage, em, and I expect to feel like this for a long time because <laugh> a lot happened.*

Through the use of longer descriptive phrases, FLP2 combines temporalities in describing their current mental state, the previous source of the stress, and in forecasting that the mental impact will perpetuate into the future. Their laughter is a bleak acknowledgement of

significant exposure to harm in their previous role, a volume too great to quickly come to terms with (*'I expect to feel like this for a long time'*).

L3 reflects on the longevity of memories of harm and abuse witnessed through work, how the memories surface unexpectedly, and the toll this takes:

*Thinking back that was, about twelve years ago and that jumped up at me, so it still stays. They stay with you, you learn to accept them, but it can take a while and it can take a lot out. I think it takes a lot of energy out of you. See it takes, you know, can take time like a separate, probably even maybe months or last couple of years. That was still very there. My mind every, pops up every now and then, now, but it does stay with you now, it's tiring. That could be quite tiring.*

The cadence of the recollection conveys a sense of permanence in living with distressing memories, with repeated and cumulative use of words. Living qualities are attributed to the morally stressful memory (*'jumped up at me'*) conjuring an image of a long-term, unpredictable, unbidden and persistent visitor. Acceptance is referenced as a hard-earned coping mechanism and the associated toll this takes.

In addition to handling memories of the past, concern for the future was experienced across the participant group in the anxiety of risk of future harm or suffering of others. FLP3 regularly experiences a sense of foreboding in leaving vulnerable clients in difficult situations in their homes:

*there's a lot of time you're leaving, a lot of times you're leaving, the home going oh my gosh, what's going to happen now? And I've left. I have left this older person in this really difficult situation. And so I mean, it's kind of constant in our work.*

The repetition (*'leaving', 'I've left'*) illustrates a sense of alarm in apparently abandoning a vulnerable client. FLP3 relives their trepidation and emphasises the sole self through repetition. Whilst the memory is of the individual role, it concludes on a collective note, alluding to this being a shared experience amongst colleagues.

## 1.2 Tension in limited agency

Inner conflict was experienced by most participants in the tension between the desire to effect change and reality of their limited ability to do so. Frustration was experienced from powerlessness to correct wrongs. FLP5 describes efforts being insufficient to meet the requirements, and powerlessness to prevent neglect or abuse:

*I suppose that constant, decision or moral decision fatigue where you're constantly dividing up your time giving whatever you can to whatever family, it not being enough. Like the cases that cause the most stress for workers are the ones where there is such a level of neglect or abuse and you feel powerless to prevent it or stop it. Like I would know from some of my colleagues for the cases that we did bring into care, the relief the social worker felt, because until that happened, those children were placed in in not great situations, and that worker was feeling that responsibility. And again, I mean that shouldn't be something that she should carry.*

Chronic insufficiency is felt in terms of time, resources ('giving whatever you can') and outcomes ('it not being enough'). FLP5 conveys a universal sense of helplessness regarding harm perpetrated and laments that workers carry this burden.

L1 describes tension in the gap between what is required by law, and the shortfall in resources to meet this requirement:

*Process and policy might not be intentional to support the right thing... We know that's the law, you're required to provide that. The resourcing is not there to do that.... where there's a legal requirement to provide certain things, interventions, whatever and we're not able to do that, eh, either structurally or resource wise so. That happens on a daily basis. You know that that's not unique. And so yeah, they are process issues that constrain people from doing the right thing all the time.*

In describing the gap as not unique, L1 conveys that these constraints are recognised as a systemic challenge for professionals in doing the right thing ('on a daily basis').

### 1.3 Boundaries of protocol

Navigating the boundaries of protocol was an important factor of moral stress across the participant group. Whilst many participants accepted the bounds of individual responsibility and derived reassurance from the clarity afforded by protocol, others experienced frustration with the restrictive nature of policy.

FLP5 professes an appreciation for the safety net afforded by policies and guidance, and how this eases anxiety in work.

*I like rules... I like working in an organisation where there are a hundred policies, even though I might give out about them. Umm, I like that there is someone somewhere at some stage, hopefully fingers crossed with a bit of best interest of a child and family who has created some kind of policy that gives some guidance to the work that I do. So I feel like I have a template in terms of the work that I do, which again in terms of easing my anxiety, helps massively.*

FLP5 sees policy as reassurance that they are not operating in a vacuum whilst acknowledging their limitations (*'even though I might give out about them'*). The moral anchor of work is clear and the role of good faith in trusting the precedent set. Notably, anxiety is a constant, something to be *'eased'* rather than resolved through boundaries of protocol.

On the other hand, FLP2 describes protocol as prescriptive and restrictive:

*So we might have a, have a SOP <standard operating procedure> for everything we had a standard operating procedure for, you know, for seeking finance or for organising, em, enhanced placements for for children who'd been in foster placements for a long time. You know, there was literally, that was the thing that was, there was a SOP for everything. So, you know, there's steps, but it, you know, it was very black and white, there was no room for nuance or or the grey, which there's a lot of grey working with children and families.*

The sheer volume of standard operating procedures is conveyed, acknowledging the clarity this affords whilst concluding that the reality of the work is too nuanced for such prescriptive protocol. FLP2 is frustrated and constrained by this organisational protocol.

#### 1.4 Power and decision strain

Strain was experienced in the constant nature of enacting decisions of moral consequence, a characteristic of the positional power held by participants. L5 describes fatigue in the burden of multiple expectations to perform professionally, holding concerning information, building relationships quickly, conducting analysis and establishing decisions:

*And then on with that kind of knowing or not knowing, that this child could be harmed, you know, and it's trying to, you know, sit with all of that then as well. And then, you know, if we do have to go to court, you know, there's, I suppose, as a social worker, you've got a lot of different hats on and because you have to be professional, but you also, you know, need to build up that relationship very quickly, especially on the <name> team, build up that relationship quickly with the parents and with the child to kind of be, to gather the information to come to your analysis, and then your judgment, to you know, what needs to happen here. So all that kind of happens in such a short term and it can be quite exhausting then on top of it.*

Again, physical properties are assigned to the knowledge of harm, here described as a presence (*'sit with all of that'*). Professional dexterity is symbolised (*'different hats'*) and described as exhausting.

Presenting a divergent perspective, FLP4 focuses on being productive in the time available, emphasising the requirement for confidence in decision making to avoid time-consuming deliberation unless it is necessary:

*It's like it's all you can do to try and get as much as you can into your working day and your working week. You'll never get it all done. But that's why sometimes you just have to cut to the chase and get on with it. If you feel something is straightforward, like you could potentially in our role because it's social because it's social care and social work, you could like, God, you could delve into everything. And you could make a meeting about everything. And you could make a supervision session about everything. And you could decide you needed to bounce everything. And if you did, you wouldn't get a fraction of your work done. So some things, when they're straightforward, when you're confident in your job, you just do it, get on with it, tick it off, that job is done and move on, and the next and the next and the next. And then obviously there are things that aren't straightforward but, you have to be mindful that you're, you have like in my case I have 17 young people that I'm allocated to. They are all from traumatised backgrounds. They're all in foster care, you know, they all need to be got around to on a regular basis.*

FLP4 approaches the limitless volume of work by relentlessly focusing on task completion, emphasising that this requires professional confidence. There is an impatient recognition that the very essence of the work is morally complex ('*you could like, God, you could delve into everything,*' '*they are all from traumatised backgrounds,*') alongside the choice to prioritise productivity over excess deliberation when decisions are '*straightforward,*' emphasising the endless workload through repetition ('*and the next and the next and the next*'). FLP4 inhabits their positional power with confidence and sees that this confidence enables high volumes of decisions in the face of moral complexity.

## 2. Moral Attentiveness

Participants' sensemaking of their experience of moral stress revealed the active nature of moral attentiveness in four distinct guises: interpreting moral feelings through moral mentalisation, anchoring human rights in the construction of moral logic, identifying ethics and morals as intrinsic to moral identity, and generating meaning through socialised sensemaking processes.



## 2.1 Moral mentalisation

Within the interviews, moral attentiveness is apparent in how the participants interpret and attribute their feelings regarding morality, described here as '*moral mentalisation*.' Most participants described processes of moral contemplation and reflection, and many associated moral considerations with instinctive physical sensations.

FLP1 contemplates the subjectivity of moral judgement and how their experience of childhood influences their moral reflections today:

*Well, feeling of conflict for me would be, my own morality would say, 'these kids need to see Mam because this could be the last time they see her.' My own morality, for for me personally. I would instinctively feel this is the right thing to do, but I have had the privilege of having connected parents, good parents, and I know what a good parental relationship is. And when you feel this is the right thing to do, well I have to stop and examine that and say well, look at. I had a very good experience with my parents. I don't remember a traumatic time with my parents, whereas these kids do. And, and, so what is the right thing for me to do so? It's a big I'm very conflicted about these decisions and and and have to always remember my own moral compass and how my moral compass is very differently set to other people.*

FLP1 recognises how their personal 'morality' informs their belief of what clients '*need*'. FLP1 is grateful for the '*privilege of having connected parents, good parents*' indicating their perspective on morality in parenting. The inner conflict is brought to life in the emphasised words. There is a conscious imperative to determine the '*right thing to do*,' given that their moral compass is inevitably different to that of others.

L2 reflects on their awareness of role modelling fairness and '*sound example*' in leadership, and how their instincts trigger physical stimuli in the event of moral flags:

*for me it's, how we lead by, from the leadership part, how we lead by sound example and is there an alternative way than to disadvantage, to discriminate, to approach with negativity, but still holds that line of this is fair, this is equal, this is transparent, I'm not doing anything for one person that I'm not doing for another, and this is the rationale behind it, so that those would, I am, I know I am largely intuitive, so I know if something sits in my stomach the wrong way then my brain catches up with, "This is not OK", you know, but I know my style, so I know that's how things land with me.*

L2 perceives upstanding leadership as an active moral choice requiring effort rather than an automatic feature of leadership. L2 associates awareness of moral issues with physical discomfort followed by cognitive awareness ('*my brain catches up*').

Moral emotions were significant for participants in describing their lived experience, including fulfilment in the sense of satisfaction in carrying out moral duties; guilt in the sense of wrongdoing in abandoning vulnerable people; moral outrage in the sense of anger at the wrongdoing of others; indignation in the sense of vexation at unfairness of systems and situations; compassion in the sense of care for people; and regret in the sense of disappointment in how matters unfold.

FLP2 experiences guilt in moving on from connections established as part of their responsibilities in child protection:

*It was just, it was unmanageable for me. And obviously I felt massive guilt leaving because I had made connections with the children and the young people that I was a social worker to. And I know you know that social workers change constantly in child protection and it's horrible for children and young people. Em, but I just had to look after myself.*

FLP2 experiences the situation as a choice between their personal wellbeing and being a social worker to the young people in their charge. The guilt is heightened by the belief of the suffering their departure will cause (*'it's horrible for children'*).

L4 describes fulfilment in working together to bring children to safety and to improve people's lives, conveying collective purpose and pride:

*there's lots of great work we've done with children, we've made children safe. And you know, we've changed people's lives for the better.*

L4 shares compassion and regret for difficult decisions:

*these decisions, em, with the team they're, you know, they're really tough because nobody wants to bring a child into care. And and it's, you know, you're removing them from what they know, do you know, and yet, when you've made that decision, if a child needs to come into care, you're meeting the threshold that this child could be seriously harmed and or their development could be seriously damaged. So, yeah, it's never easy, because parents in general, they really love their children, but they just aren't able to care for them. And so and you try to put it in as much supports and see who is in their network at all, that could really help or support or kind of boost them up. But em, and if there is none or if the person doesn't want to engage with you then, yeah it's really hard. And I suppose they're the really tough decisions you have to make.*

## 2.2 Construction of moral logic

Moral rationale was constructed by many participants in their articulation of human rights as the anchoring logic in their work.

FLP3 describes the role of human rights in their work in upholding the rights of vulnerable people:

*As social workers we're trained with a human rights lens, which you know, and it's not about us, it's about respecting people's human rights and supporting them to, em, have the rights upheld, to know their rights, and then to have them upheld, to sometimes, to be their voice for them if they need us to be their voice. As social workers, we come in with a different training we can bring you know, differences to the work and really try to support our older adults, or are, you know, people with learning disabilities or whatever to exercise their rights and have their rights upheld.*

Here the responsibility of social workers is positioned as differentiated from other professions such as healthcare workers charged with acting in the best interest of clients, transcending personal motives ('it's not about us') in pursuit of a moral imperative ('be their voice', 'have their rights upheld').

L3 emphasises the anchoring responsibility of respect:

*I suppose I feel I'm responsible for them, but equally, look, they're all adults as well, and it's about working with them and showing them respect. What they do need to know is that you're there with them. As I said, it's a shared responsibility. And I think particularly given the nature of the work, like we're not talking about a conveyor belt we're talking about, we're working with people, we're working with humans, we're potentially, you know, we're changing the direction of children's lives sometimes.*

The metaphorical use of 'conveyor belt' juxtaposes the profoundly human work which is moral by nature ('changing the direction of children's lives').

### 2.3 Salience of moral identity

Moral identity was salient across the participant group, as participants explicitly identified ethics and morals as intrinsic to their sense of self and described conviction in their duty of care to support others.

FLP1 describes the purpose of their moral duty in enabling children to self-actualise, and how this identity is bolstering:

*We have a moral duty to do what we think is best for these children to bring them forward so that they can bloom into the best human beings they can be. We have a moral duty to do that, and to do that, you need to sometimes stand your ground and have a very direct yet professional conversation.*

The floral metaphor illustrates a sense of cultivation to enable children to flourish and self-actualise. The metaphor '*stand your ground*' illustrates FLP1's moral sense of self, reinforcing them in asserting their position.

FLP2 describes dissonance between their sense of what is right when they witness harmful behaviour in others:

*You might be working with a young person who is em, acting out violently towards other adults who are caring for them, or maybe trying to sexually coerce partners into engaging in in intercourse or sexual activity. And these kind of things would go against my morals and ethics around how we behave to other people.*

FLP2 references their own sense of self alongside an assumed collective identity ('*how we behave to other people*') which is challenged by observed harmful behaviours.

## 2.4 Socialised sensemaking

Meaning and clarity are often generated through discussion, with reflective moral processes often taking place collectively, described here as 'socialised sensemaking.' The majority of the participant group described participating in regular group supervision with colleagues as part of their work.

FLP3 describes the importance of reflective group supervision to share feelings and experiences which are confronting:

*Sometimes that's more the tricky piece in the work that maybe you don't always like the person that you're working with, or you can find things that they say or do to be abhorrent. And I think that's maybe the stuff we don't talk about in our line of work. Em, because not everybody is a nice little old lady. Do you know, we all have our stories and our histories and beliefs and all of that kind of stuff. And I think that's, that's tricky. But look again, that's social work. We deal with all kinds of people and you know they have to, you know, we try to work with them as best we can and that's why you use supervision and good reflective supervision to be able to talk about those kind of things.*

FLP3 highlights the role of high quality supervision in granting permission '*to be able to talk*' about '*tricky*' aspects of work, also referred to as '*stuff*' which conjures an image of material which accumulates. Supervision is a trusted gathering of those with a mutual understanding of the lived experience, and a shared purpose of generating meaning from disorienting experiences.

L3 further emphasises the value of group supervision in presenting a space to share and solve problems collectively:

*I do think that our people know it's a safe space... So those I think help us to tease it out and I suppose not continue to carry it. And that's, that's the thing. I would say it's a newer staff in particular, you know, and they're like, I'm really, really struggling. I'm stressed out with this and I'm like, no, OK, what do we need to do to stop you being so stressed? Yes. We're not gonna be able to change their situation. But how do we manage it?*

Here, the medium of supervision is represented as a haven where individuals can release their burden by sharing and generating meaning with others. Less experienced colleagues are seen to need more support in managing challenging situations.

### 3. Leadership

The role of leadership was important in the experience of and recovery from moral stress. Evidence from participant accounts is presented in four aspects: Leader proximity deepens understanding, dual accountability to support workforce and serve the organisation, requirement of leaders to face moral complexity with integrity, and serving as a communication conduit or bridge connecting realities of the frontline with organisational priorities.

#### 3.1 Proximity deepens understanding

Within the interviews, leadership is significant in terms of the experience of moral stress. Leader proximity to the frontline builds understanding of moral challenges, whilst distance from the frontline dilutes this understanding. The leadership of immediate line managers was salient in terms of their proximity, support and understanding of the lived experience of the frontline.

FLP4 views their direct line manager as their leadership, valuing their hands-on support:

*For me, my leadership is my direct line manager. Who provides leadership to me and to the team, and helps to make decisions when we need a little bit of guidance or helps us to make the decision based on, you know, a little bit of toing and froing in the conversation. Who is there to support us if we're feeling stressed or if we're having a down day, if we've had a particularly tough situation. They provide supervision, they give us our annual leave at short notice when we need to take leave. All these things are important. They grant our parental leave and our bereavement leave. Those people who are dealing with the ground floor staff, that is the leadership.*

Here, FLP4 asserts the identity of leadership as their immediate line management. In providing a glimpse into a range of features of their typical work, FLP4 describes the integral, active presence and daily influence of their line manager in each aspect of their lived experience. FLP4's reference to hierarchy ('*ground floor staff*') indicates their connection to leadership as hands-on line management.

L2 acknowledges the potential for leadership to become more distant from the frontline as seniority increases, emphasising the individual nature of leadership style, and their own hands-on approach in seeking to connect with the frontline:

*I've a good sense of, from my manager speaking to me, of what the challenges are, and then every opportunity I get, I will speak to a social worker if I meet them ... the more senior up you go, you have the potential to be less connected. That's not my style either, though, so I think you need to be, you need to get to know where you're working and you need to get to know your people. I think our agency relies on the relationship that our managers have with our staff the whole way down.*

The potential for disconnection is illustrated through the analogy of a long, hierarchical chain of command with organisational dependency on interpersonal relationships between the levels of staff, and proactive effort required by leaders to maintain connectivity ('*you need to get to know your people*').

### 3.2 Accountability to the workforce and organisation

Leader accountability to support the workforce was important for all of the participants. This accountability to employees is in the context of employees facing significantly challenging nature and volumes of work. Supports identified by all participants included supportive leadership, supervision, coaching, training, Employee Assistance Programme (EAP) and wellbeing supports.

FLP3 appreciates the supportive and hands-on nature of their line manager, and tends to lean on the team and line manager rather than centralised organisational supports:

*So there's regular social work supervision and my <role title> is, her kind of door is always open. There's no bother ringing her up and asking her questions or, talking to her if you're struggling or whatever it is, she's she's very good actually, she would come out on home visits with you and all of that kind of stuff. She's very good. I suppose it, from an organisational level the <organisation> does have kind of workplace well-being things and you know at lunchtime. And you know all of those*

*kind of, from an organisational level that is provided by the <organisation>, em, and then there's just our colleagues. We ring each other all the time.*

FLP3 values the availability and supportiveness of their line manager, repeating their appreciation and immediacy of support in colleagues. By contrast, the organisational entity is described in more removed terms ('*from an organisational level*') without a sense of personal benefit from the central supports which are referenced in vague terms ('*kind of workplace wellbeing things*').

In terms of accountability to the organisation, participants perceive an increasing focus at the organisational level as hierarchy increases, featuring a focus on organisational sustainability, and limits of influence and power to effect change even at the most senior levels. FLP4 perceives an increasing preoccupation of leadership with running the organisation and a decreasing focus on the frontline, as the hierarchy increases:

*Of course, then there's so many rungs of leadership, and particularly in <organisation>, there are so many layers of management I don't really know what they all do, but it does feel like the higher up they go, the more they are connected with the business side of things in terms of statutory obligations, in terms of <organisation>. In terms of balancing the books and accounting for the big budgets and they are less aware and less tuned in and less wanting to know about what's going on on the floor.*

FLP4 uses the analogy of a ladder to describe leadership on many '*rungs*' becoming increasingly disconnected from matters on the ground, or the frontline. The higher the ladder, the greater the focus on the '*business side of things*' in apparent contrast with the frontline ('*what's going on on the floor*'). The imagery is of two organisations, one balancing budgets in poor visibility in the sky, and one delivering a human service on the ground.

Meanwhile, L1 describes responsibilities of leadership which are indeed different to the frontline, in that leadership needs to manage conflicting organisational realities (limited resource and unlimited demand) to keep the '*show on the road*'.

*I suppose there is a limited resource, and there is unlimited demand. So you are constantly going to be in a situation where you are juggling. What you'd like to do, what's the right thing to do versus what you need to do to keep the show on the road in terms of that limited pool. So from that point of view, yes, I suppose that that they, em, there are ethical decisions. There's a range of issues that that's basically on on, the, business as is if you like.*

In this description L1 agrees that there are ethical decisions pertaining to imperfect situations which fall to the organisational leadership (the '*business as is*') to navigate and lead.

### 3.3 Face moral complexity with integrity

Leaders are expected to demonstrate integrity and resilience in navigating complex moral decisions. Drawing on trusted counsel is a means of mitigating the risk of isolated poor decisions. A leadership challenge was shared by most participants in facing unlimited demand whilst equipped with limited supply of resources and a mandate to maintain ethical standards. Investing in leadership development and regular reflection was described as critical.

L1 identifies that their role requires strength of character in making challenging decisions:

*Regardless of the implications in terms of my decision making, I will, ensure from my <laugh>, from my point of view, that I am doing the right thing and sometimes that's not a popular, it takes strength of character, it takes strong belief in your role, that you understand what you're doing, it can take a challenge from vested interests. Em, you have all of that, but no, I haven't been constrained. What I would say it would have been an awful lot easier to take the easy path in certain situations or sleepwalk or turn a blind eye in relation to issues, eh, but I suppose that's not what you're paid to do. You won't. Predominantly, you won't be in a senior role where you're making implications that have life changing impact on people if you're not prepared to take difficult decisions, be aware of the context you're working in.*

L1 emphasises the solitary nature of decisions, with rueful laughter regarding the requirement to assert their own viewpoint, and being resigned to the inevitability of certain decisions being '*unpopular*'. L1 believes that senior roles require the individual to be proactive, willing, ready and alert in facing moral complexity with integrity, to resist temptation ('*easy path*') and to respond ethically rather than to '*sleepwalk or turn a blind eye*'.

L3 collaborates on complex moral decisions:

*Look, you know, we'll do it together. I won't. I haven't got the magic wand. I don't have the answer to it <laugh>, but it's about trying to tease it out to make sure that we've got a couple of eyes together and looking at it*

Here, the theme of socialised sensemaking is again active, as L3 describes their preferences for consultative support rather than approaching complex decisions in isolation. The term



'magic wand' conjures an image of an unlikely leader with supernatural powers enabling them to singlehandedly dictate solutions to complex moral situations.

### 3.4 Communication bridge

FLP4 describes how leaders serve as a conduit connecting the realities of the frontline with organisational priorities.

*She <Line Manager> has a responsibility to support us in our roles and to guide us, provide supervision, help us make a call if we are unsure in a certain situation. But she also has then a dual responsibility to senior management to make sure that all the cases are allocated that all the court reports are, that staff are getting their court reports done up on time, that they're getting their staff visits. She's responsible to us in a supportive way, but she's responsible to senior management to make sure that, yeah, I'm supporting them, but I'm also making sure they're getting their jobs done.*

Here, FLP4 perceives the role of the leader as a conduit, connecting the frontline and senior management. This characterisation of the role of leaders as a conduit between facets of the organisation is akin to a bridge in function.

## 4. Moral Recovery

Moral recovery was an experience to which participants assigned meaning in four distinct ways: Investment in wellbeing practices, maintaining proximal social connection with colleagues, acceptance of boundaries within wider system of accountability, and development of perspective through experience over time.

### 4.1 Investment in wellbeing

Moral recovery was significant within the interviews, experienced as an ongoing process of recovery. Investment of time to maintain physical, mental and social wellbeing was foundational.

FLP3 affirms the importance of healthy lifestyle and social connectivity outside of work:

*There's the usual, you know. Do you have a life outside of work, your family, your friendships, all the, you know, the usual kind of stuff? Yeah, your exercise, your good, healthy eating, all of those kind of things as well.*

L4 priorities self-care, trusted disclosure and social connection:

*It's just a lot of self-care. Like, yeah, walking and hanging out with friends and, kind of talking about it as well, to the people I sort of felt safe talking about it ... do more of those things and then just kind of really immerse yourself with more kind of like-minded people really, you know.*

To maintain effectiveness in the face of constant moral challenges, moral recovery was described as an ongoing cycle rather than a finite, sporadic activity, and hence the requirement for simultaneous, habitual wellbeing practices.

## 4.2 Proximal social connection

An important element of recovery was the sustained connection with colleagues in the near vicinity who understand the lived experience. This enabled social bonds to be forged and learning to be shared.

In describing moral recovery, FLP3 emphasises the importance of discussing issues in supervision and with understanding colleagues, and connecting with teammates about non-work-related issues also:

*It comes back to your colleagues and supervision to talk it through, talking it through and if you've got a good team that's possible... we get along and we make an effort outside of our cases to meet for coffee and talk about, you know, anything else apart from cases. And so all that that kind of stuff helps your recovery.*

FLP3 identifies having a cohesive team as required conditions for this social connection to be 'possible', with boundaries indicated as important, for example connecting through discussing non-work-related matters.

L4 acknowledges the nature of work as both challenging and rewarding, reflecting on the value of collaboration, sharing vulnerabilities and sharing learning.

*We all know like it is a tough job. But you know, we hear it so many times, but it so rewarding then as well and you really feel like actually I'm. I'm making a change even though you don't really see it very much, but yeah, and that's something that I really kind of share with the team and I suppose it's around being vulnerable and kind of like nobody, we don't like, I don't have all the answers for everything, em, but, which is, that's ok do you know, and we can work through things together and kind of learn together.*

The theme of collective social connection is again evident in the repetition of 'together'; in being open and honest ('it's around being vulnerable'), and part of a problem-solving team ('I don't have all the answers for everything').

### 4.3 Acceptance of boundaries

Acceptance of boundaries was an important feature of moral recovery. Most participants positioned their individual responsibility within a wider support system of accountability. Acceptance of behaviour and decisions of self and others was significant, alongside rituals to establish closure and maintain boundaries.

FLP3 signified the importance of the report-writing process for the closure needed to move on to the next client with a clear mind:

*We have to do, a big write up that you know and case closing notes and stuff like that of of all the work you've done, and why there's no risk anymore, or why there's a risk, but you're still closing it. All of that and processing helps me to, recover or being able to move on to whoever my next client is.*

FLP5 describes the benefit of compartmentalising work in order to recover in the evenings and weekends, provided they have accepted that they committed their best efforts to clients during working hours:

*I have this belief that if I have done my best in my job in the hours that I am working and I've made sure that the cases I am working are as safe as possible, I am able to go home in the evening and at the weekend and completely switch off and I don't think about work.*

L1 describes systemic factors in moral recovery:

*I think, time, space, support, professionalisation of all services and external support. And understanding, knowing yourself, knowing your client group, knowing what you're there to do, em, having a healthy perspective, em, taking a three hundred and sixty view of issues, em, adhering to your own mental, psychological and emotional health, em, understanding the decision making framework, understanding governance lines. Knowing when you can raise issues and that you should, and that that's accepted and it's safe to do that and knowing that you can follow through and that you have followed through on issues. And I suppose ultimately being comfortable with the decisions that you have taken and em, that there hasn't ever been any intentional adverse outcome resulting from any decision you may have taken.*

Again, acceptance of decisions plays a role, alongside understanding individual responsibilities and professional know-how ('*understanding governance lines*').

### 4.4 Development of perspective

Most participants described a maturation of their perspectives over time as key to recovery. Participants consequently described struggling to a greater degree in earlier career stages.

This development of perspective enabled participants to increasingly leverage confidence, pragmatism, hope and light-heartedness in the face of challenging work.

L3 reflects on cumulative experience to inform their approach, and recognises how less experienced professionals struggle under pressure:

*I do feel I'm able to reflect back, you know the experience I have and I draw from that experience, to manage and maintain it, you know, to cope with it, cause you could see and I'd see an awful lot of particularly social or team leaders... It's a tricky position to be in. You're in the middle of it, I do think, they hold even though as <role title> with the overall responsibility, but they hold an awful lot of stress and you're trying to support them with it. And if they don't have enough experience, they really struggle under the pressure of all of that.*

Here L3 refers to their cumulative experience as a valuable resource on which to draw, enabling them 'to cope'. They contrast their seasoned perspective with colleagues experiencing stress in earlier career stages, again assigning physical characteristics to stress as something that colleagues 'hold'.

FLP5 realised over time that responsibility was collective, not individual, thus ceased attempting to solve problems single-handedly:

*Experience has taught me that it's not my responsibility to do everything. When I came into social work, I thought child protection was my problem in the sense that it was I was allocated to a case and I had to fix it. Em, and years have taught me it's not my problem. It's everyone's problem. It's shared. If there's a child in a family and that child has been abused or neglected, it is first and foremost the parents who need to share that. It's the grandparents, it's the aunts and uncles. It's the school teacher. It's the doctor. It's the public health nurse. So I suppose I again with experience, I don't carry that anymore. I don't carry that feeling of it being for me alone to resolve all it is it's I am one part of the puzzle, and everyone as well.*

Here, FLP5 positions time as the teacher ('years have taught me') and emphasised their wholesale shift in mindset ('it's not my problem'). The physical quality of weight is again assigned to the concept of moral stress ('I don't carry that anymore'). The metaphor 'I am one part of the puzzle' illustrates reassurance in being part of the collective, again illuminating the overall theme of togetherness.

## Discussion

This study explores the experience of moral distress/injury and moral recovery amongst frontline professionals and leaders in social work settings, presenting an interpretative phenomenological account of the role of moral attentiveness, and the role of leadership in the experience of moral injury and moral recovery.

This study extends previous research and contributes uniquely to the literature as follows.

A qualitative examination is conducted into the lived experience of moral distress/injury in social work settings, a context which is widely understood to carry work of moral weight. Leadership is explored qualitatively in relation to moral distress/injury and moral recovery. The psychological processes connecting moral attentiveness within the experience of and recovery from moral distress/injury are described. The phenomenological experience of moral recovery is explored, providing unique insights for research and practice in the mitigation of and recovery from morally injurious experiences in organisational settings. This is the first study to conduct phenomenological research in this setting and from this vantage point, providing original insights into the psychological processes and sensemaking within the lived experience. Implications for research and practice are described to further progress understanding of the emerging construct of moral injury. An original provisional framework is presented which assimilates these findings, depicting the components and relationships between moral distress/injury, moral recovery, moral attentiveness, and leadership. The intention of this research is to prompt further investigation and for the provisional framework to be used as a building block for other research practitioners to apply.

### Context-specific Experience of Moral Distress/Injury

The frontline professionals and leaders who participated in this study were employed in social work organisations. As an occupation, social work professionals face sometimes competing institutional logics in their concurrent pursuit of human rights, financial transparency, equity of service provision and neutrality in representing the best interests of communities. This study builds understanding of potentially injurious characteristics of the morally complex contexts in which social workers (Haight et al., 2016) operate. The study

design included both frontline professionals and leaders with a view to building a rich phenomenological account incorporating both vantage points.

Moral distress/injury was experienced across the participant group in four distinct themes. First, the burden of holding knowledge of harm incurred distress, anxiety and strain, with participant accounts of burnout, habituation and decreasing sensitivity over time. Second, inner conflict and powerlessness was experienced as tension in the limited agency to correct wrongs. Third, boundaries of protocol served to alleviate or exacerbate moral stress, according to whether participants felt reassured or constrained by the policy and protocol. Finally, power and decision strain was experienced by participants through the constant expectation upon them in their roles, to make decisions of moral consequence.

The nature of moral distress/injury presented through this study echoes insights from previous research (Farnsworth, 2019; Frankfurt & Frazier, 2016; Koenig et al., 2019; Yeterian et al, 2019), whereby outcomes of exposure to morally injurious experiences included psychological, emotional, social and behavioural effects. This study extends those insights by presenting the experience of moral distress/injury from the perspective of both frontline professionals and leaders, whereas previous research has tended to treat these groups as distinct from one another rather than recognising the value in understanding what might be shared aspects of experience of moral distress/injury at work. By incorporating perspectives of both frontline professionals and leaders, this study illustrates how the experience of and recovery from moral distress/injury is experienced at different levels of hierarchy, with shared underpinning psychological processes. Accordingly, this study supports the establishment of a more rounded understanding of the nature and mechanisms of moral distress/injury.

### Leadership in the Lived Experience of Moral Injury and Moral Recovery

Leadership was an important factor in how moral distress/injury is experienced. This was the case for both frontline professionals and for the leader participants, noting that the leaders themselves also operated under leadership of individuals or governing bodies. Four characteristics emerged in the participant lived experience. First, leader proximity to the frontline builds understanding of moral challenges and the lived experience, whilst distance

dilutes this understanding. Line managers provide leadership through their proximity, support and understanding of the lived experience. Second, leaders balance dual accountabilities to protect the workforce and to protect the organisation. Leadership-sponsored supports for the workforce included supportive leadership, supervision, coaching, training, EAP and wellbeing supports. Leaders experienced limitations in their own influence and power. As hierarchy increased, leader focus was increasingly on ensuring organisational governance and sustainability, and consequently was further removed from the operational reality of the workforce. Third, leaders are expected to face moral complexity with integrity and resilience, which echoes research indicating how leaders with strong moral identity consistently display ethical leadership behaviours despite competing pressures or ethical dilemmas (Mayer et al., 2012).

Moral identity motivates individuals to act as moral persons and can therefore predict ethical leadership (Mayer et al., 2012). A chronic challenge was described in facing unlimited demand whilst equipped with limited supply of resources and a mandate to maintain ethical standards. Leaders drew value from trusted counsel to strengthen decisions, and investment in leadership development and regular reflection. This finding extends previous research exploring linkages between leader conscientiousness, moral reflectiveness and ethical leadership behaviour, concluding that ethical leadership stems from leaders' reflection on morality in their daily experiences (Babalola et al., 2019). Thus, leaders who are higher in conscientiousness are inclined to be more morally reflective, and in turn, demonstrate more leadership behaviours that employees perceive as ethical. Finally, leaders served as a communication bridge in connecting the realities of the frontline with organisational priorities.

The findings in this study align with the SLR which forms part of this study, investigating the role and impact of leadership in moral injury in organisational settings, in its emphasis on leader awareness and accountability and playing a protective, communicative, supportive and ethical role toward employees and to the organisation. The dual responsibility of leaders in protecting both the interests of employees and the organisation extends previous research insights on moral injury, representing competing demands of navigating plurality of identities and institutional complexity (Kodeih & Greenwood, 2014).

## Psychological Processes Connecting Moral Attentiveness with Moral Distress/Injury

Whilst a scarcity of research has investigated the role of personality, temperament or developmental experiences in predisposing individuals to moral distress/injury, emotionally and morally sensitive individuals are likely to be more susceptible to moral injury than individuals with antisocial personality disorder or psychopathy (Koenig & Zaben, 2021). Moral attentiveness is the extent to which people habitually perceive and consider morality and moral elements in their experiences (Reynolds, 2008). Moral attentiveness forms a construct of the moral self (Jennings et al., 2015), alongside moral sensitivity, a general orientation toward moral implications on the basis of past decisions and behaviours (Morton et al., 2006; Sparks & Hunt, 1998). The study at hand identifies and presents four distinct mechanisms which demonstrate the active role of moral attentiveness in the process of recalling and reconstructing the experience of moral distress/injury. First, moral attentiveness is apparent in moral mentalisation; in how participants interpret and attribute their feelings regarding morality. Moral contemplation and reflection and instinctive physical sensations featured strongly. Moral emotions were significant, including fulfilment, guilt, moral outrage, indignation, compassion and regret. Second, participants constructed moral logic in their sensemaking, for example in how human rights forms the anchoring logic in their work. Third, the salience of moral identity was important, as ethics and morals were explicitly intrinsic to the participants' sense of self, for example in the embodied duty of care to support others. Finally, moral attentiveness is evident in socialised sensemaking practices, where reflective moral practices take place collectively to generate meaning and clarity through discussion.

In line with previous research insights, experience of moral stress resulted from individual appraisal of potentially morally injurious events as violating their moral frameworks (Frankfurt & Frazier, 2016). Alignment was noted between the instinctive yet constructed accounts of moral attentiveness, and the sensemaking intuition model (Sonenshein, 2007) whereby individuals' expectations and motivations vary in how they construct ethical issues, and therefore they make intuitive judgments about their constructions and interpretations of ethical issues. This was evident in how participants interpreted their feelings regarding morality in the face of morally challenging events, experiencing intensity in moral emotions,



instinctive reactions and subsequent reflective responses. Participants anchored their sensemaking logic in their professional moral responsibilities, identified morality as something intrinsic to their sense of self, and described the role of collective discussion in generating moral clarity.

### Components of Moral Recovery

In participant accounts, moral recovery is experienced as an ongoing process through four factors. First, habitual investment in maintaining physical, mental and social wellbeing was central in the prevention of and recovery from moral distress/injury. To maintain effectiveness in the face of constant moral challenges, moral recovery was described as an ongoing cycle rather than a finite, sporadic activity, and hence the requirement for simultaneous, habitual wellbeing practices. Second, sustaining proximal social connection with colleagues in the near vicinity who understand the lived experience, enabled social bonds to be forged and learning to be shared. This supports previous research describing how moral recovery occurs through listening to the voices of the injured and developing systemic cures at the level of community rather than the individual (Shay, 2014). Third, acceptance of boundaries was an important feature of moral recovery, including acceptance of behaviour and decisions, and rituals to establish closure and maintain boundaries. Most participants positioned their individual responsibility within a wider support system of accountability, indicating a bounded sense of responsibility. Finally, development or maturation of perspective over time was described by participants as key to their ability to recover. Participants consequently struggled more in earlier career stages. This development of perspective enabled participants to enact new strategies over time, resulting in newfound confidence and hope in the face of morally challenging work. As moral stress has the potential to prompt personal growth “negative emotion directed at specific aspects of oneself that might be amenable to change could evoke personal growth” (Griffin et al., 2019, p. 356), this finding may have connections with psychological and cognitive approaches to adult development theory whereby individuals construct new knowledge and reach more complex, integrated levels of development through active participation with their environment (Caffarella & Clark, 1999).

Interventions for moral injury encourage individuals to look both inward and outward, and to find new ways to engage with both the self and the world (Molendijk et al., 2022). Interventions include psychotherapy, pastoral/philosophical counselling, socially focused activities such as community service (Bica, 1999; Fleming, 2021; Griffin et al., 2019; Hodgson & Carey, 2017), adaptive disclosure therapy, acceptance and commitment therapy, cognitive behavioral therapy, cognitive processing therapy, prolonged exposure, and healing through forgiveness (Koenig & Zaben, 2021). Whilst noting the potential overlap of moral injury outcomes with mental health outcomes, this study recognises that moral injury can be perceived as a phenomenon distinct from clinical perspectives on trauma (Molendijk et al., 2022). Perceived as such, adverse responses to morally injurious events can be seen as reasonable and appropriate, with routes to moral recovery, for example those presented through this study, inhabiting the non-pathologising sphere. Conceptualising moral stress as a continuum (Litz & Kerig, 2019), the study at hand extends previous research insights on moral recovery with context-specific qualitative accounts of habitual, individual and collective reparatory practices, internal and external to the typical work routine, which serve to mitigate against and recover from the adverse outcomes of ongoing exposure to morally injurious experiences in their organisational settings.

### Provisional Framework of Psychological Processes

The provisional framework presented in Figure 4 depicts the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury. Moral distress/injury is experienced by participants through holding knowledge of harm, experiencing tension in limited agency to correct wrongs, navigating boundaries of protocol and experiencing power and decision strain. For participants, moral attentiveness is active in the process of reconstructing the experience of moral distress/injury, through moral mentalisation including identification of moral emotions, construction of moral logic, salience of moral identity, and socialised moral sensemaking. As moral attentiveness enables participants to interpret and assign meaning to morally injurious experiences, moral attentiveness is thus part of the route to moral recovery, experienced by participants as an ongoing process through investing in wellbeing practices,

maintaining proximal social connection with colleagues, accepting boundaries within the wider system of accountability, and through development of perspective, also known as adult development or vertical development.

Leadership can protect against the impact of moral stress or injury and enable moral attentiveness and moral recovery, through proximity which builds understanding, balancing the accountability to support the workforce with the accountability to protect the organisation, serving as a bridge in organisational communication, and facing moral complexity with integrity. As this framework is developed through context-specific phenomenological research, the role of context should be recognised as a key element and intrinsic to further exploration and application.

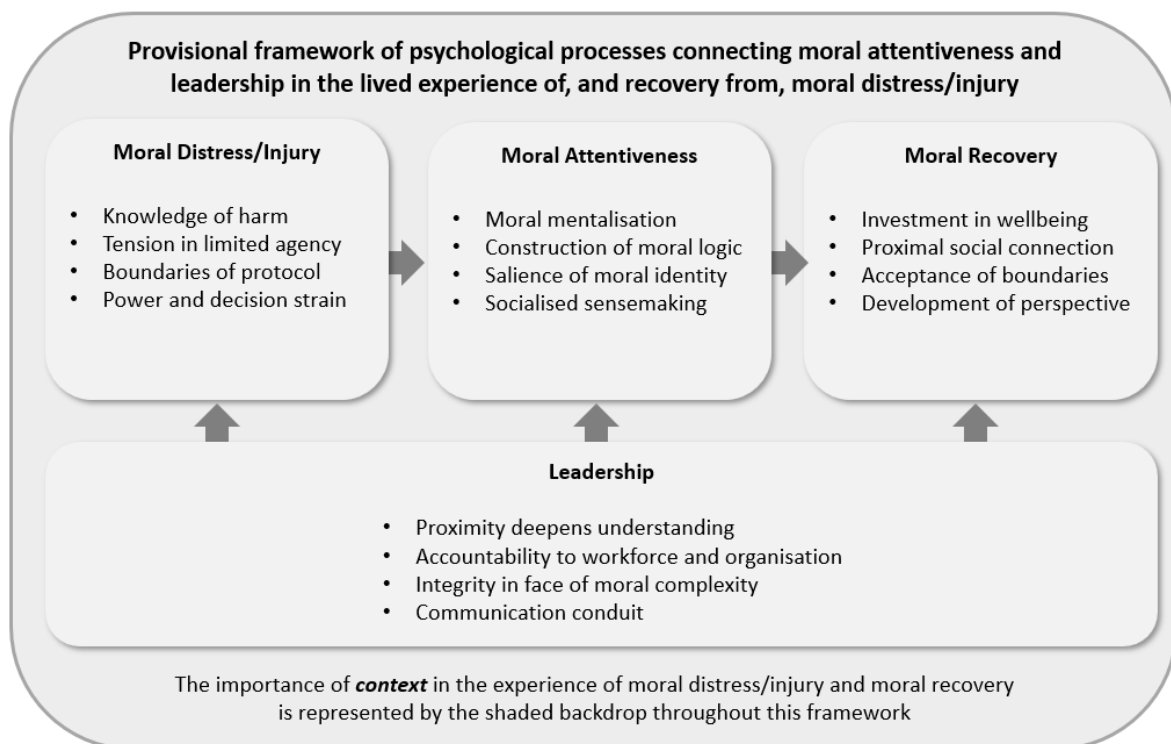


Figure 4: Provisional framework of psychological processes

## Implications for Practice

As this study focused on the particular context of social work, the implications for practice are primarily focused on this occupational setting, whilst they may also hold relevance for other work contexts where workers face morally complex circumstances and decisions. The experiential characteristics of moral distress/injury and the factors indicating the role of leadership within it, as described in this study, provide clear evidence which can be applied in practice to mitigate and protect against the outcomes of morally injurious experiences at work. These insights can be used to improve employee safety, wellbeing, performance and development by informing policy and practice in the areas of workplace safety, organisational culture and governance, job design, recruitment, training, career and leadership development, wellbeing and EAP services. The four psychological processes identified through this study illustrating connections between moral attentiveness and the experience of moral distress/injury and moral recovery, present a means by which to further understand how the phenomenon is experienced and understood by individuals.

For all research participants, the experience of moral distress/injury took place against the backdrop of chronic under-resourcing and challenging workload volumes. The recruitment and retention of social workers in Ireland has been severely challenged, particularly in the last decade, with high levels of turnover in the profession (O'Meara & Kelleher, 2022). Research has indicated that low staffing, increased workload and restricted resources are correlated with moral distress (Riedel et al., 2022). In organisational settings where workers are expected to navigate morally complex situations, it will be important to build understanding and awareness systemically, for example by establishing specific organisational policy to identify, mitigate against and support in the recovery from moral distress/injury.

This framework can be applied in the context of social work supervision practice. As a regulated profession, social workers are required to seek and engage in supervision in professional practice on an on-going and regular basis, in line with their level of knowledge, skill, competence and experience (CORU, 2024b). In light of the constraints of the social, political and economic contexts in which social work is practised, establishing integrity between personal and professional morality is a critical, everyday challenge for most social workers (Hugman, 2020). During supervision, the framework could be trialled as a tool to

identify and discuss moral injury and associated experiences, and enable the very processes within it, for example moral mentalisation and socialised sensemaking, which supported the process of moral recovery for participants in this study. The four components of moral recovery as described by this study, present clear examples of conditions for recovery which are also applicable in individual and organisational practice.

Social work education settings present an opportunity to trial the application of the framework produced through this research. In learning about the situated nature of ethical challenges, social work students are encouraged to reflexively examine their own custom complexes, in addition to learning to think differently using ethical decision models (Hodgson & Watts, 2016). The framework illustrates four psychological processes connecting with moral attentiveness; moral mentalisation, construction of moral logic, salience of moral identity and socialised sensemaking. The contemplation and exploration of moral attentiveness within social work education could be of benefit to students in identifying and developing capacity to navigate moral complexity.

On a related note, social intuitionist approaches to social work ethics education have been recommended as a means of building socially situated reflective skills (Hodgson & Watts, 2017). Accordingly, the research at hand deployed the sensemaking intuition model (SIM) (Sonenshein, 2007) as a theoretical backdrop to this research, which involved a professionally socialised sample (social workers) interpreting their perception of moral issues. The SIM recognises the effect of expectations and motivations on ethical sensemaking processes, such that individuals vary in how they perceive ethical issues, and therefore make intuitive judgments about their constructions and interpretations of ethical issues. In its emphasis on intuitive sensemaking, the SIM framework lends itself to applied settings such as social work education, in facilitating the contemplation of moral attentiveness: the degree to which a person chronically perceives and considers morality and moral elements in their experiences.

The findings of this research highlighted the importance of leadership demonstrating integrity in the face of moral complexity, in maintaining proximal connections to build understanding, in balancing accountabilities to support the workforce and to protect organisational interests, and to serve as a communication conduit connecting realities of the frontline with organisational priorities. As follows, in selecting leaders to make effective

decisions in the face of moral complexity, social work organisations must ascertain the propensity of leaders to uphold ethical decision making and to operate effectively as supportive leaders. This study highlighted how leaders were challenged to balance the concurrent demands of cultivating a supportive environment for burdened frontline employees, whilst protecting the organisation's sustainability by delivering on service agreements. Leaders must therefore be supported with the appropriate organisational conditions, to enable them to perform effectively in navigating potentially competing institutional logics. Ethical and supportive leaders serve as role models in cultivating the organisational context required to mitigate and prevent risk factors for moral distress/injury for themselves and for the workforce. To develop strength in ethical decision making and navigating morally complex situations, leadership development in social work settings could seek to cultivate adult development (also known as vertical development). This could be pursued by incorporating factors such as emotionally salient content (Manners et al., 2004), navigating polarities and 'heat experiences' that put the learners in productive discomfort (Petrie, 2011), to ascertain levels of readiness to navigate complex and disorientating moral situations (Cook-Greuter, 2004).

Overall, a practical implication of this research is the importance of systemic means of mitigating and preventing moral distress/injury throughout the employee life cycle, and enabling systemic conditions for moral recovery. To enable this, the cultivation of self-awareness and mechanisms for social work professionals will be of critical importance to inform themselves, their colleagues and leadership regarding their readiness and capacity to manage work which by its nature is likely to expose the individual to morally challenging situations. Such self-management skills should be cultivated through education systems and professional training systems, with leadership accountability to enable safe and sustainable approaches to morally challenging work. To build insight into how individuals are likely to manage in the face of morally challenging work, associated professional qualification processes and training should explicitly incorporate mechanisms tailored to support individuals in understanding and navigating the demands of morally complex work. Interventions to maintain wellbeing and effectiveness in the face of morally complex work should be implemented. Measures should be incorporated within organisations' selection processes to identify key attributes including level of self-awareness and mechanisms to

manage in the face of morally challenging work. In addition, career development should strengthen and equip professionals in navigating complexity and managing morally challenging realities of the work.

This research reinforced how colleagues represent a critical support to social workers, as when the social work team functions as a secure base, this can help workers cope with the emotional demands of the role (Biggart et al., 2017). Specifically, social work supervisors and teams cultivate a work-related secure base across five dimensions by exhibiting behaviours which reinforce specific beliefs: Availability – ‘People are there for me’; Sensitivity – ‘My feelings are manageable’; Acceptance – ‘I don’t always have to be strong’; Cooperation – ‘I can work with others to find a solution’; Team belonging – ‘I am valued and I belong’ (Biggart et al., 2017). In consideration of the outcomes of moral distress/injury such as burnout, attrition and the potential overlap with mental health outcomes (Molendijk et al., 2022), professional bodies and employers will benefit from better preparing and equipping the employers of social work professionals to interpret, respond and manage their wellbeing in the face of constant, morally challenging situations which they face through their work. The five key dimensions underpinning the Social Work Organisational Resilience Diagnostic (2022) include secure base, sense of appreciation, learning organisation, mission and vision, and wellbeing. Applying a systematic focus on understanding, building and sustaining resilience in social work organisations could support social work leaders in cultivating conditions to mitigate the risk of moral injury at work, and to support social work professionals in navigating morally challenging experiences.

## Implications for Research

### Generalising the Understanding of Moral Attentiveness

Given the wide-ranging nature of social work, future research may further build on the study at hand through conducting research situated within a single organisational setting or within a specific facet of social work, in order to explore aspects unique to the organisational context, culture and climate. Differing organisational philosophies might cultivate differences

in the moral responsibilities, expectations and constraints experienced in the workforce. As this phenomenological study presents indicative, non-generalisable findings of the mechanisms through which moral attentiveness is active in recalling and reconstructing morally injurious experiences, further research may further build on this study by systematically testing and developing the framework presented.

### Moral Work-Role Identity

Social work is generally understood to present workers with situations of moral note. Participants' accounts indicated a sense of inevitability in the experience of moral distress/injury in their fields of work through the very content of their responsibilities which included child protection and adult safeguarding. Participants recognised the perpetually morally challenging nature of the situations to which they were exposed through work, with many having experienced outcomes including anxiety, distress and burnout as a consequence of this exposure. At the same time, participants identified on a personal, purposeful and moral level with their work. In spite of the outcomes of their exposure to morally stressful/injurious experiences, most participants indicated their intention to remain in the profession for the longer term, rather than intending to resign. The empirical study supports the SLR (Chapter Three) in identifying work-role identity as an individual factor in the experience of moral distress/injury. With a view to further understanding risk factors for professional burnout and attrition from morally challenging environments, future research may seek to establish methods to identify and assess moral work-role identities in the experience and recovery from morally challenging experiences at work.

### Moral Attentiveness and the Moral Self

In contrast with quantitative approaches to identify and assess moral attentiveness, this study explored moral attentiveness from a phenomenological stance, to understand the nature of its connection with the lived experience of and recovery from moral distress/injury. This study incorporated the perceptual and reflective components of moral attentiveness within the interview schedule but did not seek to delineate between them in



interpreting participant accounts. Mechanisms of moral attentiveness were evident in participant accounts, described in the findings of this study as moral mentalisation including moral emotions, construction of moral logic, salience of moral identity and socialised sensemaking processes. IPA determines meaning through interpretation of language. The reproduction of experience through language is an inherently constructed (and therefore reflective rather than perceptive) process (Willig, 2019). Notwithstanding the means by which moral attentiveness is identified or understood, given the role it can play in assigning meaning to moral experience and in accessing routes to moral recovery, a future research avenue is to consider other components of the moral self (Jennings et al., 2015) to further understand individual differences and the role of the moral self in the experience of and recovery from moral distress/injury. Such insight could serve to inform evidence-based practice in the recruitment, training and development of employees and leaders who are likely to face potentially morally injurious events through the course of their work.

### Connecting Moral Attentiveness, Moral Distress/Injury and Recovery

The continuum model of moral injury (Litz & Kerig, 2019) distinguishes morally injurious events as the least frequent, the most abnormal, and the most potentially impactful in terms of the resulting psychological, social and spiritual harm or impairment. Meanwhile, the effect of moral distress is moderate and short-term. As part of their work, professionals in social work can be routinely exposed to grievous harms. In the event of frequent exposure to these events through the course of their work, social work professionals may become desensitised. In contemplating moral distress and moral recovery, it is important to consider moral residue, which can occur through repetitive exposure to morally stressful situations (Epstein & Hamric, 2009). Rather than fully recovering from the distress experienced, moral distress is assumed to accumulate as a result of an individual's exposure to each new morally stressful situation. This accumulation is called the crescendo effect. A moral residual occurs through this accumulation which affects the individual and the social environment, to the degree that moral integrity is threatened. Persistent moral distress which leads to moral residue can in turn result in moral injury and the loss of trust in self, authority and systems (Shay, 2014).

Rather than examining the nature or frequency of the moral stressors or morally injurious events, this study sought to understand the lived experience of moral distress/injury. Characteristics of moral distress/injury as experienced by participants included the burden of holding knowledge of harm, navigating procedural boundaries, experiencing inner conflict, and experiencing moral strain related to decision making and holding positional power. These characteristics represent maladaptive psychological and emotional processing of moral violation which served as reminders that the participants needed to do something about their inner conflict (Litz et al., 2009). The processes within moral attentiveness identified through this study provided mechanisms for participants to make sense of their morally stressful/injurious experiences. With this clarity, participants constructed their routes to moral recovery. The habitual moral recovery practices of the participants may serve as protection against the crescendo effect of moral residue resulting from repeated exposure to moral stressors. A future research opportunity is to investigate how maintenance of moral recovery practices in morally challenging workplace settings can mitigate against moral residue and the crescendo effect.

Moral distress has the potential to prompt personal growth “negative emotion directed at specific aspects of oneself that might be amenable to change could evoke personal growth” (Griffin et al., 2019, p. 356). ‘Development of perspective’ represents one of the factors connecting moral attentiveness with moral distress/injury as identified by this study. This finding may relate to psychological / cognitive approaches to adult development theory whereby individuals construct new knowledge and reach more complex, integrated levels of development through active participation with their environment (Caffarella & Clark, 1999). Further investigating connections between theories of adult development and the experience of and recovery from moral distress/injury represents an avenue for further research. Such research may seek to further understand associations between moral development theories (Kohlberg, 1969) and theories of adult development (Cook-Greuter, 2004) in considering the role of adult development in the experience and recovery from moral distress/injury.

## Strengths and Limitations

This study presents a context-specific phenomenological account of moral distress/injury as experienced by frontline professionals and leaders in social work settings. To the author's knowledge, this is the first study of its kind to contribute qualitative insights regarding the role of leadership and moral attentiveness in the experience of and recovery from moral distress/injury in social work settings from the perspective of both frontline professionals and leaders. The outcomes of this study are presented in a framework depicting the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury. In illustrating the psychological processes connecting moral attentiveness in participants' lived experience of moral distress/injury, this study advances previous insights which associated, using quantitative methodology, moral attentiveness as a moderator of moral stress amongst managers (Ames et al., 2020). By describing in detail the lived experience of social workers, this study further builds understanding of the morally complex contexts in which they operate (Haight et al., 2016).

A limitation of this study is the lack of generalisability of findings due to the idiographic nature of IPA. Secondly, moral attentiveness was measured qualitatively by seeking accounts of the two component aspects of moral attentiveness: moral perception and moral reflection. The nature of participant accounts merged both aspects of moral attentiveness together, and therefore the two aspects of moral attentiveness are not distinguishable in the findings.

## Chapter 5: Implications

### Aims and Overall Findings

This chapter outlines the findings from the systematic literature review and the empirical study. A synthesis of findings is presented in Table 9. Considerations for research, practice and future directions are presented.

<b>Table 9: Synthesis of findings</b>	
<b>Study 1: Systematic Literature Review</b>	<b>Study 2: Empirical Study</b>
<b>Aim</b>	
<ul style="list-style-type: none"> <li>▪ To understand the role and impact of leadership in the experience of and recovery from moral injury in organisational settings other than military and healthcare</li> </ul>	<ul style="list-style-type: none"> <li>▪ To examine the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury in social work settings</li> </ul>
<b>Method</b>	
<ul style="list-style-type: none"> <li>▪ Systematic literature review of 1809 studies</li> </ul>	<ul style="list-style-type: none"> <li>▪ Qualitative research using semi-structured interviews and IPA, with nine interviews of average duration 55 minutes, ranging from 32 to 70 minutes</li> </ul>
<b>Sample</b>	
<ul style="list-style-type: none"> <li>▪ Nine studies met the inclusion criteria, with sample size from 16 to 954 participants. Participants represented public safety personnel, international aid and rescue operations, school leaders, technical and commercial managers, health and data surveillance professionals, public health field epidemiologists, police and military police members</li> <li>▪ All nine studies were cross-sectional. Four used a quantitative design, four used a qualitative design and one used mixed methods</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nine participants, eight females and one male, ranging from 36 to 57 in age. Participants were Irish, employed in social work organisations in Ireland. Five participants were frontline professionals and a number within this group held line management responsibilities. Four participants were senior leaders with accountabilities for people and organisational leadership</li> </ul>
<b>Findings</b>	
<ul style="list-style-type: none"> <li>▪ Only two studies directly addressed moral injury and the remaining seven studies addressed related areas such as moral stress, moral distress or ethical strain</li> </ul>	<p><b>Moral distress/injury</b> was experienced by participants in four ways:</p> <ol style="list-style-type: none"> <li>1. Holding knowledge of harm</li> </ol>

<ul style="list-style-type: none"> <li>▪ None of the included studies addressed moral recovery</li> <li>▪ Results support the premise that moral injury and moral stress occur in organisations other than military and healthcare contexts.</li> <li>▪ Three key factors were identified regarding the role and impact of leadership in the experience of moral injury or moral distress: 1) Leadership awareness and accountability, 2) Organisational context and conditions, and 3) Individual factors such as moral attentiveness</li> </ul> <ol style="list-style-type: none"> <li>1. <b>Leadership</b> plays a role in whether or how moral injury/stress is experienced by others in the organisation:</li> <li>2. <b>Organisational context and conditions</b> play a role in the experience of moral injury/stress:</li> <li>3. <b>Individual factors</b> which play a role in the experience of moral injury or moral stress include work-role identities, moral attentiveness, moral frameworks, moral emotions, moral uncertainty and clarity, moral constraint, ethical decision-making, and strategies to handle feelings associated with moral stress</li> </ol>	<ol style="list-style-type: none"> <li>2. Experiencing tension in limited agency to correct wrongs</li> <li>3. Navigating boundaries of protocol</li> <li>4. Experiencing power and decision strain</li> </ol> <p><b>Moral attentiveness</b> served as a vehicle by which participants made sense of their experience of moral distress/injury, and by which moral recovery was accessed:</p> <ol style="list-style-type: none"> <li>1. Moral mentalisation and moral emotions</li> <li>2. Construction of moral logic</li> <li>3. Salience of moral identity</li> <li>4. Socialised sensemaking processes</li> </ol> <p>Components of <b>moral recovery</b> were experienced in four ways for participants:</p> <ol style="list-style-type: none"> <li>1. Foundational wellbeing practices</li> <li>2. Maintaining proximal social connection with colleagues</li> <li>3. Accepting and enacting boundaries in work</li> <li>4. Development of perspective over time</li> </ol> <p>For participants, <b>leadership</b> was important in the mitigation or prevention of moral distress/injury:</p> <ol style="list-style-type: none"> <li>1. Building understanding through proximity</li> <li>2. Balancing accountabilities to protect the workforce and to protect the organisation</li> <li>3. Demonstrating integrity in the face of moral complexity</li> <li>4. Serving as a communication conduit, connecting realities of the frontline with organisational priorities</li> </ol>
<b>Limitations</b>	
<ul style="list-style-type: none"> <li>▪ To conduct the review in the available timeframe, grey literature and PhDs were excluded from the search criteria</li> <li>▪ A number of the included studies were not of high research quality</li> </ul>	<ul style="list-style-type: none"> <li>▪ IPA findings are not generalisable due to small sample</li> <li>▪ In light of the constitutive role of language as the tool of interpretation in IPA, moral attentiveness was treated as one construct rather than</li> </ul>

<ul style="list-style-type: none"> <li>▪ None of the included studies exclusively examined the role or impact of leadership in the experience of / recovery from moral injury</li> <li>▪ Studies applied varying definitions of moral distress/injury</li> <li>▪ No study directly addressed moral recovery</li> </ul>	<p>attempting to distinguish between moral perceptiveness and moral reflectiveness</p>
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## Aims and Overall Findings

The aim of this thesis was to further understand the phenomenon of moral distress/injury and recovery in organisational settings. The SLR evaluated what is known about the role and impact of leadership in the experience of moral injury. Building on research opportunities identified through the SLR, the empirical study presents a qualitative investigation into the role of moral attentiveness and leadership within moral distress/injury and recovery. The deeply human nature of social work represented a suitable context within which to conduct the empirical study. The empirical study explored the ways in which moral attentiveness - the extent to which people habitually perceive and consider morality and moral elements in their experiences (Reynolds, 2008) – plays a role in the experience and recovery from moral distress/injury. The empirical study also explored the role of leadership in the experience and recovery from moral distress/injury. Heretofore, moral distress/injury had been researched primarily using quantitative methodology aiming to identify and assess the construct, rather than to understand, as this qualitative study sought to, the psychological processes and sensemaking within the lived experience and recovery.

## Findings from Study One – the Systematic Literature Review

A systematic literature review (SLR) was conducted using four databases, to ascertain what is understood about the role and impact of leadership in the experience of and recovery from moral injury in organisational settings other than military and healthcare. Of 1809 studies, nine met the inclusion criteria. Of these, only two studies directly addressed moral injury and the remaining seven studies addressed related areas such as moral stress, moral distress or ethical strain, whilst none of the included studies addressed moral recovery. The review

indicated that a range of definitions continue to be in use for moral distress/injury, without clear boundary conditions distinguishing between moral stress and moral injury. Results supported the premise that moral injury and moral stress occur in organisations other than military and healthcare contexts. Participants in the included studies represented public safety personnel, international aid and rescue operations, school leaders, technical and commercial managers, health and data surveillance professionals, public health field epidemiologists, police and military police members. Three key factors were identified regarding the role and impact of leadership in the experience of moral injury or moral distress: 1) Leadership awareness and accountability, 2) Organisational context and conditions, and 3) Individual factors such as moral attentiveness.

### Leadership Awareness and Accountability

The review illustrated that ethical decision making of leadership can prevent and mitigate the effects of moral stress in the wider workforce. Leadership plays a role in whether or how moral injury or moral stress is experienced by others in the organisation. Leaders themselves also experience moral stress and moral injury. Important ethical responsibilities are generated for leadership when the workforce is managing morally sensitive work. Lack of leader awareness or accountability for the morally challenging realities faced by frontline professionals can result in disconnection, non-decision and neglect of moral aspects of work faced on the ground.

### Organisational Context and Conditions

Organisational context also plays a critical role in the experience of moral injury or moral stress. Leaders experience constraints by organisational conditions when seeking to follow their moral judgement. Organisational context and conditions play a critical role in ethical decision-making processes, including objective reality (laws, regulations), subjective reality (norms, perspectives), safety (strategic and field level) and media (local and global level). Organisational clarity on role expectations is important to avoid moral distress resulting from conflicts between idealism and daily reality on the ground. Moral injury and feelings of guilt,

shame, betrayal and anger can result from acting or from failing to act in complex moral environments.

### Individual Differences

The review highlighted the role of individual factors in the experience of moral injury or moral stress. These include moral attentiveness, moral frameworks, moral emotions, moral uncertainty and clarity, moral constraints, work-role identities, ethical decision-making, wellbeing and strategies to handle feelings associated with moral stress.

### Findings from Study Two – the Empirical Study

This study addressed a research opportunity identified through the SLR, to examine the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury in settings where employees are faced with morally complex work. Interpretative phenomenological analysis was conducted through semi-structured interviews with nine frontline professionals and leaders in social work organisations. This study treated the frontline professionals and leaders as one rather than two groups to derive a rich phenomenological account from different perspectives within a homogenous professional sample. This research drew upon the continuum model of moral injury (Litz & Kerig, 2019), according to which moral injury can be distinguished from moral stress by the severity of moral emotions and symptoms, and the likelihood of the experience and consequent impacts altering the individual's identity. The sensemaking intuition model (Sonenshein, 2007) was also drawn upon in this research, which posits that individuals respond to ethical issues by engaging in sensemaking under conditions of uncertainty (Weick, 1995), drawing on mental processes outside of their conscious awareness and guidance (Bargh & Chartrand, 1999).

According to participants, their lived experience of moral distress/injury involves holding knowledge of harm, experiencing tension in limited agency to correct wrongs, navigating boundaries of protocol and experiencing power and decision strain. Participants' accounts of moral distress/injury and moral recovery supported the premise of the importance of



leadership in cultivating conditions which mitigate against or prevent moral distress/injury. For participants, leadership plays a role in building understanding through proximity, balancing accountabilities to support the workforce and protect organisational priorities, demonstrating integrity in the face of moral complexity, and serving as a communication conduit by connecting the realities of the frontline professionals with organisational priorities.

Evidence from participants illustrated that their moral attentiveness serves as a vehicle by which they made sense of their experience of moral distress/injury, and by which moral recovery is accessed. Moral attentiveness was evident through moral mentalisation and identification of moral emotions, construction of moral logic, salience of moral identity and socialised sensemaking processes. Four key components of moral recovery were evident through participant accounts: Enacting foundational and habitual wellbeing practices, maintaining proximal social connection with colleagues, demonstrating acceptance of boundaries, and undergoing development of perspective, also known as adult development (Caffarella & Clark, 1999).

This study presents a provisional framework depicting the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury. Whilst findings from IPA studies are not generalisable, this study adds to the body of literature through a deep and context-specific understanding into how these individuals in social work settings experience and recover from moral distress/injury, the psychological processes connecting the individual factor of moral attentiveness, and the role of leadership.

### Normalising Response to Moral Conflict

As part of this thesis, the SLR (Chapter Three) examined research in organisational settings other than military and healthcare contexts. This was as a means of understanding the status of the moral injury literature in organisational settings where it is less established, in order to contribute and build on these insights accordingly. Whilst situated in a different context, certain findings of the empirical study reinforce themes from the existing literature in the military and healthcare settings. For example, participants in this study highlighted the importance of leadership maintaining proximity to build understanding in the context of

preventing moral stressors, similarly to the military context whereby an antecedent of PMIEs include leadership being perceived as out of touch with operational members on the ground (Currier et al., 2015). Similarities between consequences of moral distress, such as incidence of feelings of powerlessness, low well-being and burnout, and shared vulnerability factors including lack of resources and lack of communication, were apparent between the findings of this study and a recent review of moral injury in healthcare settings (Riedel et al., 2022). Unlike much of the moral injury research in the military and healthcare settings, however, the study at hand sought to explore moral distress/injury as a normal human response to morally stressful events, and to avoid medicalising normal responses to moral conflicts (Farnsworth et al., 2014; Nieuwsma et al., 2015).

### Theoretical Contributions

This research is grounded in a constructivist, interpretivist and phenomenological stance. As such, the experience of moral distress/injury is approached from an inductive and idiographic perspective using IPA. In examining the phenomenon of moral distress/injury, this study draws on the conceptual heuristic continuum model of morally relevant life experiences and corresponding responses (Litz & Kerig, 2019). The model illustrates how the magnitude and impact of responses are shaped by the magnitude and type of moral conflict experienced. The model recognises the role of cultural and individual differences in moderating how events or experiences violate an individual's beliefs about what is right and just or wrong and unjust, and how biological, social and psychological reactions are elicited and further moderated by cultural and individual differences.

In drawing on the hypothesized continuum model of moral distress/injury, the study at hand extends insights generated by Litz and Kerig's (2019) work by contributing a context-specific account of experience of moral distress as the burden of knowledge of harm, which includes holding distressing knowledge, experiencing anxiety about past, current and future harm, strain of exposure to suffering and habituation over time, and tension in limited agency, restrictions of boundaries of protocol and power and decision strain. According to Litz and Kerig (2019), moral injury can be distinguished from moral stress by the severity of moral emotions and symptoms, and the likelihood of the experience and consequent impacts

altering the individual's identity. Whilst the study at hand did not identify alteration to participants' identity resulting from exposure to moral stressors, a number of findings related to identity. For example, 'salience of moral identity' was an important psychological aspect of moral attentiveness, whereby ethics and morals are explicitly identified as intrinsic to participants' identity and the demonstration of conviction in their felt duty of care to support others. An additional finding which relates to identity is the development of perspective in relation to the participants' experience of moral recovery. Participants underwent a maturation of perspective, enacting strategies through developmental experience over time which reinforced confidence, hope and sense-making capacity in the face of morally challenging work. The continuum model (Litz & Kerig, 2019) supports the perspective that moral emotions are prerequisites to moral impact (Farnsworth et al., 2017). The study at hand revealed participants' experience of emotions including fulfilment, guilt, moral outrage, indignation, compassion and regret. This study contributes insight into how moral emotions played an important role within moral mentalisation, one of the processes connecting moral attentiveness within the participants' experience of moral distress/injury.

In addition to the continuum model of moral stressors, this study also draws on the sensemaking intuition model (Sonenshein, 2007) which posits that individuals respond to ethical issues by engaging in sensemaking under conditions of uncertainty (Weick, 1979, 1995), drawing on mental processes outside of their conscious awareness and guidance (Bargh & Chartrand, 1999). The SIM was valuable as a theoretical backdrop to this research, in depicting the stages of issue construction, intuitive judgement, and explanation and justification. First of all, an assumption of the SIM is that it is triggered when individuals use sensemaking to respond to conditions of equivocality and uncertainty – for example, when an individual experiences confusion due to perceiving multiple possible interpretations, together with experiencing uncertainty about how their actions will impact on the future (Sonenshein, 2007). In line with the SIM, the empirical data in this study revealed that participants engage in sensemaking in dealing with matters which invoke confusion and uncertainty. Secondly, according to the SIM, at the point of constructing an ethical issue, an intuitive judgment is instantaneously made, derived from individual-level factor (experience) and collective-level factors (social pressures) (Sonenshein, 2007). After this intuition emerges, an individual explains and justifies his or her response to him/herself and others.

In recognising collective-level factors (referred to as social pressures), the SIM affords consideration of context such as professional socialisation, an important aspect of this context-specific exploration of the social work profession.

As such, the SIM framework was helpful in illuminating a number of the processes described by participants, serving as a useful reference in preparing to analyse the data. The findings of this research in relation to the role of instinct and intuition, support the SIM's position that expectations and motivations affect this process such that individuals vary in how they construct ethical issues, and therefore they make intuitive judgments about their constructions and interpretations of ethical issues (Sonenshein, 2007). For example, the role of instinctive and intuitive judgement was evident in the present study through the participants' construction of moral logic and engagement in sensemaking under conditions of uncertainty. The study at hand presents a framework illustrating the psychological processes of moral attentiveness as a factor within the experience of moral distress. 'Moral mentalisation' describes how participants interpreted and attributed their feelings regarding morality, reportedly engaging consciously in moral contemplation and reflection, and associating moral considerations with instinctive physical sensations. 'Construction of moral logic' was evident in how participants identified and articulated human rights as an anchoring logic. 'Salience of moral identity' was significant in participants' accounts, and finally 'socialised sensemaking' represented generative, constructive sensemaking processes.

Thus, the study at hand builds on existing theory by drawing upon the conceptual heuristic continuum model of moral stressors (Litz & Kerig, 2019) and on the sensemaking intuition model (Sonenshein, 2007), presenting a framework depicting the psychological processes by which individuals interpret and engage in meaning making regarding their experience of and recovery from moral distress/injury, and the roles of moral attentiveness and leadership within this. In illustrating the psychological processes connecting moral attentiveness in participants' lived experience of moral distress/injury, this study advances previous insights which associated, using quantitative methodology, moral attentiveness as a moderator of moral stress amongst managers (Ames et al., 2020). By describing in detail the lived experience of social workers, this study further builds understanding of the morally complex contexts in which they operate (Haight et al., 2016).

## Implications for Practice

### Accountability in Moral Distress/Injury

The participant accounts in the empirical study presented in Chapter 4 indicate that the onus to generate recovery from moral stressors appears to be shared between the individual, the leadership and the organisation. To protect employee wellbeing and maintain effectiveness in workplace settings where workers are likely to face morally challenging situations, an implication for practice is the importance of systemic means of mitigating and preventing moral distress/injury at systematic junctures in the employee life cycle and enabling systemic conditions for moral recovery.

### Individual Moral Recovery: Self-awareness and Self-development

The SLR highlighted the role of individual differences in the experience of moral distress/injury, and the empirical study supported this premise in identifying four psychological processes connecting the individual factor of moral attentiveness in the experience of moral distress/injury. Whilst a scarcity of research has investigated the role of personality, temperament or developmental experiences in predisposing individuals to moral distress/injury, emotionally and morally sensitive individuals are likely to be more susceptible to moral injury than individuals with antisocial personality disorder or psychopathy (Koenig & Zaben, 2021). A recent review by Riedel et al. (2022) identified vulnerability factors for developing symptoms of moral injury whereby individuals with lower scores in self-compassion and higher scores in self-criticism are more likely to experience betrayal. The review by Riedel et al. (2022) identified a positive correlation between younger age and less work experience with the occurrence of moral injury symptoms.

Participants in the empirical study identified the triggers, sensations and characteristics they associated with moral stressors, the outcomes they had experienced in response to these, and demonstrated reflexivity, proactivity, motivation and maturity of perspective in pursuing routes to recovery. Participants associated their ability to make sense of and recover from

moral stressors with the longevity of a career in social work. With a view to maintaining wellbeing and effectiveness at work, an implication for practice is the importance of the cultivation of self-awareness and mechanisms for professionals to inform themselves, their colleagues and leadership regarding their readiness and capacity to manage work which by its nature is likely to expose the individual to morally challenging situations. Such self-management skills should be cultivated through education systems and professional training systems, with leadership accountability to enable safe and sustainable approaches to morally challenging work.

### Leadership Accountability

The SLR highlighted the role of ethical decision-making and supportive leadership in preventing or mitigating the risk of moral distress/injury in the workforce. The findings of the empirical study supported this in the importance of leadership demonstrating integrity in the face of moral complexity, in maintaining proximal connections to build understanding, in balancing accountabilities to support the workforce and to protect organisational interests, and to serve as a communication conduit connecting realities of the frontline with organisational priorities. As follows, in selecting leaders to make effective decisions in the face of moral complexity, organisations must ascertain the propensity of leaders to uphold ethical decision making and to operate effectively as supportive leaders. This study highlighted how leaders were challenged to balance the concurrent demands of cultivating a supportive environment for burdened frontline employees, whilst protecting the organisation's sustainability by delivering on service agreements. Leaders must therefore be supported with the appropriate organisational conditions, to enable them to perform effectively in navigating potentially competing institutional logics. Ethical and supportive leaders serve as role models in cultivating the organisational context required to mitigate and prevent risk factors for moral distress/injury for themselves and for the workforce.

To develop strength in ethical decision making and navigating morally complex situations, leadership development should facilitate adult development (also known as vertical development). This can be pursued by incorporating factors which ascertain levels of readiness to navigate complex and disorientating moral situations (Cook-Greuter, 2004).

Emotionally salient content (Manners et al., 2004), navigating polarities and ‘heat experiences’ that put the learners in productive discomfort (Petrie, 2011) are features of development experiences which can enable vertical development.

### Organisation Accountability

This study reinforced the findings of the SLR in highlighting the impact of organisational context in the experience of moral distress/injury. For all participants, the experience of moral distress/injury took place against the backdrop of chronic under-resourcing and challenging workload volumes. Whilst the participant accounts differentiated between the experience of moral distress/injury and general work-related stress, many of the participants described experiencing both types of stress on an ongoing basis. Research has indicated that low staffing, increased workload and restricted resources are correlated with moral distress (Riedel et al., 2022). Implications for practice are to identify and recognize different types of stress in order to protect employees accordingly. This will require methods to distinguish between general stress induced by an overburdening of workload, and moral distress/injury specifically caused by exposure to transgressive harms and the outcomes of these experiences. Establishing parameters for appropriate levels of workload through job design and resourcing may serve to mitigate stress related to over-burdening of workload. In organisational settings where workers are expected to navigate morally complex situations, it will be important to build understanding and awareness systemically, for example by establishing specific organisational policy to identify, mitigate against and support in the recovery from moral distress/injury.

To build insight into how individuals are likely to manage in the face of morally challenging work, associated professional qualification processes and training should explicitly incorporate mechanisms tailored to support individuals in understanding and navigating the demands of morally complex work. Interventions to maintain wellbeing and effectiveness in the face of morally complex work should be implemented. Measures should be incorporated within organisations’ selection processes to identify key attributes including level of self-awareness and mechanisms to manage in the face of morally challenging work. In addition, career development should strengthen and equip professionals in navigating complexity and

managing morally challenging realities of the work. In consideration of the outcomes of moral distress/injury such as burnout, attrition and the potential overlap with mental health outcomes (Molendijk et al., 2022), professional bodies and employers will benefit from better preparing and equipping the employers of social work professionals to interpret, respond and manage their wellbeing in the face of constant, morally challenging situations facing them at work.

## Implications for Future Research

### Moral Attentiveness, Moral work-role Identity and the Moral Self

The empirical study supports the SLR in identifying work-role identity as an individual factor in the experience of moral distress/injury. With a view to further understanding risk factors for professional burnout and attrition from morally challenging environments, future research may seek to establish methods to identify and assess moral work-role identities in the experience and recovery from morally challenging experiences at work. In contrast with quantitative approaches to identify and assess moral attentiveness, this study explored moral attentiveness from a phenomenological stance, to understand the nature of its connection with the lived experience of and recovery from moral distress/injury.

Mechanisms of moral attentiveness were evident in participant accounts and presented in a framework as moral mentalisation including moral emotions, construction of moral logic, salience of moral identity and socialised sensemaking processes. A future research avenue is to investigate using quantitative means, the constructs, antecedents, moderators and mediators associated with the moral self (Jennings et al., 2015) to further understand individual differences and the role of the moral self in the experience of and recovery from moral distress/injury. Such insight could serve to inform evidence-based practice in the recruitment, training and development of employees and leaders who are likely to face potentially morally injurious events through the course of their work.

### Connecting Moral Attentiveness, Moral Distress/Injury and Recovery



Moral residue can occur through repetitive exposure to morally stressful situations (Epstein & Hamris, 2009). Rather than fully recovering from the distress experienced, moral distress is assumed to accumulate as a result of an individual's exposure to each new morally stressful situation. This accumulation is called the crescendo effect. A moral residual occurs through this accumulation which affects the individual and the social environment, to the degree that moral integrity is threatened. Persistent moral distress which leads to moral residue can in turn result in moral injury and the loss of trust in self, authority and systems (Shay, 2014). Rather than examining the nature or frequency of the moral stressors or morally injurious events, this study sought to understand the lived experience of moral distress/injury. Characteristics of moral distress/injury as experienced by participants represent maladaptive psychological and emotional processing of moral violation which served as reminders that the participants needed to do something about their inner conflict (Litz et al., 2009). The processes within moral attentiveness identified through this study provided mechanisms for participants to make sense of their morally stressful/injurious experiences. With this clarity, participants constructed their routes to moral recovery. These habitual moral recovery practices of the participants may serve as protection against the crescendo effect of moral residue (Epstein & Hamris, 2009) resulting from repeated exposure to moral stressors. A future research opportunity is to investigate how maintenance of moral recovery practices in morally challenging workplace settings can mitigate against moral residue and the crescendo effect.

Moral distress has the potential to prompt personal growth "negative emotion directed at specific aspects of oneself that might be amenable to change could evoke personal growth" (Griffin et al., 2019, p. 356). 'Development of perspective' represents one of the factors connecting moral attentiveness with moral distress/injury as identified by this study. This finding may relate to psychological / cognitive approaches to adult development theory whereby individuals construct new knowledge and reach more complex, integrated levels of development through active participation with their environment (Caffarella & Clark, 1999). Examining connections between theories of adult development and the experience of and recovery from moral distress/injury represents an avenue for further research. Such research may unveil useful associations between moral development theories (Kohlberg, 1969) and

theories of adult development (Cook-Greuter, 2004) in considering the role of adult development in the experience and recovery from moral distress/injury.

### Research Considerations from the Two Studies

Taken together, the SLR and empirical study affirm the occurrence of moral distress/injury amongst the workforce in a range of organisational settings, highlighting the critical role of leadership within this. Important insights are generated through identifying psychological processes within individual factors such as moral attentiveness, and within the lived experience of moral recovery. In order to enable the application of such valuable insights to workplace settings, the case is reinforced to characterise moral distress/injury as a natural human response to morally stressful events (Farnsworth et al., 2014; Nieuwsma et al., 2015). Valuable investment of focus will be in bridging the gap between theory and practice through testing and applying measures to cultivate ethical leadership practices and foster organisational conditions which protect and support the workforce in navigating morally challenging work, throughout the employee lifecycle and indeed in advance of commencing morally challenging work, with respect to requisite education and professional training.

With respect to leadership, a future research avenue is to test and identify mechanisms to select and develop organisational leaders for their ethical decision-making capacity, capability and inclination to lead organisations and their workforce in a manner conducive to mitigating moral distress/injury. In addition, future research should seek to further understand the conditions which present barriers to leaders in executing ethical decision making, as identified through both studies.

Organisational capability must be built in recognising and addressing moral distress/injury amongst the workforce. As highlighted by Litz et al. (2009), some clinicians may take the position that ethical conflicts and moral violations are outside their professional realm of expertise, opting instead to direct individuals to religious counselling. In wider organisational settings, employee assistance programmes and general employee support activities (such as group supervision as traditionally practiced in the field of social work), should accordingly be equipped and enabled to recognise and facilitate discussions about moral distress/injury. To

this end, a future research opportunity will be to test, apply, evaluate and modify existing moral injury resources, in wider organisational settings. An example of such a resource is the provisional framework presented by the present empirical study which could be further tested and applied. A further example of an existing resource is the 'yes...and' framework of heuristic steps by Litz (2023), presented with the aim of helping people with moral injury irrespective of theoretical orientation and approach to stress or trauma.

In facilitating moral recovery, the core aim is to help individuals to identify opportunities to rebalance goodness relative to badness. People who harm others want to be able to make amends and not to be defined by what they did. People who suffer from the moral failures of others "should not be burdened by the expectation of forgiveness, but it will help them heal if they can see the transgressors as human and not representative of all humanity" (Litz, 2023, p. 4).

## Strengths and Limitations

### Strengths

To the author's knowledge, this study is the first of its kind to conduct an SLR to understand the role and impact of leadership in the experience and recovery from moral injury in organisational settings other than military and healthcare. Addressing research opportunities identified through the SLR, the empirical study is the first to examine the role of leadership in the lived experience of moral distress/injury in social work settings, combining rather than treating as distinct, the perspectives of both frontline professionals and senior leaders. It is the first study to investigate using qualitative methodology, the role of moral attentiveness in the experience of moral distress/injury. It is also the first study to explore the lived experience of moral recovery in these settings. In light of the recent and rapid expansion of moral injury literature, a strength of this research is in drawing from recent and relevant theoretical perspectives including the continuum model of moral injury (Litz & Kerig, 2019) and the sensemaking-intuition model (Sonenshein, 2007). Addressing the research aims from this phenomenological, context-specific vantage point, the study presents a provisional framework of the psychological processes connecting moral attentiveness and leadership in the lived experience of and recovery from moral distress/injury in social work settings. This research acts on the opportunity to explore moral distress/injury as a normal human response to morally stressful events, and to avoid medicalising normal responses to moral conflicts (Farnsworth et al., 2014; Nieuwsma et al., 2015).

### Limitations

In order to conduct the SLR in the available timeframe, grey literature and PhDs were excluded from the search criteria, which may have excluded relevant insights. A number of the included studies were not of high research quality, and none exclusively examined the role or impact of leadership in the experience of moral injury or moral recovery. Instead, studies tended to incorporate or identify aspects of individual or organisational leadership as part of other moral injury research questions. None of the studies addressed moral recovery

as a primary research focus. Studies applied varying definitions of moral injury and moral stress, risking an interchangeability between these constructs and their application.

Continuing the extension of moral injury research into general workplace settings will require a universal definition and method of measurement. Until then, the literature may continue in the current narrow vein of developing highly bespoke assessments to measure moral injury in distinct occupational settings. Whilst methods to measure moral injury, moral stress or associated concepts were tested and validated by certain studies (Roth et al., 202, Ames et al., 2020, Huhtala et al., 2011), no interventions to prevent, recover from, or mitigate the risk of moral injury were identified through the review, which explored settings other than military, clinical or healthcare. Standardised methods of measuring and addressing moral injury, moral stress and moral recovery are required in order to more easily compare studies, advance findings and progress outcomes.

With regard to the empirical study, findings of IPA studies are not generalisable due to the small sample size. In light of the constitutive role of language as the tool of interpretation in IPA, moral attentiveness was treated as one construct rather than attempting to distinguish between moral perceptiveness and moral reflectiveness.

## Conclusion

Moral injury refers to the profound and persistent psychological distress that people may develop when their moral expectations and beliefs are violated by their own or other people's actions (Litz et al., 2009; Shay, 2014). This study draws upon this definition along with the authors' hypothesised heuristic conceptual continuum model of moral stressors and outcomes (Litz & Kerig, 2019), and the sensemaking intuition model (Sonenshein, 2007). This study applies interpretative phenomenological analysis to explore the experience of moral challenges, stressors and injurious events, and the outcomes of these events amongst a population of frontline professionals and senior leaders in social work settings.

This study extends insights and contributes uniquely to the literature in six ways. First, through conducting a context-specific qualitative exploration of the lived experience of moral distress/injury in social work settings, which are widely understood to carry work of moral weight. Second, the role and impact of leadership is explored qualitatively in relation to moral distress/injury and moral recovery. To date no research has explored the connection between leadership and the experience of moral injury in these settings, from the perspective of both leaders and frontline professionals. Third, the psychological processes connecting moral attentiveness within the experience of and recovery from moral distress/injury are explored. Fourth, the phenomenological experience of moral recovery is explored for the first time, with the purpose of informing research and practice in the mitigation of and recovery from morally injurious experiences in organisational settings. Fifth, an original provisional framework is presented depicting the components and relationships between moral distress/injury, moral recovery, moral attentiveness, and leadership. Sixth, implications for research and practice are outlined to further progress understanding of the emerging construct of moral injury.

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## Appendix

### Appendix I: Participant Information Sheet

#### Research Invitation

#### Understanding the role and impact of leadership and moral attentiveness in the experience of moral injury in organisational settings

I would like to invite you to participate in this research project, which is part of my Professional Doctorate in Organisational Psychology at Birkbeck, University of London. This project has received ethical approval. To make an informed decision on whether you want to take part in this study, please take a few minutes to read this information sheet.

#### Who is conducting this research?

The research is conducted by Brigid Roche, a registered Organisational Psychologist (HCPC Registration Number PYL040785). Brigid Roche is undertaking a Professional Doctorate in Organisational Psychology, under the guidance of supervisor Professor Alexandra Beauregard. Both researcher and supervisor are from Birkbeck, University of London.

#### What is the purpose of the study?

This study explores moral attentiveness and moral injury or moral stress in organisations, and the role and impact of leadership.

- Moral attentiveness is the extent to which people perceive and consider morality and moral elements in their experiences.
- Moral stress is a psychological state, potentially marked by anxiety and unrest, which can be experienced when people are uncertain about or constrained in their ability to do what they believe to be morally right.
- Moral injury is described as the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations.

#### Why have I been invited to take part?

I am inviting research participants who are employed in frontline or leadership positions within social work organisations or humanitarian organisations, in any part of the world, who are full-time adult employees and with at least 1 year of tenure in the organisation, to participate in this study.

#### What are the procedures of taking part?

If you decide to participate, you will be asked to take part in a one-to-one interview on Microsoft Teams during April or May 2023, which will last for 60-90 minutes.

The interview will explore your experience of times at work when you felt uncertain about, or constrained in, your ability to do what you believed to be morally right. The interview will also explore your understanding of moral dilemmas faced by employees in the wider workforce, and the organisational supports available in this regard. I will invite you to speak openly and in detail, in order to gain a thorough understanding of your experiences.

Upon completion of your participation you will be offered the opportunity to have access a summary of the findings, once analysed, by contacting the research team.

The interview will be conducted by video meeting, using Microsoft Teams. The interview will be recorded and transcribed. Please see the privacy and data security terms of Microsoft Teams here: [Microsoft Privacy Statement – Microsoft privacy](#).

### **What are my participation rights?**

**Participation in this research guarantees the right to withdraw, to ask questions about how your data will be handled and about the study itself, the right to confidentiality and anonymity, the right to refuse to answer questions, to have recording technology turned-off, and to be given access to a summary of the findings.**

### **What if I want to withdraw my information?**

If you wish to withdraw responses or any personal data gathered during the study you may do this without any consequences. You can ask for your data to be removed up until the point of analysis, which will take place on approximately 1<sup>st</sup> June 2023. If you would like to withdraw your data please contact the researcher.

### **What will happen to my responses to the study?**

Data collected in this study will be analysed and used for the research student dissertation. Data may also be used for academic publications. Anonymised extracts of participant quotes from the research interviews will be used to illustrate the results, however no identifying information would be released. A summary of the research findings will be made available.

### **Will my responses and information be kept confidential?**

All information will be treated with the strictest confidence throughout the study. All information will be kept in secure folders on a password protected computer, or a secure filing cabinet. Access to such information will only be allowed to the researcher and researcher supervisor. During the marking process, external examiners of my project may also have access.

### **What are the possible risks to taking part?**

Anonymised extracts of participant quotes from the research interviews will be used to illustrate the results, however no identifying information will be shared as part of this study. A summary of the research findings will be made available to participants and interested parties.

The interview process will involve being asked to recall and describe situations at work when you felt uncertain about, or constrained in, your ability to do what you believed to be morally right. The interview will also explore your understanding of moral dilemmas faced by employees in the wider workforce, the role and impact of leadership, and the organisational supports available in this regard.

In the event that reflecting on these experiences causes you any negative psychological reaction during or after the interview, the following non-profit independent mental support services are available to provide support:

### **Non-profit independent mental support services:**

#### **Samaritans**

Telephone: 116123 (free 24 hour helpline)

Website: [www.samaritans.org](http://www.samaritans.org)

#### **Rethink**

Telephone: 08088010525 (09:30 – 4pm, Mon-Fri)

Website: [www.rethink.org](http://www.rethink.org)

Email: [advice@rethink.org](mailto:advice@rethink.org)

### **How do I sign up?**

If you are a Senior Organisational Leader currently employed in the humanitarian or social work sector, and if you are interested in participating in this study, please confirm your interest by contacting Brigid Roche at [broche04@student.bbk.ac.uk](mailto:broche04@student.bbk.ac.uk).

## When?

Research interviews will be scheduled in April and May 2023. Summary findings will be available at the end of the study, approximately December 2023. I will be delighted to talk participants through the findings at this stage. If you have any questions or require more information about this study before or during your participation, please contact:

### Lead Researcher

#### Brigid Roche

[broche04@student.bbk.ac.uk](mailto:broche04@student.bbk.ac.uk)

Registered Organisational Psychologist  
Research Student

### Research Supervisor

#### Professor Alexandra Beauregard

[a.beauregard@bbk.ac.uk](mailto:a.beauregard@bbk.ac.uk)

Department of Organisational Psychology,  
Birkbeck, University of London,  
Clare Management Building,  
Malet Street, Bloomsbury,  
London.  
WC1E 7HX

For information about Birkbeck's data protection policy please visit: <http://www.bbk.ac.uk/about-us/policies/privacy#9>

If you have concerns about this study, please contact the School's Ethics Officer at: [BEI-ethics@bbk.ac.uk](mailto:BEI-ethics@bbk.ac.uk).

School Ethics Officer

School of Business, Economics and Informatics  
Birkbeck, University of London  
London WC1E 7HX

You also have the right to submit a complaint to the Information Commissioner's Office <https://ico.org.uk/>

## Appendix II: Semi-structured Interview Schedule

Tell me about your work.

What moral considerations are present for you in your work? Can you describe an example of a moral dilemma? What makes you take note of a moral consideration? What brings it to your attention?

To what degree do you feel constrained from doing what you believe to be the right thing? Have there been times when you followed company policy even though the policy was different to what you believed would have been the morally right thing to do? What happened? How did you feel? What was that like?

To what degree do you stick to your conviction of what was morally right even if it goes against company policy? What happened? How did you feel? What was that like?

To what degree do you think about the morality of your actions? What do you tend to reflect on? What causes you to ponder on the morality of your actions? How does this feel?

What is the responsibility of leadership in terms of the moral challenges that you face in your work? How aware are the leaders about the morally challenging situations that you face? What makes you say this? What methods do you use to share your concerns? How do you know what the instruction is from the leaders?

How aware is the organisation's leadership about the morally challenging situations you face? What makes you believe this? What is your perception of how much attention the leaders pay to moral questions? How important are moral matters faced on the ground, to the leaders? What makes you say this?

Or (for Leaders)

As a senior leader, how would you describe your responsibility toward those frontline employees who feel morally stressed or morally injured as a result of the situations they face in work? How do you feel about that? How are they protected from the risk of moral injury? How do they know that they are protected? How do you feel about the responsibility of organisational leadership in this regard?

Moral recovery / repair: What supports you in the path to moral recovery? What is helpful about this? How does it feel?

And (for Leaders only)

What types of moral dilemmas do you think the frontline professionals in your organisation encounter in their work? How familiar are you with situations the frontline professionals face that may be morally challenging? What constraints can prevent them from doing the right thing? How likely do you think it is that the frontline professionals suffer moral stress or moral injury? Is this a risk?



## Appendix III: Summary of Findings

<b>Summary of Findings</b>	
<b>1. Moral Distress/Injury</b>	
<b>1.1 Knowledge of harm</b>	Burden of holding distressing knowledge of previous and current future harm and abuse; Anxiety of risk of future harm; Strain of exposure to systemic and perpetuating suffering; Habituation / decreasing sensitivity over time to events of a moral nature
<b>1.2 Tension in limited agency</b>	Tension between desire to effect change and reality of limits of ability to do so; frustration of powerlessness to correct wrongs
<b>1.3 Boundaries of protocol</b>	Navigating the bounds of individual responsibility and procedural protocol; Reassurance in clarity of protocol
<b>1.4 Power and decision strain</b>	Strain of positional power and constance of enacting decisions of moral consequence
<b>2. Moral Attentiveness</b>	
<b>2.1 Moral Mentalisation</b>	<p>Interpreting and attributing feelings regarding morality; engaging consciously in moral contemplation and reflection; associating moral considerations with instinctive physical sensations; Identification of moral emotions including</p> <ul style="list-style-type: none"> <li>▪ fulfilment through sense of satisfaction in carrying out moral duties;</li> <li>▪ guilt through sense of wrongdoing in abandoning vulnerable people;</li> <li>▪ moral outrage through sense of anger at the wrongdoing of others;</li> <li>▪ indignation through sense of vexation at unfairness of systems and situations;</li> <li>▪ compassion through sense of care for people;</li> <li>▪ regret through sense of disappointment in how matters unfold</li> </ul>
<b>2.2 Construction of moral logic</b>	Identification and articulation of human rights as anchoring logic
<b>2.3 Salience of moral identity</b>	Ethics and morals are explicitly identified as intrinsic to identity; conviction in duty of care to support others
<b>2.4 Socialised sensemaking</b>	Generative sensemaking emerges through discursive process

Table continued overleaf

Findings continued

<b>3. Leadership</b>	
<b>3.1 Proximity deepens understanding</b>	Leader proximity to the frontline builds understanding of moral challenges; salient leadership of line manager through proximity, support and understanding of the lived experience
<b>3.2 Dual accountability to support workforce and serve the organisation</b>	Accountability for staff facing challenging nature and volume of work; provision of centralised supports e.g. supervision, coaching, training, EAP and wellbeing supports; Focus is increasingly at the organisational level as hierarchy increases; limits of influence and power amongst leaders; decisions seek to ensure organisational sustainability
<b>3.3 Face moral complexity with integrity</b>	Integrity and resilience required in moral decisions; Drawing on trusted counsel and relationships to mitigate risk of isolated poor decisions; Challenge of facing unlimited demand with limited supply of resources whilst maintaining ethical standards; Invest in leadership development and regular reflection
<b>3.4 Communication conduit</b>	Leader as bridge connecting realities of the frontline with organisational priorities
<b>4. Moral Recovery</b>	
<b>4.1 Invest in wellbeing</b>	Investment of time for maintenance of physical, mental and social wellbeing
<b>4.2 Proximal social connection</b>	Sustained connection with colleagues in the close vicinity who understand the lived experience; social bond through shared learning
<b>4.3 Acceptance of boundaries</b>	Interpretation of individual responsibility within a wider support system of accountability; articulation of mental models which reinforce bounds of responsibilities; acceptance of behaviour and decisions of self and others; rituals to establish closure and maintain boundaries
<b>4.4 Development of perspective</b>	Maturation of perspectives and strategies through developmental experience over time; leveraging confidence, hope and lightheartedness in the face of challenging work