



Developing an understanding of moral injury in business settings

Sponsored by

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CONTENTS

| | |
|--|-----------|
| 1. EXECUTIVE SUMMARY | 3 |
| 1.1 Background..... | 3 |
| 1.2 Summary of approach | 3 |
| 1.3 Summary of findings | 4 |
| 1.4 Recommendations | 5 |
| 2. INTRODUCTION | 6 |
| 2.1 Background to the research and research aims | 6 |
| 2.2 What is moral injury and how is it defined?..... | 6 |
| 2.3 In what contexts is moral injury experienced?..... | 6 |
| 2.4 How does moral injury occur? | 6 |
| 2.5 What are the outcomes of moral injury? | 7 |
| 2.6 The importance of this research..... | 7 |
| 3. METHODOLOGY..... | 9 |
| 4. RESULTS | 10 |
| 4.1 Rapid Evidence Review on Moral Injury in Business Settings | 10 |
| 4.2 Interviews..... | 12 |
| 5. OVERALL SUMMARY..... | 26 |
| 5.1 Combined summary of findings | 26 |
| 6. RECOMMENDATIONS | 27 |
| 6.1 Recommendations for employees experiencing moral stress | 27 |
| 6.2 Recommendations for organisations..... | 28 |
| 6.3 Recommendations for further research and development | 29 |
| 6.4 Final comment from burnout expert, Cara De Lange CEO at Softer Success | 29 |
| 7. APPENDICES | 30 |
| 7.1 About Affinity Health at Work | 30 |
| 7.2 About Softer Success | 30 |
| 7.3 Search terms for Rapid Evidence Review | 31 |
| 7.4 Inclusion/exclusion criteria for Rapid Evidence Review | 31 |
| 8. REFERENCES | 32 |

1. EXECUTIVE SUMMARY

1.1 Background

Moral injury refers to the lasting strong cognitive and emotional response that is caused by performing, witnessing, or failing to prevent an action that violates one's own moral beliefs and expectations (Litz et al., 2009, 2019). Typically, moral injury research has been conducted within military settings, and more recently within healthcare. The outcomes of moral injury explored in the literature range from psychological (such as intrusive thoughts, changes in cognition for instance feeling unwanted and unworthy), emotional (such as shame, guilt, and disgust), social (such as social withdrawal) and behavioural (such as avoidance and anger). Experience of these symptoms will not in themselves lead to mental health issues, but if the symptoms continue for a long time, or are repeatedly experienced, moral injury will be an outcome (Litz & Kerig, 2019). Negative mental health outcomes of moral injury have been found to include Post Traumatic Stress Disorder (PTSD) (which has been the focus of research within military settings), depression, anxiety, suicidal ideation, burnout and emotional exhaustion (e.g. Wang et al., 2021; Evans et al., 2018; Koenig et al., 2018).

There have been repeated calls for more evidence to understand the extent of the moral stress and injury problem within other occupations (e.g. Williamson et al., 2018; Ewen et al., 2021) and therefore this research answers this call.

This research aimed to:

- Develop an understanding of the experience of moral stress and injury within business settings
- Examine the antecedents and contexts in which moral stress and injury in business settings occurs
- Examine the mediators and moderators of moral stress and injury within business settings
- Examine the outcomes of moral injury within business settings, in particular the links between mental ill-health and burnout.

1.2 Summary of approach

An evidence-based-practice approach was taken to this assessment, where evidence was gathered from several sources. The stages of assessment were as follows:

- Stage 1:** Evidence review: A review was conducted of papers exploring moral injury in business settings. 7006 initial papers identified were filtered to 5 key papers.
- Stage 2:** Interviews: 16 interviews were undertaken with individuals in business settings who had had lived experience with moral stress/injury in business settings.
- Stage 3:** Synthesis and reporting: Results from both literature and interviews were analysed and synthesised into key recommendations and an initial measure of moral stress/injury in business settings.

1.3 Summary of findings

| | Data No. | Summary |
|-------------------|----------|---|
| Literature review | 1 | There is very little evidence exploring moral stress/injury in business settings. In fact, only five papers were found, all of which were quantitative, cross-sectional studies. |
| | 2 | Factors to do with the individual (such as the extent to which they are attentive to moral aspects, and the importance they place on their role), and to do with the organisation (the extent to which the organisational culture, processes, practices, and policies are perceived as fair and ethical) have been explored as those which will affect an individual's likelihood of experiencing moral [injury/stress/strain]. |
| | 3 | Papers identified a range of outcomes of moral [injury/stress/strain] within business settings, including emotional outcomes (such as stress and burnout), work related outcomes (such as turnover intention and employee engagement) and physical health outcomes. As none of the data was collected over time and there are so few papers, we are unable to make conclusions at this time as to the outcomes of moral injury in business settings. |
| Interviews | 1 | Whilst participants experiences of moral stress differed in source, severity and length, all followed a similar process. This four-stage process moved from i) the event itself (events ranged from catastrophic transgressions to a succession of gradual incidents; and the majority involved witnessing transgressions of others, ii) the initial reaction (from shock to a realisation that this transgression had not been a mistake, to iii) a period of reflection and processing and finally iv) taking action. In the vast majority of cases, taking action involved leaving the organisation in which the transgression/s occurred. |
| | 2 | Interviews supported academic literature in finding emotional outcomes of stress and burnout along with depression, anxiety, powerlessness and anger, physical outcomes such as sleep issues and excessive alcohol consumption and work related outcomes. In particular, interviews highlighted a wider range of work-related outcomes than previously found including participants experiencing loss of competence and confidence, withdrawal and disengagement, and apathy. |
| | | Factors that worsened and lessened the experience of moral stress for individuals were found at a number of levels: |
| | i) | The individual level such as role identity saliency (+/-), moral attentiveness (-), emotional detachment (+), exercising compassion and acceptance (+) and taking recovery time (+) |
| | ii) | The group level such as support from others (+), validation from experts (+), emotional contagion from others (-) and moral misalignment with others (-) |
| | iii) | The leader level including styles characterized by bullying, power-play and control (-), decisions based on relationship maintenance and profit (-) |
| | iv) | The organisational level including ethical culture (+), acknowledgement of harm (+), opportunity to raise concerns (+), lack psychological safety (-) |

1.4 Recommendations

| Level | Recommendation |
|--------------|--|
| Individual | <ul style="list-style-type: none"> ○ Seek allyship and support from others ○ Invest in self-care ○ Seek elements of the situation that you can control ○ Think about learning and skill development ○ Reflect upon your experience and what this means for your role and career ○ Seek professional help if you are struggling with feelings such as anxiety, depression, and burnout |
| Group | <ul style="list-style-type: none"> ○ Seek validation and support from independent experts ○ Be aware of the impact of emotional contagion ○ If you are a manager, balance urge to protect your team with need to protect yourself ○ Undertake the Softer Success ® Wellbeing Assessment (SSWA) to assess the risk of burnout and identify risk of moral stress |
| Leader | <ul style="list-style-type: none"> ○ Encourage a culture where leaders take responsibility for their actions ○ Develop leaders who are ethically and authentically oriented ○ Train and develop managers in people management skills ○ Undertake the Softer Success ® Wellbeing Assessment (SSWA) to assess the risk of burnout and identify risk of moral stress |
| Organisation | <ul style="list-style-type: none"> ○ Be prepared to acknowledge and learn from mistakes ○ Embed ethical standards in practices, processes, policies and communications ○ Invest in an audit to assess the extent who you are providing a healthy working environment ○ Ensure the timely, transparent and fair application of Internal Investigations ○ Enable a culture of psychological safety where employees are free to speak up without fear of recrimination ○ Provide tertiary support to those suffering from outcomes of moral stress ○ Ensure open and transparent recruitment and selection processes ○ Undertake the Softer Success ® Wellbeing Assessment (SSWA) to assess the risk of burnout and identify risk of moral stress |

2. INTRODUCTION

2.1 Background to the research and research aims

Softer Success have been working to support clients to prevent burnout for several years, and through this work, a recognition of the occurrence of moral stress and injury within business settings was realised. Following conversations with both Professor Karina Nielsen (University of Sheffield) and Affinity Health at Work, Softer Success commissioned this research to explore the links between moral injury and burnout in organisations.

2.2 What is moral injury and how is it defined?

The term Moral Injury was coined by the psychiatrist Jonathan Shay (1994, 2002, 2014) as a result of his work with, and observations of, traumatised Vietnam War veterans. Despite Shay's work, Moral Injury only really gained academic recognition with the publishing of work of Litz et al. on War Veterans (2009). Litz (2009) defined Moral Injury as the 'lasting psychological and biological impact that is caused by performing, witnessing, or failing to prevent an action that violates one's own moral beliefs and expectations', and later in 2019 as 'a strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code (Litz et al., 2019).

2.3 In what contexts is moral injury experienced?

Typically, Moral Injury research has been conducted within high stakes occupations where decisions taken may determine life or death. The vast majority of literature on Moral Injury has been conducted with military personnel, particularly from the USA, who have experienced combat scenarios (Williamson et al., 2018), and more recently, particularly exacerbated by the Covid-19 pandemic, within healthcare settings. More recently, research has begun to explore moral injury within a number of different occupations including firefighters, police, emergency services, journalism, veterinarians and the clergy (Williamson et al., 2018).

2.4 How does moral injury occur?

The events that challenge an individual's moral beliefs are termed Potentially Morally Injurious Events (PMIEs) (McEwen et al., 2021). These events could be directly experienced, witnessed or learned about, such as involving an individual's act of omission or commission (or learning about/witnessing the act of another) or experiencing/witnessing or learning about a betrayal by a trusted person in a high stakes situation. If these events are not incorporated into an individual's existing moral framework (in other words at odds with), the individual will then experience dissonance and moral stress (McEwen et al., 2021) or moral distress (Koenig & Al Zaben, 2021). Although originally this form of stress, which is rooted in moral obligation, was viewed as an aspect of stress in general, it has now been found to be a distinct form of stress in itself (Reynolds et al., 2012). When moral stress is experienced repeatedly, and when the effects are long lasting, Moral injury occurs; and therefore, moral stress/distress can be seen as the precursor to Moral Injury.

2.5 What are the outcomes of moral injury?

Exposure to PMIEs can lead to outcomes ranging from psychological (such as intrusive thoughts, changes in cognition for instance feeling unwanted and unworthy), emotional (such as shame, guilt and disgust), social (such as social withdrawal) and behavioural (avoidance and anger). In fact, some of the symptoms are so commonly experienced, that is guilt, shame, spiritual and existential conflict and loss of trust, that they were included in an updated definition by Jinkerson (2016). Experience of these symptoms will not in themselves lead to mental health issues, but if the symptoms continue for a long time, or are repeatedly experienced, moral injury will be an outcome (Litz & Kerig, 2019). Some may feel experience feelings of anger, shame and guilt for many years (Shay, 2014) and years on may obsess about what they could have done differently and believe, albeit wrongly, that they carry a personal responsibility for the PMIE happening (Koenig & Al Zaben, 2021).

The outcomes of moral injury and PMIEs are often conflated in the literature, and it is recognised to be a limitation of the literature to date (Williamson et al., 2018). Nevertheless, the results of two systematic reviews (Williamson et al., 2018; and McEwen et al., 2021) have found ‘reliable and strong associations between moral injury and poorer mental health. Negative mental health outcomes of moral injury have been found to include Post Traumatic Stress Disorder (which has been the focus of research within military settings), depression, anxiety, suicidal ideation, burnout and emotional exhaustion (e.g. Wang et al., 2021, Evans et al., 2018; Koenig et al., 2018). Related negative psychosocial outcomes of self harm, drug and alcohol misuse, hostility to others, organisational outcomes such as loss of motivation and productivity and increased medical errors; and social outcomes such as marriage breakdown have also been found. Some researchers have argued that the outcomes of moral injury have been underreported, postulating for instance that where healthcare professionals cite burnout, moral injury may be the underlying cause (e.g. Talbot & Dean, 2018).

Much of the literature is cross sectional and correlational, and therefore it is currently unable to assess causal pathways and mechanisms. That said, there are some indications that some individuals will be more likely to suffer from moral stress and injury than others. Personal, behavioural and situational factors found to be associated with moral injury (in healthcare and military settings) have included younger individuals, females, those with lower levels of education, a lack of social support, less positive affect and lower religiosity.

2.6 The importance of this research

There have been repeated calls for more evidence to understand the extent of the moral stress and injury problem within other occupations (e.g. Williamson et al. 2018; McEwen et al., 2021) and therefore this research answers this call. Whilst the decisions of employees in business settings may not determine the life or death of others; they are able to significantly impact on the life of others and many would be classified as high stakes decisions. Further, scandals in business settings such as the Enron crisis, Oxfam scandal of 2011, Volkswagen emissions scandal of 2016 and the UBS rogue trader incident of 2011 have demonstrated the global impact of transgressive acts within these contexts.

This research aimed to:

- Develop an understanding of the experience of moral stress and injury within business settings
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3. METHODOLOGY

This project was conducted using an evidence-based approach in which evidence was taken from two sources: academic literature and interviews with participants. There were three stages to the research project, which allowed the team to explore the current state of moral injury in business settings and to develop a measure of moral stress/injury in a business setting

Stage One: Rapid Evidence Review

A rapid literature review was conducted to identify new research and provide a foundation of the antecedents and outcomes of moral injury, and to examine any links to burnout in the existing literature. The following three databases were used to identify studies: ABI/INFORM Global, Business Source Premier and PsycINFO. The search terms and inclusion criteria used for the evidence review are included in [Appendix 6.3](#) and [Appendix 6.4](#), respectively. 7006 papers were found on initial search. 2951 duplicates were removed, and 2943 removed on initial screening. 8 papers were selected for full paper screening, of which 5 final papers were selected.



Stage Two: Interviews with employees who had experienced moral injury

A qualitative research method was used, with data gathered from interviews with 16 participants. Interviews adopted a narrative interviewing style to explore participants' experience with moral stress or injury. Interviews (lasting up to one hour) were audio recorded, transcribed and thematic analyses conducted. At the time of their experience with moral stress or injury, all participants were all professional office workers from the following sectors and professions: advertising, law, technology, telecommunications, corporate healthcare, human resources, behavioural science, accounting, banking and finance. Participants were men (n=4) and women (n=12) and represented various levels of seniority and functions within their organisations. To ensure confidentiality, no other demographic data was collected.



Stage Three: Analysis of stages 1 – 2 and development of client and technical report

Data gathered in stages 1 – 3 were analysed and interpreted. At this stage, two reports were developed; one (included here) as a practitioner report for Softer Success; and one, a longer and more-in-depth academic report for Karina Nielsen. This report is the client report, including recommendations for both employees and organisations.

4. RESULTS

4.1 Rapid Evidence Review on Moral Injury in Business Settings

A rapid systematic evidence review was conducted to establish the literature base for moral injury/stress occurring in a business setting. The search of the three academic databases resulted in 7006 records being retrieved. Following a comprehensive screening procedure, 5 full papers were considered appropriate for this literature review. These papers are Ames et al. (2020), Prottas (2013), DeTienne et al. (2012), Al Shbail et al. (2018), and Huhtala et al. (2011).

4.1.1 Summary of the characteristics of each paper

The five studies employed in the current literature review originated from three countries. Three were from the United States (Ames et al., 2020; Prottas, 2013; and DeTienne et al., 2012), one was from Jordan (Al Shbail et al., 2018), and one was from Finland (Huhtala et al., 2011). All five studies within the current literature review adopted a quantitative cross-sectional design.

The types of job roles, businesses and industries varied across each of the five studies of this literature review, from employee roles to high level executives and senior managers; from private to non-profit and government owned organisations, and from the following sectors: finance and insurance, education, public administration, public relations. The age of participants in the five papers ranged from 18 – 68 years of age; with a bias towards male participants.

4.1.2 Evidence around the *antecedents or mechanisms affecting the experience of moral injury in business settings* of moral stress/injury in a business setting

The papers explored those factors which made moral [injury/stress/strain] more or less likely to occur. The table below summarises the findings.

| Factor | Description | Finding |
|--------------------------------|--|--|
| Role identity saliency | The extent to which an individual sees their role as meaningful and important, and the extent to which their self-concept is defined by their role | Although hypothesised as the likelihood that the higher the role identity salience, the greater the likelihood of moral stress, the opposite was found in one study. |
| Moral attentiveness | The extent to which an individual perceives and reflects on the moral aspects of experiences, with high moral attentiveness corresponding to higher levels of reflection and perception. | The higher the moral attentiveness, the greater the experience of moral stress. |
| Organisational ethical culture | The extent to which organisational leadership, reward systems and processes and practices were perceived to be ethical and fair, and the focus in the organisation | The more ethical the culture, the lower the reporting of moral strain. |

on ethics, supporting others and providing authority to employees.

There is not enough evidence to be able to draw any conclusions from this, however it seems reasonable to suggest that both factors to do with the individual (such as the extent to which they are attentive to moral aspects, and the importance they place on their role), and to do with the organisation (the extent to which the organisational culture, processes, practices and policies are perceived as fair and ethical) will affect an individual's likelihood of experiencing moral [injury/stress/strain].

4.1.3 Evidence around the outcomes of moral [injury/stress/strain] in business settings

The papers cited a range of outcomes of moral [injury/stress/strain] within business settings, including emotional outcomes (such as stress and burnout), work related outcomes (such as turnover intention and employee engagement) and physical health outcomes. It is important to note however that all papers in the review collected data at one time point and therefore were not able to ascertain change or outcomes over time. There is therefore inadequate research to be able to predict outcomes of moral injury within business settings.

| Negative emotional outcomes | Negative work-related outcomes | Negative physical health outcomes |
|------------------------------------|---------------------------------------|--|
| Employee wellbeing (-) | Work- family conflict | Physical health (-) |
| Burnout (and emotional exhaustion) | Job satisfaction | |
| Ethical tension | Turnover intention | |
| Stress | Job/work engagement | |
| Life satisfaction (-) | | |

4.1.4 Summary of findings from the literature review

As cited in previous papers, there has, to date, been little attention towards the experience and outcomes of moral stress/injury in business settings. Using a systematic review process, only five papers were identified that empirically explored this. The papers were all quantitative, meaning that data was not collected on the lived experience of moral injury in business settings, and were all cross sectional, meaning that data was not collected to understand the experience and outcomes of moral stress/injury over time. Although some factors (moral attentiveness, role identity salience and ethical organisational culture) were found to be associated with an individual's likelihood of experiencing/impact of moral stress/injury; there is not enough evidence to draw any firm conclusions. Similarly, whilst the papers identified a range of outcomes of moral stress/injury within business settings (including emotional outcomes such as stress and burnout; work outcomes such as turnover intention and employee engagement; and physical health outcomes), no conclusions area to be made from this as a result of the quality and quantity of data.

4.2 Interviews

Data were gathered from interviews with 16 participants (men=4; women=12) who discussed their experience with moral stress or injury. Length of experience with moral stress ranged from 1 to 20 years, with an average of 4.5 years. At the time of their experience, all participants were professional office workers who represented various levels of seniority and functions within their organisations. To ensure confidentiality, no other demographic data was collected beyond that presented in the below table.

| Participant No. | Sector or discipline | Gender | Approximate length of experience |
|-----------------|----------------------------------|--------|----------------------------------|
| 1 | Architecture | Male | 3 years |
| 2 | Automotive, Advertising and Tech | Male | 8 years |
| 3 | Private Education | Female | 3 years |
| 4 | Financial Services and Charity | Female | Not available |
| 5 | Human Resources | Female | 7 years |
| 6 | Telcom/Technology | Female | 3 years |
| 7 | Corporate Healthcare | Female | 1 year |
| 8 | Financial Services | Female | 1 year |
| 9 | Behavioural Science | Male | 2 years |
| 10 | Employment Law | Female | 2 years |
| 11 | Corporate Healthcare | Male | 7 years |
| 12 | Banking and Finance | Female | 1.5 years |
| 13 | Banking and Finance | Female | 1 year |
| 14 | Marketing | Female | 4 years |
| 15 | Human Resources | Female | 20 years |
| 16 | Behavioural Science | Female | 1 year |

2.1.1. Experiences of moral injury in business settings

Participants' experiences with moral stress varied in source, severity and length. However, it was observed that each experience followed a similar process with four distinct phases:

- Phase 1: The event
- Phase 2: Initial reaction
- Phase 3: Reflection and processing
- Phase 4: Taking action

Phase 1: The event or scenario

Each participant presented an event, series of events, or scenario that led them to an experience with moral stress or injury. For some participants, this started with a clear and identifiable one-off transgression by either a colleague, leader, or by the organisation itself. Examples included a catastrophic transgression of a colleague with widespread implications for the organisation; unfair

redundancy selection; or failure to act upon a whistleblowing complaint. For other participants, events were more nuanced and gradual, experienced as ‘low level grind’, or ‘long term, chronic micro actions’ over time, such as leadership approaches based on humiliation, manipulation and control. For these participants, it was often harder to identify the point at which their experience started.

The below table details the types of event or scenarios presented by participants that led them to experience moral stress.

| IGLOO Level | Event or scenario |
|----------------|---|
| Individual | <ul style="list-style-type: none"> • Individual transgression with repercussions for other staff |
| Group | <ul style="list-style-type: none"> • Homophobic treatment |
| Leader | <ul style="list-style-type: none"> • Managing the impact of personal differences in senior leadership team, where role responsibility is to protect the entity • Senior leaders in receipt of large personal dividends with evidence of excessive personal expenditure whilst making staff redundant or failing to pay salaries • Leadership style based on humiliation, fear, control, manipulation • Nepotism (employing based on personal relationships) |
| Organisational | <ul style="list-style-type: none"> • Failure to comply with legislation or regulation • Dispassionate treatment of employee with medical emergency, personal challenges, mental health concerns • Unfair selection in assessment, selection or redundancy scenarios • Failure to act upon duty of care to employees • Scapegoating • Blockers to enacting care giving role • Failure to follow HR policy or poor management of serious people concerns, such as bullying and harassment, whistleblowing complaints • Corruption in form of prioritised supplier relationships • Employee moonlighting and engaging own companies for work • Misuse of Government funding • Sanitisation of audit reports to maintain auditor/client relationship • Targeting financially vulnerable clients • Contradictions internal/external organisational ethical narrative • Misinformation fed to shareholders and clients • Failure to acknowledge harm or mistakes, irrespective of intent |

Phase 2: Initial reaction

When participants realised that they had witnessed or learned of an event that had challenged their moral beliefs, they talked to an initial experience of dissonance. Where the event was a one-off participants referred to initial feelings of shock, confusion, petulance, failure, and numbness. For many, they ‘couldn’t believe what was happening’ and felt that they were ‘ill-prepared’ for such an event. Participants who presented nuanced and gradual events, the sensation of shock subsided

over time; and in recalling more recent events, these participants found themselves ‘unsurprised’, having ‘seen it all before’.

Following the initial shock of the event, many participants generally found themselves taking immediate action in the hope of rectifying the situation and under the assumption that a mistake had been made. Immediate action involved efforts to prove that the transgression was wrong and immoral, and to ‘gain some control over the behaviour’ they were faced with. Efforts included presenting evidence to the contrary (such as recordings and video evidence, email trails, HR policies and processes, ethical or professional standards, re-writing of policy) or creating opportunities to ‘have their say’ and to provide feedback to parties or individuals perceived to be in the wrong.

For most participants, it was the organisation’s response (or lack of) to their immediate action that compounded the experience of moral stress. Examples included brushing off their concerns and being told not to ‘mess with this’ and ‘just leave it’, unwillingness from leaders to receive feedback, or, despite the participants’ condemnation and presentation of contrary evidence, a continuation of the wrongdoing action, decision, or behaviour. For some, there was a complete lack of response or a ‘cone of silence’ to participants’ immediate action, which was quoted by one participant as ‘really distasteful, stressful and wrong’. One participant felt that in calling out the wrongdoing, they had ‘become the enemy’, whilst another noted that in ‘in choosing to do that, I made my life and my family’s life hell’.

It was at this point those participants realised that efforts to reconcile wrongdoings had ‘fallen on deaf ears’, and ‘not a conversation [leaders] wanted to have’, for many, leading to an intensification of shock and dissonance. A lack of response from their organisations made participants feel the wrongdoing was ‘brushed under the carpet in broad daylight’, and that ‘turning a blind eye’ to such transgressions was ‘disturbing’.

Phase 3: Reflection and processing

Given a common inadequacy of response from their employing organisations to that initial reaction, participants entered a period of reflection and processing. Mostly, this period was characterised by a sense of powerlessness and frustration about what had been witnessed. Some participants became quiet and introspective at this stage; keeping their ‘head down’ and needing to process what had happened without the ‘noise’. One participant noted that they ‘weren’t known for being quiet’, but that ‘eventually you stop biting back’. Although the length of this period varied, reflections converged in that there was a general acceptance that there was no longer anything they could do to change the event, but that the moral stress they had experienced was too deep and impactful to be ignored. Some talked to the experience as ‘a human rights violation’, and how it was hard to move on from as it ‘didn’t fit with the narrative’ they had about themselves or their ‘sense of identity’. In reflecting upon their experience, one participant talked about how the business world ‘was ‘the opposite of what [they had] grown up to believe’, whilst another noted that when one witnesses something that contradicts what they feel to be morally right, it becomes impossible to reconcile with yourself.

Phase 4: Taking action

At this final stage, feelings of powerlessness and moral violation had prompted most participants to take more permanent action. For some this meant purposefully removing themselves from the organisation, either by seeking new employment, or by taking some time out in the form of a sabbatical, or a career break to ‘get their head right’. For others, the extent of moral violation and level of distress had resulted in them leaving their organisation without notice, and in some cases under the terms of a settlement agreement. Others set up their own business, whilst some were signed off work for depression or anxiety, (some remaining on long-term absence at the point of interview). For a small number of participants, financial concerns made leaving the organisation in which they had experienced moral stress a challenge. For these participants, ‘taking action’ involved finding ways to cope with the moral insult, such as through ‘rogue’ behaviours that somehow allowed them to ‘fix’ the wrongdoing such as the submission of grievances, engaging with a coach or counsellor. A couple of these participants talked to the need to move on from the experience, with one noting that ‘to protect myself emotionally, I’ve just sort of parked it’.

For those who did leave the organisation, not all were able to pin-point the exact moment that they decided to leave. However, there was a general sense of being ‘fed up with having [their] values compromised’, and feeling that they ‘can’t be here, can’t do this’. One participant noted that they would ‘either need to leave now, or in a body bag’ in demonstration of the level of distress that they experienced in relation to the moral stress at work. When these participants did leave, they spoke of the big weight lifted off [their] mind’, and how the ‘sense of being out of that toxic environment’ was ‘indescribable’ and ‘a very liberating moment’.

2.1.2 Outcomes of moral injury in business settings

Findings from the interviews showed that the outcomes of moral stress or moral injury in business settings fall into four categories: i) emotional outcomes; ii) social outcomes; iii) physiological /cognitive outcomes; and iv) work-related outcomes. The diagram below summarises both the short- and long-term outcomes as of moral stress for each of the four categories, as identified in the interviews. Items in green highlight outcomes observed as positive.

| Emotional outcomes | Social outcomes |
|---|---|
| <p>Short term:</p> <p>Isolation Powerlessness Self-doubt Impaired self-concept Emotional exhaustion Apathy Reduced motivation Low mood Nervousness Meaninglessness Embarrassment Burnout</p> <p>Long term:</p> <ul style="list-style-type: none"> ● Grief for loss of identity ● Continued cynicism ● Guilt and shame ● Need to seek resolve ● Resilience | <p>Short-term:</p> <ul style="list-style-type: none"> ● Mood and sensitivity challenges with others ● Frustration with and reduced tolerance for others ● Loss of friendship/diminished networks ● Reduced approachability and withdrawal ● Isolation from friends and colleagues ● Distressing conversations ● Sense of failure in other life-roles i.e., mother, wife <p>Long-term:</p> <ul style="list-style-type: none"> ● Clarity over priorities and relationships ● Gratitude for support from loved ones |
| Physiological / Cognitive outcomes | Work-related outcomes |
| <p>Short term:</p> <ul style="list-style-type: none"> ● Rumination about work or event ● Inability to psychologically detach from work ● Exacerbation of existing medical/physical concerns ● Cognitive dissonance ● Excessive food or/and alcohol consumption ● Impaired sleep quality ● Digestive issues ● Mental exhaustion ● Impaired concentration ● Weight gain ● Reduced physical energy <p>Long term:</p> <ul style="list-style-type: none"> ● Anxiety dreams ● Sleep concerns | <p>Short term:</p> <ul style="list-style-type: none"> ● Short term sickness absence ● Reduced professional efficacy / imposter syndrome ● Sense of failure in role/profession ● Concern for impact on career and reputation ● Reduced productivity ● Work avoidance ● Reduced engagement/disengagement ● Collective apathy <p>Long term:</p> <ul style="list-style-type: none"> ● Long term sickness absence ● Loss of trust, respect, loyalty and commitment ● Better work-life balance/boundary management ● Gratitude for career experience ● Clarity over future career preferences |

As seen in the diagram above, data from the interviews highlights a range of outcomes associated with the experience of moral stress or injury in a business setting. The following narrative presents

these outcomes according to whether they had short term presentation, or whether they are still experienced at the point of interview with potential for longer term implications.

Short term outcomes

A plethora of short-term outcomes of moral stress were observed within all categories. All participants experienced emotional outcomes with varied intensity, with some talking to nuanced feelings of apathy, despondency, and reduced motivation, whilst others spoke of dominating conditions of burnout, emotional exhaustion, depression, and anxiety. A sense of isolation and vulnerability resulted from a realisation of moral misalignment between participants and others, and when efforts to rectify the moral misdemeanour were overlooked or dismissed, participants suffered from feelings of anger, betrayal, hopelessness, and powerlessness. In articulating the force of their emotional response to moral stress, several participants likened their experience to that of being in ‘an abusive relationship’ that you cannot escape.

Short term social outcomes centred on immediate relational encounters, associated with mood and sensitivity challenges with others, and frustration with and reduced tolerance for others – ‘I just couldn’t be authentic with people’. In some cases, sharing of the experience with others served to compound the distress and hurt for participants resulting in a gradual withdrawal from family, friendships, and colleague networks – ‘I don’t want to connect – I feel very guarded’. Feelings of isolation became heightened in some accounts, with a few participants explaining their feeling of failure in other life roles, such as being a parent or spouse.

Physiological outcomes experienced in the short term were associated with reduced physical energy, impaired sleep quality, digestive issues, and the exacerbation of existing medical concerns. Several participants adopted maladaptive coping mechanisms such as excessive alcohol or food consumption resulting in weight gain and the exacerbation of other physiological outcomes, such as impaired sleep.

Cognitively, all participants experienced dissonance fuelled by their strong feelings of unease and discomfort from their encounter with moral violation. It was clear that all participants suffered from excessive rumination and an inability to psychologically detach from work or the event, which amounted to mental exhaustion associated with impaired concentration and cognitive functioning.

In the immediate aftermath of their moral violation, work-related outcomes related to reduced productivity, work avoidance, and disengagement. Where several people were involved in the experience of moral stress, there was evidence of collective apathy and collective disengagement. Some participants were placed on a period of sickness absence because of their experience, with one explaining that they were confident they had ‘what resembled a nervous breakdown during that period’, and another noting that the experience had felt like ‘a grievous harm – just not bodily, but mentally’. Work-related outcomes were also associated with changes in how participants felt about themselves and their career, with observations of imposter syndrome, impaired professional efficacy, and concern for the impact of the experience on their future career and reputation – ‘this pushed me to my absolute limit which worries me about going into a new role’.

Long term outcomes

Longer term outcomes of moral stress were found in emotional, physiological/cognitive, and work-related outcome categories. Emotionally, most accounts converged in evidence of latent guilt, shame, and cynicism towards their organisations; despite the passage of time, most participants still thought about the experience and the need for resolve – ‘the effect it has had on me is enormous’. Although several years had passed since the experience for some participants, all were able to clearly recall events, feelings, and outcomes, suggesting the saliency and lasting impact of the experience. The extent to which moral stress was deeply experienced was summarised by one participant: ‘the way we talk about it is almost like trauma, like the way that we constantly revisit the same aspects...it has obviously impacted us quite deeply on an emotional level’. For some participants, the pain and distress of moral stress remains acutely felt, with some participants remaining on long-term sickness absence, ‘trying to hold it together’, and with an experience akin to grief for the loss of their identity from no longer feeling like, ‘the person they used to be’.

Long-term physiological outcomes were evidenced in some participants with a few talking to chronic implications for sleep, associated with anxiety-related dreams and impaired sleep quality. Long term work-related outcomes related to a severe loss of trust, respect, loyalty, and commitment to the organisations in which participants experienced moral stress. For some, the experience had ‘killed a career dream and the affinity I had with the organisation’, a notion that was strongly evidenced by the number of participants who have left the employment of their organisation because of their experience.

Although predominantly negative, there were examples of longer-term positive outcomes following participants’ experience with moral stress, with a couple noting that they ‘have recovered now’. These were apparent in social and emotional outcome categories, but predominantly in the work-related outcome category. Socially, evidence demonstrated that the experience of moral stress had encouraged participants to reflect upon their priorities, with a renewed gratitude for relationships for which they held dearest. Within the emotional outcome category, some participants talked about the experience having developed their levels of resilience whereby ‘what doesn’t kill you makes you stronger, right?’.

Within the work-related category, where some time had passed since the event, there was a sense that, despite the pain accompanying moral stress, there was potential for development; in taking a ‘growth through adversity’ perspective, several participants noted how the experience had taught them to make more positive and autonomous choices about life and work rather than ‘coasting’ or making ‘career decisions that do not align with my values’. Others talked to developing a pragmatism about work and learning that they ‘cannot bring integrity to others’ or ‘change someone’s beliefs’. Due to the impact on their mental health, others saw this experience as a wake-up call to prioritise self-care, work life balance, and boundary management. ‘Pain had become my power’ for one participant, with others also citing a gratitude for the experience, which had contributed to career advancement and increased happiness and confidence within their roles – ‘I learned more in that time that I would do in 10 years of a career’.

2.1.3. Factors worsening or lessening the experience of moral injury in business settings

The table below and following narrative explore the factors that either worsened or lessened participants' experience of moral stress or moral injury in business settings. These factors are presented using the IGLOO framework which identifies factors at the Individual, Group, Leader, Organisation and Overarching levels (Nielsen et al., 2018).

| IGLOO Level | Factors worsening the experience | Factors lessening the experience |
|----------------|--|--|
| Individual | <ul style="list-style-type: none"> ● Compounding effect of general work stress ● Additional personal challenges, such as home renovations or moves, family illness ● Role identity saliency (seeing the job/role/profession as a key or significant part of an individual's identity) ● High moral attentiveness (morals and values being particularly important to an individual) ● Concern for own reputation | <ul style="list-style-type: none"> ● Psychological/emotional detachment from work and/or event ● Exerting control where possible i.e., overturning smaller immoral decisions, exercising influence and autonomy in other areas of role, setting up own business, pro bono, or best practice work ● Attending courses/webinars to develop new skills (including role specific training to deal with moral conflict) ● Sustaining professional standards ● Exercise (yoga, running, walking) ● Taking intentional recovery time ● Time in nature ● Practicing acceptance ● Gaining agency over new career decisions i.e., career change to purposeful environments ● Seeking positive outcomes from the experience ● Exercising compassion for parties/individuals involved in the transgression ● Role identity saliency (being aware and deciding to leave morality 'at the door') |

| | | |
|--------|---|--|
| Group | <ul style="list-style-type: none"> ● Lack of support from family and colleagues ● Sense of responsibility to team and family ● Limited number of confidants for those in senior roles ● Family with lack of understanding of corporate world ● Emotion contagion from colleagues (the spread of negative emotion and distress about the event) ● Pressure to continue to manage, lead and inspire and protect other team members ● Being close or relatable to those impacted by event or decision ● Moral misalignment with others (feeling that the importance that an individual places on morals and values is not matched by others in the organisation) | <ul style="list-style-type: none"> ● Support and advocacy from partner, family, friends, and colleagues ● Validation from lawyer or independent expert ● Engaging a Counsellor or Coach |
| Leader | <ul style="list-style-type: none"> ● Leadership styles characterised by intimidation, manipulation, humiliation, bullying, threat, 'power-play', control, disregard, self-preservation, and greed ● Lack of moral attentiveness in senior leaders ● Decisions based on relationship maintenance and profit vs. doing the 'right' thing ● Lack of support for employees, and failure to protect them from harm | <ul style="list-style-type: none"> ● Humanistic leadership style of new leader |

Organisational

- Organisational culture – blame, mental health stigma within masculine or ‘cut-throat’ industries such as Financial Services, Law, fear of hierarchy, endemic bullying and harassment
- Being in an organisation focused on growth and profit
- Lack of opportunity to raise concerns or mechanisms to formally consider moral conundrums i.e., no exit interview, lack of or non-compliance with whistleblowing policy, poor consultation mechanisms
- Lack of psychological safety and trust (feeling safe to speak up)
- Lack of transparency in Employee Relation investigations
- Contradiction in organisational external messaging and internal behaviours
- Immature HR policies and processes
- Lack of acknowledgement of or apology for harm
- Buffering effect of regulatory environment / ethical obligations
- Acknowledgment of harm caused
- Hybrid working allowing for distance between parties
- Having an Employee Assistance Programme

Individual level factors worsening or lessening the experience

Individual level factors that worsened the experience of moral stress or moral injury included the compounding effect of existing role stress, and the extent to which participants were experiencing personal challenges in parallel. Participants noted the compounding effect of general work stress to their feelings of moral violation, with a sense that those under existing job strain perhaps experienced moral stress more acutely. Furthermore, many participants cited personal challenges at the same time as their exposure to moral stress in the workplace, with examples of home relocations or renovations, and family or personal illness. The financial burden of personal challenges, such as house renovations, added to participants' feeling of entrapment and hesitance in seeking a new role outside of their organisation. In accordance with Hobfoll's (1989) Conservation of Resources theory (COR) the existence of additional stressors may have compounded the experience of moral stress given a co-existing depletion of, and threat to resource.

Individual level factors that served to lessen the experience of moral stress or moral injury for participants centred on those that, when leveraged at the time of the event mitigated the initial impact for individuals, and those that supported individuals in post-event recovery. Factors thought to mitigate the initial impact of the event included the extent to which participants were able to psychologically detach from work and/or the event ('separating home and work versions of myself'), and their levels of resilience to and acceptance of 'the way the working world is'. Other factors that seemingly supported individuals post-event included related to the 'wrestling back of some power' to keep them 'sane'. Examples included maintaining physical exercise, enacting agency (such as overturning smaller immoral misdemeanours, setting up their own business), finding a new role in a purposeful or helping environment ('I feel like I am now paying back a moral debt from earlier in my career'), reframing the event as a 'fascinating intellectual challenge', or 'a TV show you are watching'), or 'taking proactive steps to counteract the narrative' and to remain 'net neutral in the world' through pro-bono or best practice work.

For some, the self-observed need to recover was a powerful antidote to the experience, with references to intentionally 'slowing down', taking time out before looking for a new role, or spending more time in nature. Whilst the experience of moral stress remained salient for all participants, differences were observed between those who remained in a state of processing and disbelief, and those who had distanced themselves from the experience. The point of difference centred on the extent to which participants had practiced acceptance ('it's literally a waste of energy to think that anything will change'), their compassion for parties/individuals involved in the transgression, or the extent to which they perceived outcomes from the experience (such as gratitude for career experience, and clarity over future career decisions).

Divergence in accounts was observed in relation to role identity saliency; for some participants, seeing their role as an integral part of their identity and self-concept served to either worsen or lessen the experience of moral stress or moral injury. Some participants with seemingly high levels of role identity saliency talked to moral conflict as an inherent characteristic of the role, and how they knew to 'leave morality at the door'. For others, role identity saliency and a desire to maintain professional and ethical standards, acted as barriers to participants in 'moving on' from the event. This represents an important contribution to the literature (e.g. Ames et al., 2020) where role identity saliency, though hypothesised to be a worsening factor, was found in the literature to be a

protective factor. This suggests the impact of role identity salience may depend on individual, professional or other contextual considerations.

Group level factors worsening or lessening the experience

Group level factors serving to worsen or lessen the experience of moral stress or moral injury for participants related to levels of support from family, friends or colleagues, and relatability or proximity to those impacted by the event.

High levels of support or advocacy from colleagues, family or friends seemingly buffered participants' experience of moral stress or injury, with the most valued support cited as that received from partners. Support from family came in the form of 'bouncing ideas' off one another, listening in to meetings, words of encouragement, and practical support in the form of 'moving back home, allowing me heal' without financial worry. Whilst most participants talked to commendable support from family members, for some it was hard to share their experience due to family lack of exposure and understanding on the business world and wanting to shield them from worry or burden.

Support from non-family members came in the form of allyship with colleagues, conversations with friends, or accessing expert support (such as Counsellors, Coaches, and Lawyers). One participant referred to their colleagues as 'rays of sunshine' whom without, 'this wouldn't be bearable'. Despite the passage of time, some colleagues remained in participants' lives, with continued contact through group messaging, and meet-ups where conversations 'inevitably' turned their collective experience of moral stress. The downside of colleague support for some was the need to manage emotion contagion (that is, the spread of negative emotions and distress about the event between peers); and for senior-level participants, accessing support was more challenging due to a limited number of confidants and a continued pressure to manage and lead their teams throughout the experience.

The extent to which participants felt a relatability or proximity to those impacted by the event or decision also seemed to moderate the experience of moral stress or moral injury. Example events included those resulting in unfair treatment, job loss or lack for compassion for peers, and financial or psychological implications for vulnerable or minority groups. In being able to relate to the 'victims' of the event, participants talked to a more severe misalignment of moral integrity and moral attentiveness with others, with one participant feeling that in turn, they had also become a 'victim'.

Leader level factors worsening or lessening the experience

Leader level factors predominantly worsened the experience of moral stress or moral injury for participants, with low moral attentiveness and leadership styles cited as having the greatest impact. Accounts from participants converged in this respect, as all spoke about how their leaders' actions or in-action contributed to or exacerbated negative outcomes of the experience. Evidence of leaders adopting leadership styles characterised by intimidation, manipulation, humiliation, control, and greed, were observed in all accounts. Threatening behaviour such as 'we'll give you a bad reference if you leave', were thought to add to a sense of powerlessness for participants.

Leaders also demonstrated low levels of moral attentiveness, nepotistic behaviours, and decision making motivated by relationship maintenance and profit rather than ethics. One participant felt that their leaders' behaviours were 'repulsive', whilst another noted their disbelief in leaders' failure to acknowledge 'the impact that work can have on you if it doesn't sit with your own value system'. As some participants found new employment, exposure to open, caring, and ethical leadership styles of new leaders were a source of healing for some participants, who talked to finally working for someone who 'took me under their wing', and who they were able to respect.

Organisational level factors worsening or lessening the experience

Organisational level factors also largely worsened the experience of moral stress or moral injury for participants, with the greatest impact in organisational perceived to lack moral integrity at a systemic and cultural level – 'it was brilliant when I realised it wasn't just her, it was actually systemic and cultural'. 'Toxic' cultures, characterised by endemic bullying and harassment, excessive drive for profit and growth, mental health stigma (for instance in male-dominated or 'cut-throat' industries), blame-cultures, and lack of psychological safety and trust, were thought to facilitate the occurrence of moral transgressions. The perceived hypocrisy of such organisations was particularly distressing and harmful to participants, where espousing a particular set of values, or to abide by a particular code of conduct contradicted latent behavioural norms in practice. Examples of this disconnect included declarations of ethical integrity as a corporate priority, contrasted with immature HR processes and policies lacking in transparency and fair application. Furthermore, where there was opportunity to raise concerns (such as through consultation mechanisms, whistleblowing policy, or exit interviews), evidence suggested there to be limited or no action as a result of the compliant.

When probed about organisational level factors that lessened the experience of moral stress or moral injury, there was some evidence of the reparative effect of acknowledgement of harm or wrongdoing, with one example of an acknowledgement that the event could have been more effectively managed. Participants noted that an apology or acknowledgement of the transgression would have advanced their post-event recovery, with potential for mitigating psychological implications of the experience. Other organisational level factors thought to buffer the intensity of experience related to the ability to work from home (in doing so, creating distance between involved parties and participants), access to an Employee Assistance Programme, and in some cases, knowing that their organisation was bound by regulatory and ethical obligations. However, where failure to abide by regulatory obligations was the source of moral stress for participants, the event was experienced as more shocking and unforgiveable.

5. OVERALL SUMMARY

5.1 Combined summary of findings

This report provides important insights into the experience of moral stress or moral injury in a business setting. In using an evidence-based practice methodology, and collecting data from interviews with 16 participants, deep insights into the experience have been captured. The impact of moral stress or moral injury was both significant and wide-ranging; and those outcomes associated with the experience were largely negative at every level.

Despite being absent from the academic literature, interviews provided rich detail upon participant's experiences of moral stress within business settings. Participants' experiences with moral stress varied in source, severity and length, however it is important to note that each participant experienced the morally injurious event, and ramifications of this for many years. What is striking is the saliency of experience for all participants; despite the length of time between the event and interview, participants talked about the experience with clarity and the ability to recall acute detail. Whilst having these clear differences, it was found that the experience of moral stress/injury followed a similar process for all 16 participants. This four-stage process moved from i) the event itself (which ranged from a succession of gradual incidents to large, in some cases, catastrophic transgressions, in the main witnessed as being conducted by others) to ii) the initial reaction where participants often moved from shock to taking actions to rectify the situation, assuming at that time it had been a mistake. When it was realised that the event was not a mistake and that attempts to rectify had fallen on 'deaf ears', in time participants moved to iii) a period of reflecting and processing the meaning of the experience within their frame of reference. Finally, iv) participants took action, which in the most part, involved leaving the organisation.

Outcomes of this experience and process were varied. The wide range of emotional outcomes (including burnout, stress, anxiety, depression, apathy, cynicism, dread, anger and powerlessness), physiological outcomes (such as alcohol consumption, digestive issues, sleep problems) and social outcomes impacting on family life supported and concurred with evidence found on existing literature of moral stress and injury in general and in business settings. Although previous literature did explore a number of work-related outcomes (including job dissatisfaction, turnover intention, job/work engagement), these were extended in the interviews with outcomes of participants feeling like failures or imitators in their role/profession, withdrawing by disengaging, avoiding work or becoming apathetic. Interestingly in the interviews, unlike in previous research, there were also found to be some positive outcomes of moral stress. A number of participants that had processed the experience of moral stress, experienced growth through adversity, even describing feeling gratitude for the experience. For some participants, the psychological, cognitive, and physiological outcomes converged – and in some cases, continue to converge - with characteristics of trauma with long term implications for psychological and physiological health. It is likely that the combination of the process of moral stress (particularly the second stage of appreciating the dissonance between their view of the moral transgression and others within the workplace rather than the experience itself), coupled with the length of time with which the experiences lasted, could explain outcomes of emotional exhaustion, cynicism and burnout; and it is here that participants experiences of moral stress are likely to have become moral injury.

Finally, the interviews provided deep insight into the contextual factors that impacted (both positively and negatively on the experience and impact of moral stress. Whilst the factors of role identity salience, moral attentiveness and ethical organisational climate were found (which supported academic literature in which they were referred to as moderators and mediators), participants spoke of far greater impact, both in terms of breadth and range, of these contextual factors than had previously been explored.

6. RECOMMENDATIONS

6.1 Recommendations for employees experiencing moral stress

These recommendations are intended to be applicable for all employees who might be experiencing moral stress at work.

Recommendations for the individual themselves:

- Look for allyship and support either within the organisation, or outside through friends, family or a coach or counsellor
- Invest in self-care, whether that be taking exercise, time in nature, practicing acceptance and perspective taking or prioritizing recovery time
- Try and find elements of the situation that you can control. This could be as simple as taking recordings, and making notes about what is happening, or it could be overturning or speaking up about smaller immoral decisions.
- Think about learning and skill development. This could be in-role, developing new skills or undertaking voluntary or pro-bono work aligned to your values and skill set. Reflect on your skills and what this could mean for your future.
- Reflect upon what your experience of moral stress tells you about you want and need in your role and job. Do you need to look for roles more aligned to your value system? How will you go about doing that? How could you use this experience to grow and develop?
- Seek professional help if you are struggling with feeling such as anxiety, depression and burnout.

Recommendations at the group level

- Gain validation and expert support of independent experts such as a professional association or legal representation
- Be aware of the impact of emotional contagion (the spread of negative emotion and distress about the event) by limiting who you choose to speak to and with
- If you are a manager, try and balance the urge to protect your team with the need to protect yourself. Focus on honest and open communication rather than shouldering all the pressure and stress yourself.
- Undertake the Softer Success® Wellbeing Assessment (SSWA) to assess the risk of burnout and identify risk of moral stress.

6.2 Recommendations for organisations

These recommendations are applicable to all organisations intending to mitigate the likelihood of or implications of moral stress or moral injury in the workplace.

Recommendations at the leader level

- Encourage a culture where leaders take responsibility for their actions, and can acknowledge mistakes and show vulnerability
- Develop leaders who are ethically and authentically oriented, those who are aware of their values and moral system
- Train and develop managers in people management skills, particularly using models such as the Stress Management Competencies Indicator Tool (SMCIT) and Compassionate leadership training
- Undertake the Softer Success ® Wellbeing Assessment (SSWA) to assess the risk of burnout and identifying the risk of moral injury
- Arrange regular checks with employees to monitor wellbeing

Recommendations at the organisational level

- As an organisation, be prepared to acknowledge and learn from mistakes. This would mean aligning external and internal narrative and openly taking action to prevent future transgressions occurring (as opposed to being discovered).
- Embed ethical standards throughout your organisational practices, processes, policies, and communications so that they are part of the everyday ‘normal’ of working life and at all levels of the organisation employees are accountable for upholding ethical conduct. Clearly articulate standards of behaviour around ethical conduct and be prepared to take visible and consistent action against transgressions.
- Invest in an audit to assess the extent who you are providing a healthy working environment (such as one which provides control and autonomy to employees, which is free of bullying and harassment, which values and recognizes individuals, and which enables open conversations about mental health).
- Undertake the Softer Success ® Wellbeing Assessment (SSWA) to assess the risk of burnout , identifying moral injury and workplace toxicity
- Identify and acknowledge moral stressors in the organisation
- Ensure that where Internal Investigations do need to take place, that they are conducted according to due process, in a timely manner, and where the employee experiencing the moral stress is protected and supported throughout.
- Enable a culture of psychological safety where employees are free to speak up without fear of recrimination. There is no one way to do this but it will involve a combination of relevant practices (such as leaders openly encouraging feedback and clear evidence to all that feedback is acted upon), processes (such as having a range of anonymous forums through which employees can give feedback for instance a staff survey and through feedback hubs) and policies (such as a clearly articulated whistleblowing policy that is well communicated and adhered to).
- Provide tertiary support to those employees that may be suffering from the outcomes of moral stress. This may include rehabilitation, return to work practices and an EAP.

- Ensure open and transparent recruitment and selection processes where selections are made on objective and job-related criteria.

6.3 Recommendations for further research and development

It is clear from this report that research into the experience of moral injury in business settings has been sorely neglected, with only five empirical papers at the time of publishing written around this. Given that the research is in its infancy, there is a clear need for a validated measure of moral stress in organisations in order that it can be identified and better understood. Further research will identify if this measure would need to be organisational sector/context specific (following many of the existing measures of moral injury). Given that the experience of moral stress and injury is a process which takes place, in some instances, over many years, we call for longitudinal research to explore the process over time, and in so doing, isolate at which point moral stress becomes a moral injury.

6.4 Final comment from burnout expert, Cara De Lange CEO at Softer Success

Following this research and the findings of Affinity Health at Work concluding that it is likely that the combination of the process of moral stress, coupled with the length of time with which the experiences lasted, could explain outcomes of emotional exhaustion, cynicism, and **burnout**; it is here that participants experiences of moral stress are likely to have become **moral injury**. Moral injury can be the result of a toxic workplace culture with procedures that are not looking after the wellbeing of their employees sufficiently. Through our research we have found that when someone sits in emotional exhaustion, cynicism, and moral injury for too long, this can contribute to burnout.

To prevent burnout in organisations it is important to regularly assess the risk of workplace burnout. Softer Success® has developed a 90 second wellbeing assessment drawing upon academic and scientific evidence from Leuven University, Belgium (BAT), the World Health Organisation (WHO) and Softer Success® own research and development including PhD research by King's College London. The resulting assessment measures risk of burnout, productivity and engagement and provides instant personalised results with resources for employees and an anonymised aggregated report for a team or organisation. The assessment measures 6 pillars of risk. One of these pillars is Purpose, Values and Mission which is where moral injury falls under and as a result of this research, we are now able to assess the risk of moral injury. Other pillars include measures of exhaustion, disengagement, cognitive complaints, emotional complaints, and productivity. By regularly assessing risk of burnout and toxicity in organisations and taking steps to minimise the risks and increase employee wellbeing; this can lead to improved and sustainable productivity and helps us understand pressure points in workplace teams and their root causes.

7. APPENDICES

7.1 About Affinity Health at Work

Affinity Health at Work is a workplace health and wellbeing consultancy and research group. We aim to improve organisational performance by enhancing workplace engagement, health and wellbeing. Everything we do is driven by research and sound evidence. We are actively involved in both research and practice to ensure that we are at the cutting edge in our field. This way, our consultancy and advisory work is directly informed by the latest research and an awareness of policy and practice trends. Our research is designed to be directly applied in the workplace and our consultancy clients receive services that are informed and underpinned by approaches, methodologies and content that are both up-to-date and proven to work. We have worked with organisations to embed their wellbeing strategies; we have run employee engagement surveys and risk assessments for a wealth of clients, we have designed, delivered and evaluated training on a national scale; and created guidance and toolkits for organisations, charities and policy and professional partners.

Affinity Health at Work is led by Dr Jo Yarker and Dr Rachel Lewis. Together, their work aims to improve work, engagement, health and wellbeing. They also hold posts as Readers at Birkbeck, University of London, leading a thriving professional doctorate programme. Their research and practice have been multi-award winning and has been funded by policymakers and government alongside public sector and corporate clients.

7.2 About Softer Success

Evidence backed burnout solutions for organisations:

We work with employers on their employee wellbeing, leading with measures that provide solutions to organisations all around the world by assessing the level of burnout and toxicity.

We lead in science: We have worked with and continue to collaborate with the world's leading universities, psychologists and researchers to understand the causes of burnout in an ever changing work environment.

Our goal: Our goal is to end the global burnout problem by offering companies affordable and scientifically backed solutions.

We work with employers & health care providers on employee wellbeing, by assessing the level of burnout and toxicity. We do this with our anonymous psychometric test to assess the risk of burnout, followed by an aggregated report and wellbeing consultancy with recommendations for interventions. We also offer training, workshops and masterclasses. We regularly work with clients such as Google, Intuit Quickbooks , Gulf International Bank and have recently completed a piece of work for the International Trade Centre (ITC - part of the United Nations). We are supporting the United Nations Sustainable Development Goals on Good Health & Wellbeing and decent work.

7.3 Search terms for Rapid Evidence Review

| Moral Injury | Occupation |
|--------------------|--------------|
| Moral injur* | work |
| Transgression* | Employe* |
| Betray* | Occupation* |
| morality | Profession* |
| Transgressive act* | finance |
| Moral distress | technology |
| Spiritual injury | Office based |
| Ethical distress | |
| Values conflict | |
| Moral challenge | |
| Moral stress | |
| Ethical strain | |
| Ethical tension | |

7.4 Inclusion/exclusion criteria for Rapid Evidence Review

| | Inclusion | Exclusion |
|--------------|---|---|
| Study Design | <ul style="list-style-type: none"> - Qualitative and quantitative from 2009 onwards (date of Litz et al. (2009) seminal paper) - Empirical designs only published in academic journals; peer reviewed - English language | <ul style="list-style-type: none"> - Grey literature - PhDs - Meta-analyses, systematic literature reviews, other types of reviews |
| Population | <ul style="list-style-type: none"> - Adults 18+ - Working population including part time, full time or flex hours - Those that would be considered 'office based' jobs or knowledge workers (such as technology, finance etc.) - Participants in a 'business setting' | <ul style="list-style-type: none"> - Under 18 yrs - Non-work samples i.e., student samples - Studies involving non-office-based jobs such as healthcare, policy/emergency services, military |
| Intervention | No specific intervention | |
| Outcomes | Outcomes related to health and wellbeing and workplace productivity | |

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