INPLASY PROTOCOL

Corresponding author:
Amelia Pearson

amelia.pearson@manchester.ac.uk

Author Affiliation:
University of Manchester

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None declared.

Moral injury in social work staff: A Scoping Review Protocol

Pearson, A[1]; McPhillips, R[2]; Clarkson, P[3]; Allen, R[4]; Robinson, C[5].

Review question / Objective: The primary objective of this scoping review is to understand the extent and type of evidence in relation to moral injury in social work staff. The secondary objective is to establish how moral injury has been defined in the literature in the context of social work. The review question is: what is currently known about moral injury in social work staff?

Background: Moral injury is the lasting psychological, spiritual and social harm caused by committing, experiencing or observing transgressions of deeply held moral values, beliefs and expectations (Haight et al., 2016). The concept of moral injury was developed and subsequently researched with populations of US veterans. Core symptomatic features of moral injury are guilt, shame, spiritual/existential conflict, and a loss of trust in self, others, and/or transcendental ultimate beings (Jinkerson, 2016). Secondary symptomatic features include depression, anxiety, anger, re-experiencing the moral conflict, self-harm, and social problems (Jinkerson, 2016).

INTRODUCTION

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Rationale: Increasingly, moral injury has been introduced to a range of occupational settings (Williamson et al., 2018; Griffin et al., 2019). Frontline occupational groups that are required to make quick and complex decisions that involve the public, such as firefighters, paramedics, and police officers, have been a recent focal point of attention (Lentz et al., 2021). Yet, evidence remains sparse, lacking a universal understanding and definition of work-related moral injury. More recently, moral injury has been introduced in the context of the social work profession. Due to the moral challenges and ethical dilemmas that social workers face in their day-to-day role, the topic of moral injury has gained attention in the social work profession (Kuip, 2020). Social workers often struggle to meet the needs of service users and provide adequate duty of care whilst complying with both professional ethical values and their personal moral code (Kuip, 2020). A core component of moral injury is the experience of psychological distress which can manifest in the form of maladaptive beliefs, shifts in one's deeply held moral framework, and profound feelings of shame, guilt and existential crisis (Jamieson et al., 2020). Associations have been found between moral injury and post-traumatic stress disorder, depression, and suicidality (Williamson, Stevelink and Greenberg, 2018). Experiencing moral injury could negatively impact health and care professionals in their professional and personal life, including their ability to care for patients and service users (Ong, 2020). As a workforce, social workers experience very high levels of stress-related sickness absence and poor working conditions (Ravalier et al., 2022). Concerns around the workforce's retention and turnover has triggered a focus on staff wellbeing and resilience (Ravalier et al., 2021). Due to the associations with mental decline, occupational moral injury should be considered in the context of social worker wellbeing and resilience.

The Covid-19 pandemic further initiated discussions into moral injury as an issue with health and social care workforces. Staff experienced increased demands, stress and care needs, and low resources and staffing, whilst attempting to comply with infection-control measures, such as social distancing (Čartolovni et al., 2021). These changes have added to staff workload and burden. Empirical studies and evidence syntheses have focussed on moral injury in healthcare staff, such as doctors and nurses, during the COVID-19 pandemic (Williamson et al., 2022). Findings suggest that the healthcare workforce experienced increased potentially morally injurious events during Covid-19, which were significantly associated with adverse mental health symptoms (Williamson et al., 2022). Such focus has led to the development and validation of the Moral Injury Symptom Scale-Healthcare Professionals (MISS-HP), allowing the screening and monitoring of moral injury in healthcare staff (Mantri et al., 2020).

However, the extent, experience and impact of moral injury in social work staff remains unclear. This scoping review will identify the current evidence available on moral injury in social work staff, providing a summary of the type of research that has been conducted and the identification of any gaps for future research. This review will also allow an exploration and summary of how the concept of moral injury has been explored and defined in the social work context.

METHODS

Strategy of data synthesis: The following bibliographic databases (and the corresponding interfaces) will be searched: Web of Science (Clarivate), Applied Social Sciences Index and Abstracts (ProQuest),

PsycINFO (Ovid Online), CINAHL Plus (EBSCOhost), and PubMed (US National Library of Medicine). Websites searched to identify non-peer-reviewed literature will be: Google, Google Scholar, ProQuest Dissertations & Theses Global, and Social Care Online. Reference lists of identified articles will be hand-searched. The online systematic review management system COVIDENCE will be used to facilitate the search and retrieval process.

Truncation, phrase searching and MeSH Terms will be used where appropriate. The Boolean operator OR will be used to combine the search terms for each framework component (social work and moral injury). The operator AND will be used to combine the components. Search terms are (1) social work*, social services, child protection work* (2) moral injur*, moral distress, ethical distress, moral suffering, moral dilemma, ethical dilemma. The search was not limited by publication date or language. An example of the search conducted in CINAHL Plus is as follows: (AB "social work*" OR AB "social services" OR AB "child protection work*") AND (AB "moral injur*" OR AB "moral distress" OR AB "ethical distress" OR AB "moral suffering" OR AB "moral dilemma" OR AB "ethical dilemma"). An example of the search conducted in PubMed and using MeSH Terms is as follows: ((((("social work*"[Title/Abstract]) OR ("social services"[Title/Abstract])) OR ("child protection work*"[Title/Abstract])) OR (social work[MeSH Terms])) OR (social services[MeSH Terms])) AND ((((((("moral injur*"[Title/Abstract]) OR ("moral distress"[Title/Abstract])) OR ("ethical distress"[Title/Abstract])) OR ("moral suffering"[Title/Abstract])) OR ("moral dilemma"[Title/Abstract])) OR ("ethical dilemma"[Title/Abstract])). A PRISMA ScR flow chart will display the process of the search.

Eligibility criteria: Population or participants: This review will focus on evidence relating to moral injury in social work staff. The definition of "social work staff" is any social worker (i.e. student social worker, newly qualified social worker, social worker / social work practitioner, senior social worker / senior social work practitioner, child protection worker / child protection social worker / child protection officer / child welfare worker / child welfare officer / family social worker, professional social work educator, social work manager, principal social worker, strategic social worker)

Concept:

This review will focus on the concept of moral injury. Moral injury has been defined as a betrayal of "what's right", by a person in legitimate authority or by one's self, in a high-stakes situation (Shay, 2014). It is the experience of psychological distress due to perpetrating, failing to prevent, bearing witness to, or learning about acts that deeply transgress one's deeply held moral code (Litz et al., 2009).

Context:

This review will focus on the social work context. This includes roles working with any child and adult service user groups (including children, families, older adults, younger adults (18-25 years old), adults with physical and/or sensory disability, adults with mental health needs, adults with a learning disability or autism, adults with safeguarding needs, service users in hospitals or service users receiving end of life care).

Studies design to be included:

Peer-reviewed empirical studies of any method (including quantitative, qualitative and mixed-method studies) will be included. Non-peer-reviewed empirical pre-prints, dissertations and theses will also be included.

Inclusion criteria:

Empirical literature of any design/method; peer-reviewed quantitative, qualitative and mixed method studies; non-peer reviewed pre-prints, dissertations and theses; focus of research is moral injury or moral distress; sample must include social work staff (as described above) as study participants or informants; paper is published in English. There will be no restriction of date range or location of research.

Exclusion criteria:

Literature reviews, independent studies, national government reports and guidelines, editorials, commentaries,

opinion pieces; focus of study is on service user effects; study does not include social workers in the sample.

Source of evidence screening and selection: Databases: Web of Science (Clarivate), Applied Social Sciences Index and Abstracts (ProQuest), PsycINFO (Ovid Online), CINAHL Plus (EBSCOhost), and PubMed (US National Library of Medicine). Grey literature sources: Google, Google Scholar, ProQuest Dissertations & Theses Global, and Social Care online. Non-bibliographic database sources: hand searching of reference lists.

Data management: Screening will follow a two-stage process: (i) title and abstract screening will be carried out by three people in total, as each article is screened by two reviewers. One reviewer will screen all articles, the remaining two reviewers will screen 50% of articles each. Evidence designated 'maybe', or where there is a conflict of opinion between two reviewers, will then be subjected to a discussion between all reviewers to reach a consensus of yes or no; (ii) full-text screening, by two reviewers for inclusion. A third reviewer will be used to resolve any conflicts. At both stages in the screening process the inclusion/exclusion criteria will be applied. Reasons for exclusion at either stage of study selection will be recorded. All items will be held in full-text version within COVIDENCE.
Relevant data from each selected study at stage (ii) screening will be extracted and charted using the COVIDENCE data charting tool. Grey literature will be independently screened using Excel.

Presentation of the results: Data will be presented on the characteristics of the literature in tabular and graphical formats, as appropriate, in a narrative manner. A separate Excel file will record descriptive data including authors, year of publication, geographical location, research design and method, sample size, participant characteristics, research setting, interventions (if any), comparison group (if any). The way that moral injury has been conceptualised and defined in the literature

and the research methods used to investigate moral injury will be presented. Included literature will be analysed thematically in order to address questions concerning the extent, experience and impact of moral injury in social work staff.

Language restriction: English.

Country(ies) involved: United Kingdom.

Keywords: social work; social care; social services; moral injury; moral distress; workforce; Covid-19.

Dissemination plans: The scoping review findings will be published in a peer-reviewed journal, presented at conferences, and made available in summary form on the research project website.

Contributions of each author:
Author 1 - Amelia Pearson - Conceiving the review; designing the review; coordinating the review; data collection; data management; analysis of data; interpretation of data; writing the protocol.
Email: Conceiving the review; designing the review; coordinating the review; data collection; data management; analysis of data; interpretation of data; writing the protocol.
Email: amelia.pearson@manchester.ac.uk
Author 2 - Rebecca McPhillips - Conceiving the review; designing the review; writing the protocol.
Email: rebecca.mcphillips@manchester.ac.uk
Author 3 - Paul Clarkson - Conceiving the review; designing the review; writing the protocol.
Email: paul.clarkson@manchester.ac.uk
Author 4 - Rosie Allen - Designing the review; data collection; data management; analysis of data; interpretation of data; writing the protocol.
Email: rosie.allen@manchester.ac.uk
Author 5 - Catherine Robinson - Conceiving the review; designing the review; writing the protocol.
Email: catherine.robinson@manchester.ac.uk