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ADMINISTRATIVE INFORMATION

Support - NIHR Academy.

Review Stage at time of this submission - Piloting of the study selection process.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 29 October 2024 and was last updated on 29 October 2024.

INTRODUCTION

Review question / Objective The aim of this concept analysis is to clarify and define the concept of moral injury in health and social care workers and professionals. The two research questions are: (i) what does moral injury look like for workers and professionals in social care, healthcare and third sector settings? (ii) what components characterise moral injury for these workers and professionals?

Background The topic of moral injury is increasingly referred to and explored in health and social care workers and professionals. Despite this, there has been a high level of variability surrounding the concept, its definition, and its characterisations. Empirical and conceptual investigation of the term moral injury in health and care settings remains unclear. A wealth of literature in these contexts exists on morally distressing experiences. Yet, the distinction between moral distress and moral injury

has not been sufficiently established, leading to conceptual confusion and inconsistent definitions. However, many have proposed conceptual distinction, differentiating between morally distressing and morally injurious experiences, their respective causal events, and their degree of harm. Moral distress appears to be caused by moral stressors with moderate impact; whereas moral injury is thought to be caused by morally injurious events with higher impact. Such stances acknowledge their overlap, whilst appreciating a need for distinction. In care-related contexts, the relationship has more recently been proposed as a continuum, positioning moral injury as a more severe version of moral distress. In this sense, in addition to morally injurious events, persistent or cumulative moral distress can lead to moral injury. Moreover, the constitution of moral stressors and potentially morally injurious events is subjective and will differ within and between individuals. However, we still do not know what moral injury looks like in these settings.

Rationale As the health and social care sector has faced recent unprecedented challenges, such as Covid-19, and is experiencing high demand for services, understanding and supporting staff experiences of moral injury is gaining attention. It is therefore vital, now more than ever, to define this concept for these workforces. Expanding upon the current knowledge of moral injury, which have primarily focussed on military settings, will lead to better understanding of what moral injury looks like in health and social care settings. This will facilitate improved dialogue and discussion for staff, providing language that meaningful reflects their experiences and permits accurate and consistent use of the term. In addition, refining the definition and establishing its core components will enhance future developments for workforce assessment, support and treatment.

Walker and Avant's (2011) method of concept analysis will be used to examine the concept of moral injury in health and social care settings. The purpose of concept analysis is to clarify and define an ambiguous concept, offering a deep understanding of its basic characteristics and facilitating the distinction from similar concepts. Concept analysis can be useful prior to conducting empirical study, as it can aid the construct of data collection tools. It has also been deemed an easy method to understand and execute for beginners and one that benefits from collaborative input.

METHODS

Strategy of data synthesis 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 (moral injury and care settings). The operator AND will be used to combine the components.

Search terms are

- (i) mora* injur*
- (ii) social care* OR domiciliary care* OR home care* OR care home OR dementia care* OR informal care* OR family care* OR personal assistant* OR support work* OR social work* OR child protection* OR social services OR social welfare OR healthcare OR health care OR health profession* OR health work* OR hospital OR nurs* OR doctor* OR general practitioner* OR physician* OR surgeon* OR occupational therap* OR paramedic* OR charit* OR voluntary sector OR voluntary organi* OR third sector OR community organi* OR non profit OR non-profit OR social sector OR non government* OR non-government* OR NGO OR NPO

An example of the search conducted in ASSIA is as follows:

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abstract("moral* injur*") AND (abstract("social care*") OR abstract("domiciliary care*") OR abstract("home care*") OR abstract("care home") OR abstract("dementia care*") OR abstract("informal care*") OR abstract("family care*") OR abstract("personal assistant*") OR abstract("support work*") OR abstract("social work*") OR abstract("child protection*") OR abstract("social services") OR abstract("social welfare")) OR (abstract("healthcare") OR abstract("health care") OR abstract("health profession*") OR abstract("health work*") OR abstract(hospital) OR abstract(nurs*) OR abstract(doctor*) OR abstract("general practitioner*") OR abstract(physician*) OR abstract(surgeon*) OR abstract("occupational therap*") OR abstract(paramedic*)) OR (abstract(charit*) OR abstract("voluntary sector") OR abstract("voluntary organi*") OR abstract("third sector") OR abstract("community organi*") OR abstract("non profit") OR abstract("non-profit") OR abstract("social sector") OR abstract("non government*") OR abstract("non-government*")) OR (abstract(NGO) OR abstract(NPO))
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Eligibility criteria Population or participants:

This review will focus on evidence relating to workers and professionals in health and care settings.

Concept:

This review will focus on the concept of moral injury. Moral injury refers to the strong and long-term emotional and cognitive reactions following events that conflict with someone's moral code, values or expectations. It has been defined as 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.

Context:

This review will focus on the health and social care context. This includes roles delivering health and care services to any child and adult patient and service user groups.

Studies design to be included:

Primary research of any empirical design and review articles.

Inclusion criteria:

Peer-reviewed quantitative, qualitative and mixed method studies; non-peer reviewed pre-prints, dissertations and theses.

Focus of research is moral injury in health and social care settings, as experienced by the workforce.

Article includes a definition of moral injury in the abstract or introduction, or a validated scale that measures moral injury.

Sample must include health and social care staff as study participants or informants.

Paper is published in English.

There will be no restriction of date range or location of research.

Exclusion criteria:

Opinion pieces and editorials.

Scoping, critical, literature and systematic reviews.

Focus of study is on patient or service user effects.

Military research.

Defines moral injury in the introduction but fails to explore in the analysis/results.

Source of evidence screening and selection

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 MEDLINE (US National Library of Medicine), British Nursing Index (ProQuest), and Google Scholar. Websites searched to identify non-peer-reviewed literature will be: Google, 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.

Data management Screening will follow a two-stage process: (i) title and abstract screening will be carried out by two researchers, where a third researcher will resolve any conflicts of opinions, (ii) full-text screening will be carried out by two researchers, where a third researcher will resolve any conflicts of opinions. At both stages of 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 the full-text screening stage will be extracted and charted using the Covidence data charting tool. Grey literature will be independently screened using Excel.

Reporting results / Analysis of the evidence

Walker and Avant's method of concept analysis contains five analytical steps: (1) defining concept attributes; (2) constructing a model case; (3)

constructing additional cases; (4) identifying antecedents and consequences of the concept; and (5) defining empirical referents of the model.

Defining concept attributes: Sources will be examined and the most frequent characteristics that are present every time moral injury occurs will be identified as defining attributes of the concept.

Constructing a model case: A model case will be constructed to represent a real-life example of moral injury. It will demonstrate all the defining attributes.

Constructing additional cases: Borderline, related, and contrary cases will be constructed. A borderline case is an example that contains most but not all of the defining attributes. Related cases are instances of related concepts, for example moral distress. A contrary case is an example that does not contain the defining attributes and is clearly not an example of moral injury.

Identifying antecedents and consequences of the concept: Sources will be further examined to establish the antecedents of moral injury, events or incidents that must occur prior to the concept, and the consequences of moral injury, events or outcomes that can occur due to and or following exposure of the concept.

Defining empirical referents of the model: Sources will be examined to identify empirical referents of moral injury. These are measurable ways to demonstrate or recognise the occurrence of moral injury. Empirical referents are not tools to measure the concept but are useful in developing tools or instruments.

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). A concept analysis diagram will be developed, presenting the defined attributes, antecedents and consequences.

Language restriction English.

Country(ies) involved United Kingdom.

Keywords Moral injury; social work; social care; social services; healthcare; workforce.

Dissemination plans The concept analysis 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

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