

# INPLASY

## Acceptance and commitment therapy for moral injury and moral distress: a scoping review protocol

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Miranda-Rodríguez, RA.

### Corresponding author:

Rubén Andrés Miranda-Rodríguez

ruben.miranda@zaragoza.unam.mx

### Author Affiliation:

Universidad Nacional Autónoma de México, Facultad de Estudios Superiores Zaragoza.

### ADMINISTRATIVE INFORMATION

**Support** - None.

**Review Stage at time of this submission** - The review has not yet started.

**Conflicts of interest** - None declared.

**INPLASY registration number:** INPLASY202640103

**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 28 April 2026 and was last updated on 28 April 2026.

### INTRODUCTION

**Review question / Objective** Systematically map the scientific knowledge provided to date on the impact of ACT on moral injury and moral distress.

**Background** When people perceive that their values and moral principles have been violated by traumatic events caused by others or even by themselves, they may experience a conflict known as moral injury, which manifests through emotional expressions related to feelings of guilt, shame, or existential crisis (Griffin et al., 2019; Jinkerson, 2016). It also presents cognitive indicators such as catastrophic beliefs about what others might think or feel about the wrong committed or witnessed, as well as thoughts of hatred or resentment toward humanity and oneself (Litz et al., 2022). Therefore, moral injury represents a problem where the violation of an individual's strongest moral standards leaves severe personal and interpersonal consequences (Williamson et al., 2021).

Moral distress, on the other hand, is understood as an immediate emotional reaction to experiencing a violation of the principles and values held by each person. It differs primarily from moral injury in terms of duration, the latter being a more enduring and complex suffering or distress (VanderWeele et al., 2025). However, its immediacy does not diminish its severity, as it tends to affect decision-making and problem-solving processes that require effective attention based on ethical standards recommended for each context (Salari et al., 2022).

Several systematic reviews and scoping reviews have synthesized evidence demonstrating that moral injury and moral distress have a negative impact on both personal and professional dimensions of well-being (Čartolovni et al., 2021; Lamoureux et al., 2024; McEwen et al., 2021; Thibodeau et al., 2023), and are directly related to characteristics such as anxiety, stress, substance abuse, suicidal ideation, and decreased quality of life (Anastasi et al., 2025; Hall et al., 2022; Riedel et al., 2022). While several studies have focused on military personnel and healthcare workers, it is

important to note that these effects also occur in the general population (Williamson et al., 2018). This is a multifactorial problem that tends to require sufficiently effective psychological interventions for its reduction or prevention. Therefore, efforts have emerged such as: moral reparation and cognitive-behavioral therapy focused on the impact of killing another person (applied only in appropriate cases), which integrate thought restructuring techniques and psychoeducation (Burkman et al., 2022; Litz et al., 2009); group strategies focused on relational dynamics, collaborative care, and community intervention (Cenkner et al., 2021; Evans et al., 2023); or psychological care programs based on forgiveness and self-compassion, personal experience through narrative approaches, or even spiritual and existential components (Williamson et al., 2025).

Another emerging intervention that has stood out as a proposed approach to moral injury and moral distress is Acceptance and Commitment Therapy (ACT), primarily due to its focus on acknowledging painful experiences and establishing achievable goals through value-consistent actions (Evans et al., 2023; Williamson et al., 2025). This aligns with the framework of Contextual Behavioral Science (Hayes et al., 2012), from which ACT has emerged in recent years as a viable option for addressing moral aspects of behavior (and exploring new evidence in this regard), as it encourages individuals to approach behaviors that are behaviorally aligned with what they value as good for their goals, aspirations, expectations, and lifestyles (Borges et al., 2020).

**Rationale** Multiple systematic reviews have demonstrated favorable and promising evidence on the effectiveness of ACT in reducing indicators of depression and anxiety (Bai et al., 2020; Coto-Lesmes et al., 2020; Swain et al., 2013), chronic pain and long-term conditions (Graham et al., 2016; Hughes et al., 2017; Ma et al., 2023), and even post-traumatic stress and trauma in general (Rehman et al., 2026; Rowe-Johnson et al., 2025), which have a close relationship with the characteristics of moral injury and moral distress (Barnes et al., 2019; Griffin et al., 2019; Koenig et al., 2020). However, there is a lack of robust review studies focused on evaluating its impact, despite emerging evidence suggesting its potential contribution to reducing these conditions in the population (Borges et al., 2020; Evans et al., 2023). It is worth noting that narrative reviews have examined the effect of ACT on moral injury and moral distress, agreeing that it is a promising intervention, although not yet conclusive due to the preliminary quality of the available studies, and

because the existing evidence needs to be organized (Metcalf et al., 2022; Williamson et al., 2025; Winter, 2024). Therefore, given that the available studies are still insufficient for a systematic review due to a lack of homogeneity in knowledge, and considering that narrative reviews suggest the need for an alternative with a more objective and organized procedure, a study with an intermediate scope through a scoping review is recommended (Munn et al., 2018).

## METHODS

**Strategy of data synthesis** Searches were conducted in the PubMed, Web of Science, Scopus, PsycArticles, Redalyc, and SciELO databases. The primary search strategy was formulated as follows: ("acceptance and commitment therapy" OR "acceptance-based therapy" OR "psychological flexibility") AND ("moral injury" OR "moral injuries" OR "moral distress"). Additionally, possible Spanish translations were considered for the Redalyc and SciELO searches: ("terapia de aceptar y compromiso" OR "terapia basa en la Aceptación" OR "flexibilidad psicólogo") AND ("daño moral" OR "lesión moral" OR "angustia moral" OR "distrés moral").

**Eligibility criteria** Studies published in English or Spanish will be included that meet the following characteristics: 1) use ACT or some derived technique as the main intervention; 2) evaluate moral injury or moral distress as the main variable with their respective measurement strategies clarified; 3) that are empirical studies (quantitative, qualitative or mixed), that is, that strictly present evidence and data analysis on the relationship or effect of ACT on moral injury.

**Source of evidence screening and selection** To select the studies that would be included in the review, the procedures proposed in the registered protocol will be followed: 1) the results of all searches will be compiled into a single database created in Microsoft Excel; 2) duplicates of studies found in more than one search engine will be eliminated; 3) a selection process will be carried out by title and abstract; 4) a final selection of studies will be made by reading full texts and those that did not meet the eligibility criteria will be eliminated.

**Data management** Once the studies that meet the eligibility criteria have been selected, they will be analyzed according to a PCC (Populations, Concept, Context) structure: 1) population: characteristics of the people who participated in

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the study (number of participants, sex, age, education and occupation); 2) concept: how moral injury and/or moral distress were defined and assessed (operational definitions, techniques or assessment instruments used); and 3) context: how ACT was implemented in clinical, social or educational conditions (standard ACT, acceptance-based therapies or ACT for moral injury: ACT-MI or other strategy). Once the studies that met the eligibility criteria were selected, they were analyzed according to a PCC (Populations, Concept, Context) structure: 1) population: characteristics of the people who participated in the study (number of participants, sex, age, education and occupation); 2) concept: the way in which moral injury and/or moral distress were defined and assessed (operational definitions, techniques or assessment instruments used); and 3) context: the way in which ACT was implemented in clinical, social or educational conditions (standard ACT, acceptance-based therapies or ACT for moral injury: ACT-MI or another strategy).

The extracted data will be presented in tables based on the study descriptors, showing the frequencies of compliance, non-compliance, or non-application of each identified condition. Subsequently, a narrative synthesis will be written as an interpretation of the evidence identified in the selected studies. Finally, a critical perspective on the analyzed evidence will be incorporated, aiming to propose a significant advance in the scientific study of the effects of ACT on moral injury and moral distress.

**Language restriction** English and Spanish.

**Country(ies) involved** The scoping review will be conducted in Mexico. However, the selection of studies will not be limited to a particular country or region.

**Keywords** Acceptance and commitment therapy; Moral injury; Moral distress; Scoping review.

**Contributions of each author**

Author 1 - Rubén Andrés Miranda-Rodríguez.  
Email: ruben.miranda@zaragoza.unam.mx