



“It’s Business”: A Qualitative Study of Moral Injury in Business Settings; Experiences, Outcomes and Protecting and Exacerbating Factors

Karina Nielsen¹ · Claire Agate² · Joanna Yarker^{2,3} · Rachel Lewis^{2,3}

Received: 26 September 2022 / Accepted: 8 January 2024
© The Author(s) 2024

Abstract

Moral injury has primarily been studied from a clinical perspective to assess, diagnose and treat the outcomes of morally injurious experiences in healthcare and military settings. Little is known about the lived experiences of those who have had their moral values transgressed in business settings. Public scandals such as Enron suggest that moral injury may also occur in for-profit business settings. In this qualitative study, we examine the lived experiences of 16 employees in for-profit business organisations who identified as having suffered moral injury. Using semi-structured narrative interviews, our findings offer insights into the values that employees feel are transgressed and the pathways between morally injurious experiences and the long-term outcomes. Based on our findings, we propose a conceptual pathway to moral injury, which suggests that experiencing moral transgressions has a profound impact on employees as they feel a threat to their “good-me” identity, however, employees employ various coping strategies to minimise the impact during the event. Employees exited the organisation and often changed career paths to protect themselves from further injury and to make up for moral failure. This study advances our understanding of the experience of moral injury in business settings and the pathway explaining how and why people react differently to moral transgressions.

Keywords Moral injury · Qualitative study: coping · For-profit business, identity

Scandals in business settings such as the Enron crisis, the Oxfam scandal of 2011, the Volkswagen emissions scandal of 2016 and the UBS rogue trader incident of 2011 have led researchers to explore why employees engage in unethical behaviours (Newman et al., 2020). Key theories about unethical behaviours include moral disengagement theory, which suggests that employees disassociate themselves from

internal moral standards to avoid feeling distress (Bandura, 1999), moral licensing theory, which suggests that unconscious biases lead employees to act immorally (Merritt et al., 2010) and ego depletion theory, which suggests that mentally taxed employees are unable to enact self-control and suffer from impaired moral awareness as a result (Job et al., 2010). Common to these theories is the study of why employees go against moral and ethical values, however, less research in business settings has focused on what happens when employees do not manage to distance themselves from immoral behaviours and find their deeply held moral values transgressed.

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, 2022). In this paper, we present a qualitative study of the lived experiences of employees across a range of for-profit business settings who identify as having experienced moral injury. We conducted an exploratory phenomenological study to develop our understanding of how moral injury is experienced in business settings and propose a preliminary

✉ Karina Nielsen
K.m.nielsen@sheffield.ac.uk

Claire Agate
Claire.agate@affinityhealthatwork.com

Joanna Yarker
J.Yarker@bbk.ac.uk

Rachel Lewis
rachel@affinityhealthatwork.com

¹ Institute for Work Psychology, Sheffield University Management School, University of Sheffield, Conduit Road, Sheffield S10 1FL, UK

² Affinity Health at Work, London, UK

³ Faculty of Business and Law, Birkbeck, University of London, Malet Street, London WC1E 7HX, UK

conceptual model of the pathways from morally injurious experiences (MIEs) to its long-lasting outcomes.

With this study we make two significant contributions. First, the research on moral injury has either been quantitative, focused on establishing the links between potentially MIEs and their outcomes (Griffin et al., 2019; McEwen et al., 2021) or qualitative, relying on the second-hand accounts of experts and clinicians, rather than exploring the experiences of those suffering moral injury (Litz & Kerig, 2019). To date, there has been a lack of attention paid to the meaning attributed to MIEs, a failure to consider what moral injury may look like in non-clinical settings, and a lack of a conceptual model of the pathways from MIEs to the outcomes of moral injury, explaining why employees may or may not suffer moral injury (Litz et al., 2022).

Drawing an analogy to the stressor and stress literature, Litz et al. (2022) suggested that *potentially* morally injurious events function as stressors that predict moral injury, yet they did not suggest *why* these only *potentially* lead to moral injury. The focus on the development of potentially MIE measures (Litz et al., 2022) has resulted in a gap in the literature on how and when experiences lead to moral injury. These gaps have led to calls for qualitative research exploring the lived experiences of individuals who have had their moral values transgressed (Atuel et al., 2021; Litz & Kerig, 2019; McEwen et al., 2021).

We propose that the literature on moral injury has leapt from being a nascent theory (little is known about what issues may emerge from data and therefore hypotheses are not specified) to a mature theory (existing constructs and measures contribute to the theory by adding specificity, introducing new mechanisms, or exploring boundary conditions), skipping the level of intermediate theory (a provisional model with new integrations of theoretical perspectives to propose new constructs and theoretical relationships; Edmondson & McManus, 2007). To develop intermediate theory, we need to reinvestigate a theory or construct in a mature stream of research to challenge and modify prior research. Skipping the intermediate theory level has resulted in a lack of a clear conceptual understanding of moral injury and of the pathways between MIEs and their outcomes. In this study, we explore the concept of moral injury as it is experienced by those who identify as having suffered moral injury to understand the core of MIEs, their outcomes, and the pathways between these. Based on our findings, we present a conceptual pathway model, which may be the first step to developing an intermediate theory of the pathway to moral injury.

Second, scandals in business settings suggest that moral injury may also be prevalent in the for-profit business sector. Moral transgressions in business settings may not entail life or death situations as in healthcare and military settings, yet they may significantly impact on those whose moral beliefs

are transgressed as they may be unable to dissociate themselves from these transgressions (Williamson et al., 2018). To date, there has been limited research and we therefore have limited knowledge about what morally injurious events may occur in business settings. Understanding the types of MIEs and their impact in business settings is particularly important as the research from high stake settings such as military and healthcare may not easily translate into these settings. In healthcare and military settings, transgressions are mainly related to homogenous decisions harming civilians and soldiers or around patient care, however, in business settings, we are likely to find a broader range of MIEs due to the diversity of the sector (Williamson et al., 2018). In this study, we address the calls of Cullen (2022), Litz and Kerig (2019), McEwen et al. (2021) and Williamson et al. (2018) to understand moral injury in occupational settings other than military and healthcare settings.

Moral Injury

Moral injury has been defined as the result of MIEs that are perceived to transgress deeply held moral values and beliefs (Litz et al., 2009). Moral distress and moral injury have been used in the literature to coin transgressions of moral values and their outcomes. Atuel et al. (2021) suggested that the terms moral distress and moral injury can be used interchangeably whereas Reynolds et al. (2012) suggested that when moral distress is experienced repeatedly, and when the effects are long lasting, moral injury occurs; thus moral distress is the precursor to moral injury. Litz and Kerig (2019), on the other hand, argued that events that are ongoing are moral stressors and result in moral distress whereas moral injury is the result of less frequent events that involve grave threats to an individual's integrity. Riedel et al. (2022) integrated these views and argued that transgressions can be seen as moral stressors and moral distress is the immediate outcome. If moral distress persists, it leaves "moral residue" and this residue leads to moral injury, however, moral injury may also be the result of severe MIEs. In the present paper, we employ the term moral injury in its broadest sense, namely as the result of MIEs that are perceived as transgressing deeply held moral values and beliefs (Litz et al., 2009). In our data-driven conceptual model, we integrate the two concepts using the distinction made by Riedel et al. (2022).

Shay (2014) originally defined MIEs as "a betrayal of what's right, by some who holds legitimate authority in a high stakes situation" (p. 183). Acknowledging the actions of others, Litz et al. (2009) expanded the definition to also include MIEs such as the actions of oneself and others in "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and

expectations" (p. 695). To date, this remains the most widely accepted definition (Atuel et al., 2021; Litz & Kerig, 2019; Litz et al., 2022; Riedel et al., 2022). Moral transgressions refer to the experiences that occur when an individual fails to prevent moral wrongdoing or perpetrates an immoral act, either deliberately or unwittingly (Litz & Kerig, 2019). Experiences may revolve around the individual witnessing or learning about others' transgressions of the individual's moral beliefs and expectations (Litz & Kerig, 2019).

The Outcomes of MIEs

In their review, Griffin et al. (2019) identified four main outcomes of moral injury. First, *psychological outcomes* include emotional reactions associated with MIEs such as guilt, shame, anger, and disgust and mental health disorders related to moral injury include PTSD, insomnia, stress, anxiety, depression, and suicide ideation and attempts and *behavioural outcomes* include substance abuse. Second, *social domain outcomes* include loss of trust, feeling misunderstood by others and withdrawing from social relations in and outside of work. Moral injury may also be associated with a perceived lack of support and lack of engagement in the community. Third, *religious/spiritual outcomes* include becoming cynical about religious and spiritual beliefs, feeling abandoned by God, doubting one's beliefs, and questioning their purpose in life. Finally, *biological outcomes* of MIEs include pain sensitivity, arthritis, and lack of self-care, and limited physical exercise.

Moral Injury in Business Settings

Limited research on moral injury has been conducted in business settings (Williamson et al., 2018). Although not focusing explicitly on moral injury, a few studies have explored issues around the consequences of moral transgressions in business settings. Al Shbail et al. (2018) explored ethical tension in internal auditors caught between upholding corporate policies and procedures and abiding ethical and professional standards. They found that ethical tension (a composite of moral distress, ethical dilemmas, and ethical pressure) was associated with increased burnout.

Across a range of occupations in business settings, Protas (2013) found an association between moral distress and poor job and life satisfaction, stress and strain, greater likelihood of turnover, and work-family conflict. In a study among managers in business settings, Huhtala et al. (2011) found that ethical dilemmas were associated with stress and that an ethical organisational culture was negatively related to ethical strain and in turn such strain was associated with higher levels of emotional exhaustion and lower levels of

work engagement. DeTienne et al. (2012) found that moral stress in service workers was significantly related to lower levels of job satisfaction, higher turnover intentions and fatigue, and that levels of moral stress were higher among younger employees.

Although none of these studies focused directly on moral injury, they support the notion that employees in business settings may be exposed to events that transgress their moral values, and that these events may impact individual and organisational outcomes. These studies were all quantitative and thus we get limited insights into the MIEs experienced by employees in business settings and the pathways from transgressions to outcomes. To understand better the concept of moral injury in business settings, we formulated two research questions:

Research question 1: What MIEs do employees working in business settings encounter?

Research question 2: What are the outcomes (psychological/behavioural, social, spiritual/religious and biological) of MIEs in business settings?

Methods

We interviewed 16 participants who identified as having experienced moral injury in a business setting based on recommendations for sample sizes in template analysis (Clarke & Braun, 2014; Clarke et al., 2015), and in line with empirical tests of when saturation is reached, which has been found to be between 9 and 17 interviews (Hennink & Kaiser, 2022). After 12 interviews, no new codes, categories, and themes were identified, suggesting theoretical saturation (Glaser & Strauss, 2009), however, we conducted an additional four interviews to confirm saturation. At the time of their experience with moral injury, all participants were professional office employees working in architecture, advertising, automotive, banking and finance, behavioural science, corporate healthcare, employment law, financial services, human resources, marketing, private education, telecommunications, and technology organisations. Participants were men ($n = 4$) and women ($n = 12$) and represented various levels of seniority and functions within their organisations. Length of experience with moral injury ranged from 1 to 20 years, with an average of 4.3 years. To ensure confidentiality, no other demographic data was collected beyond those presented in Table 1.

We used criterion purposeful sampling (Palinkas et al., 2015) to source employees who could speak of their experience with moral injury within a business setting. We recruited participants working in for-profit organisations who self-identified as having experienced moral transgressions. The inclusion criteria were that the interview participant identified as having experienced at least one

Table 1 Profile of employees

Participant No	Sector or discipline	Gender	Approximate length of moral injury 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	Telecom/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

MIE leading to moral injury at the time of working in a for-profit business. Participants were self-selected but the recruitment material, the information sheet and the consent form all included information about the definition of moral injury.

Participants were recruited through the research team's professional networks. An advertisement was shared on social media and emailed to professional network mailing lists. Potential participants contacted the research teams and were provided a link to the online platform Qualtrics, which contained a participant information form (including eligibility criteria) and an informed consent form. Participants provided consent by submitting their electronic signature and contact details to Qualtrics. Those eligible to proceed (as confirmed via email) were emailed a link to an online meeting at a mutually agreed time. No incentives or compensation were provided for participation. We conducted semi-structured, narrative interviews to understand the conditions that surrounded the experience of moral injury. Narrative interviews allow researchers to develop an understanding of experiences and behaviours (Anderson & Kirkpatrick, 2016). The semi-structured format allowed the interviewee to determine the pace, content, and direction of the interview. The interviewer used non-verbal encouragement, allowing the interviewee to talk freely while also ensuring that information was gathered around the antecedents of, experience of, outcomes, and mechanisms of moral injury. We used Zoom to conduct interviews, a platform which has been found suitable for conducting semi-structured interviews (Archibald et al., 2019). Interviews lasted between 23 to 56 min, with an average interview time of 43 min.

Interviews were audio recorded and transcribed verbatim for later analyses.

Following initial rapport building, interviewees were asked to share their experience of moral injury. Once the interviewee had exhausted their narrative, the interviewer would ask questions such as "Can you say a bit more about the impact on your mental health and wellbeing?", to fill any gaps about an issue of interest. At the end of each interview, the researcher thanked and verbally debriefed participants. Interviews were conducted by a team of qualified Occupational Psychologists with extensive experience in the field of workplace health and wellbeing, and in conducting academically rigorous research. Given the dearth of research exploring moral injury in business settings, the team had limited prior understanding of the phenomenon under investigation. Members of the research team did not conduct interviews with participants with whom they had prior relationships. Ethical approval was obtained from the lead author's ethics committee (no. 044868) and data were collected and stored in accordance with General Data Protection Regulations (2018). To ensure anonymity, identifying features within transcriptions were anonymised, participants were assigned with a number, and audio recordings were deleted following transcription and analysis.

Analysis

We used template analysis to analyse the interviews. We followed King's (2004) approach to coding (Burton & Galvin, 2018). Template analysis is a flexible form of analysis, which balances an overall hierarchical structure with

the flexibility of adapting the template to emerging themes (King, 2004). We created a template including the four types of MIEs (perpetrating, failing to prevent, bearing witness to, and learning about acts that transgress deeply held moral beliefs and expectations (Litz et al., 2009) and the four key outcomes of moral injury: psychological/behavioural, social, spiritual/religious and physical (Griffin et al., 2019). We began by reading the transcripts in full (Brooks, et al., 2015). Upon analysing the data, we modified the original template. Participants did not describe their MIEs in terms of the four types of transgressors, but in terms of the type of transgressions, and we therefore created new themes to reflect this. We relied on Haidt and Graham's (2007) foundations of morality, which identify five domains of morality, relating to harm/care, fairness/reciprocity, ingroup/loyalty, authority/respect, and purity/sanctity. Two higher order themes

were identified: Transgressions as part of daily business and responsibility-specific transgressions, and seven sub themes relating to the type of transgression and the harm/care and justice-fairness domains. We revisited the literature to identify existing theories and concepts which could help us formulate integrative themes as recommended by King (2004), for example, we added themes around coping (Lazarus & Folkman, 1984), and moral repair (Goodstein et al., 2016). When new themes emerged, we re-examined transcripts. This iterative approach was followed *ad-finitum*. Upon finalising the analysis, we identified the integrative themes that had emerged in our data and structured the analysis around the pathway from experience to long-term consequences. A summary of the overall themes can be found in Table 2. For further information about the research paradigm and reflexivity, see FigShare (URL to be inserted).

Table 2 Summary of themes

First order theme	Second order theme	Third order theme
Transgressions as threat to identity		
Transgressions against moral values	Transgressions as part of daily business	Fairness/justice: Not following due process Fairness/justice: Manipulating data with the intent to mislead Harm/care: Prioritising profits at all costs Harm/care: Noncompliance with health and safety regulations
	Responsibility-specific transgressions	Harm/care: Violation of professional standards Harm/care and fairness/justice: Being used as a front for moral wrongdoing
Coping	Adaptive problem-focused coping Emotion-focused coping	Taking control Social coping Emotional support Seeking distractions Distancing
	Maladaptive coping	Alcohol abuse
Moral repair	Pro bono work Side business	
Short-term reactions	Psychological/behavioural responses	Emotional responses: Guilt, powerlessness, betrayal, anger Mental health symptoms: Rumination, depression, catastrophising, insomnia
	Behavioural responses	Poor performance Loss of commitment
	Social responses	Conflicts with managers Alienation from friends and family
	Biological responses	Physiological responses Exacerbation of physical conditions
Reorientation	Exit Accelerating influences Decelerating influences	Internal and external sensegivers Precarious financial situation
Recovery and restoration	Long-term psychological consequences	Mental health impact Retrospective sensemaking
	Changing in career paths	Setting up own business Retraining

Findings

Our analysis revealed new themes providing rich insights into the pathways that linked MIEs and long-term psychological, behavioural, and social outcomes, suggesting that the consequences of moral injury in business settings are wide reaching.

Transgressions as Threat to Identity

Participants gave multiple examples of MIEs. Underlying these experiences of transgressions was the threat to their identity as a good person who would do the right thing. MIEs were ongoing, rather than one-off severe events and over time the ongoing transgressions took their toll:

“Probably for me on a day to day basis, it’s much more of that low level grind of, oh, this is just a long-term, low key challenge to my morality speaking to the wellbeing part, I think challenging in the sense of, for most of us, our morals are what define us as a person and our sense of identity...And I very much think I’m a person that’s defined by my beliefs in x, y, and z...I almost don’t believe those things about myself or I have to drop them >values< which is almost form part of my identity as well, if that makes sense.” P10.

Transgressions Against Moral Values

Most transgressions revolved around participants being asked to do something which went against their moral values. Two overall themes emerged: Transgressions seen as being part of daily business in the organisation and transgressions related to a specific role or responsibility the employee had taken on.

Transgressions as Part of Daily Business

Moral transgressions identified by participants related to practices and procedures within the organisation that went against their moral values. In the fairness/justice domain, participants reported feeling pressurised to disregard due process and to manipulate data with the intent to mislead, and in the care/harm domain, participants felt pressurised to prioritise profits at all costs and ignore health and safety regulations.

Not Following Due Process

Participants felt due process was not followed and their moral values related to fairness and justice had been

transgressed. Several HR professionals experienced transgressions as they were told to ignore bullying and harassment cases. One HR professional gave the example of how junior staff were systematically overpromoted while senior colleagues were being laid off to reduce salary costs. Management sold the overpromotion to junior colleagues as an opportunity for personal development, but without the necessary training to fulfil their responsibilities and senior responsibility was not reflected in their salary. Another HR professional described how they were asked to ignore or manipulate psychological assessment test results because management did not want to promote or employ certain people:

“Decisions should be made as much as possible based on evidence. You know, standardising some decisions about people. And to make it (the decision), based on the real criteria or the most predictive criteria, for example of whether someone’s going to be successful, versus somebody’s gut instinct...there are clear guidelines on how people are assessed...A couple of recent examples, they’ve (applicants) got to a stage, but they (management) didn’t want to promote or didn’t want to appoint them (the applicants). Even though the numbers and all the assessments said that they should be appointed. So, they’ll (management) find a way...Sometimes they’ll just go ahead and make the decision. But actually, they do need to have an audit of why they’ve rejected somebody. So, I have been asked to change the applicant’s pass mark.” P15.

Manipulating Data with the Intent to Mislead

One example of the fairness/justice domain being transgressed related to employees being asked to manipulate data or observing others manipulating data.

One participant, working in contracting, described how suppliers who were personal friends of senior management had access to an internal organisational shared drive and could make changes to their contract after the contract had been signed. In the construction industry, architects were asked to falsify floor plans overestimating the size of houses and one participant described how their signature had been forged to sign off that newbuilds met building standards: “Someone else would sign your name on it on signing something ...and you’d say that ‘That wasn’t me’. They’d say: Well, someone signed it in your name, it was like, probably you.” P1.

Another example of manipulating figures was in Marketing where participants were asked to “up” numbers to make the organisation look like it performed better than it did to attract more clients. One employee explained: “I was asked through the marketing team to manipulate figures and exaggerate the truth around what we were doing and our performance.” P2.

Prioritising Profits at All Costs

MIEs that fall in the care/harm domain revolved around being pressurised to prioritise profits. Examples included management making it into a game to squeeze suppliers' profit margins, knowing that some of these suppliers might go bankrupt as a result.

One example was provided by a participant in a private education setting who had to meet unrealistic performance targets on student recruitment and was pressurised to make parents prioritise paying tuition knowing that they could not afford the tuition fees: "That constant guilt of choosing to either hit my targets by being ruthless and signing up families, I knew couldn't afford it...I could be really convincing with these families, and I could get them to join up and pay with their childcare vouchers." P3.

Noncompliance with Health and Safety Regulations

A range of transgressions revolved around noncompliance with health and safety, putting customers, clients, and colleagues at risk. At the height of the pandemic in 2020, lockdowns required employees who could work from home to do so and only permitting those in critical jobs attend the workplace. In one participant's organisation, senior management calculated it was cheaper to let employees die than to let them work from home:

"They calculated the cost of potential corporate manslaughter from this decision to disobey the rules, but judged that, on a small number of deaths, it would not be commercially problematic. The management conclusion was: 'Tell everyone to come in and if people die, they die. We will end up being in profit from it.'" P1.

Responsibility-Specific Transgressions

A range of transgressions revolved around participants having to do things as part of their responsibility that went against their moral values or professional standards. These transgressions fell in the harm/care domain. In some cases, transgressions only occurred when participants were asked to take on a specific task, e.g., reviewing practices to ensure processes and procedures were followed in relation to financial regulations, diversity and equality or restructuring, only to discover that management would ignore good practice. In these cases, participants realised hidden agendas went against what they were formally tasked to do, and they were used as a front.

Violation of Professional Standards

Transgressions experienced also included examples of participants being pressurised by senior management to perform

acts that transgressed values set by their professional standards. One example was a lawyer who felt conflicted about representing clients that they knew were guilty and whom they knew had caused harm to others, and who would continue to do so if not stopped, but that they knew the company wanted to keep on the books as they were big clients: "It doesn't matter what I personally believe about whether this person was racist, or sexist, or what about trans rights, my job is just to defend this claim to the best of my ability and that's what I'm getting paid for." P10.

Another example of care/harm morality transgressions included a participant working in an Employee Assistance Programme. They were prohibited from talking about stress with their clients as management feared it may lead to complaints. Participants were also asked to share confidential information about clients with HR: "Over the years, there's been all kinds of approaches to my boundary of confidentiality with my clients. For confidential information, tell me what this person said, tell me where you're going, tell me what's going on with this individual." P11.

Being Used as a Front for Moral Wrongdoing

Being asked to front morally questionable decisions was another type of transgressions. One example includes an HR professional who was officially asked to review procedures and develop a plan for culture change in a financial organisation that had come under scrutiny after fraud had been uncovered. It soon became clear that the real scope of the review was to downplay the responsibility of the organisation and that new procedures would never be implemented, paying lip service to the financial regulator. An external consultant gave an example of how they were brought in to develop an anti-racism policy but were not given the necessary authority and access to develop the policy (for example, they were not allowed to interview anyone within the organisation to gain an understanding of existing policy's functioning), and an internal review had been edited leaving out revealing figures.

Another example of transgressions in this category included that during a restructuring including layoffs, one participant was made responsible for managing the restructuring process, but it soon became clear that they were used as a front for management's agenda to lay off unwanted employees:

"I was leading on a restructure. And the reasons they (management) were giving, it was very obvious that there were financial reasons...but they were sort of being quite creative with how they actually did the restructure, you know, redundancy should be aimed at roles, people, and it started getting quite personal..."

I knew decisions were being made, and they weren't following a fair process." P13.

Coping

Participants did not report a linear relationship between MIEs and outcomes. When MIEs transgressed their moral values, they employed a range of coping strategies at the time of the MIEs occurring. These coping strategies included both adaptive problem-focused coping to reduce the impact on others, emotion-focused coping to reduce the negative impact on themselves, and maladaptive coping such as drinking.

Adaptive Problem-Focused Coping

Adaptive problem-focused coping included attempts to deal with the stress associated with MIEs by taking control of the situation, however, moral failure (failure to do the right thing) was so ingrained in the organisational culture that their attempts proved futile. The aim of adaptive problem-focused coping was to minimise the damage done to colleagues, clients, and suppliers.

Taking Control

Participants tried to take control of the situation in various ways. The Employee Assistance Programme psychologist who felt pressurised to reveal confidential information about clients tried to *educate* HR and managers by sending the ethical code for psychologists to HR: "When I sent it to people, and they actually say, Well, you know, this doesn't make any sense to us, you know, you're mixing apples with oranges, this doesn't apply to organisations." P1.

Participants tried to *voice their concerns* to their superiors. The HR professional who was asked to manipulate psychological test results explained: "You have to stand your ground. I have to hold up the process. I have to talk about what the methodology is, and I'd say but what is the policy? I will end up having to do something which is against policy and guidelines, but clearly against my ethics as well." P15. Participants felt this strategy was ineffective, their protests fell on deaf ears: "I protested to my director and said, Look, I don't think we should do this. And he just said > our < hands are tied, get on with it." P2. Another common response was that it was just the way things are in business: "I did share my concerns with my manager and her manager, and it was just kind of brushed off with 'that's business'." P4.

Participants reported joining forces with colleagues, *raising formal grievances*: "It got to the point that a colleague of mine decided that she was going to raise a grievance. And I said, I can't stand by and watch you do this on your own. So, I went in with her and we jointly raised concerns

together." P4. But even in these cases, they were unsuccessful: One participant reported that they had gone as far as to whistle-blow and filed a formal complaint, which led to an investigation by an external investigator. Despite the investigator finding that policies and legislation had been broken, nothing happened:

"They (the investigating lawyer) substantiated four out of six of my allegations and found that they (the manager) were in violation, like, it was harassment. It was in violation of our policies; it was in violation of occupational health and safety legislation. And it created a poisoned work environment... And it was finally like, okay, now I can breathe, I >felt< validated that this thing happened. And now we'll do something. Nope... The letter that was prepared for me was to sort of 'close the investigation', if you will... The letter that was written to me didn't even acknowledge that it was harassment." P5.

Some participants tried to covertly circumvent the system, often at great risk of dismissal if they were caught. The HR professional tasked with implementing restructuring *sought unlikely allies* by engaging with employee representatives:

"We had like an internal employee representative body... I ended up going to them to say, I need help, you know, and they're the ones are supposed to support the employees, and I'm supposed to be on the other side. But in the end, I just thought, that's, you know, what would I tell somebody else in this situation, so I went to speak to them, and actually, that did rattle the cages, which made me quite unpopular. But it was the right thing to do." P13.

The participant who worked in education went against the organisational policy of preventing parents from cancelling their children's enrolment *circumventing organisational processes and procedures*:

"I just started telling parents to cancel their direct debit, because we couldn't do anything once the direct debit was cancelled. At our end you can't reset up a direct debit without a signed form... I had to be really careful with it. Because obviously that would have been gross misconduct, and I could have been dismissed straight away." P3.

To protect their colleagues against the toxic leadership in the organisation, the same employee started *volunteering for additional roles*: "I kind of started to put myself in a position where I was acting as a wellbeing advisor... There was a bit of pressure in terms of wanting to not be responsible for spread of misinformation." P3.

As staff were punished if they did not meet targets for recruiting new subscribers in the education example, the

participant would be *creative in their reporting* to the head office:

"I could put in various different promotions so that it wouldn't flag to the head office when they process the accounts...Not fiddling accounts by any means, but you know, putting incorrect promotions and incorrect discounts in so that it (not meeting targets) wouldn't flag." P3.

Emotion-Focused Coping

Employees employed different emotion-focused coping strategies to mitigate their emotional responses to MIEs. Examples include social coping, emotional support, seeking distractions, and taking their mind off work.

Social Coping

Social coping was one strategy described by participants. Colleagues exchanged experiences of transgressions, which helped develop a shared understanding that experiences were morally wrong, and they were not alone:

"Colleagues, like we would drink every day, we would go to the pub after work and get so drunk, we were hungover a lot. And my whole life, like social life, was consumed with talking about work and the issues that had come up at work. They were constantly infiltrating my daily life." P3.

Social coping could also involve partners and family, externally to the organisation: "I had a couple of, you know, trusted friends who were brilliant, and just let me run. And having really good friends is what helped." P13.

Social Support

Participants reported that support was offered by colleagues, preventing them from putting themselves in situations where they were forced to transgress their moral values. The participant working in education explained how their colleagues relieved them from duties dealing with distressed colleagues and instead they spent their notice period playing with the children: "Me and my colleagues, they kindly agreed with me that I could just spend it in the play area with the kids." P3.

Seeking Distractions

Another way to cope with MIEs was to seek distractions and create distance to the experiences at work, e.g., through a clear demarcation between work and leisure time, filling leisure time with activities to take their mind off work such

as training, exercise or spending time in nature or with family: "It was going to my trailer, ... so just being in being like in nature, those kinds of things help." P5.

Distancing

Participants also used emotion-focused coping to distance themselves from the situation and creating a "work self" as opposed to who they really were: "I am Deborah outside of work that has my beliefs and my morals. And then I have Deborah the lawyer, and nobody cares what she thinks about right and wrong. They're just paying her to get the job done... And I think in some respects, it takes the pressure off in some ways" P10.

Maladaptive Coping

A third strand of coping strategies included maladaptive coping behaviours that aimed to reduce the symptoms but did little to minimise the moral transgressions. These included alcohol abuse: "I started drinking quite heavily". P3.

Moral Repair

Participants reported to engage in moral repair to restore their identity as a good person at the time of experiencing MIEs: "I actually started a > < company on the side in the evenings to try and prove to myself that I wasn't a terrible person." P1. Others tried to make up for the harm they felt they had caused others by doing pro bono work in their spare time: "I try to focus a lot of my spare time on pro bono work. And I try to do sort of more policy and best practice advisory work to sort of make sure that I'm happy that at least I'm a net neutral in the world...I suppose that it's not necessarily about how other people see me... That's probably as much about how I feel about myself". P4.

Short-Term Reactions

Participants reported psychological/behavioural outcomes and social reactions to MIEs, but none of the participants reported spiritual/religious reactions.

Psychological/Behavioural Responses

Short-term responses of transgressions included emotional reactions, mental health issues, poor performance and loss of commitment, however, also cognitive reactions were observed as participants started to question their own identity.

Emotional Reactions

A set of psychological/behavioural reactions revolved around immediate emotional reactions at the time of experiencing transgressions. Participants reported a range of emotional reactions as described in the literature (Litz & Kerig, 2019). Guilt was a common response experienced by participants: “The thing that got to me the most was the guilt about the decisions.” P1. Participants felt vulnerable in the situation and powerless: “I felt quite vulnerable and upset about it. Yeah. Then came feelings of what can I do about it? Because it is that disempowering feeling, you are so disempowered.” P1. Participants reported feeling hurt and betrayed by managers: “I just felt so cheated and betrayed that I was just like a wounded bird.” P2.

Some participants experienced *anger* and tried to use this anger as fuel to change the situation: “I have two choices, I can be angry about it and mad, which I am. But I’m trying very hard to not let that anger go. Like where I’m spewing venom all day, I’m trying to be very constructive.” P5.

Mental Health Symptoms

Participants reported a wide range of psychological symptoms relating to mental health including *depression*, *ruminating* or *catastrophizing*: “It got to the point where I just couldn’t take it anymore. And it really did impact on my mental health, like noticeably to the point... I just felt very depressed and very down...I didn’t have any energy or any passion to do anything, everything was just depleted.” P9 and “I started then to catastrophize things and thinking, you know, I hate this fear.” P15.

Despite none of the participants being diagnosed with PTSD, *insomnia* was common: “Sleep has become hard. Until the investigation was done, I could hardly sleep at all.” P5. Burnout was another psychological response described by participants: “Certainly I was struggling with low motivation, low mood, you know, all the key kind of emotional indicators of burnout, a lot of apathy towards the role and the role responsibilities.” P3.

Behavioural Responses

Behavioural responses included poor *work performance*: “My performance hasn’t been what it used to be...I just can’t think straight anymore. I definitely would say that my performance has fallen off the rails.” P5 and *losing commitment*: “It becomes very challenging to really commit in the way that I like committing in my career.” P8.

Social Responses

Participants reported getting into conflicts with morally transgressing managers: “I came into conflict with this leader quite a lot, because I refused to back down from my morals and I refused to back down from my values and you know, I would question him and I would call him out. I didn’t care.” P2.

Outside work, participants’ social relations suffered as they distanced themselves from friends and family: “It did massively affect me as <I was > always grumpy at home, always snapping at people. I was not a very nice person to be around.” P1.

Biological Responses

Participants reported a range of biological responses, for example, physical responses in the situation: “I used to sit in meetings. I got so fed up with being shouted down, I stopped speaking but then I physically felt like I was being strangled. I literally had, I used to have a sore throat because I just thought, there’s no point in speaking up because I just get shouted down.” P13. Participants also experienced existing physical conditions exacerbated during their period experiencing transgressions: “I suffer from hypertension, biologically, but > it < exacerbated a lot and my medication went up during that time for blood pressure.” P1.

Reorientation

Experiencing MIEs took its toll on participants and eventually made them realise that they had to take action to recover their identity and improve their wellbeing. When employees realised that the situation was untenable, they resigned and sought other avenues of income generation. Accelerating and decelerating factors influenced the speed at which participants realised that reorientation and resignation was the only solution to the situation.

Exit

At the time of interviews, most of our participants had left the organisation as a direct result of suffering moral transgressions: “What was happening didn’t align with my own values, and therefore my own kind of sense of morality, and eventually led me to leaving that organisation.” P7. Only two participants had not yet left at the time of the interview, however, both were actively looking for other opportunities and gave the moral injury as the main reason for wanting to leave: “When I do go for my interview tomorrow, I am going to say, No, I’m only interested if someone’s actually interested in taking me on...This is what I believe in, this what I drive, these are my pillars and values. And if you’re

going to use this expertise, then this definitely is the job for me...I'd rather not go to the same situation if I can avoid it by being honest upfront." P9.

It was only once participants had left that they realised just how muddled their situation had been: "I didn't really realise how much it had affected me until I left...it sort of shows a parallel with leaving an abusive relationship...Why didn't you leave? But it was only after I left that I really realised how unhappy I was." P1.

Accelerating Influences

Colleagues and external social relations acted as sensegivers helping participants make sense of the MIEs and realise the situation was unsustainable. In some cases, conversations with colleagues made participants realise the threat of MIEs to their identity as a good person:

"There was a guy from a consultancy firm that had been employed to support my project. And I took him for a coffee, and I said to him, 'I don't feel right, this isn't me'. We'd work together every minute of the day for like a year by this point. And he said, 'It's not you, I know you'... And he was just saying, you know, when you hit moments, at least, you have to stop before you fall down." P8.

In other cases, it was external professional relations bringing perspective to the situation, for example through an external mentoring programme:

"You had a different mentor every month, I got to see, you know, all these amazing people, to see how businesses worked. And I saw that there were different ways of doing things...That brought me a little bit of hope back, and I was a bit so actually, you know, this isn't synonymous with the whole world of work. This is just my microcosm." P2.

Decelerating Factors

External factors influenced how long it took for participants to resign. For example, being in a financially precarious situation made participants stay longer than they felt they should have: "I could deal with the situation to an extent with what was happening with my team, but that wore me down over time. And then the business situation just got worse. The only thing that kept me there was I just bought a property, and I was doing it up. And I needed the money to be able to finish the renovations to the property in order to be able to move in. So I was there because I had, well, I didn't really have a choice, if I'd have quit, I would have lost the house." P2.

Restoration of Identity and Recovery

Participants reported that their MIEs had lasting outcomes, even after they had left the job. Participants reported a profound change in how they saw themselves and they found it hard to trust working for others. Having escaped from the situation, participants attempted to restore their identity as a good person, both to recover from MIEs, but also to make up for the impact on others.

Long-Term Psychological Consequences

Having MIEs resulted in had long-term consequences: "It's interesting to use the word injury, because it (the experience) did sort of leave a scar for me." P7. These long-term consequences included psychological outcomes, but also the need for social coping in the long term to make sense of the impact of MIEs on their identity.

Mental Health Impact

Long-term psychological outcomes included lingering emotional responses that lasted long after MIEs. Participants felt shame long after the exiting, asking themselves why they did not do more: "I have a sense of shame of what I couldn't do, or why did I stay in this for so long? Or why didn't I get out of this sooner? Why did I allow this to happen?" P5.

Burnout and anxiety were other long-term consequences, lasting for years after the experience: "I definitely at that point experienced burnout. And I think they're probably the experiences that almost came back from my first two > MIEs <, although this was years later. I definitely felt burned out." P4. Anxiety is another outcome often described by employees: "I've had anxiety dreams, even this week, about sort of meetings with my old boss. And even after I left. Yeah, it still affects my dreams." P1.

Retrospective Sensemaking

The need for continued sensemaking of MIEs lasted long after participants had left the organisation: "Like even now, one of my closest friends worked for the same company. Even now we talk about the distressing aspects of what we did and had to deal with these families. To be honest, the way that we talk about it is almost like a bit like trauma, the way that we constantly revisit the same aspects...it obviously impacted us quite deeply on an emotional level." P3.

Changing Career Paths

Most participants had exited the organisations where transgressions had occurred. In most cases, suffering moral injury had such a profound effect on participants that it changed their career path.

Setting Up Your Own Business

Many chose to set up their own business as they felt this was the only way to protect themselves from suffering further moral injury: “I then set up on my own because I felt as though I couldn’t work for anyone that would espouse the morals and the values that they wanted in the industry that I was in.” P2. Participants would turn away tasks that might pose a risk to their moral and ethical values to protect their self-image as a decent person: “I set my organisation up. I have my values, and I live by them and, and that’s what I do you know, every day, I try to just make sure that I’m living to my values and that means I’ve turned down some work.” P13.

Retraining

Other participants retrained, not only to protect themselves by seeking an occupation where they felt the risks of suffering moral injury would be fewer, but also to make up for their wrongdoing by changing to career where they might do good for others, restoring their identity as a good person. One participant went back to university to study a subject that would enable them to do good: “The reason why I’ve gone back to university to study...was because ...I want to use > the subject < to help workplaces be better, to unlock the potential of others to help them thrive. All those things that I felt as though I was sort of unable to do earlier on in my career...So, I don’t know whether again, in retrospect, even this conversation is a good way to reflect whether it is almost sort of I’m paying back a moral debt from the early part of my career.” P2.

Discussion

The present qualitative study aimed at developing our understanding the concept of moral injury in business settings. To achieve this, we explored the lived experiences of employees in business settings who self-identify as suffering from moral injury. Based on our findings, we suggest a definition of the concept, identify which value domains are transgressed, and we propose a data-driven conceptual model of moral injury. This model may be a first step to develop moral injury into an intermediate theory. We extend previous research on moral transgressions in business settings,

which have been quantitative and focused on the outcomes of employees who work in the transgressing organisation (Al Shbail et al., 2018; DeTienne, 2012; Huhtala et al., 2011; Prottas, 2013) to explore the experiences of employees.

Currently, there is no agreed definition of moral injury (Atuel et al., 2021; Reynolds et al., 2012; Riedel et al., 2022). A recent debate paper (Atuel et al., 2021) proposed that moral injury should be understood from an identity perspective, i.e., how moral injury changes how people see themselves. Atuel et al. (2021) suggested an alternative definition of moral injury as the result of “when a moral failure event leads to suffering that threatens one’s character and identity” (p. 162). This alternative definition aligns with our findings. We propose that the threat to identity may explain why for some MIEs lead to moral injury while for others not.

A significant contribution of our study is the exploration of values transgressed. Key to moral injury is to understand what leads to moral injury. Existing definitions of MIEs have focused on who is the perpetrator of MIEs; persons of authority as suggested by Shay (2014), the individual as wittingly or unwittingly committing transgressions, or observing others transgress the individual’s moral values and norms (Litz & Kerig, 2019). Our findings suggest participants’ key focus was on the moral values transgressed, rather than who was the transgressor. The morality domains violated were those of fairness/justice and care/harm. In military and healthcare settings, moral values relating to care/harm to others have been transgressed (Dean et al., 2019; Williamson et al., 2018). We found that the nature of transgressions either related broadly to the way of doing business within the organisation or related to a particular role or responsibility within the organisation. Existing measures that focus on the transgressor (Litz et al., 2022), rather than the values transgressed may not fully capture what is seen as important to those suffering moral injury, supporting our argument that moral injury may be seen as a nascent theory (Edmondson & McManus, 2007).

Developing an Intermediate Theory of Moral Injury: A Conceptual Pathway Model

Central to developing an intermediate theory is the development of a provisional model integrating theoretical perspectives, drawing from different bodies of literature and data to propose new constructs and theoretical relationships (Edmondson & McManus, 2007). Our data-driven conceptual model builds on a range of distinct and relevant theories, which are integrated to develop an intermediate theory of moral injury. The model presented is not meant as generalisable across all settings, but it is our hope that this model may go some way to understand previously unexplained processes and organise theoretical predictions of when moral injury may occur and the long-term consequences of moral

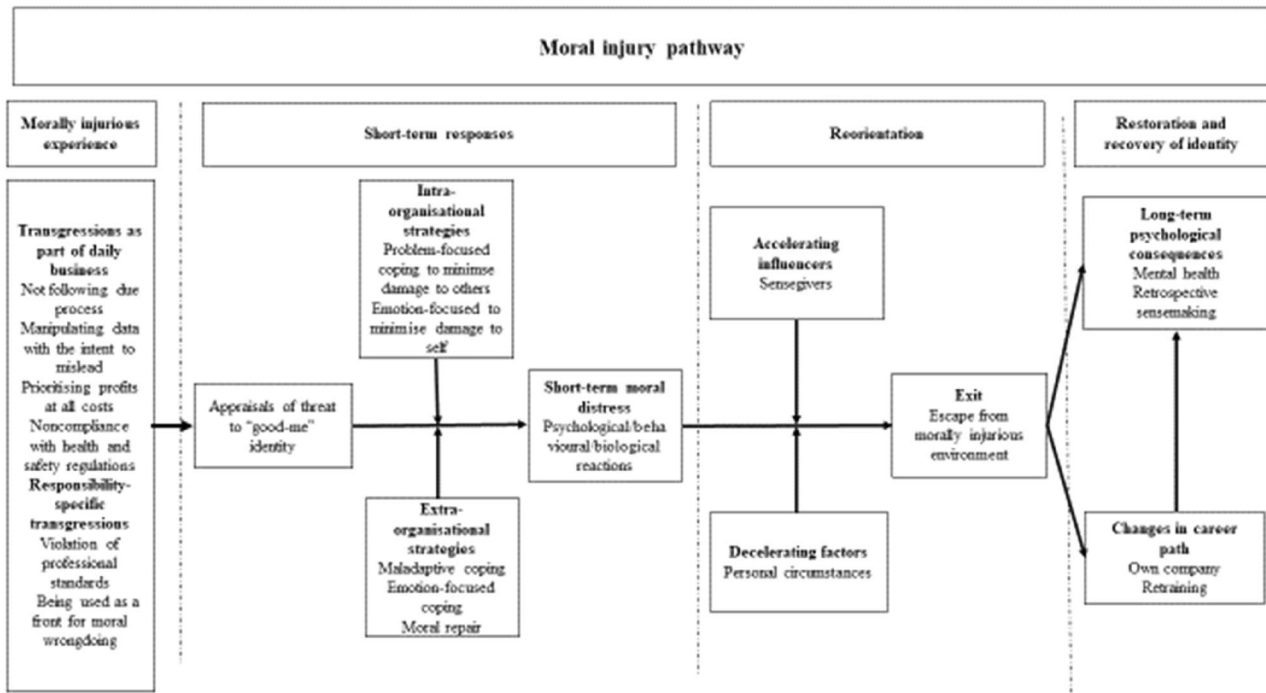


Fig. 1 The moral injury pathway

injury. See Fig. 1 for an overview of the Moral Injury Pathway model.

Atuel et al. (2021) argued that values define who an individual is and what an individual does and that moral failure leads to suffering as it is seen as an attack on one’s identity. Regardless of the individual’s role in the event, moral failure results in a change to one’s identity (Atuel et al., 2021). Our findings support these assumptions. MIEs are situations in which individuals themselves, or others, fail to do the right thing and they feel their identity is under threat. For perpetrators of moral injury, their own moral failures are perceived as a threat to their identity and for witnesses of moral failure, the threat to their identity as a good person stems from their inability to stop moral failure. Transgressions lead to thoughts resembling a “bad-me” and a “good-me” (Sullivan, 2010). The “bad-me” is associated with the moral failure of either being forced to perform wrongdoing or failing to prevent others’ moral wrongdoing and moral transgressions have a profound effect on the identity of “good-me”.

Previous studies have assumed a direct link between moral transgressions and outcomes (Williamson et al., 2019), however, our findings suggest that individuals engage in coping behaviours. Cognitive appraisal theory (Lazarus & Folkman, 1984) suggests that individuals appraise experiences as either potentially harmful, threatening or challenging. When an experience is threatening, the individual appraises their abilities to minimise

potential harm (Lazarus & Folkman, 1984). The identification of coping strategies to minimise harm caused by MIEs is a major contribution of our study. Employees perceive MIEs as threatening their “good-me” identity and they employ coping strategies to minimise the harmful effects. Three types of coping behaviours may mitigate the outcomes of MIEs. First, adaptive problem-focused coping to minimise the extent of moral failure through trying to take control of the situation, using strategies such as voicing and raising formal complaints. When these strategies fail, employees engage with unlikely allies or circumvent organisational processes and procedures. While this type of coping is usually thought to be effective (Biggs et al., 2017), it may backfire if taking control is not possible (Harrington, 2012). Our findings suggest that adaptive problem-solving coping may in the short-term minimise harm to others, however, it does little to protect employees’ “good-me” identity or prevent harm to employees themselves.

Second, emotion-focused coping may be useful to make sense of the situations as morally wrong, through social interactions with others (Lazarus & Folkman, 1984). This type of coping has largely been found to be ineffective (Biggs et al., 2017), however, morally injured employees may feel it gives them some short-term relief. Maladaptive coping, such as alcohol abuse, may numb the adverse impact of moral transgressions, however, this is also an ineffective form of coping (Biggs et al., 2017).

Third, in the short term, employees attempt to preserve their “good-me” identity through moral repair (Kalkman & Molendijk, 2021). Attempts of moral repair include doing pro bono work outside the organisation or doing virtuous work in the organisation parallel to employees’ main role. Such attempts have previously been identified in the literature; Kalkman and Molendijk (2021) described how border guards undertook humanitarian work in their spare time to mitigate the poor treatment of migrants.

These strategies to preserve the “good-me” identity and minimise or eliminate emotional and psychological reactions to transgressions are seen as insufficient to prevent the outcomes of moral transgressions. Emotional reactions, mental health issues, behavioural and biological reactions were reported by employees. In line with the suggestions of Reynolds et al. (2012) and Riedel et al. (2022), we propose to use the term moral distress to coin these short-term reactions to MIEs.

Employees realise that the situation is unsustainable, and reorientation is needed to restore their “good-me” self; they resign and seek new career opportunities. The length of time that passes before an individual recognises the situation is unsustainable may be accelerated by sensegivers who help the employee make sense of the situation (Gioia & Chitpedi, 1991) or decelerated by circumstances that make the employee feel that they cannot leave the organisation, e.g., a precarious financial situation.

There has been limited focus on turnover as a consequence of moral injury and the factors that may accelerate or decelerate exit. One study has explored exit strategies. Vu and Burton (2022) explored how leaders in profit and non-profit organisations react to moral dilemmas when organisational norms and their spiritual normativity clash and found that while Buddhists cognitively re-appraise clashes as well-intentioned and try to work around them, Quakers exit the organisation to preserve their morality and avoid severe moral dissonance or disengage from work and engaged in voluntary work to create meaning. Our findings support the second strategy, however, employees reported doing voluntary work to repair damage to others rather than to re-appraising meanings of dilemmas and create meaning in their work. A possible explanation for the difference in findings may be that Vu and Burton (2022) interviewed leaders who may have more power over their actions whereas our employees found themselves caught in situations where they could do little to change the situation and interpreted the experiences as morally injurious rather than as dilemmas.

Atuel et al. (2021) argued MIEs result in a fundamental shift in how the individuals understand themselves. We found that employees who have experienced moral injury find themselves doubting whether they want to be in the profession, or they lose trust in management to such a degree that they no longer desire to be in paid employment. To

protect themselves from further moral injury, employees seek alternative career paths, either through retraining, setting up their own company or being conscious about the dangers of moral injury when seeking new employment.

Practical Implications

Our findings suggest that multi-level interventions may be needed to manage moral injury. Interventions are traditionally divided into three categories: Primary, secondary, and tertiary (Randall & Nielsen, 2010). *Primary interventions* aim at modifying or eliminating the *causes* of poor mental health, by reducing the negative impact of the working environment on mental health by changing work policies, practices, and procedures (Randall & Nielsen, 2010). As many of the moral transgressions revolved around work policies, practices and procedures not being followed, primary interventions should include review of policies, practices, and procedures to establish how it can be ensured that these are followed, and consequences are introduced for those instigating wrongdoing. Huhtala et al. (2011) explored the concept of ethical culture in organisations, i.e., the principles of right and wrong in the organisational context. A lack of ethical culture underlies individuals’ accounts of moral injury. In many cases, transgressions were instigated by management and therefore interventions to change the culture and the mindsets of management are needed.

Secondary interventions aim to reduce the severity of poor mental health *symptoms* before they reach a critical stage (Randall & Nielsen, 2010). As moral transgressions can never be entirely prevented and because our findings suggest that employee engage in coping strategies to alleviate the outcomes of transgressions, employees could receive stress management and coping training to alleviate the short term psychological, social, and physical outcomes, however, they are unlikely to be effective on their own and in the long-term.

Tertiary interventions are reactive and aim to improve poor mental health for workers who have developed mental health problems (Randall & Nielsen, 2010). PTSD treatment is a tertiary intervention that has been found to be ineffective on their own in military settings (Steenkamp et al., 2015), however, treating other mental health issues such as burnout, depression and anxiety may alleviate some of the long-term consequences of moral injury and in conjunction with primary and secondary interventions.

Strength and Limitations

The main strength of this study is the exploratory approach in a field with little consensus on key concepts and the development of a data-driven conceptual model of the Moral Injury Pathway integrating key concepts and theories.

Despite this strength, we must also acknowledge some limitations on our study. First, we focused on the pathways leading from MIEs to moral injury. We therefore have limited understanding of how individual characteristics, e.g., religious beliefs (Vu & Burton, 2022) influence whether events are experienced as morally injurious. Future studies should explore where moral values stem from and how aetiology influences the moral injury pathway.

Second, we acknowledge that the use of online video interviews may impact the quality of our data. A recent review comparing online interviews with face-to-face interviews (Davies et al., 2020) revealed that online interviewing was associated with poorer relationship building and relational satisfaction. Concerns related to the perceived diminished ability to provide comfort to participants if needed, and to identify all non-verbal cues from participants. That said, the review did reveal several contradictory responses and suggested that other factors (in addition to the interview format) were related to interview quality including the quality of technology, research questions asked and the presence of events such as the Covid-19 pandemic, which has normalised online interaction. Other research has suggested that relational quality can be achieved with online methods equal to face-to-face interviews (Backhaus et al., 2012). Further, Davies et al. (2020) found that in seven of 11 articles, participants found sensitive topics easier to discuss in online interviews compared to than face-to-face. The choice of online interviewing (which was made to reduce threats to sampling such as time and geography) might have resulted in participants feeling safer and more comfortable describing their MIEs.

Third, our results do not necessarily represent the general picture in UK organisations. We are likely to have attracted participants who felt comfortable sharing their MIEs and who have invested effort reflecting on these experiences.

Finally, we focused on developing a conceptual pathway model, however, moral injury is related to key concepts in the ethics domain, such as whistleblowing, corporate irresponsibility, and the psychological contract. For a discussion of how moral injury are related to the concepts, see FigShare (URL to be included).

Conclusion

There are three main contributions of our phenomenological, exploratory study which aimed to develop our understanding of moral injury. First, we identified which moral domains employees in for-profit organisations experience were transgressed. Second, we explored the lived experiences of employees to develop our understanding of how moral injury is experienced by those whose values are transgressed. Third, we extend the existing literature on

moral injury by developing a conceptual model that proposes a pathway from transgressions to moral injury and the long-term consequences of moral injury, the factors that may moderate the impact of moral injury. In particular we extend the existing theory of moral injury, a) by proposing that moral distress and moral injury are the result of transgressions where individuals cognitively appraise these transgressions as a threat to their self-identity, b) by suggesting that employees are not passive actors but proactively try to alleviate the negative impact of moral transgressions on themselves and others, adapting multiple coping strategies, c) by proposing that long-term consequences of moral injury include escaping from the harmful situation employees exit the organisation, and d), even after leaving the organisation, employees need reorientation and recovery and restoration of the identity of a good human being.

Author Contributions All authors contributed to the study conception and design. Material preparation and data collection were performed by Rachel Lewis and Claire Agate. The data analysis and first draft of the manuscript was written by Karina Nielsen and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding The project was funded by Softer Success.

Declarations

Conflict of interest The authors have no relevant financial or non-financial interests to disclose.

Research Involving Human Participants or Animals Research involved human participants and ethics approval from the lead author's departmental ethics committee was obtained. Approval no: 044868.

Informed Consent Informed consent was obtained. Potential participants contacted the research teams and were provided a link to the online platform Qualtrics, which contained a participant information form (including eligibility criteria) and an informed consent form. Participants provided consent by submitting their electronic signature and contact details to Qualtrics.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Atuel, H. R., Barr, N., Jones, E., Greenberg, N., Williamson, V., Schumacher, M. R., & Castro, C. A. (2021). Understanding moral injury from a character domain perspective. *Journal of Theoretical and Philosophical Psychology*, *41*(3), 155–173.
- Al Shbail, M., Salleh, Z., & Mohd Nor, N. N. (2018). Antecedents of burnout and its relationship to internal audit quality. *Business and Economic Horizons (BEH)*, *14*(1232-2019-871), 789–817.
- Anderson, C., & Kirkpatrick, S. (2016). Narrative interviewing. *International Journal of Clinical Pharmacy*, *38*(3), 631–634.
- Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods*, *18*, 1609406919874596.
- Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., Rice-Thorp, N. M., Lohr, J., & Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychology Services*, *9*(2), 111–131. <https://doi.org/10.1037/a0027924>
- Bandura, A. (1999). Moral disengagement in the perpetration of inhumanities. *Personality and Social Psychology Review*, *3*, 193–209.
- Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's psychological stress and coping theory. In C. L. Cooper & J. C. Quick (Eds.), *The handbook of stress and health: A guide to research and practice* (pp. 351–364). Wiley Blackwell.
- Brooks, J., McCluskey, S., Turley, E., & King, N. (2015). The utility of template analysis in qualitative psychology research. *Qualitative Research in Psychology*, *12*(2), 202–222.
- Burton, N., & Galvin, P. (2018). Using template and matrix analysis: A case study of management and organisation history research. *Qualitative Research in Organizations and Management*, *14*(4), 393–409.
- Carpenter, N. C., Whitman, D. S., & Amrhein, R. (2021). Unit-level counterproductive work behavior (CWB): A conceptual review and quantitative summary. *Journal of Management*, *47*(6), 1498–1527.
- Čartolovni, A., Stolt, M., Scott, P. A., & Suhonen, R. (2021). Moral injury in healthcare professionals: A scoping review and discussion. *Nursing Ethics*, *28*(5), 590–602.
- Cullen, J. G. (2022). Moral recovery and ethical leadership. *Journal of Business Ethics*, *175*, 485–497.
- Clarke, V., & Braun, V. (2014). Thematic analysis. In A. C. Michalos (Ed.), *Encyclopaedia of quality of life and well-being research* (pp. 6626–6628). Springer.
- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (3rd ed.). Sage.
- Davies, L., LeClair, K. L., Bagley, P., Blunt, H., Hinton, L., Ryan, S., & Ziebland, S. (2020). Face to face compared with online collected accounts of health and illness experiences: A scoping review. *Qualitative Health Research*, *30*(13), 2092–2102. <https://doi.org/10.1177/1049732320935835>
- Dean, W., Talbot, S., & Dean, A. (2019). Reframing clinician distress: Moral injury not burnout. *Federal Practitioner*, *36*(9), 400.
- DeTienne, K. B., Agle, B. R., Phillips, J. C., & Ingerson, M. C. (2012). The impact of moral stress compared to other stressors on employee fatigue, job satisfaction, and turnover: An empirical investigation. *Journal of Business Ethics*, *110*(3), 377–391.
- Edmondson, A. C., & McManus, S. E. (2007). Methodological fit in management field research. *Academy of Management Review*, *32*(4), 1246–1264.
- GDPR (2018). *Guide to the General Data Protection Regulation*. [online] GOV.UK. Available at: <<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>> [Accessed 16 June 2022].
- Gioia, D. A., & Chittipeddi, K. (1991). Sensemaking and sensegiving in strategic change initiation. *Strategic Management Journal*, *12*(6), 433–448.
- Goodstein, J., Butterfield, K., & Neale, N. (2016). Moral repair in the workplace: A qualitative investigation and inductive model. *Journal of Business Ethics*, *138*(1), 17–37.
- Griffin, B. J., Purcell, N., Burkman, K., Litz, B. T., Bryan, C. J., Schmitz, M., & Maguen, S. (2019). Moral injury: An integrative review. *Journal of Traumatic Stress*, *32*(3), 350–362.
- Haidt, J., & Graham, J. (2007). When morality opposes justice: Conservatives have moral intuitions that liberals may not recognize. *Social Justice Research*, *20*(1), 98–116.
- Harrington, R. (2012). *Stress, health and well-being: Thriving in the 21st century*. Cengage Learning.
- Hennink, M., & Kaiser, B. N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine*, *292*, 114523.
- Huhtala, M., Feldt, T., Lämsä, A. M., Mauno, S., & Kinnunen, U. (2011). Does the ethical culture of organisations promote managers' occupational well-being? Investigating indirect links via ethical strain. *Journal of Business Ethics*, *101*(2), 231–247.
- Job, V., Dweck, C. S., & Walton, G. M. (2010). Ego depletion—Is it all in your head? Implicit theories about willpower affect self-regulation. *Psychological Science*, *21*(11), 1686–1693.
- Kalkman, J. P., & Molendijk, T. (2021). The role of strategic ambiguity in moral injury: A case study of Dutch Border guards facing moral challenges. *Journal of Management Inquiry*, *30*(2), 221–234.
- King, N. (2004). Using templates in the thematic analysis of texts. In G. Symon & C. Cassell (Eds.), *Qualitative methods and analysis in organisational research* (pp. 256–270). Sage.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Lim, C. R., Zhang, M. W., Hussain, S. F., & Ho, R. C. (2021). The consequences of whistle-blowing: An integrative review. *Journal of Patient Safety*, *17*(6), e497–e502.
- Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress*, *32*(3), 341–349.
- Litz, B. T., Plouffe, R. A., Nazarov, A., Murphy, D., Phelps, A., Coady, A., Moral Injury Outcome Scale Consortium. (2022). Defining and assessing the syndrome of moral injury: initial findings of the Moral Injury Outcome Scale Consortium. *Frontiers in Psychiatry*, *13*, 923928.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, *29*, 695–706. <https://doi.org/10.1016/j.cpr.2009.07.003>
- Marcus, B., Taylor, O. A., Hastings, S. E., Sturm, A., & Weigelt, O. (2016). The structure of counterproductive work behavior: A review, a structural meta-analysis, and a primary study. *Journal of Management*, *42*(1), 203–233.
- McEwen, C., Alisic, E., & Jobson, L. (2021). Moral injury and mental health: A systematic review and meta-analysis. *Traumatology*, *27*(3), 303–315.
- Merritt, A. C., Effron, D. A., & Monin, B. (2010). Moral self-licensing: When being good frees us to be bad. *Social and Personality Psychology Compass*, *4*, 344–357.
- Newman, A., Le, H., North-Samardzic, A., & Cohen, M. (2020). Moral disengagement at work: A review and research agenda. *Journal of Business Ethics*, *167*(3), 535–570.

- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544.
- Prottas, D. J. (2013). Relationships among employee perception of their manager's behavioral integrity, moral distress, and employee attitudes and well-being. *Journal of Business Ethics*, 113(1), 51–60.
- Randall, R., & Nielsen, K. (2010). Interventions to Promote Well-Being at Work. In S. Leka & J. Houdmont (Eds.), *Occupational health psychology: A key text* (pp. 88–123). Wiley-Blackwell.
- Reynolds, S. J., Owens, B. P., & Rubenstein, A. L. (2012). Moral stress: Considering the nature and effects of managerial moral uncertainty. *Journal of Business Ethics*, 106(4), 491–502.
- Riedel, P. L., Kreh, A., Kulcar, V., Lieber, A., & Juen, B. (2022). A scoping review of moral stressors, moral distress and moral injury in healthcare workers during COVID-19. *International Journal of Environmental Research and Public Health*, 19(3), 1666.
- Sackett, P. R., & DeVore, C. J. (2001). Counterproductive behaviors at work. In N. Anderson, D. S. Ones, H. K. Sinangil, & V. Viswesvaran (Eds.), *International handbook of work psychology* (Vol. 1, pp. 145–164). Sage.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182–191. <https://doi.org/10.1037/a0036090>
- Steenkamp, M. M., Litz, B. T., Hoge, C. W., & Marmar, C. R. (2015). Psychotherapy for military-related PTSD: A review of randomized clinical trials. *JAMA*, 314(5), 489–500.
- Sullivan, H. S. (2010). The interpersonal theory of psychiatry. In R. B. Ewen (Ed.), *An Introduction to Theories of Personality* (pp. 137–156). Psychology Press.
- Vu, M. C., & Burton, N. (2022). The influence of spiritual traditions on the interplay of subjective and normative interpretations of meaningful work. *Journal of Business Ethics*, 180(2), 543–566.
- Williamson, V., Stevelink, S. A., & Greenberg, N. (2018). Occupational moral injury and mental health: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 212(6), 339–346.
- Williamson, V., Murphy, D., Stevelink, S. A., Allen, S., Jones, E., & Greenberg, N. (2020). The impact of trauma exposure and moral injury on UK military veterans: A qualitative study. *European Journal of Psychotraumatology*, 11(1), 1704554.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.