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Moral Injury and Perceived Distress followed by Burnout among Psychologists/Counsellors

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Abstract

Distress is a common response to moral injury. It is mostly linked with burnout among psychologists. Psychologists and counsellors experience distress, moral injury and burnout because of their clients. The aim of the current study is to investigate the interaction between moral injury, emotional distress, and burnout among psychologists is crucial as it sheds light on the unique challenges faced by mental health professionals in their daily work. The study explores the relationship between moral injury, distress, and burnout among psychologists. For data collection three reliable scales were used, namely Maslach Burnout Inventory, The Perceived Stress Scale and Moral Injury Outcome Scale. Sample included both male and female adolescents. Stratified random sampling technique was used to collect the data. Findings revealed that when the level of perceived distress increases the level of moral injury also increases. Similarly, increases in perceived distress are associated with increases in burnout. Findings also reveal that perceived stress is a significant predictor of moral injury, and both perceived stress and moral injury significantly predict burnout. The findings were examined.

Key Words: Moral Injury, Burn Out, Perceived Distress.

Introduction

Psychologists and counsellors experience distress due to their clients for various reasons, as they often work with individuals who are facing challenging emotional, psychological, and interpersonal issues. The emotional toll of witnessing intense suffering such as severe

depression, suicidal ideation, or trauma can affect the psychologist. Psychologists experience distress due to their interactions with clients (Adams et al., 2006). This distress can manifest in various ways and can impact the quality of care provided to clients. Emotional distress refers to the negative emotional reactions that psychologists and counselors may experience while providing therapy or counseling services. This distress can arise from various sources such as witnessing and empathizing with clients who are dealing with intense emotional pain, trauma, or distressing life experiences can be emotionally draining for therapists (Stevens & Al-Abbadey, 2023).

Moral injury is a term more commonly associated with professions like the military but can apply to mental health professionals as well (Jamieson et al., 2020). It happens when a person encounters morally troubling circumstances that go against their firmly held moral principles and ethical views. The phrase "moral injury" is used to characterize the psychological, social, and spiritual effects of situations in which one's sincerely held moral principles are violated or betrayed. Although it is not considered a mental condition, it may be linked to depression or PTSD (Coady et al., 2021).

In the context of psychologists and counselors, moral injury can occur due to: Ethical Dilemmas (Jones, 2020). When therapists find themselves in situations where they must make difficult ethical choices, such as breaking confidentiality to ensure the safety of a client or others, it can lead to moral injury if the decision causes distress and moral conflict. Professional Boundaries is the major cause of moral injury such as violations of professional boundaries, whether inadvertent or deliberate, can lead to moral injury if they conflict with the therapist's ethical principles. Moreover, when therapists are unable to prevent adverse outcomes for clients despite their best efforts, they may experience moral injury, feeling that they have failed to uphold their professional duties. The key to moral injury is that it causes behavioral repercussions including withdrawal from daily routines and is linked to guilt and shame (Litz et al., 2009). Being repeatedly exposed to trauma tales can make it difficult for patients to deal with being forced to watch crimes and depravity (Boscarino et al., 2022). The concept of moral harm has historical roots in spiritual, theological, and philosophical traditions in addition to the history of efforts to prevent potentially traumatic exposures (Tick, 2012). The term "moral injury" has been used to describe a specific trauma syndrome that includes psychological, existential, behavioral, and interpersonal problems that appear after one perceives oneself or those they can trust have violated their core moral principles (Jinkerson, 2016). It is believed that exposure to at least one potentially morally damaging episode (PMIE) is necessary, even though the exact requirements still need to be satisfied and the causes of moral injury are still unclear (Griffin et al., 2019).

Burnout may result from the emotional demands of the job combined with heavy caseloads. Emotional tiredness, depersonalization (treating clients like objects rather than people), and a decrease in personal success are all signs of burnout (Di Monte et al., 2020). Psychologists run

the danger of developing issues with their professional competence if they do not take care of their own functioning and wellness. Over time, untreated distress can cause burnout.

Burnout is a condition of physical and mental weariness that is frequently linked to pressures at work. When psychologists experience moral injury and emotional distress, it can exacerbate burnout in many ways (Rosen et al., 2022). Providing therapy to clients who are in distress or dealing with moral dilemmas can be emotionally draining. The constant exposure to clients' pain and suffering can lead to emotional exhaustion, a core component of burnout. Psychologists may start to feel that they are not making a meaningful impact or that they are unable to help clients effectively when they experience moral distress. This can erode their sense of personal accomplishment, another key component of burnout. Moral dilemmas and emotional distress can lead to a sense of cynicism or depersonalization (Burnett-Zieman et al., 2023). Psychologists may begin to distance themselves from their clients or become skeptical about the effectiveness of their interventions, which can contribute to burnout, moral injury and emotional distress accumulate, psychologists may experience decreased job satisfaction. They may question whether their work aligns with their values or whether the emotional toll is worth it, leading to burnout. Prolonged burnout can have physical health consequences, including headaches, gastrointestinal issues, and sleep disturbances (Nigri et al., 2023). It can also weaken the immune system, making psychologists more susceptible to illness. Moral injury can lead to a crisis of professional identity, causing psychologists to question their ethical principles and values. This crisis can be emotionally distressing and contribute to burnout.

The current research investigating the interaction between moral injury, emotional distress, and burnout among psychologists is crucial as it sheds light on the unique challenges faced by mental health professionals in their daily work. The research into moral injury, distress, and burnout among psychologists is of critical importance due to the profound impact these experiences can have on the mental health of these professionals and the quality of care they provide. Psychologists often work in high-stress environments and deal with challenging situations that can lead to moral dilemmas, causing distress and potentially leading to burnout. Understanding these concepts and their interrelationships can help in developing effective strategies for prevention and intervention, thereby promoting better mental health among psychologists, and improving the overall quality of psychological services. This research is particularly relevant in the current context, where mental health services are in high demand, and the well-being of mental health professionals is paramount.

Hypotheses

1. There is a significant positive correlation between the experience of moral injury and the level of distress among psychologists.
2. Psychologists who report higher levels of moral injury are more likely to experience symptoms of burnout.
3. Distress mediates the relationship between moral injury and burnout among psychologists.

4. The severity of moral injury, distress, and burnout varies significantly across different fields of psychology (e.g., clinical, counseling, school psychology).

Sample and Procedure

For the current study stratified random sampling technique was used. It involved dividing the population of psychologists into different subgroups or 'strata' based on certain characteristics (e.g., field of psychology, years of experience, etc.), and then randomly selecting individuals from each stratum. Data was collected from both male and female currently practicing psychologists/counsellors (*N*=413) in various settings such as private practice, hospitals, schools, universities, or community mental health centers. Self-report questionnaires were used for data collection. Working experience was categorized as early career (0-5 years), mid-career (6-15 years), and late career (16+ years).

Measures

Maslach Burnout Inventory MBI (Maslach, 1997). Maslach Burnout Inventory comprised of 22 items developed by Maslach (1997) was utilized in the present study. For the current research two subscales including Emotional exhaustion and Depersonalization were used. Scores of each item ranged from 0 =never, to 6= every day.

The *Perceived Stress Scale* (PSS) The Kessler Psychological Distress Scale (K10) (Kesseler et al., 2002.2003) was used to quantify psychological distress. There are ten statements in total. The responses on a five-point ordinal scale indicated how often respondents had experienced 10 symptoms over the previous month, such as "feeling tired out without a good reason" and "sad or depressed." 1 = none of the time, to 5 = all of the time, were used to grade the replies. Higher scores indicate higher degrees of psychological discomfort, with a total score ranging from 0 to 40 after adding the components.

Moral Injury Outcome Scale (MIOS) The MIOS (Dell et al., 2021) comprises two subscales: MIOS shame and MIOS trust violation with seven items in each. Respondents are asked to indicate how strongly they agree with each statement in the past month with ratings on a 5-point Likert scale, with 0 = strongly disagree, to 4 = strongly agree.

Results

Table 1: *Demographics for gender and occupation (N=413)*

Demographics	***F***	**%**
Gender		
Male	112	27.1
Female	301	72.9
Occupation		
Private Practice	72	
Hospital/Clinical Psychologist	215	
School/University/Educational Psychologists/Counsellor	126	

The results in table 1 indicated gender distribution within the group, with a significantly higher representation of females (72.9%) compared to males (27.1%). Furthermore, the distribution of occupations shows that Hospital/Clinical Psychologists comprise the largest subgroup (215),

followed by School/University/Educational Psychologists/Counselors (126), and Private Practice (72).

Table 2: *Descriptive Statistics of study variables (N=413)*

Variable	*k*	A	M	SD	Range		Skewness	Kurtosis
					Actual	Potential		
Perceived Distress	10	.80	24.13	5.36	9-35	10-50	.29	.26
Moral Injury	14	.85	32.10	10.26	15-54	0-56	.21	1.16
Burn Out	22	.94	74.96	25.51	24-130	0-132	.03	.90

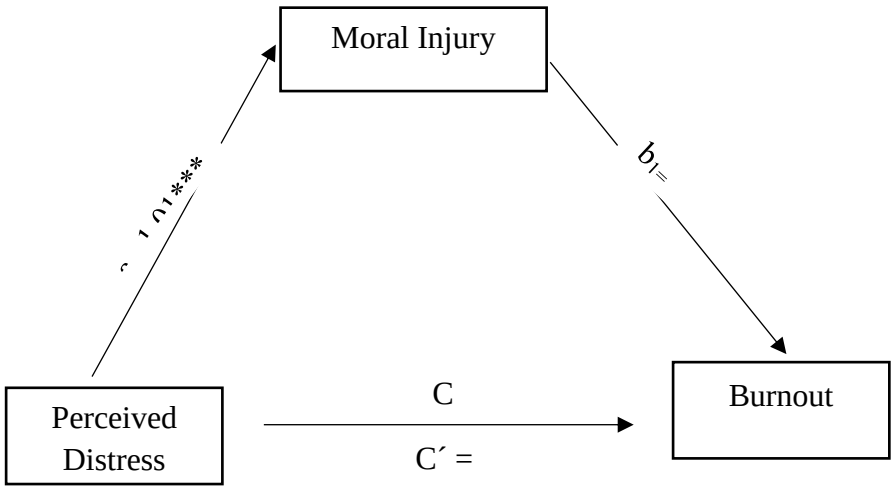
The descriptive statistics in the above table 2 for Perceived Distress, Moral Injury, and Burnout indicate good to excellent reliability.

Table 3: *Pearson correlation of study variables (N=413)*

	Variables	*1*	*2*	*3*
1.	Perceived Distress	-	.53**	.33**
2.	Moral Injury		-	.47**
3.	Burn Out			-

The results in table 3 indicated the correlation matrix which provides valuable insights into the relationships between perceived distress, moral injury, and burnout. A moderate positive correlation was found between perceived distress and moral injury (r=.53, p<.01), suggesting that higher levels of perceived distress are associated with higher levels of moral injury. Similarly, a weak positive correlation was observed between perceived distress and burnout (r=.33, p<.01), indicating that increases in perceived distress are somewhat associated with increases in burnout. Lastly, moral injury and burnout showed a moderate positive correlation (r=.47, p<.01), implying that as moral injury increases, burnout also tends to increase.

Figure 1: The statistical diagram of mediation along with path coefficients.



Result of mediation analysis revealed in the model of anxiety, perceived stress predicted moral injury(mediator) in positive direction and explained 27 % variance in it, which was statistically significant. Perceived stress and moral injury predicted burnout in a positive direction, and both explained 22 % variance in it, which was statistically significant.

Table 4: *One-Way ANOVA to Check Burnout in relations to Study Variables Among Psychologists (working in different settings) (413)*

Variables	Hospital (*n*=215)		School/University (*n*=126)		Private Practice (*n*=72)				
	M	*SD*	*M*	*SD*	*M*	*SD*	F	*p*	η^2
Perceived Distress	24.98	5.61	23.35	5.16	22.96	4.49	5.87	.003	.03
Moral Injury	32.98	9.84	29.85	10.55	33.40	10.48	4.45	.012	.02
Burnout	78.10	24.93	74.56	26.53	66.32	23.57	5.91	.003	.03

Results in table 4 showed that there are differences between mean scores of perceived distress, moral injury, and burnout across psychologists working under three different settings: hospitals, schools/universities, and private practices were statistically significant (F=5.87, p=.003).

Table 5: *Pairwise Comparisons across work Settings with respect to study variables (413)*

Variable			*B*	SE	*P*	95% CI	
						LL	UL
Perceived Distress	Hospital	School/University	1.628	.598	.019	.22	3.04
		Private Practice	2.018	.654	.007	.47	3.57
	School/University	Hospital	-1.628	.598	.019	-3.04	-.22
		Private Practice	.391	.702	.843	-1.27	2.05
	Private Practice	Hospital	-2.018	.654	.007	-3.57	-.47
		School/University	-.391	.702	.843	-2.05	1.27
Moral Injury	Hospital	School/University	3.1243	1.1558	.020	.399	5.849
		Private Practice	-.4214	1.4067	.952	-3.761	2.919
	School/University	Hospital	-3.1243	1.1558	.020	-5.849	-.399
		Private Practice	-3.5456	1.5534	.061	-7.223	.132
	Private Practice	Hospital	.4214	1.4067	.952	-2.919	3.761
		School/University	3.5456	1.5534	.061	-.132	7.223
Burnout	Hospital	School/University	3.542	2.912	.445	-3.32	10.41
		Private Practice	11.778	3.258	.001	4.05	19.50
	School/University	Hospital	-3.542	2.912	.445	-10.41	3.32
		Private Practice	8.236	3.648	.065	-.39	16.87
	Private Practice	Hospital	-11.778	3.258	.001	-19.50	-4.05
		School/University	-8.236	3.648	.065	-16.87	.39

Table 5 revealed that for perceived distress, there is a statistically significant increase when comparing hospitals (M=24.98, S.D=5.61) to schools/universities (M=23.35, S.D=5.16) and private practices (M=22.96, S.D=4.49). This suggests that the level of perceived distress is

higher in psychologists working in hospitals than in schools/universities and private practices. In terms of moral injury, a significant increase is observed when comparing private practicing psychologists/counsellors (M=33.40, S.D=10.48) to psychologists working in hospitals (M=32.98, S.D=9.84) and schools/universities (M=29.85, S.D=10.55). Regarding burnout, a significant increase is found when comparing hospitals (clinical psychologist) (M=78.10, S.D=24.94) to private practicing psychologists/counsellors (M=66.32, S.D=23.57) and psychologists working in educational setting (M=74.56, S.D=26.53). These findings suggest that the type of institution plays a role in the levels of perceived distress, moral injury, and burnout.

Discussion

The purpose of the current study was to investigate the relation between moral injury, emotional distress, and burnout among psychologists. Data was collected from both male and female currently practicing psychologists/counsellors in various settings such as private practice, hospitals, schools, universities, or community mental health centers.

The first hypothesis of the present study was, there is a significant positive correlation between the experience of moral injury and the level of distress among psychologists. Results in table 3 indicated the correlation matrix showed moderate positive correlations between these variables. It suggest that when levels of perceived distress increases levels of moral injury also increases. Similarly, table also indicated positive correlation between perceived distress and burnout, indicating that increases in perceived distress are associated with increases in burnout. The result of present study is aligned with previous studies which also suggest Individuals with moral injury develop moral resilience or residue, leading to burnout, job abandonment, and post-traumatic stress. (Mewborn et al., 2023).

Second hypothesis was, Psychologists who report higher levels of moral injury are more likely to experience symptoms of burnout. Results in table 3 also indicated positive correlation between moral injury and burnout. Result supported that hypothesis that if moral injury increases burnout in psychologists also increases. These findings are consistent with previous research that has also highlighted the interconnectedness of these variables. For instance, a study conducted on healthcare providers in Florida during the COVID-19 pandemic found consistently high rates of moral injury and burnout (Dale et al.,2021). Another study argued that a continuum exists between moral distress, moral injury, and burnout (Rosen et al., 2022).

According to the third hypothesis, burnout among psychologists and moral harm are related through the mediation of suffering. According to the findings of the mediation study (figure 1), moral damage is a substantial predictor of felt stress, and both perceived stress and moral injury are significant predictors of burnout. This is consistent with current studies on the topic. According to a study, people across many business sectors are experiencing a more severe form of burnout due to moral injury, which is defined as the long-term effects of performing, witnessing, or failing to stop an action that violates one's own moral beliefs. The results of this

study support the body of literature already in existence documenting the detrimental effects of moral harm on mental health outcome (Roth et al., 2022).

The fourth hypothesis was, the severity of moral injury, distress, and burnout varies significantly across different fields of psychology (e.g., clinical, counseling, school psychology). The results presented in the table 4 provide valuable insights into the relationship between different variables, specifically Perceived Distress, Moral Injury, and Burnout, across various settings, including Hospitals, School/University environments, and Private Practices. The results reveal significant variations in these psychological stress factors, shedding light on the impact of workplace settings on the well-being of mental health professionals. These results are aligned with previous research that the association between perceived stress and burnout is present in various occupational settings (Dima et al., 2021). This suggests that the type of institution (in this case, hospitals, and private practicing psychologist) can play a significant role in the levels of perceived distress, moral injury, and burnout experienced by individuals.

Results demonstrates that psychologists in private practices and counsellors experience a significant increase in moral injury compared to their counterparts in hospitals and schools/universities These finding hints at the possibility that the ethical challenges and dilemmas faced by private practitioners, who often work independently, may contribute to a heightened sense of moral injury (Shay, 2014). Conversely, psychologists in educational settings may have different ethical concerns or support systems in place (Aubé, 2011).

The results also reveal a notable increase in burnout among clinical psychologists in hospital settings in contrast to private practicing psychologists/counsellors and psychologists in educational settings. This outcome implies that the demands and pressures of clinical work in hospitals may be associated with a higher risk of burnout. Factors such as heavy caseloads, long working hours, and exposure to severe patient conditions may contribute to this observation (Ballenger-Browning, 2011).

Implications

These findings have important practical implications for healthcare professionals, educators, and organizations. First and foremost, interventions aimed at reducing perceived stress may not only alleviate the risk of burnout but also mitigate the likelihood of moral injury.

These findings also increased awareness about the emotional and ethical challenges psychologists face in their work. This awareness can lead to more understanding and support from colleagues, employers, and the boarder community. Psychologists may become more attuned to their own well-being and the need for self-care. They may prioritize strategies to manage stress, cope with moral dilemmas, and seek support when needed. The present study also provides guidance to professional organizations and psychologists to enhance their support systems, including peer support, supervision.

Limitations and Suggestions

- Findings from one group of psychologists may not generalize to other healthcare professionals or different settings, limiting the boarder applicability of the results.

- Data was collected through self-reporting questionnaire, which can introduce subjectivity and response bias. Psychologists may underreport their distress or over report their moral injury, it may affect the results.
- Moral injury, distress and burnout may be interconnected, but it's difficult to determine which one is the primary driver. Future research should employ longitudinal designs to establish causal relationships and explore potential moderating factors, such as social support and coping strategies.

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