PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

Moral Injury Toolkit

Table of Contents

Where are you now?

1. If you are an individual:
   - ☐ Write an op-ed using report data
   - ☐ Submit a letter to the editor
   - ☐ Share findings in your hospital newsletter
   - ☐ Present at a department meeting
   - ☐ Post report graphics and key findings on social media
   - ☐ Start informal conversations reframing burnout

2. Do you have a small group?
   - ☐ Organize a grand rounds presentation
   - ☐ Co-author an op-ed
   - ☐ Table at a local conference

3. Are you a chapter or a MIG?
   - ☐ Present at regional or national conferences
   - ☐ Table at professional meetings
   - ☐ Incorporate findings into advocacy days
   - ☐ Partner with other organizations for joint statements
   - ☐ Write and submit resolutions to medical societies

Conversation Scripts

1. Opening (Choose a Starting Point)
   a. "Hey [Name], how has your shift/day been going?"
   b. "How are things feeling for you at work lately?"
   c. "I feel like things have been especially tough recently—how's it been on your end?"
2. Relational / Experience-Based Questions *(Goal: build connection and understand their experience)*
   a. **If they share:** frustration, stress, or challenges:
      i. "That sounds really frustrating—what's been the hardest part?"
      ii. "Can you tell me more about what that's been like for you?"
      iii. "How is that affecting you day-to-day?"
3. Identify System-Level Barriers *(Gently guide toward structural causes)*
   a. "Do you feel like it's more than just being busy; are barriers getting in the way of patient care?"
   b. "What kinds of obstacles are you running into most often?"
   c. Respond with things like insurance, documentation, admin burden
4. Introduce Moral Injury (Bridge Concept)
   a. "What you're describing reminds me of something called *Moral Injury*—have you heard of that before?"
   b. **if needed:** "It's when you know what care your patient needs, but something in the system prevents you from providing it; like insurance barriers or administrative rules. Does that resonate with you?"
5. Validate + Normalize
   a. "You're definitely not alone in feeling that way."
   b. "A lot of clinicians are experiencing this right now."
6. Share Data (Insert Report Findings) *(Keep it conversational—don't overwhelm)*
   a. "There's actually been recent research looking into this, and some of the biggest drivers people reported were:"

   i. Excessive documentation requirements

   ii. Prior authorization and denial of care

   iii. Recommending treatments patients can't access

   iv. Feeling betrayed by the healthcare system

   v. Conflicts between patient care and financial pressures

  b. "In that same research, **nearly 70% of physicians surveyed said they've considered leaving a position because of moral injury, and about 1 in 4 have already left.**"

  c. "It really shows this isn't just individual burnout—it's something systemic."

7. Reflection Question (Engage Them)

  a. "Does that line up with what you've been experiencing or hearing from others?"

  b. "How does that compare to what you're seeing in your department?"

8. Transition to Solutions

  a. "Given how widespread this is, a lot of people are starting to ask what we can actually do about it."

9. Introduce Collective Action / Advocacy

  a. "One approach is organizing—talking with colleagues, sharing experiences, and advocating for changes that reduce these barriers."

  b. "Some groups are focusing on system-level reforms to address things like administrative burden and insurance obstacles."

10. Optional: Policy/System Framing *(Use if appropriate for the audience)*

  a. "For example, some people advocate for models like a single-payer system, where there's less administrative complexity and fewer insurance barriers, so clinicians can focus more on patient care."

11. Invitation / Next Step (Low Pressure)

  a. "Would you be open to learning more or staying updated on this?"

  b. "I'd be happy to share a summary of the research or talk more about it sometime."

  c. "If you're interested, we could also connect you with others who are working on this."

12. Close

  a. "I really appreciate you sharing your experience—it's something a lot of people are going through."

  b. "Let's stay in touch about this."

13. **Quick Use Tips**

  a. Start with curiosity, not a pitch

b. Listen first, then connect to moral injury

c. Use data sparingly and conversationally

d. Adapt depth based on time and interest

e. End with an easy, optional next step

Full one-on-ones

The organizing one-on-one is one of the most valuable tools that we have to grow our power. This intentional conversation creates opportunities for organizers to connect and understand what brings a person to the work they are engaging with - and helps them discern what might keep them there. A good organizer does regular one-on-ones with both new and old connections, and is constantly critiquing and improving their own approach to these conversations.

1. **Preparation**: going into a one-on-one, our primary goal is to learn about someone and discover their self-interest. Here are some questions that might be helpful to consider ahead of your meeting. Keep in mind that this is <u>not</u> a script - every one-on-one will be unique.
   a. Relationship: What do we have in common? What might be the basis of a relationship?
   b. Self Interest:
      1. What does this person care most about? Why?
      2. What do they get excited talking about?
      3. How do they spend their time?
      4. What talents and abilities does this person have?
      5. How and where are they using them?
      6. What relationships does this person have?
      7. What specific concerns or ideas does this person have? Why?
      8. What is this person's story?
      9. Why is this person involved in the things they're involved in?
      10. Is there a potential role in the campaign that would really get them excited?
2. **Have the one-on-one:** make sure to dedicate 30-45 minutes to the conversation. You should aim to keep your talking to a minimum - this is your opportunity to understand the person you're meeting better. It's great to highlight your connections and relation to what

the person is saying, but make sure to keep redirecting the conversation so they are the primary focus.

3. **Reflect on your conversation**:
   a. What are some important things I learned about this person?
   b. What are some talents, background, and/or gifts this person has to offer?
   c. What are this person's areas of "self interest"?

4. **Evaluate your own performance**: these are skills that will evolve and improve over time if we intentionally develop them! Here are some questions to consider when reflecting:
   a. What did I do well?
   b. What can I do differently next time?
   c. Did I establish a relationship?
   d. Did I listen for the stories behind people's facts and opinions? How courageous was I? Did I probe?
   e. What was the riskiest question I asked?
   f. Were there "leads" that they gave me that I didn't follow up? Why?

Op-Ed Templates

How to use these templates:

- Each template is ~700 words as written (most local papers have a 600-800 word limit) and is broken into sections to ease the writing process.
- [Bracketed text] is the body of the piece. Feel free to customize, but templated for convenience.
- Text in italics = placeholders that need to be customized. Tailor to your own story/location/specialty.
- Guidance notes indicated by (▶) explain why the section is important. Delete before submitting.
- Each sub-tab contains sample language you can copy/past into your draft to prompt your writing.
- Don't use every statistic, just pick 2 or 3 that hit the hardest for your target audience.
- Always check your local paper's submission guidelines for word count and formatting requirements.

Before you write:

- Find a news peg! A local hospital closure, a staffing issue, a legislative issue, a patient story that made local news.
- Decide your "ask" — what do you want readers to do after reading? Stick to ONE clear ask.
- It can be helpful to write your last paragraph first. If you know where you're going, the path is easier to navigate.
- Have someone outside healthcare read a draft. If they don't understand it, rewrite it.

TITLE: [*Aim for 8-12 words that create tension or surprise*]

> ▶Examples: "*I Became a Doctor to Help People. The System Won't Let Me.*" or "*It's Not Burnout. It's Something Worse.*"

THE HOOK (CHOOSE ONE)

> ▶Open with a single, specific scene. Make the reader see the exam room, the ER, the

phone call, etc (please don't open with "as a physician, I...")

A. **A MOMENT YOU CAN'T FORGET** - [*Describe a specific moment when you knew exactly what your patient needed but could not provide. What were you doing? What did the patient look like?*]

B. **A SYSTEM AT FAULT** - [*Describe how perverse profit motives are undermining the profession and making it challenging for us to practice medicine*]

C. **A SHOCKING STATISTIC** - [*A landmark study on physician moral injury found that 69% of physicians had contemplated leaving or had actually left a position due to the experience of moral injury*]

D. **THE CONTRAST LEAD** - [*Describe how you imagined practicing medicine when you entered the field. What did you picture your days looking like? Now contrast that with a typical day today. What changed — and what didn't?*]

E. **THE "IN THEIR SHOES LEAD** - [*Write in second person. "Imagine you're told..." Place the reader in the position of either the physician being overruled or the patient being denied care. Walk them through the emotional and practical consequences.*]

THE TURN — NAME THE REAL PROBLEM (2-3 sentences)

▶Pivot from personal story to systemic diagnosis. Resist the burnout framing, name the cause.

[A new national study from Physicians for a National Health Program, conducted in partnership with the Robert Wood Johnson Foundation, surveyed over 1,200 physicians and found this experience isn't rare, but rather the norm. 62% of physicians reported moderate or very high distress caused specifically by administrators' or insurers' cost-cutting priorities overriding their clinical judgement.

For years, we've been told that healthcare workers are "burning out." That framing is wrong, and it's wrong on purpose. What we experience is not burnout, it is moral injury. It is the distress that comes from knowing exactly what your patient needs and being blocked from providing it by a system designed to extract profit.]

THE EVIDENCE (CHOOSE 2 - 3)

▶ Pick *2–3 statistics* from the research that connect to YOUR story and your LOCAL context. Don't data-dump.

[44% of surveyed physicians said that lack of insurance approval or service availability often or always prevented them from delivering medically necessary treatment. In turn, physicians must make the impossible decision of choosing an inferior therapy or spend time and energy they often don't have on fighting what is frequently a losing battle...]

[35% of surveyed physicians reported being required to care for more patients than they could safely manage. This inevitably leads to risk of harm, a risk created by the system but imposed upon physicians, violating our moral codes....]

[57% reported moderate or severe distress from working in systems that failed to treat vulnerable patients with dignity and respect. Physicians with the greatest sense of responsibility to serve are most vulnerable to perverse incentives in the system, which has the effect of further exacerbating disparities in vulnerable communities...]

[69% of surveyed physicians reported previously considering leaving or having left positions due to moral distress. A workforce already depleted is at risk of further attrition, with the effects amplified in underserved areas...]

THE DEEP IMPACT

▶Connect moral injury to health equity. This isn't about physician feelings — it's about patient harm.

[These aren't just physician complaints. When clinicians are blocked from providing care, patients suffer, and the harm falls hardest on marginalized communities. The same study found that **41% of physicians** felt complicit in structural racism perpetuated by their profession. Patients in focus groups described the system as "convoluted," "corrupt," and "dysfunctional."

Add a sentence about specific disparities in your community — racial gaps in maternal mortality, rural hospital deserts, Medicaid coverage gaps, etc.]

THE CALL TO ACTION

▶ Be specific. One concrete, achievable demand alongside the systemic vision. Tailor to your local politics.

[Resilience workshops and meditation apps will not fix a system engineered for wealth extraction.

We need structural change. Immediately, that means *[choose 1–2: eliminating prior authorization barriers / returning Medicaid to public administration / expanding automatic eligibility / opposing hospital consolidation / a specific local or state policy]*. Ultimately, it means building a healthcare system where no insurer stands between a physician's clinical judgment and a patient's right to care.]

<u>THE CLOSE — MAKE IT PERSONAL AGAIN (1–2 sentences)</u>

▶ Return to the human moment from your opening. One sentence gut-check. Leave the reader with a feeling.

[*Return to your LEDE. What happened to them? What keeps you up at night? What kind of medicine did you sign up to practice?*]

<u>AUTHOR BIO</u>

[Your Name] is a *[title/specialty]* at *[institution]* in *[city, state]* and a member of Physicians for a National Health Program (pnhp.org).

Quick Reference: Data & Talking Points

Pull from these when adapting either template. All data from the PNHP Moral Injury Research Project (PNHP / Robert Wood Johnson Foundation). National survey of 1,207+ physicians, supplemented by physician interviews and patient focus groups.

Core Talking Points

On Moral Injury vs. Burnout

· **Burnout blames the worker. Moral injury names the system.** Burnout implies clinicians can't handle the job. Moral injury identifies that the job has been restructured to prevent ethical practice.

· **Wellness programs are the system's alibi.** Physicians in the study emphasized that no resilience training can resolve a system that systematically obstructs evidence-based care.

· **Moral injury is a patient safety issue, not a physician feelings issue.** When

clinicians are blocked from providing care, patients experience delays, denials, fragmented treatment, and worse outcomes.

On Healthcare Financialization

· **Healthcare has been redesigned from promoting health to extracting wealth.** Prior authorization, productivity quotas, and documentation demands are tools of financial control, not clinical quality.

· **Physicians described their roles as reduced to "productivity centers."** Visit length, treatment decisions, and documentation are dictated by billing codes and insurer rules, not patient need.

· **Corporate acquisitions accelerate harm.** Patient focus groups documented how acquisitions and productivity mandates drive physician departures, clinic closures, and longer wait times.

On Racial & Structural Equity

· **Financialized care deepens existing disparities.** Physicians described differential treatment based on insurance status, racial bias, and fewer resources for patients deemed "less profitable."

· **This is structural design, not implicit bias.** The system creates financial incentives that systematically underserve racially marginalized and under-resourced communities.

On Policy Solutions

· **Immediate:** Return Medicaid to public/nonprofit administration. Expand automatic and presumptive eligibility. Eliminate prior authorization barriers. Block hospital consolidation.

· **Structural:** A single-payer system removing the profit motive from care financing, eliminating cost-sharing and medical debt, and guaranteeing comprehensive coverage for all.

· **Frame it locally:** Connect national policy to what readers see — their closed clinic, their denied claim, their 3-month wait for a specialist.

<u>Key Statistics</u>

62%	of physicians reported moderate or very high distress from administrators' or insurers' cost-cutting overriding clinical judgment.
57%	reported moderate or severe distress from working in systems that failed to treat vulnerable patients with dignity and respect.
44%	said lack of insurance approval or service availability often or always prevented medically necessary treatment.
41%	often or always felt complicit in structural racism perpetuated by their healthcare systems.
35%	were required to care for more patients than they could safely manage.

<u>Op-Ed Submission Checklist</u>

☐ Word count is within your target paper's range (usually 600–800 words)

☐ You have a news peg or local connection in the first 2 sentences

☐ You've used no more than 3 statistics (more dilutes impact)

☐ You've replaced ALL placeholder text with your own content

☐ Someone outside healthcare has read it and understood it

☐ You have one clear, specific ask for the reader

☐ You've emailed the op-ed editor directly (not the general submissions inbox)

☐ You've sent it to only ONE paper at a time (editors require exclusivity)

Medical Society Events

- Tabeling
- Poster Presentations
- Workshops
  - Reginal SGIM slide deck: [Copy of Moral Injury](#)
    - [Case studies worksheet](#)
  - [CIR 20250503 - From Moral Injury to Moral Action - Google Slides](#)
- Oral Presentations
  - Slide Decks
    - [Sounding the Alarm on Physician Moral Injury](#)
    - [Human Costs of Moral Injury - March 24 2026 - Google Slides](#)

Resolutions

[Enter Medical Society Name Here]

Resolution XXX

(A/I-XX)

Introduced by:	*[Leave blank on First Draft]*
Affiliations:	[1] Medical School
	[2] Medical School

Subject:	Recognition of Moral Injury in the Physician Workforce
Sponsored by:	*FOR MSS STAFF USE ONLY*
Referred to:	
	(TBA, Chair)

Whereas, the construct of moral injury originated in military psychiatry to describe the psychological wounds sustained when individuals perpetrate, witness, or fail to prevent acts that transgress their deeply held moral beliefs, Dean and colleagues (2018) adapted this framework to healthcare, arguing that physicians experience moral injury when systemic constraints force them to provide care they know to be inadequate, inequitable, or harmful[1-2]; and

Whereas, the result of chronic moral injury is conceptually distinct from burnout which is manifested as emotional exhaustion, depersonalization, and diminished personal accomplishment attributed to demand-resource mismatches; moral injury caused by systemic and institutional failures produces guilt, shame, loss of meaning, and erosion of professional identity when physicians cannot deliver care aligned with their ethical and medical obligations[2-4]; and

Whereas, individual burnout interventions such as resilience training, mindfulness, and wellness initiatives have failed to significantly resolve physician distress, because moral injury requires systemic solutions that address the organizational and policy conditions generating moral conflicts[5-6]; and

Whereas, a 2025 national survey by Physicians for a National Health Program (PNHP) of 1,207 practicing physicians found that 45% of responses often or always felt unable to provide the best possible care, 47% often or always felt unable to provide optimal care due to inadequate time, and 44% reported being unable to deliver medically necessary treatment because of insurance barriers[7]; and

Whereas, 68% of responding physicians in the PNHP survey experienced moderate or severe

distress as a result of being unable to provide optimal care, and the mean overall moral distress severity score was 143, compared to a score of 96 in the study that validated the original Measure of Moral Distress for Health Care Professionals[7-8]; and

Whereas, moral injury contributes to physician workforce instability, with 25% of surveyed physicians currently considering leaving a position due to moral distress and 27% having already left one position within healthcare for this reason, and an AMA survey found that one-in-five physicians were planning to retire within two years[7,9]; and

Whereas, moral injury also impacts medical students and residents, with 25% of medical students surveyed in the United States considering quitting their studies, and research identifying that structural sources of moral injury may differ across medical students, residents, fellows, and practicing physicians, warranting further investigation across all career stages[7,10]; and

Whereas, the PNHP report identified that systemic contributors to moral injury include prior authorization requirements, coverage denials, productivity quotas, excessive documentation, and the financialization of healthcare, which obstruct timely, evidence-based, patient-centered care[7]; and

Whereas, the 2024 AMA Prior Authorization Physician Survey found that 93% of physicians report care delays associated with prior authorization, 94% report a negative impact on clinical outcomes, and 29% report that prior authorization has led to a serious adverse event for a patient in their care[11]; therefore be it

RESOLVED, that our American Medical Association (Or Specific Medical Society recognize moral injury as a significant threat to the wellbeing of medical students, residents, and practicing physicians, defined as the psychological harm that occurs when healthcare professionals are compelled by profit driven economic constraints to act in ways that transgress their deeply held moral beliefs and professional obligations to their patients, including the inability to deliver evidence-based, equitable, and patient-centered care due to institutional, financial, or administrative barriers (New HOD Policy); and be it further

RESOLVED, that our AMA support federal and state policies and systemic reforms that address the root causes of moral injury in healthcare, including but not limited to reducing administrative burdens, restricting the prior authorization processes to medical necessity only, and limiting the influence of profit-driven financial incentives on clinical decision-making (Directive to Take Action); and be it further

RESOLVED, that our AMA study the prevalence, drivers, and impact of moral injury across the continuum of medical training and practice, including medical students, residents, and practicing physicians, and report back with recommendations for systemic interventions (Directive to Take Action).

Fiscal Note: TBD

Date Received:

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RELEVANT [your medical society] POLICY
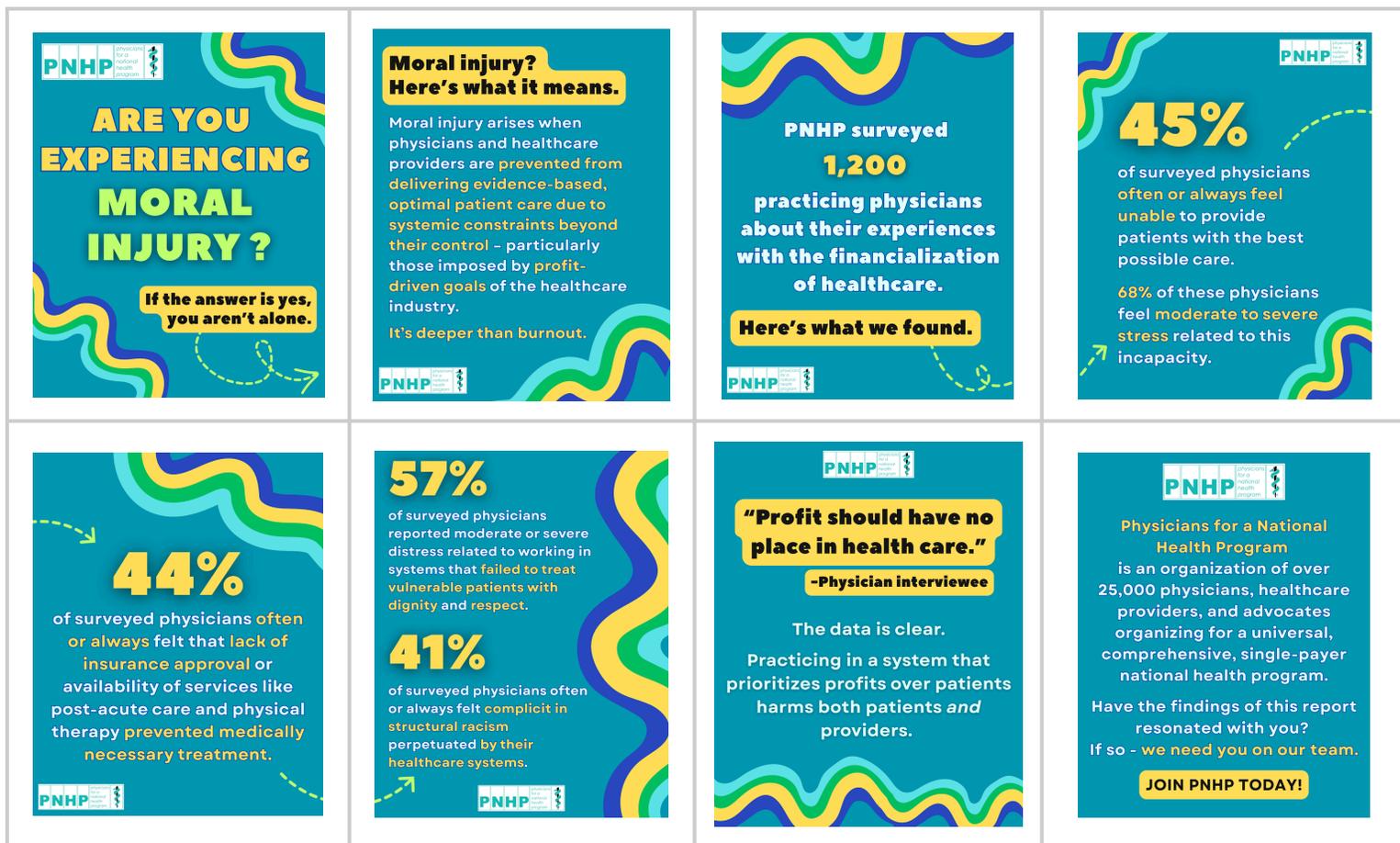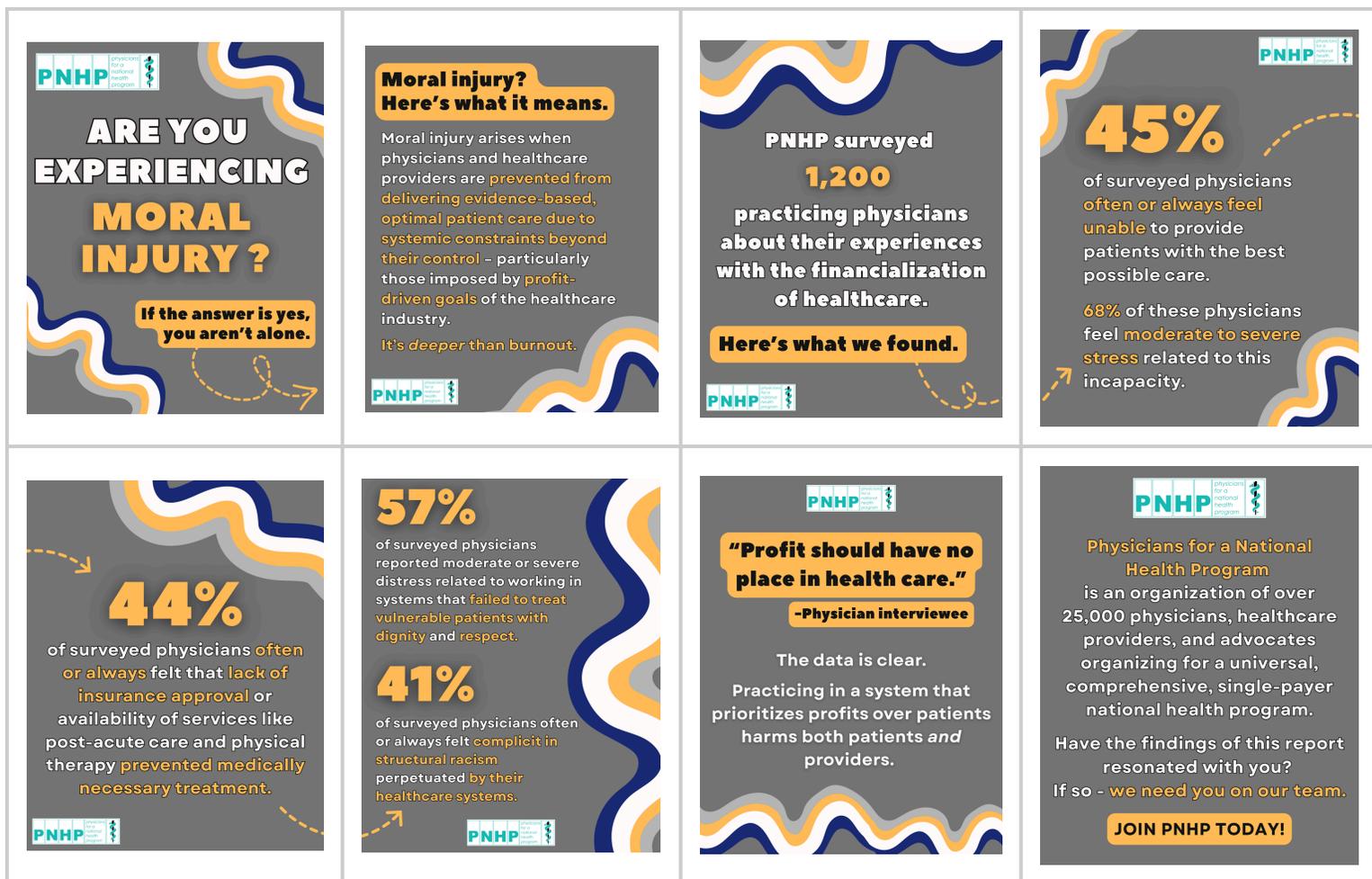
Social Media

Instagram Post

Use the images below to create an Instagram POST sharing the main findings about the Moral Injury report. You can post all of these together in a carousel or post selected slides individually.
There are two versions of the post with different color schemes - take your pick!
The links to download the images directly are here:

[Canva - IG Post - Colorful](#)

[Canva - IG Post - Dark](#)

See below for a sample caption to use and steps on how to create a multi-image Instagram post.

Panel 1:
ARE YOU EXPERIENCING **MORAL INJURY ?**
If the answer is yes, you aren't alone.

Panel 2:
Moral injury? Here's what it means.
Moral injury arises when physicians and healthcare providers are prevented from delivering evidence-based, optimal patient care due to systemic constraints beyond their control – particularly those imposed by profit-driven goals of the healthcare industry.
It's *deeper* than burnout.

Panel 3:
PNHP surveyed 1,200 practicing physicians about their experiences with the financialization of healthcare.
Here's what we found.

Panel 4:
45% of surveyed physicians often or always feel unable to provide patients with the best possible care.
68% of these physicians feel moderate to severe stress related to this incapacity.

Panel 5:
44% of surveyed physicians often or always felt that lack of insurance approval or availability of services like post-acute care and physical therapy prevented medically necessary treatment.

Panel 6:
57% of surveyed physicians reported moderate or severe distress related to working in systems that failed to treat vulnerable patients with dignity and respect.
41% of surveyed physicians often or always felt complicit in structural racism perpetuated by their healthcare systems.

Panel 7:
"Profit should have no place in health care."
–Physician interviewee
The data is clear.
Practicing in a system that prioritizes profits over patients harms both patients *and* providers.

Panel 8:
Physicians for a National Health Program is an organization of over 25,000 physicians, healthcare providers, and advocates organizing for a universal, comprehensive, single-payer national health program.
Have the findings of this report resonated with you? If so - we need you on our team.
JOIN PNHP TODAY!

Caption:

It's often called "burnout." We know it's something deeper.

Moral injury occurs when clinicians know what care their patients need—but are unable to provide it due to systemic barriers beyond their control.

This report sheds light on how our healthcare system is impacting both patients and providers, and why meaningful change requires more than individual resilience.

Read the report: https://pnhp.org/moral-injury-in-medicine/

#moralinjury #burnout #physicianburnout #doctor #physician #healthinsurance #priorauthorization #insurancedenial #corporatemedicine #peopleoverprofit #medicareforall #universalhealthcare #singlepayer

How to create a multi-image Instagram post or carousel:

1. Save the images for the post to your Photos. Open Instagram and start a new post.
2. Click Select (circled below) to select multiple images for a single post.
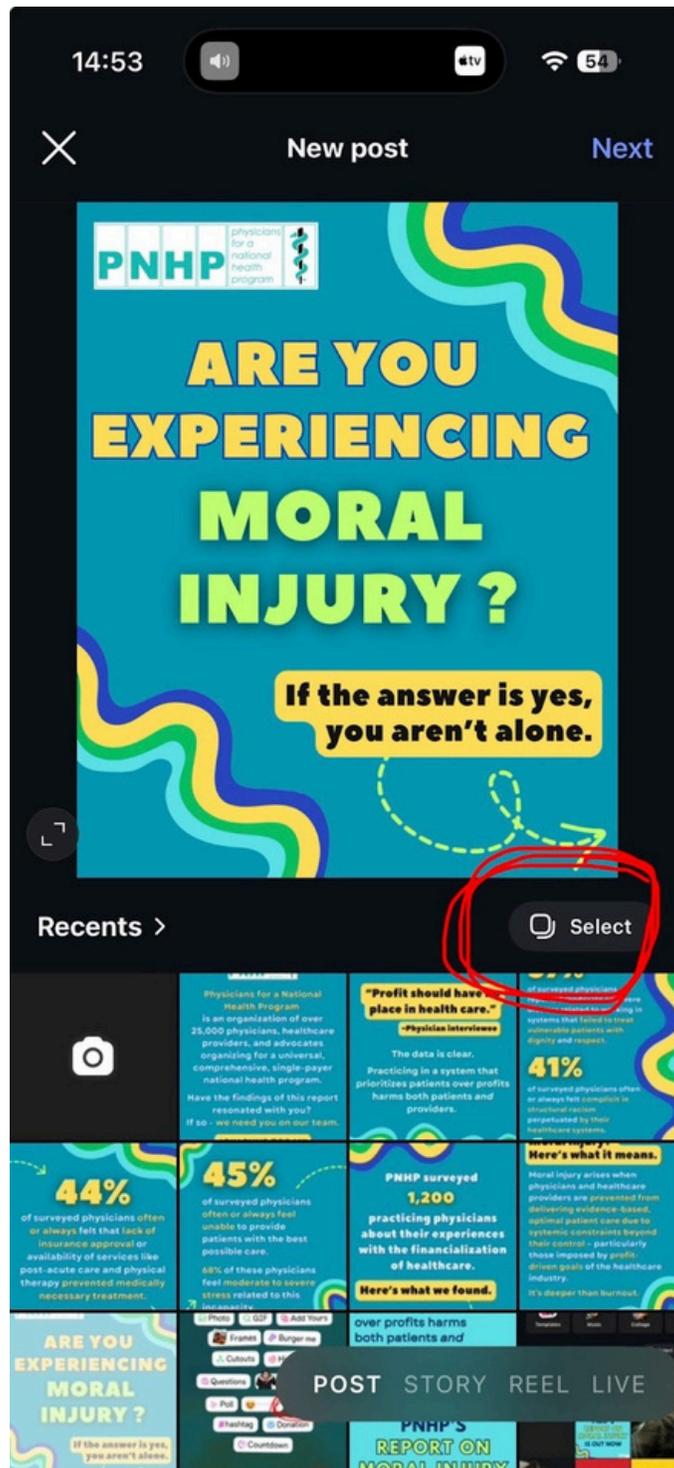
3. Select the images for your post in the order you want them to appear.
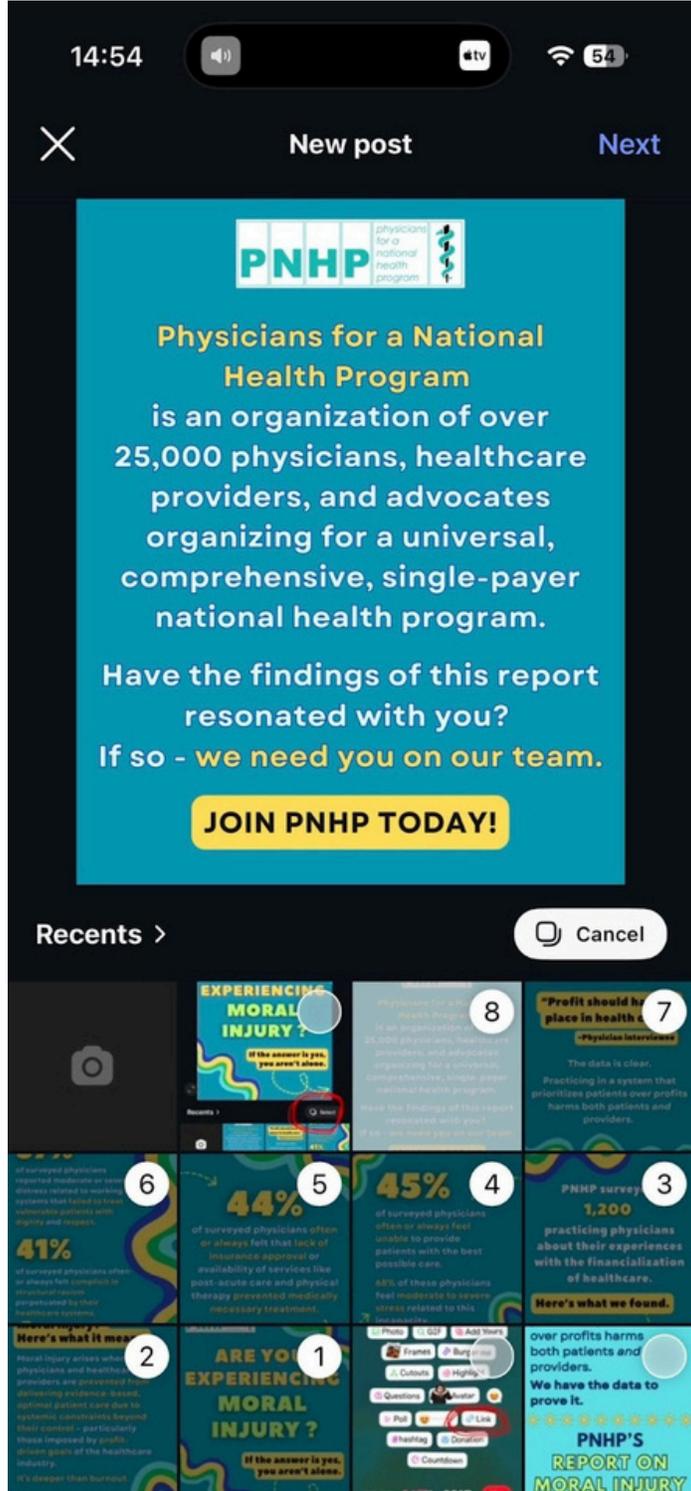
4. You can then select Next and go on to post as usual. Consider using the caption draft above to complete your post and TAG PNHP (@singlepayerdocs)!

Instagram Story

Use the image below to share on your Instagram STORY the news about the Moral Injury report release. By posting on your story, you can add a **direct link to the report** so your followers can go directly to the report to learn more. There are two versions of the story post with different color schemes - take your pick!

The links to download the story post directly are here:
Canva - IG Story - Colorful

Canva - IG Story - Dark
You can also choose to share to your story any of the individual images that particularly resonate with you from our Instagram Post.

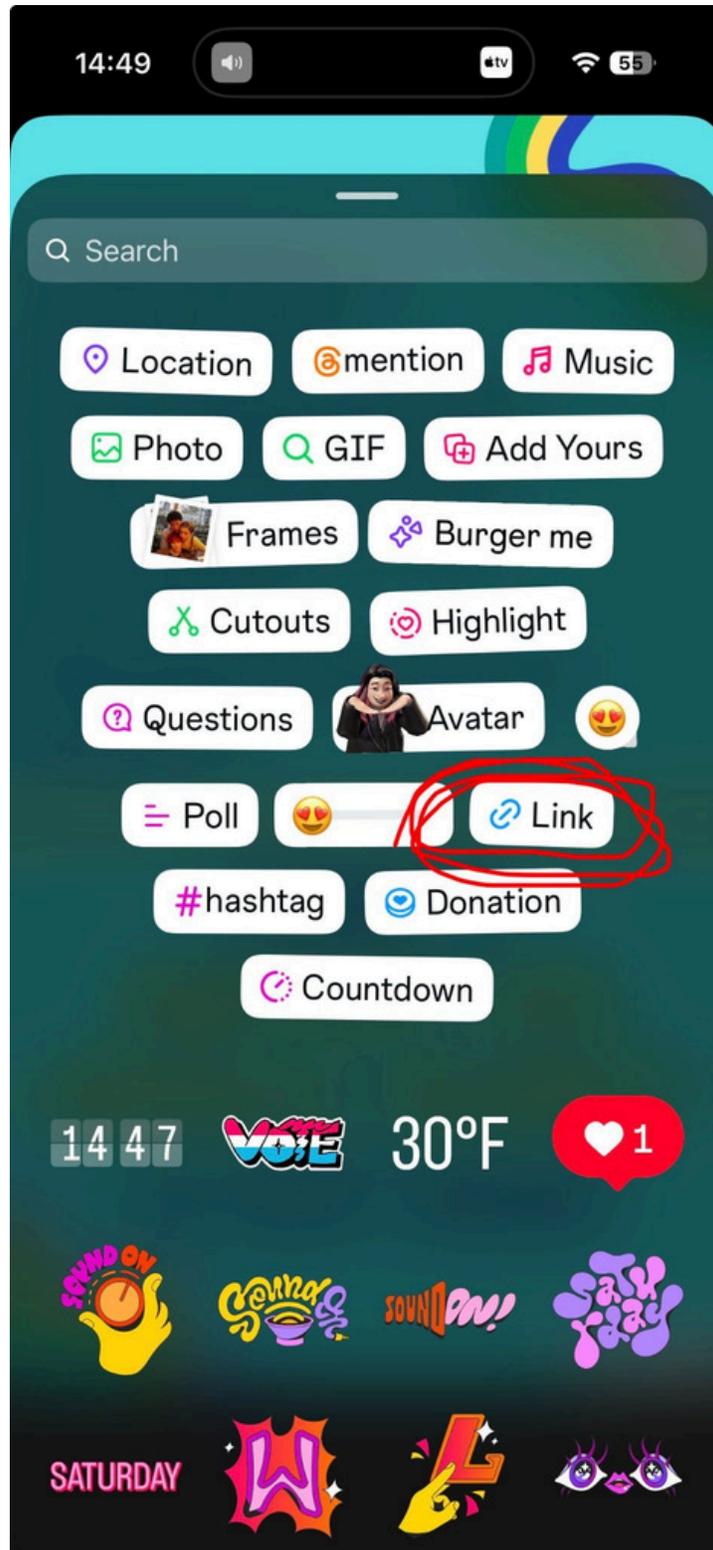Read on below for exact steps on how to add a link to your story post!
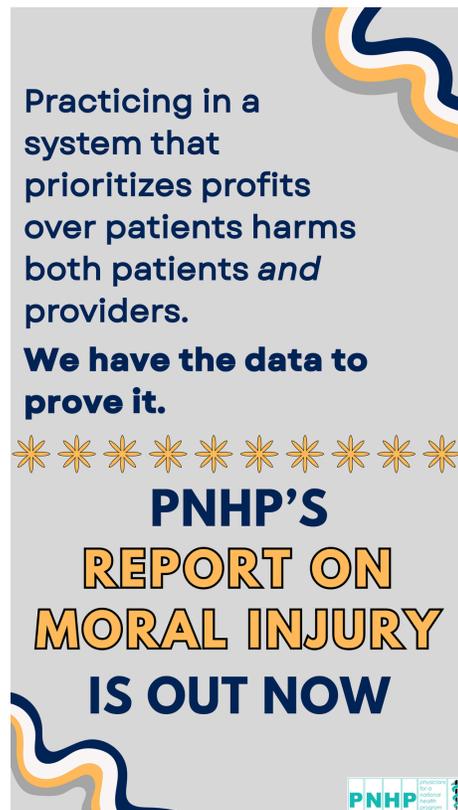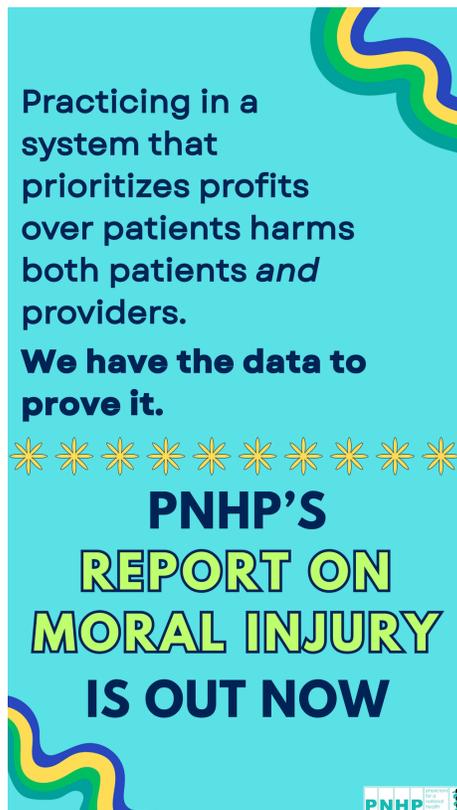
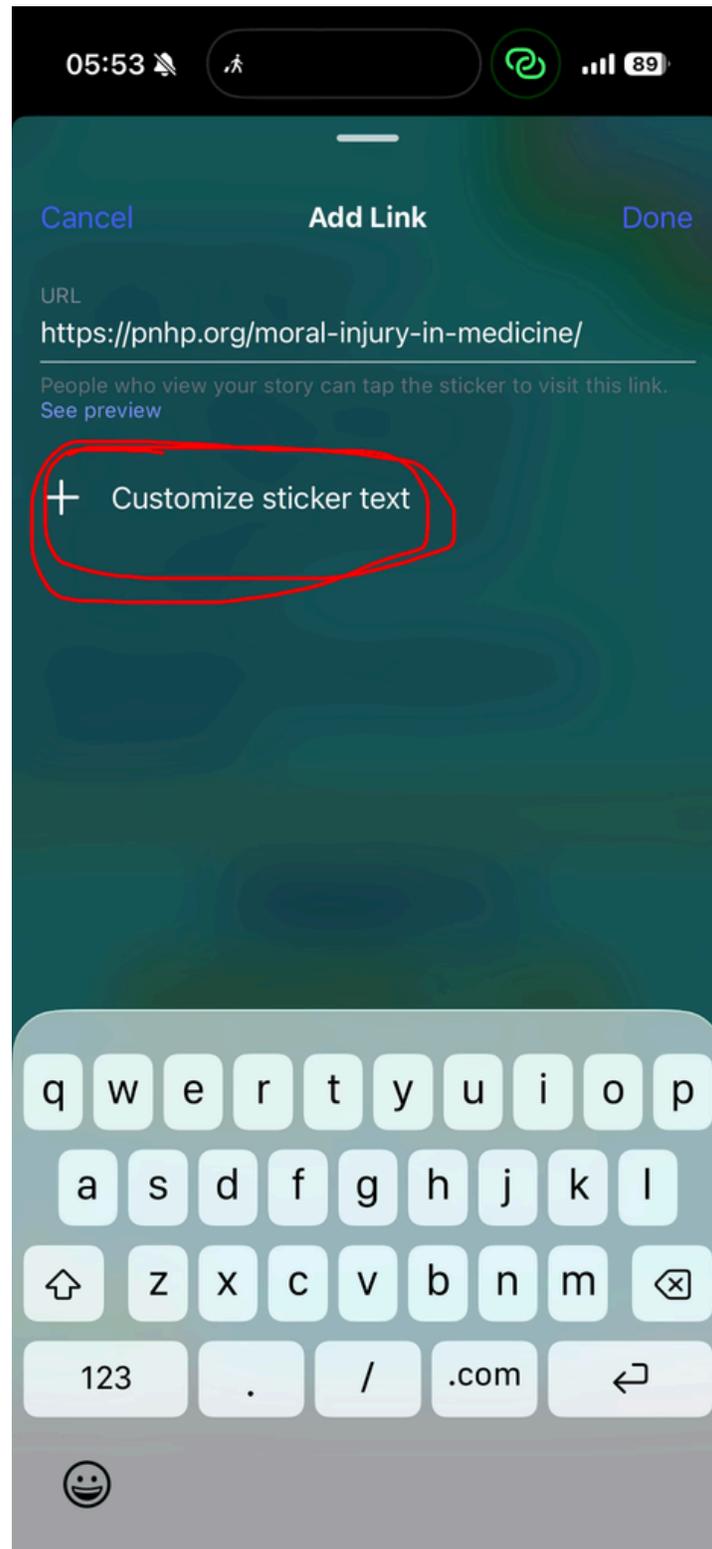**How to post an Instagram story with an attached link:**

1. Save the image for the post to your Photos. Select the Photo to upload as a story.
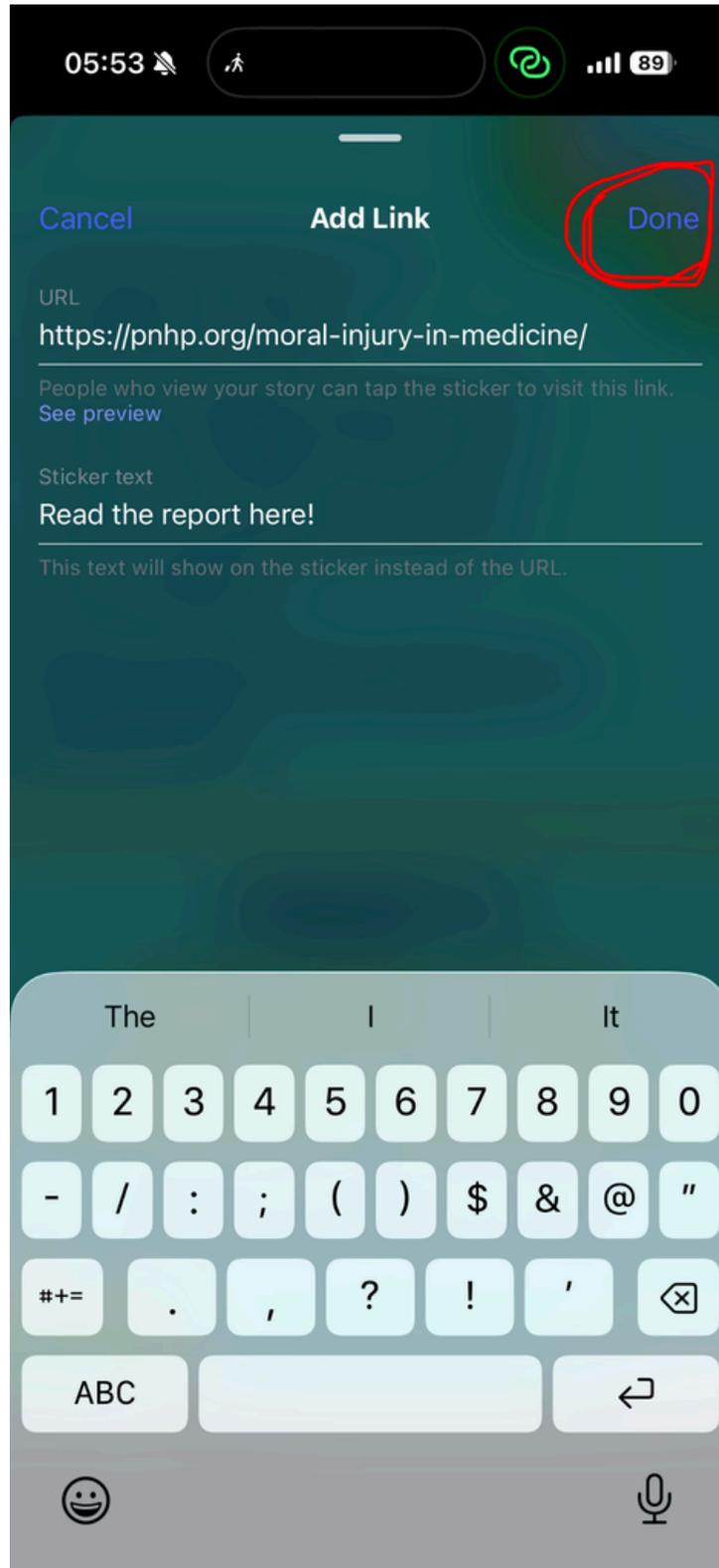2. Click the button below to add an element to your story post.

3. Select Link to add in a link.

4. Insert the link for the Moral Injury report: https://pnhp.org/moral-injury-in-medicine/ . Click "Customize sticker text" to add a title for your link.

5. Re-name the link to display as something like, "Read the report here!"

6. After finishing these steps, your story post should look something like the image below and include a clickable link for your followers to use. Click "Your story" to post.

Template for Email Asking for Newsletter Publication

Dear [Recipient Name / Medical Society Name],

I hope you are doing well.

I am writing on behalf of Physicians for a National Health Program (PNHP) as members of the [Professional Society] to inquire about the opportunity to contribute a brief piece to the upcoming [Professional Society] newsletter. We would welcome the chance to share insights from our recent national research project on physician moral injury and health care financialization.

This project draws on physician focus groups, a national survey, in-depth interviews, and patient focus groups to examine how the increasing financialization of health care shapes both patient care and physician experience. Our findings highlight how physician moral injury arises when clinicians are unable to provide evidence-based, optimal care due to systemic constraints, particularly those driven by profit-oriented healthcare structures. Importantly, this framework reframes these challenges not as individual burnout, but as ethical harm resulting from conflicts between clinical judgment and financial imperatives.

We also examine how these dynamics disproportionately impact racially marginalized communities, exacerbating longstanding inequities in access, quality of care, and health outcomes. You can find the report here: [Moral Injury in Medicine](#)

We would be happy to tailor the piece to your newsletter's format and audience and can provide a draft or outline at your convenience. Please let me know if this opportunity would be possible, along with any submission guidelines or deadlines.

Thank you very much for your time and consideration.

Warm regards,
[Your Full Name]
[Your Title]
Physicians for a National Health Program (PNHP)
[Your Contact Information]

Template for Request to Disseminate Report Findings

Dear [Recipient Name / Medical Society Name],

I hope this message finds you well.

I am writing on behalf of Physicians for a National Health Program (PNHP) to request your assistance in sharing our recent *Moral Injury Report* with your members.

This national research project draws on physician focus groups, a national survey, in-depth interviews, and patient focus groups to examine how healthcare financialization---the shift from prioritizing patient care to maximizing profit---impacts both clinical practice and patient outcomes. The report highlights how physician moral injury arises when clinicians are unable to provide evidence-based, optimal care due to systemic constraints, particularly those driven by financial incentives. It also explores how these dynamics disproportionately affect racially marginalized communities, worsening existing inequities in access, quality, and health outcomes.

We believe this report would be highly relevant to your membership and could contribute meaningfully to ongoing discussions around physician well-being, health system reform, and health equity.

We would greatly appreciate it if you could share the report through your newsletter, listserv, or other communication channels. A link to the report is included here: Moral Injury in Medicine. We are also happy to provide a brief summary or tailored blurb if helpful.

Thank you very much for your time and consideration. We sincerely appreciate your role in advancing informed dialogue within the medical community.

Warm regards,
[Your Full Name]
[Your Title]
Physicians for a National Health Program (PNHP)
[Your Contact Information]

Resources

[MI Two-Pager - Google Docs](#)

[Moral Injury Recording - Data Findings](#)